



THE UNIVERSITY OF  
**TENNESSEE**  
HEALTH SCIENCE CENTER.

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COLLEGE OF NURSING



DOCTOR OF NURSING PRACTICE & POST-GRADUATE APRN  
CERTIFICATE PROGRAMS  
STUDENT, PRECEPTOR, & FACULTY MANUAL FOR

**NEONATAL NURSE PRACTITIONER (NNP)**

**Academic Year 2024-2025**

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# The NNP Concentration of the DNP Program

Welcome to the Neonatal Nurse Practitioner (NNP) Concentration of the Doctor of Nursing Practice (DNP) Program. This is one of eight different advanced practice concentrations preparing students for careers at the highest level of clinical practice. The College of Nursing admitted its first nurse practitioner students in the summer of 1973. The NNP Concentration began in the 1980s. In 1999, the College started the clinical doctoral program and transitioned the advanced practice master's programs to the DNP shortly after.

This program prepares NNP graduates with specialized knowledge and skills to provide care for the neonatal population, including preterm (<37 weeks) and term neonates, infants, and toddlers through 2 years of age. Coursework and supervised clinical experiences assist students in developing expertise in health promotion and assessing, diagnosing, and managing acute and chronic illnesses in children across healthcare settings.

Health promotion and development, family support, interprofessional collaborations, and evidence-based practice are emphasized throughout the program. Graduates are eligible to take the national certification examination for Neonatal Nurse Practitioners. In addition, graduates are expected to develop policies and practice models that promote evidence-based care for neonates and their families.

## Legal Agreement Requirements

Several documents are required to be executed by the University of Tennessee before the beginning of any student clinical experience. Some of these are rather complex and can take from weeks to months to complete.

## Site Approval

Each clinical site must have a current and valid contract between the clinical organization and the University of Tennessee health Science Center. This agreement specifies the responsibilities of each organization and provides legal protections for both. All currently approved sites are listed in Project-Concert, but some may be difficult to find as the organization's name may have changed since the initial approval. The Clinical Coordinator can assist in identifying the approved site.

The DNP NNP concentration adopts the *2023 Curriculum Guidelines and Education Competencies for Neonatal Nurse Practitioner Programs* published by the National Association of Neonatal Nurses (NANN). Per this statement:

- Clinical sites should provide the student with ample opportunities to meet learning objectives, demonstrate competencies, and have educational experiences outlined by their program.

- Clinical sites should ensure that direct onsite supervision and consultation are available from the preceptor.
- Clinical sites should be congruent with the expected student learning objectives and competencies as outlined per program course or semester goals.
- Clinical sites should provide the student with support to practice to the full scope of practice under the supervision on the fully licensed neonatal professional

## Clinical Instruction Requirements

The *2023 Curriculum Guidelines and Education Competencies for Neonatal Nurse Practitioner Programs* published by the National Association of Neonatal Nurses (NANN) affirms:

- The clinical component of the NNP curriculum must include a minimum of 750 direct patient care hours in delivery rooms, newborn nurseries, pediatric ICUs (PICUs), and Level II, III, and IV NICUs. Patient care hours with a primary care focus of the neonate up to 2 years of age, may occur in pediatric offices, developmental clinics and follow-up clinics and may be included in the 750 patient care hours.
- At minimum, 600 direct care patient hours must be dedicated to the care of critically ill newborns and/or infants. The majority of these hours must be in a Level III and/or Level IV NICU. However, precepted clock hours spent caring for newborns and/or infants with cardiovascular diseases or who are postsurgical in the PICU or Cardiac Intensive Care Unit (CICU) may be included in the minimum 600 patient care hours.
- Telehealth and global health experiences involving neonates and infants up to 2 years of age may be included in the minimum 750 hours.
- Observational and simulation laboratory hours *may not* be included in the minimum 750 hours.

See

[https://nann.org/uploads/About/PositionPDFS/NNP\\_Curriculum\\_Guidelines\\_and\\_Education\\_Compencies\\_042523\\_Final.pdf](https://nann.org/uploads/About/PositionPDFS/NNP_Curriculum_Guidelines_and_Education_Compencies_042523_Final.pdf)

Note: the requirement for 600 precepted hours of clinical instruction is required for certification as a NNP through the National Certification Corporation (NCC). See [NCC Core NP Examination Registration Catalog](#).

## Preparation for Clinical Experiences

### CPR Certification:

Students are responsible for maintaining current CPR certification, including NRP and PALS.

- Should the certification expire when the student is in the program, students have the professional responsibility to recertify to remain current.
  - **Clinical experiences are not permitted unless CPR (including NRP and PALS) certification is current. The dates of coverage for certification are to be entered into Verified Credentials and into ProjectConcert.**

### Criminal Background Check:

All students undergo a required criminal background check before beginning the program and annually. Any changes are required to be reported immediately by students as a condition of remaining in the program.

### Drug Screening:

Students undergo a required urine drug screen before beginning the program and annually. Also, drug screens may be required for cause, random screenings, or clinical agency requests.

### Immunizations:

The University requires that students complete a list of immunizations and TB skin testing before engaging in any patient care. University Health Services maintain these data in Verified Credentials. In addition, you will receive extensive communication about immunizations and how to track them. Some clinical agencies may have additional requirements for immunization, but students will be informed of these requirements.

- At this time, COVID-19 vaccination is not required, but vaccination is strongly recommended. Students and employees can request an exemption to any vaccination requirement, but it is up to the clinical site to allow waivers for COVID-19 vaccinations. See [UTHSC Vaccination Requirements](#).

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# Introduction to the DNP NNP Concentration

Welcome to the Doctor of Nursing Practice (DNP) Neonatal Nurse Practitioner (NNP) concentration at the University of Tennessee Health Science Center (UTHSC). Neonatal is one of eight different advanced practice concentrations preparing students for careers at the highest level of clinical practice. The faculty is excited to work with you to assist you in gaining the knowledge, skills, and abilities you need to become a confident, competent, and safe entry-level NNP.

## Purpose of the Manual

The purpose of this manual is to acquaint students, faculty, and preceptors to some of the elements composing the clinical education of DNP NNP students. Occasionally, there are program changes that take place over the school year. Faculty will keep you apprised of any changes via email, the official method of communication for UTHSC. Please contact faculty if you have any questions not answered by this guide.

## DNP NNP Concentration

### Philosophy

The DNP NNP concentration adopts the *2023 Curriculum Guidelines and Education Competencies for Neonatal Nurse Practitioner Programs* published by the National Association of Neonatal Nurses (NANN). See [https://nann.org/uploads/About/PositionPDFS/NNP\\_Curriculum\\_Guidelines\\_and\\_Education\\_Competerencies\\_042523\\_Final.pdf](https://nann.org/uploads/About/PositionPDFS/NNP_Curriculum_Guidelines_and_Education_Competerencies_042523_Final.pdf)

This and other documents guide the faculty in educating NNPs at the doctoral level who are prepared to provide excellent care and who will serve as leaders in the community and healthcare setting. As educators of advanced practice providers and future leaders, we are deeply committed to ensuring that our students are advocates for improving care for individuals and families. We believe that the educational process facilitates continuing personal and professional growth and engage the student in the learning process through active participation.

The UTHSC DNP NNP program is committed to enrolling diverse and qualified students who pursue cultural competence. As adult learners, we recognize students come to the program with existing skills and knowledge. We believe education should cultivate creativity and passion to foster one's own commitment to caring for vulnerable populations with an emphasis on individuals and families in diverse, rural, and underserved populations. Our graduates will practice in effective and ethical ways providing care that relies on sensitivity as well as critical, logical, and analytical thinking that affirms the power and strength of individuals, respecting the dignity of every person.

### Diversity

A core value of the CON is embracing diversity and honoring the variety of differences and similarities among people, which can include gender, race/ethnicity, tribal/indigenous origins, age, culture, generation, religion, class/caste, language, education, geography, nationality, different abilities, sexual orientation, work style, work experience, job role/function, military involvement, thinking style, personality type and other ideologies.

Although there has been an intentional effort to use inclusive language and to integrate a diverse set of experiences and perspectives, it is possible there may be overt and covert biases due to the lens in which



many of our texts were written and to systemic/structural racism.

It is our intention to present materials and activities that are respectful of diversity and challenge how we know what we know. Disentangling racism is sensitive and challenging, and may invoke strong emotions, therefore it is imperative that our teaching and learning atmosphere is built on respect and trust, providing a safe space for all.

The National Association of Neonatal Nurses (NANN) endorses healthcare equality for all infants regardless of race, parental economic or educational status, or geographic area.

### Purpose Statement

The purpose of the UTHSC DNP NNP concentration is to:

- Prepare safe neonatal nurse practitioners who provide optimal health care and who are eligible for certification by the National Certification Corporation (NCC), and whose knowledge and skills prepare the graduate for inter- and intradisciplinary practice at the level of The Core Competencies of Neonatal Nurse Practitioners as defined by the National Organization of Nurse Practitioner Faculties (NONPF). See [NONPF Population-Focused Nurse Practitioners Competencies](#)
- Prepare effective NNPs capable of improving practice through sound clinical judgment, scholarship, research, formulation of health care policy, and provision of health care across the continuum. NNPs provide primary, acute, chronic and critical care to neonates and infants to age 2.
- Establish a theoretical base for sound clinical judgment, clinical reasoning, and scholarly activities.
- Articulate recognition of the role of public policy in formulating and developing the NNP profession and health care services for neonates and infants to age 2 on local, state, regional and national levels.

### Outcomes

Upon completion of the NNP educational program, graduates will have the knowledge and skills to:

- Examine factors that predispose the embryo and fetus to disruptions in gestation and evaluate the influence of gestational or postmenstrual age on the development and manifestation of primary, acute, chronic and critical disease states of neonates and infant to age 2.
- Determine necessary assessment and diagnostic data to use in diagnostic reasoning and the formation of differential diagnoses.
- Develop, prioritize, and evaluate an evidence-based plan of care for neonates and infants to age 2 that is culturally appropriate, family-centered, and incorporates pharmacologic management when necessary.
- Collaborate with intra- and interprofessional teams in the clinical setting especially focused on system improvements to decrease the incidence of adverse events.

## DNP NNP Students

### The Interplay of Work, Life, & School

Your learning needs are our priority, and the needs of each student will be considered on an individual level. To ensure that you have a variety of learning opportunities, you may be expected to travel to and outside of the Memphis area for one or more of your clinical rotations. You will need reliable transportation during the program, especially for your clinical experiences.

If at any point you are unable to balance your school and life demands, there are several options available. Students are encouraged to notify their academic advisor and concentration coordinator as soon as possible.

### Advisors

Your advisor serves as a link to the larger program and the College of Nursing. Faculty members work together to assist you in your academic progress. If you are struggling in a course or need guidance on the program, you may contact your advisor, the course instructor of record (IOR), or the Learning Navigator. To best meet your needs, please make an appointment with your advisor and let him/her know the reason for your visit. This will allow them to prepare and allot enough time for the meeting. See the course syllabus for directions about emails from students to course faculty and/or advisors.

### Student Concerns

Our goal is to provide you with an excellent NNP education. If you are struggling in a course or have a problem that needs resolution, please speak with us. We have resources to assist you and will respectfully develop a plan to meet your needs. The Office of Student Academic Support Services and Inclusion ([SASSI](#)) also provides a host of student support services.

## Expectations for DNP NNP Students

The general expectations for students in the College of Nursing are contained in the [UTHSC College of Nursing Doctor of Nursing Practice Program Student Handbook](#). This document focuses on specific issues for the clinical aspects of the DNP program.

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

Your faculty, with the assistance of the Clinical Coordinator, have the final responsibility to identify and assign your clinical site and preceptor. Student participation in the selection process is possible, particularly when there is desire for a specific experience and/or the student lives in an area without current participating preceptors. All clinical sites and preceptors are required to be approved and proper documents executed between them and the university prior to you beginning to see patients at the site.

## Student Responsibilities for Clinical Experiences

## Clinical Placement Process

For most students, the faculty will assign you to a clinical site and preceptor. For students out of the mid-south area, the faculty may ask for your help in identifying an appropriate clinical site and preceptor in your area.

1. Clinical site and preceptor identified by faculty.
2. Faculty check ProjectConcert to ensure we have a current contract. If it is not in ProjectConcert, the faculty will ask the Clinical Placement Coordinator to check for a current contract.
3. Faculty contacts the preceptor to discuss if they can take a student for the specific semester.
4. If you have a specific request for a clinical site and preceptor, we are happy to consider it.
  - a. You must send in the CV, license, and certification of the preceptor to the Faculty and the Clinical Placement Coordinator.
  - b. The Clinical Placement Coordinator will check for a current contract.
  - c. If there is no current contract with the facility, it may take 6 to 12 months to establish one.
5. If we have a current contract and the preceptor agrees, the faculty will notify the Clinical Placement Coordinator, who will start the onboarding process for each student (We have a written process for notifying the Clinical Placement Coordinator).
  - a. Every clinical site has a different onboarding process.
  - b. Methodist and Regional One (inpatient and outpatient) require that you complete an onboarding process through TCPS (Total Clinical Placement System). TCPS consists of specific onboarding documents, documentation of immunizations, BLS, PALS, ACLS, NRP, etc., and processes specific to each clinical site. Each site has multiple and different requirements. The student must complete their specific requirements, and the Clinical Placement Coordinator will complete the remainder.
  - c. Other clinical sites use different systems or their in-house onboarding system. Each one is different.
  - d. While this is a lot of work for students and the Clinical Placement Coordinator, there is no other way.
6. When all requirements are met, and the clinical site approves your placement, they will notify the Clinical Placement Coordinator via an automated system. This process may take from 1-6 weeks (sometimes longer).
  - a. The Clinical Placement Coordinator will notify the student and faculty that all requirements are complete and that they must have an email from the faculty stating they can start clinical rotations.
  - b. **Students must have two emails to start the clinical rotation:**
    - i. **An email from the Clinical Placement Coordinator stating that they are cleared from the clinical site and the college**
    - ii. **An email from the Faculty stating that the student may start clinical.**
    - iii. If a student does not have both emails, they are not cleared for clinical and **may be out of compliance with our clinical site contracts.**
7. Once in the clinical site, please notify the Clinical Placement Coordinator, faculty, or the Program Director if there are problems, such as your badge not working.
  - a. **Please do not call or email the facility clinical placement coordinator.**

- b. **If you do not hear back within 48 hours from your initial email to the Clinical Placement Coordinator, faculty, or Program Director, please email or call/text again with the problem.**
- c. We will contact the facility and work with them to resolve the issue.
- d. Please remember that many of our community partners have 100s of students to place (some have 1000s) and that you will have to wait your turn.
- e. Demonstrating patience and professionalism is an important part of your education.

We are grateful to our community partners for readily providing opportunities for UTHSC students to gain clinical experiences and expertise. Without our relationships and contracts with the community partners, you would not have access to world-class experiences!

Review clinical course outcomes. You are responsible for knowing what you are to be learning and how your learning progresses in the course.

Learn something about the preceptor to acknowledge the preceptor's background and broaden your educational experience.

Verify appropriate attire, location, time, and necessary credentials before the first clinical day at the clinical agency.

- Discuss questions about computer access, the procedure for preceptor cosigning documents, eating and parking arrangements, and communication with other disciplines.
- Please clarify the preceptor's preferred method of notification in the event of late arrival or absence.

Some preceptors prefer to interview you before agreeing to work with you. If you are asked to interview, you should use the interview to your advantage.

- Provide the preceptor with an understanding of your level, ability, and personality.
- Enable the preceptor to assess if you will be a "good fit" for the clinical site and the population it serves. You can put your best foot forward by being prepared with a curriculum vitae (CV) or résumé.

The *2023 Curriculum Guidelines and Education Competencies for Neonatal Nurse Practitioner Programs* published by NANN lists the following responsibilities of NNP students:

- Discuss specific clinical outcomes, schedules, and general guidelines with the preceptor and faculty prior to the clinical rotation.
- Adhere to the standards and scope of professional practice.
- Communicate with the preceptor and faculty on clinical progress and learning needs.
- Demonstrate independent learning, diagnostic and clinical reasoning skills, and the use of available resources.
- Maintain and submit a log of clinical skills and activities via ProjectConcert.
- Complete self-evaluations and evaluations of preceptor and clinical site as required.

Additionally, students are expected to:

- Provide the clinical site with the necessary documentation regarding licensure, health data, liability insurance, and educational information (curriculum vitae or résumé).
- Observe the policies of the clinical site.
- Successfully complete the Neonatal Resuscitation Program and/or Pediatric Advanced Life Support

(PALS) prior to beginning the clinical preceptorship. Certification maintenance is required for the duration of the program.

## Social Media Usage

The UTHSC Social Media Guidelines applies to students, faculty, and staff and is intended to ensure that social media and social networking technologies are used in a professional and responsible manner. Please refer to the UTHSC Social Media Guidelines for additional information: [Social Media Guidelines](#)

### Social Media Guidelines

- Students, faculty, and staff should conduct themselves in a professional, respectful, and civil manner when using social media of any kind.
- Any situation involving named or pictured individuals acting in a UTHSC capacity on social media requires their expressed written permission.
- If you identify yourself as a UTHSC faculty, student, or staff in any online forum and/or use a UTHSC email address, you must make it clear that you are not speaking for UTHSC. Any content posted to a website outside of UTHSC that has something to do with your UTHSC affiliation, or any other subjects associated with UTHSC, must be accompanied by a disclaimer such as, "The postings on this site are my own opinions and do not represent the views or opinions of UTHSC."
- The use of any UTHSC Logo or protected images requires written permission.
- The use of verbally abusive, disrespectful, or aggressive language or content communicated via email or used when posting to public forums of any kind by faculty, staff, or students **may result in disciplinary action, up to and/or including dismissal.**

#### NOTE for NNP students:

Social networking pages such as Facebook, Twitter, TikTok, etc. are to be used for social communication only. Students or professionals who post comments related to their professions or educational programs not only jeopardize their potential employment, but they leave themselves open to possible HIPAA violations, as well as legal scrutiny.

It is inappropriate for students to post anything about preceptors, clinical sites, or clinical experiences; posts related to busy shifts, unusual clinical conditions or findings, exhaustion, difficult deliveries or resuscitations, etc. may be used in legal deliberations and should never be posted. **Students who do this may face dismissal from the UTHSC DNP NNP program.**

## Liability Insurance

As a UTHSC CON student, you are covered under UTHSC's malpractice insurance as long as you are within your clinical site and functioning as outlined in your program and course outcomes.

**You may not take extra clinical time over break to get additional experiences unless you are still completing a clinical course. Do not go to a clinical site to see patients without being enrolled in a clinical course.** If you need additional experiences in order to meet clinical outcomes, you, your faculty, and preceptor will discuss supplementary clinical time.

- If you are working or volunteering outside of your clinical assignment, you CANNOT represent yourself as performing such clinical or volunteer work as a UTHSC DNP student.

## Scheduling Clinical Experiences

Clinical sites must be approved by the UTHSC faculty in accordance with the policies and procedures of the CON before a student can begin any clinical rotation. **The Concentration Coordinator must approve all clinical experiences before a student may start clinical rotations! You must have an email from the Concentration Coordinator stating you are approved to start clinical rotations!**

Clinical practicum experiences are scheduled at the convenience and availability of the preceptor(s).

- Please do not expect preceptors to conform to a schedule that meets your employment or personal needs.

You and the preceptor need to agree on the days and times you will be in the clinical agency before beginning. Unless otherwise stated in the syllabus, you are expected to begin the clinical experience when the course starts and complete it before the course ends.

**Enter the start and end dates, along with the days of the week for the entire time you will be at the clinical site in the ProjectConcert scheduling module.**

## Absence from Class/Clinical

Attendance in assigned clinical sites, at the negotiated times and days, with the preceptor is required.

- Unapproved absences for assigned clinical experiences are a violation of professional behavior and may result in disciplinary action.
- Immediately notify the preceptor and faculty if you are not able to attend a scheduled day.
- You will need to present a plan to make up missed experiences and have this approved by the faculty and preceptor. Notify faculty immediately if you are running into problems attaining the required number of clinical hours.

## Personal Emergencies

The faculty acknowledges that true life emergencies do exist that may prevent attendance and will work with students in these situations as they occur.

**NOTE: True-life emergencies do NOT include:**

- Scheduling work or vacation during class or clinical times
- Non-emergent medical or dental appointment
- Being fatigued due to your own actions
- Planning “special” events that interfere with class or clinical (family trips, parties, etc....)

**If students have an emergency, you are required to notify the course faculty by phone (text or call).**

## Professional Dress and Behavior

As a representative of UTHSC College of Nursing, you must present yourself professionally.

ALWAYS ensure your UTHSC identification badge is visible on your upper body

- In an observation clinic
  - Dress professionally. No jeans, shorts, mini-skirts or capri pants. No revealing clothing, i.e., bare midriff or back, spaghetti straps, visible cleavage.
  - Remove all visible piercing jewelry (i.e., nose, eyebrow, lip, etc.) other than one modest earring in each ear. Ear gauges must be removed, and plugs placed in the hole. Any visible tattoos must be covered.
  - A short lab coat with the UTHSC patch on the left upper arm is appropriate unless the preceptor requests otherwise.
  
- When in the NICU
  - wear the provided scrubs, clean, unwrinkled, and in good repair
  - A short lab coat with the UTHSC patch on the left upper arm is appropriate, but may not be allowed in the unit or at the bedside (check with the preceptor).
  - Remove all rings and watches. These should be left at home and not brought to the clinical site.
  - Remove all visible piercing jewelry (i.e., nose, eyebrow, lip, etc.) other than one modest earring in each ear. Ear gauges must be removed, and plugs placed in the hole. Any visible tattoos must be covered.
  
- In all settings
  - Hair must be up and pulled back so it cannot touch patients.
  - Fingernails should be clipped to a short length, and only clear or nude nail polish is permissible. Gel, acrylic, and false nails are not allowed.
  - Refrain from wearing perfumes or strong scents.

ALWAYS Be respectful of preceptors, faculty, staff, patients and their families, and consultants.

- Express your appreciation to your preceptor(s) for their assistance. They are volunteers supporting your education goals.

## Clinical Professional Conduct & Reminders

The following are expectations and professional standards for behavior that NNP students are held accountable for:

- Respect other's space and quiet time (*i.e., no talking on cell phones while in clinical areas*)
- Maintain a professional appearance and demeanor when in the clinical setting
- Accountability for preparation
- Constructive verbal and non-verbal behavior
- Caring for others in an empathetic manner
- Honest, open, appropriately assertive communication
- Confidentiality of all patient information (*e.g. use initials or pseudonyms when discussing cases*)
- Teamwork and helping behavior with colleagues
- Honesty and integrity
- Personal and professional ethics
- Respect all individuals' differences (*i.e., culture, ethnicity, religion, work experience, gender, age, sexual orientation, etc.*)
- Respect for patient, student, and preceptor privacy and confidentiality
- Ask questions – you are here to learn.
- Use alternate resources to find answers to clinical questions (*i.e. online books, other references*). Sources may offer varying information.

- You may show preceptors the information available on [UTHSC Library DNP Neonatal Nurse Practitioner](#). Encourage preceptors to apply for volunteer faculty status in order to obtain unrestricted access to the site.
- Keep in mind that NNPs may have different ways of teaching the same thing clinically. Open and professional communication will help both students and preceptors know when the teaching style is working and when it isn't.

## Office Politics

Be sensitive to the office politics where you are placed. You may hear privileged information from your preceptors or staff and this information should be treated as confidential.

You may encounter families, staff, preceptors, and other people in your clinical site with different life views than your own. Respect for all students, patients, families, preceptors, staff, and faculty is expected.

If you are approached in a manner that makes you feel uncomfortable, please discuss this with your course faculty and concentration coordinator immediately. Your safety is paramount.

## Clinical Supervision

Preceptors should adjust their level of supervision to the level of the student's development. The preceptor can refer to the UTHSC preceptor training course or obtain guidance from the Concentration Coordinator for help in this area. Preceptors will receive a one page form

The National Association of Neonatal Nurses (NANN) *2023 Education Standards and Curriculum Guidelines for Neonatal Nurse Practitioner Programs* stipulate the following:

- Preceptors for the NICU must have their Master of Science degree or doctoral degree in nursing (MS, MSN, or higher) **and** be nationally certified as an NNP (NNP-BC).
  - Preceptors also may be physicians who are board-certified in neonatology (or seeking board certification).
- 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.
- The preceptor-to-student ratio should be such that individual learning and evaluation are optimized. Therefore, the preceptor-to-student ratio should not exceed 1:2.

If you find any of these items to be of concern during your clinical experiences, please notify the Concentration Coordinator immediately to discuss the problems.

The *2023 Educational Standards and Curriculum Guidelines for Neonatal Nurse Practitioner Programs* published by NANN lists the following responsibilities of NNP preceptors for students:

- Meet with the student prior to the preceptorship to discuss clinical objectives, schedules, and 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.
- Assign an initial caseload of patients. Expansion of the caseload will depend on the evaluation of the student's readiness, knowledge, and skill level.
- Permit the student to perform all the required management activities for assigned patients under appropriate supervision.
- Provide direct supervision when the student is involved in patient care and review and provide



- feedback and constructive suggestions on the student's documentation for improvement.
- Meet with the student on an ongoing basis to discuss specific learning objectives and experiences. These meetings should focus on patient management and documentation, successful completion of procedures, comprehension of pathophysiology and 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.
  - Evaluate the student. The preceptor must communicate with the student and the faculty member or program director. This should include written evaluation(s) of the student's performance furnished at specified intervals and upon completion of the preceptorship.
  - Contact the program director or appropriate faculty member in a timely fashion with concerns or questions regarding the preceptor's ability to fulfill responsibilities or if there are problems concerning the student's performance.

## Clinical Safety

### OSHA Compliance

Students MUST adhere to all OSHA requirements throughout their clinical experiences. The student must use appropriate contact precautions with each patient encounter, even if the site or preceptor does not follow OSHA guidelines. This includes:

- Wearing closed-toe shoes in all clinical settings.
- Using gloves for all contact with bodily fluids.
- Using protective garments, such as gloves, a protective gown, and a face mask as needed in the labor and birth setting.
- Being aware of the location and trajectory of all needles at all times. Always use a needle holder while suturing.

These standards are for the protection of the patient and the student.

### Snow & Extreme Weather

Night travel to and from clinical sites may be required. Please use your judgment in inclement weather. Personal safety should be a priority. There are many weather websites to consult prior to leaving. If inclement weather prohibits travel on a scheduled clinical time or day, you are expected to notify your preceptor and course faculty as soon as possible.

If an area is evacuated for a natural disaster or emergency, please do what is best for your safety. Notify your individual course faculty of your location and plan once you are safe.

## Student-Preceptor-Faculty Relationship

## Expectations of the Clinical Preceptor:

- Communicate with students and faculty if there is a problem at the clinical site.
- Supervise students in the clinical setting.
- Mentor and serve as a role model for the student.
- Guide the student to meet the course outcomes.
- Identify appropriate clinical encounters for the student.
- Direct the use of accepted clinical guidelines and standards of care.
- Tailor guidelines/standards to unique clinical situations.
- Assist the student in the refinement of interpersonal skills with patients and colleagues.
- Alert students and faculty of problem areas early for risk of not meeting standards
- Immediately report to the faculty any student behaviors threatening the patient's safety or risk to the clinical site.
- Evaluate the achievement of the learning outcomes.
- Provide the student with feedback.
- Demonstrate high ethical standards.
- Demonstrate respect for the student's faculty, curriculum, and program.
- Understand the legal liability of the preceptor role.
- Provide student evaluations using the appropriate Clinical Performance Evaluation forms.

## Preceptors Can Expect Students To:

- Meet with the preceptor to clarify course objectives and focus on clinical activities.
- Assist preceptor in completing required documents associated with the preceptor role.
- Create an acceptable schedule with the preceptor.
- Contact the preceptor in case of any absence before the absence.
- Negotiate with the preceptor for making up time missed, if needed.
- Dress appropriately for the site and behave professionally at all times.

## Preceptors Can Expect Faculty To:

- Provide course description, clinical outcomes, and the amount of time required.
- Provide information about the NNP program.
- Provide contact information for the faculty member.
- Act on any problems affecting student progression in clinical coursework
- Guide preceptor in the student evaluation process.
- Provide feedback to preceptors on their performance

## Expectations of UTHSC DNP NNP Faculty:

- Verify appropriateness of clinical site and contractual agreements through first-hand knowledge of the clinical site through either an in-person or a virtual site visit.
- Orient new preceptors to the preceptor role and College of Nursing educational expectations.
- Review preceptor responsibilities with continuing preceptors related to course and level of the student.
- Prepare students for clinical experience, including faculty-specific communication requirements.

- Support students in the refinement of effective communication
- Validate student qualifications for clinical practice.
- Understand the legal liability of the preceptor role.
  - Monitor the use of clinical guidelines and standards of care
- Work with the student and preceptor to ensure the learning outcomes are being met.
- Encourage the student to focus on problem areas early to provide an opportunity to refine skills by the time practicum is completed.
- Communicate with the preceptor regularly to monitor student's progress in the course.
- Evaluate students through direct observation and preceptor feedback using proper forms

## Preceptors Who Wish to be Appointed Volunteer Faculty

The College of Nursing appoints all preceptors as a preceptor or volunteer faculty before accepting any students. This appointment provides recognition of the responsibilities of the preceptor and offers legal protections as well. All approved preceptors are listed in ProjectConcert.

The University of Tennessee recognizes the valuable contributions of people who freely give their time and talents for the benefit of the University without compensation. In enacting the Tennessee Claims Commission Act of 1984, the Tennessee legislature recognized the need to protect volunteers from legal actions while performing their service on behalf of the University. Volunteers who are registered with the University enjoy civil immunity from liability under the Act. Volunteers are not covered for Worker's Compensation. We encourage preceptors to consider becoming a Volunteer Faculty in the College of Nursing.

Preceptors who wish to be recommended as volunteer faculty should notify a faculty member who will facilitate this process.

### Requirements for Volunteer Faculty

The following information is required to be submitted and approved as Volunteer Faculty:

- Curriculum vitae or résumé
- Copy of current license
- Two letters of recommendation from individuals who can speak about your professional qualifications
- Permit a background check

### Benefits of Volunteer Faculty Status

Volunteer faculty are eligible for:

- Access to the UTHSC Library, including online journals, books, and databases (e.g., Up-to-Date)
- Free evening and weekend UTHSC campus parking; and
- Discounted fees at the UTHSC Dental Clinic.

## Faculty, Course, & Program Feedback

At the end of each course, students are invited to evaluate the faculty and the course via a confidential online evaluation. Each evaluation is a series of standard questions with space for written comments at the end. We value your feedback on courses and use it to continually improve the classes and offerings. We need to know what enhanced your learning and what activities and lectures did not work for you. The evaluations are confidential.

As you are preparing to finish the NNP program we will ask you to evaluate the curriculum. We occasionally contact graduates to survey them on the effectiveness of the program in preparing them for clinical practice. Your feedback will help shape the future of UTHSC CON neonatal nurse practitioner education. We value your comments, suggestions, and praise.



## Appendices

1. **DNP NNP Student, Preceptor & Faculty Agreement**
2. **Observational / Minimal Hand-On Experience Clinical Grading Rubric**
3. **NNP Student Evaluation Tool**
4. **NNP Student Evaluation of the Clinical Site and Preceptor**

UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER  
COLLEGE OF NURSING

Student-Preceptor-Faculty Agreement

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Course Number \_\_\_\_\_ Semester/Year: \_\_\_\_\_

The preceptor agreement permits nursing students of the College of Nursing, University of Tennessee Health Science Center (UTHSC) to participate in a student preceptorship in your facility,  
\_\_\_\_\_. Conditions of this program are as follows:

*(Clinical Site Name)*

The Affiliation period will be from \_\_\_\_\_ to \_\_\_\_\_.

The student, \_\_\_\_\_, will be under the supervision of

\_\_\_\_\_, acting as preceptor.

*(Preceptor Name)*

Professor \_\_\_\_\_ of the College of Nursing, serves as the liaison with your facility for the above course(s).

**Student Responsibilities:**

1. Prepare for each clinical experience as needed.
2. Maintain open communications with the preceptor and faculty.
3. Maintain accountability for own actions and learning activities.
4. Contact faculty by telephone, pager, or email if faculty assistance is necessary.
5. Wear appropriate professional attire and university identification when in the clinical site
6. Respect the confidential nature of all information learned during the clinical experience.

**Preceptor Responsibilities:**

1. Facilitate learning activities for no more than two students per day.
2. Orient the student(s) to the clinical agency.
3. Function as a role model in the clinical setting.
4. Provide feedback to the student regarding clinical performance.
5. Discuss arrangements for appropriate supervision of the student should the preceptor be absent.
6. Collaborate with faculty to review the progress of the student toward clinical learning objectives.
7. Contact the faculty if any problem with student performance occurs.
8. Give feedback to the nursing program regarding suggestions for program development.

**Nursing Faculty Responsibilities:**

1. Assure student compliance with standards on immunization, screening, HIPAA compliance, OSHA standards, CPR, criminal background check as needed, and current liability insurance coverage.
2. Provide the preceptor an orientation to the philosophy, curriculum, course, and clinical objectives of the clinical course. Discuss student expectations, skills' performance, student guidelines for performance of procedures, and evaluation methods.
3. Work cooperatively with the preceptor to determine student learning needs and appropriate assignments.
4. Meet regularly with the clinical preceptor and student to monitor and evaluate the learning experience.
5. Monitor student's progress through rounds, student clinical seminars, student-faculty-preceptor conferences, and review of student clinical assignments.
6. Be readily available for consultation when students are in the clinical area.
7. Receive feedback from the preceptor regarding student performance
8. Assume overall responsibility for teaching and evaluation of the student.

***Signatures confirm that the above conditions reflect correctly your understanding of an agreement to this affiliation.***

**Student**

\_\_\_\_\_  
*(Print)*                                      *(Sign)*                                      *(Date)*

**Preceptor/Clinical Agency**

\_\_\_\_\_  
*(Print)*                                      *(Sign)*                                      *(Date)*

**College of Nursing Clinical Faculty**

\_\_\_\_\_  
*(Print)*                                      *(Sign)*                                      *(Date)*

Observational / Minimal Hand-On Experience Clinical Grading Rubric –

*Please indicate the level of the student's performance within the dimensions listed during the clinical experience.*

<b>Dimension</b>	<b>Beginning (1)</b>	<b>Developing (2)</b>	<b>Accomplished (3)</b>	<b>Exemplary (4)</b>
Focused Observation	Confused by the clinical situation and the amount/ type of data, observation is not organized, and essential data are missed.	Attempts to monitor a variety of subjective and objective data but are overwhelmed; focuses on the most apparent data, missing some vital information	Regularly observes/ monitors both subjective and objective; most useful information is noticed, may miss the subtlest signs	Focuses observation appropriately; regularly observes and monitors both subjective and objective data to uncover helpful information
Information Seeking	Is ineffective in seeking information; has difficulty interacting with the client and family; fails to collect important subjective data	Makes limited efforts to seek additional information from the client/family; often seems to pursue unrelated information	Actively seeks subjective information about the client's situation from the client and family to support planning interventions.	Assertively seeks information through a careful collection of valid subjective data from observing the client and from interacting with the client and family
Prioritizing data	Has difficulty focusing and appears not to know which data are most important to the diagnosis.	Makes an effort to prioritize data and focus on the most important, but also attends to less relevant/useful data	In general, focuses on the essential data and seeks further relevant information, but also may try to attend to less pertinent data	Focuses on the most relevant and important data helpful in explaining the client's condition
Making Senses of Data	Has difficulty making sense of data even in simple or familiar or everyday situations; requiring assistance both in diagnosing the problem and in developing an intervention	Can compare the client's data patterns with those known and develop intervention plans in simple or everyday situations; however, has difficulty with moderately difficult situations; appropriately requires advice or assistance.	In most situations, interprets the client's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; appropriately seeks the guidance of a more experienced nurse	When facing Complex or confusing data, can (1) note and make sense of patterns in the client's data, (2) compare these with known patterns, and (3) develop plans for interventions that can be justified in terms of their likelihood of success
Clear Communication with Interdisciplinary team (IDT)	Has difficulty communicating w/ IDT members; directions are unclear or contradictory	Shows some communication ability with IDT only partly successful; displays caring but not competence	Communicates well with IDT members in most situations; explains and gives clear directions to; could be more effective in establishing rapport	Communicates effectively with IDT members; directs and involves team members, explaining and giving directions; checks for understanding
Self-Analysis and Commitment to Improvement	Prompted evaluations are brief, cursory, not used to improve performance; Appears uninterested in improving performance or unable to do so; rarely reflective	Even when prompted, briefly verbalizes the most obvious evaluations; has difficulty imagining choices; Demonstrates awareness of the need for improvement, and makes some effort	Evaluates personal clinical performance; Demonstrates a desire to improve: reflects on and evaluates experiences; identifies strengths and weaknesses;	Independently analyzes personal performance; Demonstrates commitment to ongoing improvement: reflects on and critically evaluates nursing experiences



**Comments:**

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*Student Signature*

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*Date*

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*Preceptor Signature*

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*Date*

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*Faculty Signature*

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*Date*



## NNP STUDENT EVALUATION TOOL

Student name: \_\_\_\_\_ Course number: \_\_\_\_\_

Clinical Site: \_\_\_\_\_

Term/ Year: \_\_\_\_\_

DIRECTIONS: Please evaluate the NNP student on each competency according to the following key:

1 - almost never

2 - rarely

3- sometimes

4 - usually

5 - almost always

Domain 1: Patient Care- Designs, delivers, manages, and evaluates comprehensive patient care. <sup>1</sup>					
1. Initiates and performs the measures necessary according to established clinical guidelines to resuscitate and stabilize a compromised patient <sup>2,4</sup>	1	2	3	4	5
	<input type="checkbox"/> n/a, insufficient experience for evaluation				
2. Uses available technology to elicit and document a health history that includes pertinent maternal medical, antepartum, intrapartum, and newborn history <sup>2,3</sup>	1	2	3	4	5
	<input type="checkbox"/> n/a, insufficient experience for evaluation				
3. Uses advanced assessment skills to perform a complete systems-focused examination that includes physical, behavioral, and developmental assessments, distinguishing between normal and abnormal findings <sup>2</sup>	1	2	3	4	5
	<input type="checkbox"/> n/a, insufficient experience for evaluation				
4. Demonstrates critical thinking and diagnostic reasoning skills in clinical decision making by relating assessment findings to underlying pathology or physiologic changes <sup>2,3,4</sup>	1	2	3	4	5
	<input type="checkbox"/> n/a, insufficient experience for evaluation				
4. Develops a differential diagnosis based on history, diagnostic and laboratory test results, and assessment data <sup>2,3,4</sup>	1	2	3	4	5
	<input type="checkbox"/> n/a, insufficient experience for evaluation				
6. Establishes appropriate priorities of care <sup>2,3,4</sup>	1	2	3	4	5
	<input type="checkbox"/> n/a, insufficient experience for evaluation				

7. Selects and interprets diagnostic tests and procedures <sup>3,4</sup>	<p style="text-align: center;">1      2      3      4      5</p> <input type="checkbox"/> n/a, insufficient experience for evaluation
8. Initiates and performs diagnostic and therapeutic procedures according to established guidelines or protocols and current standards <sup>2,3</sup>	<p style="text-align: center;">1      2      3      4      5</p> <input type="checkbox"/> n/a, insufficient experience for evaluation
9. Develops and presents an individualized, comprehensive, multidisciplinary database including history, diagnostic tests, and physical, behavioral, and developmental assessments that incorporate cultural and ethnic variation. <sup>2,3,4</sup>	<p style="text-align: center;">1      2      3      4      5</p> <input type="checkbox"/> n/a, insufficient experience for evaluation
10. Plans, implements, and evaluates principles of neonatal pharmacological therapies within clinical practice <sup>2,3,4</sup>	<p style="text-align: center;">1      2      3      4      5</p> <input type="checkbox"/> n/a, insufficient experience for evaluation
11. Applies principles of pain management to care <sup>2</sup>	<p style="text-align: center;">1      2      3      4      5</p> <input type="checkbox"/> n/a, insufficient experience for evaluation
12. Evaluates outcomes of interventions using accepted outcome criteria and revises plans according to patient outcomes <sup>2,3,4</sup>	<p style="text-align: center;">1      2      3      4      5</p> <input type="checkbox"/> n/a, insufficient experience for evaluation
13. Documents and presents the database, impression, and plan of care <sup>3,4</sup>	<p style="text-align: center;">1      2      3      4      5</p> <input type="checkbox"/> n/a, insufficient experience for evaluation
14. Supports and implements developmentally appropriate care <sup>2</sup>	<p style="text-align: center;">1      2      3      4      5</p> <input type="checkbox"/> n/a, insufficient experience for evaluation
15. Performs routine diagnostic and therapeutic procedures considered essential for NNP practice according to national, professional, and facility guidelines and protocols <sup>2,4</sup>	<p style="text-align: center;">1      2      3      4      5</p> <input type="checkbox"/> n/a, insufficient experience for evaluation
16. Provides anticipatory guidance and education to care providers regarding age-related development, physical and social needs, and strategies for health development and maintenance <sup>2,3,4</sup>	<p style="text-align: center;">1      2      3      4      5</p> <input type="checkbox"/> n/a, insufficient experience for evaluation

17. Collaborates with the family and multidisciplinary health care team in discharge planning and ongoing management of infants in the primary care setting<sup>4</sup>

1 2 3 4 5  
 n/a, insufficient experience for evaluation

**Domain 2: Knowledge of Practice- Synthesizes established and evolving scientific knowledge from diverse sources and contributes to the generation, translation, and dissemination of health care knowledge and practices.<sup>1</sup>**

18. Identifies potential areas for nursing research, quality improvement, or evidence-based practice<sup>3,4</sup>.

1 2 3 4 5  
 n/a, insufficient experience for evaluation

19. Applies current scientific knowledge to initiate change and improve care for newborns/infants and their families.<sup>4</sup>

1 2 3 4 5  
 n/a, insufficient experience for evaluation

**Domain 3: Practice-Based Learning & Improvement- Demonstrates the ability to investigate and evaluate one's care of patients, appraise and assimilate emerging scientific evidence, and continuously improve patient care based on constant self-evaluation and life-long learning.<sup>1</sup>**

20. Demonstrates accountability for the quality of health care and patient safety for the patient<sup>2,3,4</sup>

1 2 3 4 5  
 n/a, insufficient experience for evaluation

21. Advocates for health care access and parity for infants and families<sup>3,4</sup>

1 2 3 4 5  
 n/a, insufficient experience for evaluation

22. Participates in self-and peer-evaluation to improve the quality of care provided to infants and families<sup>4</sup>

1 2 3 4 5  
 n/a, insufficient experience for evaluation

**Domain 4: Interpersonal and Communication Skills- Demonstrates interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, the public, and health professionals; and promote therapeutic relationships with patients across a broad range of cultural and socioeconomic backgrounds<sup>1</sup>**

23. Documents complete and concise communication with family members regarding the infant's health care status and needs<sup>3,4</sup>

1 2 3 4 5  
 n/a, insufficient experience for evaluation

<p>24. Recognizes and respects the effects of psychosocial, cultural, and spiritual variables that may affect health care<sup>3</sup></p>	<p>1      2      3      4      5  <input type="checkbox"/> n/a, insufficient experience for evaluation</p>
<p>25. Assesses the educational needs of the family, including coping skills and resources, and develops an appropriate plan of care. <sup>3</sup></p>	<p>1      2      3      4      5  <input type="checkbox"/> n/a, insufficient experience for evaluation</p>
<p>26. Competency: Provides anticipatory guidance to patients and families regarding age-related development, physical and social needs, and strategies for health development and maintenance.<sup>3</sup></p>	<p>1      2      3      4      5  <input type="checkbox"/> n/a, insufficient experience for evaluation</p>
<p><b>Domain 5: Professionalism- Demonstrates a commitment to carrying out professional responsibilities and an adherence to ethical principles.<sup>1</sup></b></p>	
<p>27. Articulates knowledge of public health policies affecting the advanced practice nursing care of infants, newborns, and their families.<sup>3,4</sup></p>	<p>1      2      3      4      5  <input type="checkbox"/> n/a, insufficient experience for evaluation</p>
<p>28. Incorporates professional and legal standards of care into practice, including creation and evaluation of neonatal nurse practitioner protocols<sup>3,4</sup></p>	<p>1      2      3      4      5  <input type="checkbox"/> n/a, insufficient experience for evaluation</p>
<p>29. Participates in the ethical decision-making process in collaboration with families and other health care professionals<sup>3,4</sup></p>	<p>1      2      3      4      5  <input type="checkbox"/> n/a, insufficient experience for evaluation</p>
<p><b>Domain 6: Systems-Based Practice- Demonstrates organizational and systems leadership to improve healthcare outcomes.<sup>1</sup></b></p>	
<p>30. Participates in the systematic review of patient records, protocols, current guidelines, treatment plans, and outcomes to determine the effectiveness in meeting established standards of care<sup>3</sup></p>	<p>1      2      3      4      5  <input type="checkbox"/> n/a, insufficient experience for evaluation</p>
<p>31. Participates as a member of an interdisciplinary team in the continuous quality improvement process for the care of infants and families<sup>2,4</sup></p>	<p>1      2      3      4      5  <input type="checkbox"/> n/a, insufficient experience for evaluation</p>

<b>Domain 7: Interprofessional Collaboration- Demonstrates the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care.<sup>1</sup></b>	
32. Establishes a collaborative relationship with family and other health care colleagues <sup>3,4</sup>	<p style="text-align: center;">1      2      3      4      5</p> <input type="checkbox"/> n/a, insufficient experience for evaluation
33. Consults with and refers to other healthcare providers and/or community resources based on patient and family needs <sup>2,3,4</sup>	<p style="text-align: center;">1      2      3      4      5</p> <input type="checkbox"/> n/a, insufficient experience for evaluation
<b>Domain 8: Personal and Professional Development- Demonstrates the qualities required to sustain lifelong personal and professional growth<sup>1</sup></b>	
34. Operationalizes the role of the neonatal nurse practitioner to the family, other healthcare professionals, and the community <sup>3,4</sup>	<p style="text-align: center;">1      2      3      4      5</p> <input type="checkbox"/> n/a, insufficient experience for evaluation
35. Competency: Precepts, mentors, and supports other nurses and students of nursing in achieving excellence in nursing practice <sup>2</sup>	<p style="text-align: center;">1      2      3      4      5</p> <input type="checkbox"/> n/a, insufficient experience for evaluation
36. Competency: Participates in self-evaluation, professional organizations, and/or continuing education activities to improve the care provided to infants and families. <sup>2,4</sup>	<p style="text-align: center;">1      2      3      4      5</p> <input type="checkbox"/> n/a, insufficient experience for evaluation

**Comments:**

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*Student Signature*

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*Preceptor Signature*

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*Faculty Signature*

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References:

1. Common Advanced Practice Registered Nurse Doctoral-Level Competencies. Published online October 2017. Accessed May 8, 2020. <https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/competencies/common-aprn-doctoral-competete.pdf>
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3. UTHSC CON Generic Eval for all Concentrations. Published October 2018.
4. NNP Student Evaluation Tool. Published online 2020 2019. Accessed May 8, 2020. <https://www.uthsc.edu/nursing/dnp/documents/nnp-student-faculty-preceptor-manual.pdf>

## Neonatal Nurse Practitioner Student Evaluation of Clinical Site and Preceptor

Student name: \_\_\_\_\_ Course number: \_\_\_\_\_

Clinical Site: \_\_\_\_\_

Term/ Year: \_\_\_\_\_

1 – almost never      2 – rarely      3- sometimes      4 – usually      5 – almost always

<b>INVOLVEMENT/RECEPTIVITY/COMPETENCE</b>	1	2	3	4	5
01. Respects students as an essential individual in the healthcare team.					
02. Assists students when problem arises					
03. Allows adequate time to accomplish a task					
04. Involves student in formulating plan and decision making					
05. Remains calm, poised in clinical situation					
06. Relates didactic knowledge to clinical practice					
<b>TEACHING PRACTICES</b>	1	2	3	4	5
07. Demonstrates flexibility to improve learning					
08. Assists student in identifying problems					
09. Demonstrates new procedures					
10. Leads student through decision making rather than giving own impressions.					
11. Encourages questions and discussions regarding alternative management.					
12. Allows appropriate documentation.					
13. Considers student's limits according to the level of experience.					
14. Encourages the student to assume increasing responsibility during clinical rotation.					
15. Student evaluations are objective and shared with students in a positive, confidential manner					
<b>CLINICAL SITE</b>	1	2	3	4	5
01. Do clinical experiences correlate with course outcomes?					
02. Do students have adequate (census, acuity) learning experiences?					
03. Do students have adequate role models/preceptors?					
04. Are staff receptive to students?					



**COMMENTS:**

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\_\_\_\_\_  
*Student Signature*

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