



Adult-Gerontology Primary Care

PROFESSIONAL GRADUATE NURSING PROGRAM

PRECEPTOR ORIENTATION HANDBOOK

Academic Year 2024-2025

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The Role of the Preceptor

The College of Nursing Graduate Faculty would like to thank you for taking time to be a preceptor for one of our students. The role of the preceptor is important in shaping the development of a nurse practitioner. We recognize that it takes time to supervise a student, and we appreciate the additional time you give to each student. As the semester advances, the student will become more accomplished and require less supervision on your part and should begin to facilitate your client caseload.

Expectations of All Preceptors

- Review semester objectives and goals to facilitate clinical learning
- Review daily objectives to be discussed at the beginning of each clinical day
- Create a learning environment for the student and facilitate the critical thinking skills required of a student
- Complete the Preceptor Credentials electronic form on our website at: <https://app1.unmc.edu/nursing/preceptor/>, which will allow you to fill out the form online
- At the end of the semester, complete the Clinical Preceptor Assessment of Student Performance form and return to designated clinical faculty member

Expectations of Preceptors for APRN Students

- Listen to the student's case presentation on each patient
- Provide feedback about assessments, differential diagnosis, problem lists and proposed plans of care
- See patients with the student
- Supervise the student on all new procedures
- Recheck all abnormal examination findings identified by the student and evaluate the student's management plans for these problems
- Always be present in the clinical area during the student's experience, and name a qualified substitute if you must leave the clinic
- Review all student entries in the patient's health/medical records

Expectations of Preceptors for Lead/Nursing Executive Students

- Facilitate student's skill in completing an organizational assessment
- Facilitate student's development, implementation and evaluation of a clinical project.
- Engage student in organizational meetings and follow up to share decision-making related to specific agenda items
- Dialogue on-going conversations with student related to organizational activities including operations and strategic initiatives

Depending on the level of the student (beginning, middle, or advanced), the student will participate alone or with assistance for performance of the history and physical examinations, ordering necessary lab data, analyzing assessments, proposing appropriate diagnostic and/or therapeutic plans, and documenting encounters. The student should show progress in skill and clinical judgment as he/she proceeds through each course and semester.

The preceptor has a right to ask that the student be placed in another learning environment if problems arise that cannot be resolved.

Student Responsibilities

- Prepare for each clinical experience by
 - Sharing daily objectives with the preceptor at the beginning of the day
 - Studying presentations and diagnoses seen the previous week to build on knowledge and skills, and
 - Bringing materials learned in the classroom for application in the clinical setting
- Demonstrate active learning strategies by
 - Appropriate use of printed and electronic clinical resources (brought by student)
 - Asking questions
 - Identifying strengths and weaknesses, and
 - Being proactive in seeking learning opportunities
- Seek confirmation with the preceptor of any findings of which you may be unsure
- Ask for assistance with new procedures or learning opportunities
- Demonstrate evidence of using the clinical experience for advanced learning
- Dress in appropriate attire

Clinical Faculty Member Responsibilities

- Make arrangements with the student and preceptor to visit the clinical site (if feasible) to evaluate the student's performance at various times throughout the semester
- Evaluate the student's performance at mid-term and at the end of the semester
(The preceptor will provide input into the evaluation process by completing the Clinical Preceptor Assessment of Student Performance form)

Please contact the student's clinical faculty instructor with questions, concerns or comments.

The University Of Nebraska Medical Center College Of Nursing is required by our accrediting agencies and the State Board of Nursing to document the credentials and professional experience of persons who serve as clinical preceptors with our students. Preceptors must have an advanced practice degree (APRN, MD, DO, PA) and at least one year experience at the advanced practice level. The Preceptor Credentials form is available to complete electronically. The link to register and login to access and complete the form electronically is listed below. This form will be updated annually.

<https://app1.unmc.edu/nursing/preceptor/>



Preceptor Credentials Form

WELCOME

Welcome to the UNMC College of Nursing electronic preceptor credentials form. (If you have not registered yet, please select the **Register Here** button to register your email address and password).

Sign In

Register Here

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 Clinical Preceptor Assessment of Student Performance

Student _____

Preceptor _____

Specialty Area _____

Preceptor Email _____

Clinical Instructor _____

Course Number _____ Campus _____

Clinical Start Date _____

Clinical End Date _____

At the end of the semester, please provide an assessment of the student using the rating scale below. Select the rating that best describes the level of expectation achieved by the student this semester. **Students will not receive a grade for their clinical experiences if this 2 page assessment form is not completed and returned to faculty.**

	Far Exceeded	Met	Did Not Meet	Clinical Expectation Not Observed	Not Applicable to this Clinical Setting
1. Comes to the setting with learning objectives and discusses them with me.					
2. Performs a systematic history and physical exam, focused exam, differential diagnoses, and conclusive diagnoses to my satisfaction.					
3. Discusses with me common laboratory and diagnostic tests and rationale for use.					
4. Discusses pharmacological and non-pharmacological treatments to my satisfaction.					
5. Discusses a clinical treatment (management plan) to my satisfaction.					
6. Formulates a Preventative Health/Health Promotion Plan to my satisfaction.					
7. Discusses the pathophysiology of common diseases.					
8. Uses research and evidence based practice standards of care in discussions with me.					
9. Discusses the need for referrals and follow-up appointments to my satisfaction.					
10. Completes concise written and verbal reports to my satisfaction.					
11. Is professional, on time, courteous, appropriately dressed, and has needed resources.					
12. Attends to quality care, safety issues, and cultural diversity factors.					

Preceptor Comments:

Preceptor Signature _____ Date _____

Please return completed assessment to the clinical instructor at end

NRSG 621 ADULT-GERONTOLOGY PRIMARY CARE I 2 Credit Hours

This course is the first in a series of four sequential courses. This course focuses on the role of the nurse practitioner in the changing landscape of health care practice, in primary and secondary prevention of illness in the adult and elderly, and in the assessment and documentation of adult health maintenance exams. This course also focuses on management and documentation of selected health care problems related to dermatology, ophthalmology, upper respiratory, sexually transmitted infections, and women's health. 2 didactic credits

Prerequisite: NRSG 607

Corequisite: NRSG 610

Cross List: NRSG 821

OBJECTIVES:

1. Conducts Advanced Adult Health assessments including holistic evidence-based functional and behavioral health screening, environmental factors, and social support screening in patients across the adult age continuum.
2. Develops individualized patient centered health promotion/risk management plans using evidence-based standards & protocols for adolescent, young, middle, and older adults.
3. Differentiates normal changes of aging from pathology, in adults across the life span, in order to identify health risks and opportunities for disease prevention and health promotion.
4. Demonstrates critical thinking and diagnostic reasoning skills as a foundation for collaborative and independent clinical decision-making for health maintenance, disease prevention, health promotion, urgent clinic visits, and selected health problems presenting in the clinic for adults with skin and upper respiratory conditions.
5. Implements individualized patient-centered holistic medical management of patients seen in the clinic for urgent care problems and multimorbid conditions.
6. Implements use of electronic medical record to improve documentation and access to providers with an intent to promote health, improve accountability across the continuum of health care for immunizations, medication reconciliation, telehealth coordination and continuity, and reportable diseases such as STDs.
7. Fosters a trusting relationship that facilitates therapeutic communication and discussion about sensitive issues with the individual, family and other caregivers regarding adult lifespan issues (e.g. risk-taking behavior, prognosis, loss of independence).

NRSG 610 ADULT-GERONTOLOGY PRIMARY CARE CLINICAL PRACTICUM I 2 Credit Hours

This course will provide clinical experiences to apply learning from the corequisite didactic course. 2 clinical credits

NRSG 625 ADULT-GERONTOLOGY PRIMARY CARE II 3 Credit Hours

This is the second of four sequential courses. The emphasis is on preparing the adult-gerontology primary care nurse practitioner to provide comprehensive, chronic, continuous, coordinated care in a long-term relationship with adolescents, adults and older adults. The course will use theoretical frameworks and evidence-based strategies to guide learning about chronic care of adults. Also, this course focuses on management and documentation of selected health problems: cardiovascular, pulmonary, anemia, genitourinary, renal/urology, and urinary and fecal incontinence. 3 didactic credits

Prerequisite: NRSG 621

Corequisite: NRSG 619

Cross List: NRSG 825

OBJECTIVES:

1. Utilizes chronic care model framework and evidence based guidelines to develop the professional Adult Gerontology Primary Care Nurse Practitioner professional role within the collaborative team.
2. Synthesizes clinical data, pathophysiological, biobehavioral, and pharmacotherapeutic evidence-based research to diagnose and manage disease and functional decline in adolescents, adults, and older adults.
3. Demonstrates critical thinking and diagnostic reasoning to make independent clinical decisions about cardiovascular, respiratory, gastrointestinal, renal/urological, and multimorbid conditions in acute, chronic, and episodic routine care as a foundation for membership on a collaborative team.
4. Differentiates between normal developmental and aging characteristics and abnormal health conditions and diseases.
5. Educates patients, caregivers, other members of the community or self- management strategies for select diseases and problems in cardiovascular, respiratory, gastrointestinal, renal/urology and other multimorbid conditions.
6. Utilizes motivational interviewing techniques, patient-focused listening, and culturally sensitive approaches for patients, caregivers, and communities that are sensitive to physiological and biobehavioral health, age, developmental stage, readiness to learn, the environment, and resources.
7. Leads on design and implementation of patient-centered collaborative plans of care that promote a return to best health, improved function, self-management, and quality of life.
8. Fosters a trusting relationship that facilitates therapeutic discussion about sensitive issues with patient, and if appropriate caregivers and/or support network, regarding adult life changing issues (risk-taking behaviors, trauma, ideation about self-harm or harm of others, persecution perceived, and loss of health or independence).

NRSG 619 ADULT-GERONTOLOGY PRIMARY CARE CLINICAL PRACTICUM II 3 Credit Hours

This course will provide clinical experiences to apply learning from the corequisite didactic course. 3 clinical credits.

NRSG 629 ADULT-GERONTOLOGY PRIMARY CARE III 3 Credit Hours

This is the third of four sequential courses. This course focuses on the role of the adult-gerontology primary care nurse practitioner in evidence-based management and documentation of chronic, medically complex health problems, in participation in integrated primary care, and in leadership of interprofessional comprehensive adult/geriatric assessments and care plans. Also, this course focuses on management and documentation of selected health problems: endocrine, musculoskeletal, neurological, HIV, oncology, pain/addiction/opioid use and misuse, and neurocognitive disorders. 3 didactic credits

Prerequisite: NRSG 625

Corequisite: NRSG 623

Cross List: NRSG 829.

OBJECTIVES:

1. Demonstrates critical thinking and diagnostic reasoning skills as a foundation for collaborative and independent clinical decision-making for patients with adult gerontology medically complex health problems to include endocrinology, musculoskeletal, neurological, HIV oncological, autoimmune, neurodegenerative, addiction, selected mental health problems and all of the associated geriatric syndromes.
2. Educates individuals, families, caregivers, and interdisciplinary team members regarding strategies to manage the interactions associated with comorbid medically complex adult gerontology health problems, polypharmacy, and safe transitions across continuum of care.
3. Adapts teaching/learning approaches to patient/client/family/caregivers goals based on physiological and psychological changes, race, culture, age, developmental stage, readiness to learn, health literacy, the environment, and resources.
4. Evaluates the adequacy of the health and social service delivery system of each adult gerontology sub-population and advocates to personalize integrated primary care for diverse groups of adult patients and families.
5. Demonstrates skills of advocacy and transcultural leadership in care of adults across the continuum of care; promoting a shared vision of cultural competence and awareness, knowledge and skill, and motivation and desire.

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6. Identifies patients' medical, nursing, functional, and rehabilitative needs in collaboration with other disciplines, patient, and family to provide assurance of progress in attaining maximal function and safe placements at time of discharge.

Interprofessional Practice and Education (IPE) Competencies that pertain to this Adult Gerontology Primary Care III course:

7. Work with individuals of other professions to maintain a climate of mutual respect and shared values. (Values/Ethics for Interprofessional Practice)

8. Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations. (Roles/Responsibilities)

9. Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease. (Interprofessional Communication)

10. Collaborate with other disciplines in health and other fields to promote health and manage complex medically ill adults. High functioning teams require collaboration between physicians, nurses, pharmacists, social workers, clinical psychologists, case managers, medical assistants, and clinical administrators, etc. (Interprofessional Teams and Teamwork). Brief Course Topical Outline/Course Calendar

NRS 623 ADULT-GERONTOLOGY PRIMARY CARE CLINICAL PRACTICUM III 3 Credit Hours

This course will provide clinical experiences to apply learning from the corequisite didactic course. 3 clinical credits.

NRSG 632 ADULT-GERONTOLOGY PRIMARY CARE IV 1 Credit Hour

This is the final course of four sequential courses. The course focuses on the role of the adult gerontology primary care nurse practitioner in palliative care. Emphasis is placed on management and documentation of frailty, end-of-life, advanced care planning, maintenance of function, comfort measures, and behavioral disturbance management. 1 didactic credit

Prerequisite: NRSG 629

Corequisite: NRSG 627

Cross List: NRSG 832

OBJECTIVES:

1. Fosters a trusting relationship that facilitates therapeutic communication about sensitive issues with the individual, family, caregivers, and other disciplines regarding trajectory of health, prognosis, and preferences for extraordinary procedures.
2. Prescribes medications, therapies, and therapeutic devices safely with particular attention to those associated with comfort and avoidance of adverse or untoward events.
3. Designs and implements an interprofessional advanced careplan with patient, families, caregivers, and other disciplines to assure comfort, safety, avoidance of risks using to empower patient dignity.
4. Collaborates and educates, the individual, family, caregivers, and other disciplines in the development and implementation of appropriate interventions for the frail and terminal adult.
5. Evaluates the adequacy of the health and social service delivery system of each adult gerontology sub-population and advocates to personalize integrated primary care for diverse groups of adult life span patients and families.
6. Explores roles for the Adult Gerontology Primary Care Nurse Practitioner in collaboration with patients, families, caregivers, and other disciplines to meet case management needs across institutions and community settings.

NRSG 627 ADULT-GERONTOLOGY PRIMARY CARE CLINICAL PRACTICUM IV 4 Credit Hours

This course will provide clinical experiences to apply learning from the corequisite didactic course. 4 clinical credits

NRSG 608: TRANSITION TO NURSE PRACTITIONER PRACTICE

Synthesis of advanced theoretical knowledge as a basis for advanced nursing practice as a Nurse Practitioner.

Cross List: NRSG 808

OBJECTIVES:

1. Implement a model of advanced practice within various populations.
2. Interpret the role of the advanced practice nurse to prospective consumers and health care policy makers.
3. Examine the ethical, legal, political and financial issues affecting nurse practitioners.
4. Examine health care policy as it affects advanced nursing practice; develop strategies for participation in changing health care policy.
5. Examine reimbursement mechanisms and marketing strategies for nurse practitioners.
6. Develop a professional marketing portfolio, including a personal definition of advanced practice nursing.

NRSG 634 SPECIAL TOPICS IN ADULT-GERONTOLOGY NURSING 1-6 Credit Hours

Independent study of selected clinical problems in the area of Adult-Gerontology Nursing. 1-6 credits.

Scope of Practice for Nurse Practitioners

Professional Role

Nurse practitioners (NPs) are licensed, independent practitioners who practice in ambulatory, acute and long-term care as primary and/or specialty care providers. Nurse practitioners assess, diagnose, treat, and manage acute episodic and chronic illnesses. NPs are experts in health promotion and disease prevention. They order, conduct, supervise, and interpret diagnostic and laboratory tests, prescribe pharmacological agents and non-pharmacologic therapies, as well as teach and counsel patients, among other services.

As licensed, independent clinicians, NPs practice autonomously and in coordination with health care professionals and other individuals. They may serve as health care researchers, interdisciplinary consultants, and patient advocates. NPs provide a wide-range of health care services to individuals, families, groups, and communities.

Education

NPs are advanced practice registered nurses who obtain graduate education, post-master's certificates, and doctoral degrees. Educational preparation provides NPs with specialized knowledge and clinical competency which enable them to practice in various health care settings, make differential diagnoses, manage and initiate treatment plans and prescribe medications and treatment. National NP education program accreditation requirements and competency-based standards ensure that NPs are equipped to provide safe, high-quality patient care from the point of graduation. Clinical competency and professional development are hallmarks of NP education.

Accountability

The autonomous nature of NP practice requires accountability to the public for delivery of high-quality health care. NP accountability is consistent with an ethical code of conduct, national certification, periodic peer review, clinical outcome evaluation, and evidence of continued professional development.

Responsibility

The patient-centered nature of the NP role requires a career-long commitment to meet the evolving needs of society and advances in health care science. NPs are responsible to the public and adaptable to changes in health care. As leaders in health care, NPs combine the roles of provider, mentor, educator, researcher, and administrator. NPs take responsibility for continued professional development, involvement in professional organizations, and participation in health policy activities at the local, state, national and international levels. Five decades of research affirms that NPs provide safe, high-quality care.

Standards of Practice for Nurse Practitioners

I. Qualifications

Nurse practitioners are licensed, independent practitioners who provide primary and/or specialty nursing and medical care in ambulatory, acute and long-term care settings. They are registered nurses with specialized, advanced education and clinical competency to provide health and medical care for diverse populations in a variety of primary care, acute and long-term care settings. Master's, post-master's or doctoral preparation is required for entry-level practice (AANP 2006).

II. Process of Care

The nurse practitioner utilizes the scientific process and national standards of care as a framework for managing patient care. This process includes the following components.

A. Assessment of health status

The nurse practitioner assesses health status by:

- Obtaining a relevant health and medical history
- Performing a physical examination based on age and history
- Performing or ordering preventative and diagnostic procedures based on the patient's age and history
- Identifying health and medical risk factors

B. Diagnosis

The nurse practitioner makes a diagnosis by:

- Utilizing critical thinking in the diagnostic process
- Synthesizing and analyzing the collected data
- Formulating a differential diagnosis based on the history, physical examination and diagnostic test results
- Establishing priorities to meet the health and medical needs of the individual, family, or community

C. Development of a treatment plan

The nurse practitioner, together with the patient and family, establishes an evidence-based, mutually acceptable, cost-awareness plan of care that maximizes health potential. Formulation of the treatment plan includes:

- Ordering and interpreting additional diagnostic tests
- Prescribing or ordering appropriate pharmacologic and non-pharmacologic interventions
- Developing a patient education plan
- Recommending consultations or referrals as appropriate

D. Implementation of the plan

Interventions are based upon established priorities. Actions by the nurse practitioners are:

- Individualized
- Consistent with the appropriate plan for care
- Based on scientific principles, theoretical knowledge and clinical expertise
- Consistent with teaching and learning opportunities

E. Follow-up and evaluation of the patient status

The nurse practitioner maintains a process for systematic follow-up by:

- Determining the effectiveness of the treatment plan with documentation of patient care outcomes
- Reassessing and modifying the plan with the patient and family as necessary to achieve health and medical goals

III. Care Priorities

The nurse practitioner's practice model emphasizes:

- A. Patient and family education
The nurse practitioner provides health education and utilizes community resource opportunities for the individual and/or family
- B. Facilitation of patient participation in self care.
The nurse practitioner facilitates patient participation in health and medical care by providing information needed to make decisions and choices about:
 - Promotion, maintenance and restoration of health
 - Consultation with other appropriate health care personnel
 - Appropriate utilization of health care resources
- C. Promotion of optimal health
- D. Provision of continually competent care
- E. Facilitation of entry into the health care system
- F. The promotion of a safe environment

IV. Interdisciplinary and Collaborative Responsibilities

As a licensed, independent practitioner, the nurse practitioner participates as a team leader and member in the provision of health and medical care, interacting with professional colleagues to provide comprehensive care.

V. Accurate Documentation of Patient Status and Care

The nurse practitioner maintains accurate, legible and confidential records.

VI. Responsibility as Patient Advocate

Ethical and legal standards provide the basis of patient advocacy. As an advocate, the nurse practitioner participates in health policy activities at the local, state, national and international levels.

VII. Quality Assurance and Continued Competence

Nurse practitioners recognize the importance of continued learning through:

- A. Participation in quality assurance review, including the systematic, periodic review of records and treatment plans
- B. Maintenance of current knowledge by attending continuing education programs
- C. Maintenance of certification in compliance with current state law
- D. Application of standardized care guidelines in clinical practice

VIII. Adjunct Roles of Nurse Practitioners

Nurse practitioners combine the roles of provider, mentor, educator, researcher, manager and consultant. The nurse practitioner interprets the role of the nurse practitioner to individuals, families and other professionals.

IX. Research as Basis for Practice

Nurse practitioners support research by developing clinical research questions, conducting or participating in studies, and disseminating and incorporating findings into practice.