



Family Nurse Practitioner

PROFESSIONAL GRADUATE NURSING PROGRAM

PRECEPTOR ORIENTATION HANDBOOK

Academic Year 2023-2024

TABLE OF CONTENTS

UNMC College of Nursing Contact Information	1
The Role of the Preceptor.....	2
Preceptor Responsibilities.....	2
Student Responsibilities.....	3
Clinical Faculty Responsibilities	3
Preceptor Credentials Form Information.....	4
Clinical Preceptor Assessment of Student Form.....	5-6
Family Nurse Practitioner Guidelines and Course Descriptions.....	7-12
Scope of Practice for Nurse Practitioners	13
Standards of Practice	14

UNMC | College of Nursing
Specialty Contact Information

Kelly Gonzales, PhD, APRN-NP, FNP-C Assistant Professor
UNMC College of Nursing- Omaha Division
985330 Nebraska Medical Center
Omaha, NE 68198-5330
402-559-4111 (office) kelly.gonzales@unmc.edu

Steph Burge DNP, APRN-BC, FNP Clinical Assistant Professor
UNMC College of Nursing – Kearney Division Health Science Education Complex
Kearney, NE 68849-4510
308.865.8745 (office) sburge@unmc.edu

Miranda Kliment, DNP, APRN-NP Clinical Assistant Professor
UNMC College of Nursing – Lincoln Division
Lincoln, NE 68588
402-472-7360 (office)
miranda.kliment@unmc.edu

Kassidy Horst MSN, APRN-NP, WHNP-BC, FNP-C Instructor
UNMC College of Nursing-Northern Division
Norfolk, NE 68701
402-844-7911 (office) kassidy.horst@unmc.edu

Dawn Tassemeier, DNP, APRN, FNP-C Clinical Assistant Professor
UNMC- College of Nursing- Lincoln Division
Lincoln, NE 68508-0620
402-432-2773 (cell)
dtassemeier@unmc.edu

Jill Reed, PhD, APRN-NP, FNP-C Assistant Professor and FNP Specialty Coordinator
UNMC College of Nursing – Kearney Division
Kearney, NE 68849-4510
308-865-8150 (office) jrreed@unmc.edu

Jennifer Schmitz, MSN, APRN, FNP-C Instructor
UNMC College of Nursing- Omaha Division
985330 Nebraska Medical Center
Omaha, NE 68198-5330
402-559-7457 (office)
jeschmitz@unmc.edu

Tammy Schroeder, MSN, APRN-NP, FNP-BC Clinical Specialist/Instructor
UNMC College of Nursing- Lincoln Division
Lincoln, NE 68588-0620
(402) 418-4151(cell- preferred)
(402) 472-7499 (office)
tammy.schroeder@unmc.edu

Dan Cramer, MSN, APRN-NP, FNP-C Adjunct Clinical Faculty
UNMC College of Nursing- Omaha Division
985330 Nebraska Medical Center
Omaha, NE 68198-5330
402-440-8097 (cell)
daniel.cramer@unmc.edu

Haley Hays DNP, APRN, FNP-BC, ENP-C, AGACNP-BC Clinical Assistant Professor
UNMC College of Nursing- Western Nebraska Division
1601 E 27th St
Scottsbluff, NE 69361
(307) 534-5868 (cell)
haley.yorges@unmc.edu

Preceptor and Clinical Contract Administration
Nichole Baer
Office: 402-5595469
nichole.baer@unmc.edu

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

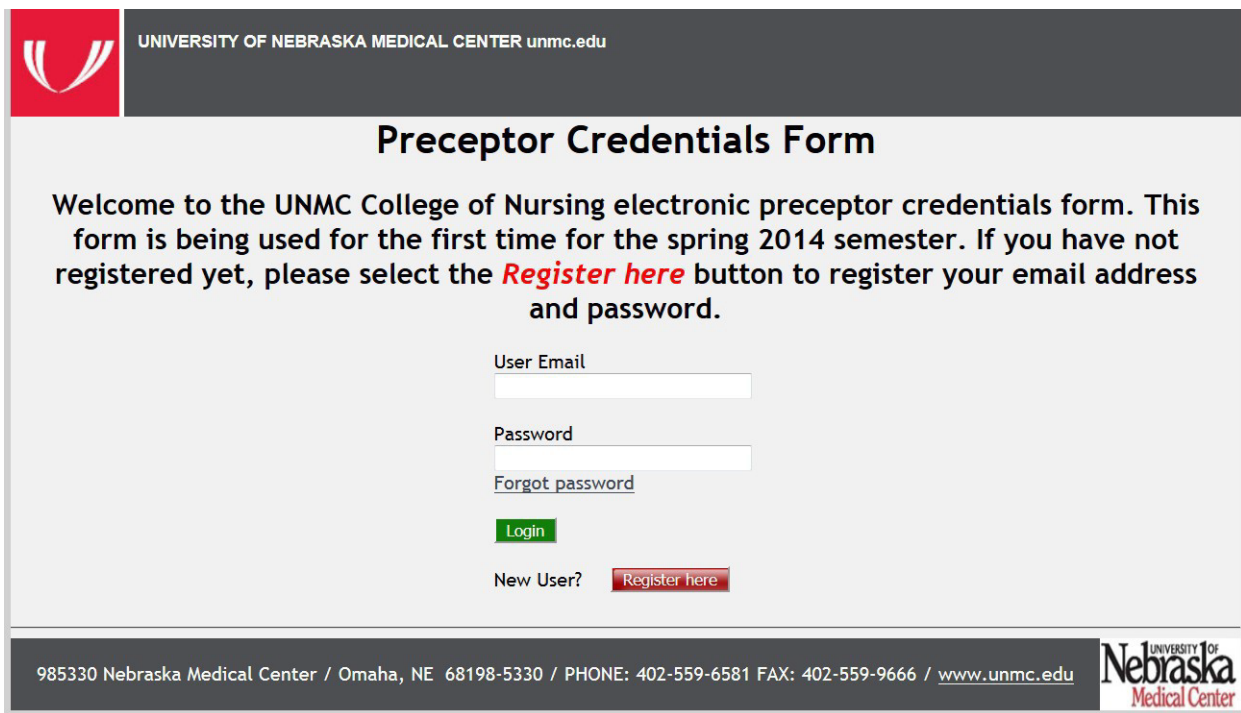
Clinical Faculty Member Responsibilities

- 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/>



The screenshot shows the 'Preceptor Credentials Form' page. At the top left is the UNMC logo and the text 'UNIVERSITY OF NEBRASKA MEDICAL CENTER unmc.edu'. The main heading is 'Preceptor Credentials Form'. Below this is a welcome message: 'Welcome to the UNMC College of Nursing electronic preceptor credentials form. This form is being used for the first time for the spring 2014 semester. If you have not registered yet, please select the **Register here** button to register your email address and password.' The form contains two input fields: 'User Email' and 'Password'. Below the password field is a link for 'Forgot password'. There is a green 'Login' button and a red 'Register here' button. At the bottom left, contact information is provided: '985330 Nebraska Medical Center / Omaha, NE 68198-5330 / PHONE: 402-559-6581 FAX: 402-559-9666 / www.unmc.edu'. At the bottom right is the 'UNIVERSITY OF Nebraska Medical Center' logo.

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 of semester.

Family Nurse Practitioner Guidelines for the Clinical Experience

The family nurse practitioner clinical experience consists of a minimum of 585 hours over 4 consecutive semesters. During each of these semesters, students are expected to have a primary care provider as their primary preceptor. Of the 585 clinical hours required, 500 or more hours must be in primary care. Primary care placement can include a family practice clinic, internal medicine clinic, women's health clinic, pediatric clinic or urgent care. These hours are divided among primary preceptorships with family practice specialists (physicians, physician assistants and nurse practitioners) and supplemental preceptorships (specialties). The clinical experience is completed along with didactic coursework.

NRSG 637: Health Promotion and Advanced Clinical Skills in Primary Care for Individuals and Families

During the first clinical semester, clinical experiences are under close supervision of faculty and preceptors. The focus is on evidence-based methods and guidelines for health assessment and interventions in the primary care setting. Clinical decision-making skills are utilized to enhance health promotion activities through the use of risk management, disease prevention, screening, and case finding activities across the lifespan. Clinical experiences are used for application of health promotion and advanced assessment skills across the lifespan. In addition, the role of the advanced practice registered nurse in primary care is analyzed. In this semester students will be expected to complete history & physicals and focused examinations. All visits should be "staffed" with the preceptor. A general guideline is that students should be seeing and documenting in Typhon an average of 1 patient per clinical hour. In NRSG 637 students must complete a minimum of 90 clinical hours.

NRSG 639: Primary Health Care of Older Families

This semester the student will be expected to learn how to assess a patient, develop differential diagnoses, formulate a plan of care, report findings to the preceptor and then complete documentation. The student should not be "seeing" all of the patients the preceptor is evaluating. The student should choose patients they can take time with doing the evaluation and treatment plan. A general guideline is that students should be seeing and documenting in Typhon an average of 1 patient per clinical hour. The goal is for the student to start formulating the treatment plan and presenting the plan to the preceptor. The focus during this semester should be on adults with acute minor health problems and stable chronic health problems and with routine health promotion needs. All visits should be "staffed" with the preceptor. In NRSG 639 students must complete a minimum of 135 clinical hours.

NRSG 638: Primary Health Care of Younger Families

This semester the student will be expected to continue to learn and grow in assessment and medical management of the patient. During this semester, the focus should be on individuals from age birth to thirty years old including children, well pregnant women, women with gynecologic needs, and young men. This includes acute health problems, stable chronic health problems and routine health promotion needs. The student should be seeing more patients this semester. A general guideline is that students should be seeing and documenting in

Typhon an average of 1-2 patients per clinical hour, depending on the complexity. All visits should be "staffed" with the preceptor. In NRS 638 students must complete a minimum of 135 clinical hours.

NRS 640: Advanced Primary Health Care of Families

This is the final clinical semester and the emphasis is on synthesis and application of previous content in addition to management of more complex patients. Students should be making appropriate clinical decisions on patients with problems that are within the family nurse practitioner scope of practice. This semester the student will be expected to continue to manage patients. The student should be feeling more comfortable with the assessment and plan of care. Ample time should be spent on formulating long range plans and health promotion/prevention strategies. Students should be seeing patients back for follow-up and knowing what the plan of care is required. The goal of this semester is to work toward managing patients more independently. A general guideline is that students should be seeing and documenting in Typhon an average of 1-2 patients per clinical hour, depending on the complexity.

In NRS 640, a minimum of 225 hours of clinical experience is required. It is highly encouraged that some of the hours in NRS 640 be completed in "blocks" of time that involves following the primary preceptor's schedule. If the preceptor has a typical full-time schedule, then the student will complete a full-time week and be at the clinical site every day the preceptor is there. If the preceptor has a part-time schedule, then the student will complete two part-time weeks and will be at the clinical site every day the preceptor is there for a total of two weeks, which do not need to be completed in succession. The purpose of this is for the student to gain experience with managing follow up, and seeing the daily clinic routines, which is often not possible when the student is in clinical just one day per week.

Semester 9

NRS 637: Health Promotion and Advanced Clinical Skills in Primary Care for Individuals and Families

Assessment and interventions for risk management, disease prevention, and case findings for individuals and families across the lifespan.

PREREQUISITE COURSES: Admission to the Professional Graduate Nursing Program or permission of the instructor. Twelve months of recent full time clinical experience per CON policy.

CREDIT ALLOCATION: 5 credits (3 didactic/2 clinical)

CLINICAL OBJECTIVES OF COURSE

1. Analyze the nature and scope of primary, secondary, and tertiary prevention.
2. Describe the role of the advanced practice registered nurse in primary care.
3. Develop a plan of action for risk management, disease prevention and health promotion across the lifespan.
4. Understand the scientific basis for the use of preventive services guidelines as a component of evidence-based practice.
5. Evaluate and implement health promotion interventions including health maintenance schedules, risk reduction and education strategies across the life span.
6. Integrate clinical, ethical, theoretical, and research literature into health promotion.
7. Conduct and document comprehensive, problem focused assessments and health promotion strategies for individuals across the lifespan.
8. Apply tools for the evaluation of individuals and families.
9. Create and implement holistic problem lists utilizing clinical decision making across the lifespan.

During their clinical time students should:

1. Obtain H and P's on patients across the lifespan focusing on Health Promotion strategies and disease prevention.
2. Utilize assessment data to make appropriate differential diagnosis
3. Review treatment plans suggested by the preceptor reviewing both pharmacological and non-pharmacologic interventions

Examples of types of visits you may see include:

- ❖ children and adults who present for routine physical exams
- ❖ children and adults who present for annual check-ups
- ❖ children and adults who present for health promotion counseling
- ❖ children and adults who present for basic episodic care
- ❖ older adults who present for nursing home checks

Semester X

NRSG 639/839 Primary Health Care of Older Families

Knowledge and skills for providing primary health care to middle-aged and older families. Focus is on risk management and care of acute and chronic illnesses.

PREREQUISITE COURSES: NRSG 637/837 or permission of instructor.

CREDIT ALLOCATION: 3 - 6 credits (3 didactic/0 - 3 lab)

CLINICAL OBJECTIVES OF COURSE

1. Assess, diagnose and manage common illnesses of middle-aged and older adults.
2. Assess and monitor stable chronic illness of middle-aged and older adults.
3. Assess and manage the health care of well middle-aged and older adults.
4. Evaluate the process, outcomes and cost effectiveness of primary health care provided to middle-aged and older adults and their families.
5. Utilize consultation and referral within the health care team to assure optimal outcomes.
6. Coordinate primary health care services, including community services, middle-aged and older adults and families.
7. Integrate clinical, ethical and theoretical and research literature into the primary health care of middle-aged and older adults and their families.
8. Interpret the role of nurse practitioner to clients, families, the primary health care team and the community
9. Base clinical decisions on an understanding of the relationship between selected psychiatric-mental health problems and physical illnesses.

DURING THEIR CLINICAL TIME, STUDENTS SHOULD:

- Obtain focused histories and exams for adults with acute minor and stable chronic illnesses
- Make an appropriate differential diagnosis
- Develop a treatment plan including pharmacological and non-pharmacological therapy
- Identify appropriate follow-up

Examples of types of visits for which the student should be scheduled include:

- Adult with upper and lower respiratory symptoms
- Adult with urinary tract complaints
- Adult with Type 2 DM
- Adult with hypertension
- Midlife woman experiencing perimenopausal symptoms

Semester XI

NRSG 638/838 – Primary Health Care of Young Families

Knowledge and skills for providing primary health care to children and childrearing families.

PREREQUISITE COURSES: NRSG 637/837 or permission of instructor.

CREDIT ALLOCATION: 3 - 7 credits (3 didactic/ 3 or 4 lab).

CLINICAL OBJECTIVES OF COURSE

1. Assess, diagnose and manage common illnesses of children and young adults.
2. Assess and monitor stable chronic illness of children and young adults.
3. Assess and manage the health care of well children and low risk pregnant women.
4. Evaluate the process, outcomes and cost effectiveness of primary health care provided to children and childbearing families.
5. Utilize consultation and referral within the health care team to assure optimal outcomes.
6. Coordinate primary health care services, including community services, for children and childbearing families.
7. Integrate clinical, ethical and theoretical and research literature into the primary health care of children and childbearing families.
8. Interpret the role of nurse practitioner to clients, families, the primary health care team and the community.
9. Base clinical decisions on an understanding of the relationship between selected psychiatric-mental health problems and physical illnesses.

DURING THEIR CLINICAL TIME, STUDENTS SHOULD:

- Obtain focused histories
- Perform focused examinations
- Make appropriate differential diagnoses of women and children
- Develop a treatment plan including pharmacological and non-pharmacological therapy
- Identify appropriate follow-up

Examples of types of visits for which the student should be scheduled include:

- Child with an earache
- Premenopausal woman with vaginal symptoms
- Routine pre-natal visits
- Women with family planning needs

Semester XII

NRSG 640/840 – Advanced Primary Health Care of Families

This is the final clinical semester and the emphasis is on synthesis and application of previous content in addition to management of more complex patients. Students should be making appropriate clinical decisions on patients with problems that are within the family nurse practitioner scope of practice.

Comprehensive primary health care is provided to individuals and families across the lifespan. Didactic content addresses advanced nursing practice issues and policies affecting delivery of primary health care. **PREREQUISITE COURSES:** NRSG 638/838, NRSG 639/839 or permission of instructor.

CREDIT ALLOCATION: 3 - 5 credits (2 - 5 lab).

CLINICAL OBJECTIVES OF COURSE

1. Analyze the nature and scope of primary, secondary, and tertiary health care as provided by the advanced practice registered nurse.
2. Describe legal, regulatory, and professional forces affecting the role development of the advanced practice registered nurse in primary care.
3. Using case studies and interacting with experts from multiple care disciplines synthesize multidisciplinary knowledge to optimally manage the complex health care needs of patients.
4. Provide comprehensive primary health care for individuals and families within the scope of practice for nurse practitioners.
5. Evaluate the structure, process and outcomes of primary health care and advanced nursing practice based upon standards of practice.
6. Analyze the effects of selected national and regional health policies on primary health care, particularly as provided by a nurse practitioner.
7. Interpret the role of the nurse practitioner to prospective employers and health policy makers.
8. Identify the components of a contract and the negotiating methods used for obtaining desired conditions of employment.
9. Write a business plan that demonstrates understanding of the entrepreneurial process and the nature of the business of health care.
10. Analyze process of payment for health care services, including federal and third party payer program, as it impacts on nurse practitioner practice.
11. Demonstrate the ability to bill properly for nurse practitioner services.

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.