

Adult-Gerontology
Clinical Nurse Specialist (CNS)



Preceptor Guidelines

*A supplement to providers working with students through Arkansas State University's MSN program:
Adult-Gerontology Clinical Nurse Specialist.*



A-State Adult-Gerontology CNS Website

Dear Preceptor,

We are so excited by your interest in mentoring our Clinical Nurse Specialist students. The time commitment along with the energy expended during preceptorship is great.

We applaud your selfless desire to improve health care in our region. We have prepared the AGCNS Preceptor Guidelines handbook to facilitate your experience with our students. Please read through the selection criteria and expectations of all team members to determine if you have a desire to be a part of our team.

Next, you will need to fill out the Preceptor Qualification Sheet and Terms of Agreement. These forms keep us up to date with the uniqueness of each preceptor and assist faculty with the placement of students. Our desire is to place the right student with the right preceptor for the best possible outcomes. Thank you in advance for your help. We are hopeful that you will find the answers to any questions you may have in the Preceptor Orientation Handbook.

Please, feel free to use the Directory to call any member of our faculty with any unanswered questions.

CNS Faculty
Arkansas State University
School of Nursing

College of Nursing and Health Professions

Mission Statement

The mission of the College of Nursing and Health Professions is to provide quality education to students, graduates, and health care providers in a variety of health disciplines. Recognizing its unique position in the lower Mississippi Delta region, the College provides educational programs that are designed to promote lifelong learning based on the expressed needs of its varied constituencies. The College assesses the attainment of this mission in terms of the contributions its graduates make to health care in the Delta region and beyond.

School of Nursing

Mission Statement and Philosophy

Mission Statement

The mission of the School of Nursing is to educate, enhance and enrich students for evolving professional nursing practice.

The core values:

The School of Nursing values the following as fundamentals:

- **Integrity:** Purposeful decision to consistently demonstrate truth and honesty.
 - **Excellence:** Highest quality of nursing education, practice, service and research.
 - **Diversity:** Respect for varied dimensions of individuality among populations
 - **Service:** Professional experiences in response to the needs of society.
- 1) **Learning:** Acquisition of knowledge and skills in critical thinking, practical reasoning, and decision making.
- **Student centered:** Development of essential skills for lifelong learning, leadership, professionalism, and social responsibility.

Philosophy (AASN/BSN/MSN)

The faculty holds the following beliefs about personhood, environment, and health, nursing and nursing education. We believe that each person has innate worth and individuality, which reflects integration of the bio-psycho-social-spiritual nature of one's being. Though each is unique, all persons possess characteristics that form the bases of identifiable shared basic human needs. We believe that individual experience, heredity, and culture influence each person, and that one's existence depends on perception of and reaction to change. Inherent in this process is the capacity to make decisions, weigh alternatives, predict and accept possible outcomes.

The faculty believes that environment profoundly influences all persons. The environment is the sum of all conditions and forces that affect a person's ability to pursue the highest possible quality of life. The concept of environment has two major components. The first comprises society and culture, which derive from the need for order, meaning, and human affiliation. The second component consists of the physical and biological forces with which all human beings come in contact. Both of these components of environment are sources of stimuli that require personal adaptation and/or interaction in order for individuals to survive, develop, grow, and mature.

The faculty believes that health is a state of wholeness and integrity. We recognize that health is not a static state for individuals, families, groups, or communities, but that it is a continuum in which the mind, body and spirit are balanced, providing a sense of well-being. Health is influenced by the ability to cope with life processes. The achievement of this potential is determined by motivation, knowledge, ability, and developmental status. The faculty also believes the primary responsibility for one's health rests with the individual or those upon whom one is dependent.

We believe that each individual has the right to quality health care. The goal of health care is to promote, maintain, or restore an optimal level of wellness. Nurses act as advocates in assisting persons to gain access to and secure maximum benefit from the health care system. The complexity of healthcare requires that nurses as professionals collaborate to provide the highest level of healthcare possible.

The faculty believes that nursing is both art and science. This unique altruistic discipline has evolved from the study and application of its own interventions as well as applying knowledge from a variety of other disciplines. The focus of nursing is the provision of care across the healthcare continuum utilizing a systematic nursing process.

We believe that nursing refines its practice in response to societal need, and that nursing education must prepare a professional nurse for evolving as well as traditional roles. The faculty recognizes the obligation of the nursing curriculum to include leadership, change strategies, professionalism and community service. We believe that the education of nurses occurs at several levels in order to prepare various categories of practitioners. To acquire the knowledge and judgment inherent in practice, nursing education focuses on critical thinking, decision-making, analysis, inquiry, and research. The faculty also believes that learning is an independent, life-long process. Learning is an opportunity for teacher-student interaction in setting goals, selecting and evaluating learning experiences and appraising learners' progress. All levels of nursing education share certain rights, duties, and characteristics, such as the scientific basis of nursing care. Accordingly, we actively support the endeavors of the profession to assist nurses in pursuing a professional education at the beginning and advanced levels.

The master's level prepares baccalaureate nurses for advanced nursing practice roles. Preparation for advanced practice emphasizes strategies to intervene in multidimensional situations. The knowledge base is expanded in scope and depth through the scientific, theoretical and research components of nursing. Various theories inherent in advanced practice roles and strategies are analyzed and explored to synthesize the interdependence of theory, practice, and scientific inquiry in nursing. This synthesis of knowledge and experience provides the basis for creating, testing, predicting, and utilizing varied and complex interventions for problems of health care and health care delivery. The graduate of the master's program is a leader in the profession and prepared as an intricate member of the medical home.

Competencies of the Adult-Gerontology student come from the National Association of Clinical Nurse Specialists (NACNS). There are two guiding sets: the core competencies and the population-specific competencies. The population-specific competencies are built from the core, so students will be asked to experience and reflect on the competencies of the specific population that they will be caring for upon certification. The AGCNS can provide care for adults (including emancipated minors) through the end of life. The AGCNS is prepared upon graduation to sit for the American Nurses Credentialing Center (ANCC) national certification examination. Preceptors are encouraged to review these items with students. For more information on the core competencies click [here](#). For more information on the population-specific competencies click [here](#). There is also

Please note that our program name has changed from Adult Health to that of the Adult-Gerontology Clinical Nurse Specialist. This change accurately reflects the population students are being trained to care for and accounts for the guidance and changes that

affected all Advanced Practice Nurses: The APRN Consensus Model (Appendix A contains a factsheet).

Please review the following forms and let our faculty know if you have any questions about the material in this supplement.

Thank you,

Jessica Erin Camp
DNP, APRN, AGCNS-BC, NE-BC
Program Director: Adult-Gerontology Clinical Nurse Specialist
College of Nursing and Health Professions

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State University, Arkansas 72467
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Bio available [here](#).

Progressions

Evaluations are included in this handbook. Faculty will evaluate the student during each clinical site visit utilizing the clinical evaluation tool that is appropriate for each level of student. The Preceptor will evaluate the student at the close of each semester using the preceptor evaluation form (attached). Then the student will evaluate the preceptor and clinical sites (attached). There are three clinical courses in a lock-step progression in which each student is expected to meet their competencies.

They are as follows:

1) **NURS 6463 Advanced Adult-Gerontology Nursing Practicum “Acute”**

Students need close preceptor guidance in this course. This is the student’s first encounter in the role of advanced practice nurse. They are competent to perform thorough interviews, assessments, diagnostic reasoning, and proper documentation. While competent, the student will need encouragement and feedback regarding their skills with each patient encounter. This course is focused on acute care advanced nursing practice. Students typically perform clinical hours in the hospital setting during this course, but may be in primary care practice if focused on urgent care (acute needs of the patient). At the end of each rotation (acute care), the student should begin to demonstrate increasing independence, comprehension, and proficiency in the management of minor acute illnesses in the adult-gerontology population of patients served. Students must complete a total of 180 clinical hours in this course (100 hours in direct 40 hours in support of the bedside RN and 40 hours in systems leadership).

2) **NURS 6463 Advanced Adult-Gerontology Nursing Practicum “Chronic”**

Students need close preceptor guidance at the beginning of this rotation. Students have now completed clinical hours in acute care settings, but have little experience in primary care. However, students can be expected to translate new knowledge and skills from previous clinical sites into practice. Students should advance during this course to

demonstrate a progressive increased level of independence, depth, and proficiency in the management of acute and chronic illnesses. Students must complete 180 clinical hours during this course. 100 hours in direct care under guidance of a preceptor utilizing prescriptive authority. 40 hours should be in systems leadership and project management activities. 40 hours should be in support of others such as the RN and or community and patient education.

3) NURS 6473 Advanced Adult-Gerontology Clinical Synthesis “Synthesis”

Less guidance from the preceptor is required during this final semester. Students should be competent in clinical skills that they have been exposed to in acute and community primary care settings with the management of patient-centered illnesses. Professional behaviors, collaboration with other professionals, leadership and planning for follow-up care are expected actions. Students should emulate the role of the novice advanced practice registered nurse in acute, primary care, and specialty practice with all the required responsibilities of such (considering legal limitations noted previously). Students are required to complete 180 clinical hours during this final course. 100 of these hours must be in direct care with a provider utilizing prescriptive authority. 80 remaining hours may be divided amongst their specialty interest, indirect care, such as the support of the bedside RN, and/or systems of care.

Preceptor Selection Criteria

The clinical experience of the advanced practice nurse must be carefully monitored by a qualified preceptor. The following criteria will be considered when vetting preceptors the CNS student (1-5):

- 1) Preceptors are required to be one of the following:
 - a. Advanced Practice Nurses: Current state authorization or national certification
 - b. Physicians: Doctor of medicine or osteopathy from an accredited university
 - c. Pharmacists: Where involved directly with patients and providers involving patient teaching and prescribing
 - d. Nursing Educator or Nursing Administrator for the leadership/systems and teaching/learning competencies
- 2) Preceptor should prepare to provide applicable supervision, instruction, and evaluation of students following the Adult-Gerontology Clinical Nurse Specialist competency behavior statements.
- 3) Preceptor should be able to facilitate active participation of students in the delivery of health care.
- 4) Preceptor should be committed to the role and concept of the advanced practice nurse, specifically, willing to engage in training the Adult-Gerontology Clinical Nurse Specialist, utilizing program student learning outcomes/course objectives.
- 5) Clinical practice site(s) should include a variety of experiences regarding patient types, mix of acute and chronic illness treatment, and influences (the three spheres of impact/influence).
 - a. Site should allow the student to engage in clinical experiences sufficient to meet the requirements for the role of the advanced practice nurse.

Arkansas State University, School of Nursing, MSN Program, CNS option
Preceptor Qualification & Terms of Agreement

To be completed by Student:

Student Name: Year: _____ Semester: Fall _____ Spring _____ Summer _____

Course Number: Course Title: _____

Clinical Faculty: _____ Number of Clinical Hours Required
for Course: _____

To be completed by Preceptor: ** Please provide name as it appears on license

Name/Credentials: _____

Position/Title: _____

Certification Type: (i.e. M.D., FNP, CNS, CNM) _____

Name of Certifying Board: _____

College or University: _____

Degree: _____ Date Completed: _____

Clinical Facility Name(s): *List All that Apply*

Address: _____ City/State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Population Focus: _____ Years of Practice in Area: _____

Number of student's precepting concurrently: _____

I have been provided a copy of the Preceptor Guidelines and understand that the most up-to-date version is online at

I understand I will be responsible and accept the responsibilities outlined in the preceptor orientation handbook.

I verify accuracy of all information and have received and reviewed the course outcomes for this student.

I have attached a copy of a current CV/resume.

Preceptor's Signature

Date

Course Coordinator

Date

FOR LSUHSC SCHOOL OF NURSING ONLY: Approved Preceptor and Site: Yes No

Licensure/Certification verified: Yes No ___ Contract Status: (A=active/I=inactive)

**ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS
SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING PROGRAM
Adult Gerontology Clinical Nurse Specialist (CNS) option**

Student Expectations:

1. Read the Graduate Information Guide.
2. Follow your plan of study.
3. Review the Preceptor Orientation Handbook.
4. Read all the student learning outcomes from the syllabus each semester.
5. Set clinical times and dates to meet required clinical hour requirements per semester (180 hours each semester x 3 semesters=540 hours for the program).
6. Provide documentation of clinical readiness (see Graduate Information Guide and Syllabus) each semester and with updates.
7. Be punctual, respectful, and responsible at all times.
8. Complete necessary clinical log information daily.
9. Engage in patient encounters that challenge your learning needs.
10. Complete and submit preceptor evaluation tools and clinical site evaluations for all encounters at the close of the semester.

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Adult Gerontology Clinical Nurse Specialist (CNS) option**

Preceptor Expectations:

1. Review the Preceptor Orientation Handbook and reach out to faculty with any questions or concerns.
2. Complete all Preceptor documents, including the verification of hours by viewing and signing the daily time sheet which is a confirmation of the time invested in each clinical day by the student under the preceptor direction and guidance (log of hours/clinical log form).
3. Serve as a role model and mentor to the student in the appropriate role of CNS.
4. Orient student to the clinical setting, organizational policies, and key personnel.
5. Discuss learning needs related to the course outcomes with the student.
6. Provide ongoing supervision and direction of student consistent with course outcomes.
7. Assist the student in professional development with opportunities to explore the APRN role.
8. Demonstrate collaboration, including interdisciplinary collaboration, in the clinical setting.
9. Provide feedback to the student throughout the clinical experience regarding performance.
10. Provide student opportunities to integrate evidence-based practice in the clinical experience.
11. Complete student evaluation form at the end of the semester and submit to appropriate faculty. Final Evaluations of the student may be faxed, emailed or given to the clinical instructor but should not be viewed by the student.
12. Inform the supervising faculty of any concerns related to:
 - a. Lack of aptitude for advanced practice in nursing
 - b. Failure to exhibit behaviors of: integrity; dependability and accountability; concern for human and societal needs
 - c. Clinical nursing performance that jeopardizes safety of patients
 - d. Physical or emotional condition of a nature that affects, or is affected by one's performance in nursing
 - e. Failure to conform to the legal and ethical standards of the nursing profession
 - f. Excessive absences, or inadequate clinical contact hours obtained throughout clinical rotation (Graduate Information Guide)
13. Notify supervising faculty immediately if there are student difficulties in meeting the requirements of the clinical experience.

**ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS
SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING PROGRAM
Adult Gerontology Clinical Nurse Specialist (CNS) option**

Faculty Expectations

- 1) Ensure student compliance with standards for immunization, CPR, liability insurance, and current unencumbered nursing license before beginning clinical.
- 2) Establish or verify clinical site agreements for each site utilized.
- 3) Consider the location of the student in making clinical preceptor/site recommendations and arrangements.
- 4) Review credentials of the proposed preceptors to ensure appropriate guidance of students.
- 5) Provide the preceptor with a Preceptor Orientation Handbook including current syllabus and clinical evaluation tools (provided herein).
- 6) Provide the learning outcomes of the student to the preceptor and offer review time together.
- 7) Facilitate active communication between the School of Nursing, faculty, student and preceptor.
- 8) Review preceptor and student evaluations each semester to ensure that students and preceptor selections are appropriate.
- 9) Expect that A-State faculty assigned to the course will make site visits through the semester.
- 10) Provide their phone number and contact information for immediate contact (herein).
- 11) Provide leadership in the role of the advanced practice registered nurse.
- 12) Provide guidance to students and preceptors regarding documents for clinical requirements.
- 13) Encourage the student to utilize evidence-based practice for patient care and decision-making.

ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS
SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING
ADULT GERONTOLOGY CLINICAL NURSE SPECIALIST PROGRAM

Preceptor Terms of Agreement

I, or my designate, will provide the student with clinical experiences that meet the majority of the learning goals as agreed upon by the student, the faculty member, and myself. I understand that there will be no remuneration for this service. I will facilitate and review the student's learning activities and will submit the required evaluations to the School of Nursing prior to the end of the semester.

I _____ agree to serve as a

(name of preceptor)

preceptor for the AGCNS student _____

(name of student)

from _____ to _____

(beginning date of preceptorship)

(anticipated end of preceptorship)

Preceptor Signature _____ Date _____

Please submit a resume or curriculum vitae for Practicum course files to:

Attn: Jessica Erin Camp
Program Director
Arkansas State University
P.O. Box 910
State University, Arkansas 72467

Or
Fax to: 870-972-2954

Or email to:
jcamp@astate.edu

For Faculty use only:

Reviewed by _____ Date _____

Approved as a clinical preceptor _____yes _____no

End of semester review: Continue as a clinical preceptor _____yes _____no

Plan of Study for the Adult-Gerontology Clinical Nurse Specialist

Beginning Fall 2018 admission

Progression: Lockstep with *Fall Admission* to MSN Program

Semester 1: Fall Semester

NURS 6402 Role Development in Advanced Nursing

NURS 6203 Theory Development in Nursing

NURS 6303 Health Care Issues and Policy

Semester 2: Spring Semester

NURS 6003 Advanced Clinical Physiology

NURS 6013 Advanced Clinical Pharmacology

NURS 6023 Advanced Assessment and Diagnostic Evaluation

Semester 3: Summer Semester

NURS 6103 Research Design and Methodology

NURS 6443 Advanced Adult Gerontology Nursing I

NURS 6463 Advanced Adult Gerontology Nursing Practicum

Semester 4: Fall Semester

NURS 6453 Advanced Adult Gerontology Nursing II

NURS 6463 Advanced Adult Gerontology Nursing Practicum

Elective (3 hours required)

Semester 5: Spring Semester

NURS 6762 Applied Clinical Research and Role Seminar

NURS 6473 Advanced Adult Gerontology Clinical Synthesis

Elective (if not already complete)

40 credits and 540 clinical hours required

Admission prior to fall 2018

Progression: Lockstep with *Fall Admission* to MSN Program

Semester 1: Fall Semester

NURS 6402 Role Development in Advanced Nursing

NURS 6203 Theory Development in Nursing

Semester 2: Spring Semester

NURS 6003 Advanced Clinical Physiology

NURS 6103 Research Design and Methodology

Semester 3: Summer Semester

NURS 6303 Health Care Issues and Policy

Nursing Elective

Semester 4: Fall Semester

NURS 6013 Advanced Clinical Pharmacology

NURS 6023 Advanced Assessment and Diagnostic Evaluation

Semester 5: Spring Semester

NURS 6443 Advanced Adult Gerontology Nursing I

NURS 6463 Advanced Adult Gerontology Nursing Practicum

Semester 6: Fall Semester

NURS 6453 Advanced Adult Gerontology Nursing II

NURS 6463 Advanced Adult Gerontology Nursing Practicum

Nursing Elective (if not already taken)

Semester 7: Spring Semester

NURS 6762 Applied Clinical Research and Role Seminar

NURS 6473 Advanced Adult Gerontology Clinical Synthesis

Elective (if not already complete)

40 credits and 540 clinical hours required

Frequently Asked Questions

Q: Is there a specific set of skills that I am responsible for teaching to students?

A: Clinical experiences vary dramatically from site to site making it impossible for all students to achieve the same level of skills exactly. However, here is a list of the skills that a novice advanced practice nurses may need upon entry into practice with adult-gerontology patients, depending upon their specialty focus:

- Ear Irrigation
- Simple suturing*
- Simple lesion removal*
- Simple skin closure with dermatological adhesives*
- Basic 12 Lead EKG interpretation
- Chest X-Ray and common fracture interpretation
- Laboratory interpretation of UA, CBC, Differential and Chemistries
- Simple punch biopsy
- Simple skin biopsy
- Woods light examination
- Incision and drainage of simple furuncle, felon, paronychia, pilonidal cyst, perianal cysts
- Fish hook removal*
- Ring removal
- Tick removal
- Soft tissue aspiration ganglion cyst
- Splinting/taping, Clavicle Immobilization (strap, figure 8, sling and swath)
- Specimen collection
- Corneal abrasion and foreign body removal eye
- Eye irrigation and trauma stabilization
- Eyelid eversion
- Cerumen impaction removal
- Epistaxis control
- Nasal irrigation
- Ear/Nose foreign body removal
- Blood culture collection
- Stab stabilization
- Gastric lavage
- Thrombosed hemorrhoid removal

*We suggest consulting the preceptor, standards of practice, State Board decisions/communication, and organizational guidance, but at this time we do not recommend the student practice any procedures on the face.

Q: Can my student make rounds with me in the hospital?

A: Yes. Please take them. In fact, we are expected to learn how to treat patients in the acute care and outpatient care because we provide care from wellness to illness.

Q: Can students go to a long-term facility with me to make rounds?

A: As advanced practice nurses often provide primary care for residents in long term facilities, the time spent in such facilities will count as clinical hours.

Q: Can students chart on electronic medical records?

A: While most EMRs require a password for users, faculty strongly recommend that students be issued temporary access, if available, in order to provide documentation for the clinical experience.

Q: Can students write prescriptions or E-prescriptions?

A: Students are licensed as registered nurses and **cannot write prescriptions**. The credentialed provider must supply the authorization/signature on the prescription.

Q: Can students “see” the patient without my presence in the exam room?

A: Students in any level course in the FNP program are qualified to examine patients without the presence of the preceptor. The preceptor will want to be present with all examinations until convinced of the student’s competency level. Prior to discharge all Patients must also be examined by the preceptor and the plan reviewed.

Q: Can students see patients in my absence of a few hours?

A: Students are not credentialed to see any patients without the preceptor being on site with the student.

Q: Can students write prescriptions for controlled substances?

A: Students may not write prescriptions for any medications or controlled substances as they do not possess prescriptive authority or a DEA number at this time. Students are eligible to apply for both upon successful graduation from the program, national certification as an Adult-Gerontology Clinical Nurse Specialist. Students along with the preceptor may recommend controlled substances for patients with documented needs for such medications.

Appendix A

American Nurses Credentialing Center APRN Consensus Model Factsheet

Facts about the Consensus Model for APRN Regulation

The American Nurses Credentialing Center (ANCC) is an active participant in the development and launch of the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education. This transformative model will provide needed uniformity for the advanced practice registered nurse (APRN) profession. Following is a summary of the changes, and how they will affect ANCC certification:

Why is the Consensus Model Needed?

- The consensus model was designed to align the inter-relationships among licensure, accreditation, certification, and education to create a more uniform practice across the country. We anticipate that the consistency – and clarity – that results from the new model will take advanced practice nursing to the next level, benefiting individual nurses and enhancing patient care.
- The consensus model is the product of a collaborative effort among more than 40 organizations (including ANCC) that have an interest in making the practice more uniform.
- ANCC is leading the way to ensure that this transformative model will enhance the certification process. APRNs, educators, and collaborative organizations should turn to ANCC for the most up-to-date information regarding the consensus model's effects on certification.
- Full implementation of the consensus model will require coordination groups that represent licensure, accreditation, certification, and education. We expect full implementation of the consensus model to be complete by 2015.

Impact of the Consensus Model on Certification

- As implementation of the new consensus model progresses, ANCC's certification programs may change to more closely reflect the roles and populations required in the model. To help APRNs make the transition as smoothly as possible, ANCC will provide advance notice and information on the effects of any required changes.
- ANCC will continue to offer its current APRN certification programs as we explore the logistics necessary to make the transition to the new model.
- Existing ANCC credentials will not change and can be maintained through timely certification renewal.
- Some certifications and their associated credentials may be retired by ANCC. If this happens, ANCC will provide advance notice and information on the effects of the change. While no new certifications are granted after a certification is retired, ANCC does allow currently certified nurses to maintain their credentials on retired certifications through timely renewals.
- ANCC will continue to require that APRNs complete the educational program area that corresponds to the certification they wish to pursue. The new model will require that these educational programs include three broad-based and separate graduate-level courses of advanced physiology/pathophysiology, health assessment, and pharmacology.
- If you are currently certified you can continue to renew your certification without completing any new initial certification requirements.

Appendix B
 NACNS Industry Flyer 2018

CLINICAL NURSE SPECIALISTS ARE AGENTS OF CHANGE

Because of their graduate-level education and training, clinical nurse specialists are uniquely prepared to assess, analyze and improve the business of health care while continuing to put the patient first. Regardless of specialty or setting, CNSs provide leadership in clinical expertise, nursing practice and systems innovation.

CNSs practice independently in 28 states

Nearly half of CNSs who can prescribe medical equipment, do. Do you prescribe durable medical equipment in your practice?

46.9% Yes
53.1% No

CNSs prescribe in:

Alaska	Kentucky	Oklahoma
Arkansas	Louisiana	Oregon
Colorado	Maine	Rhode Island
Connecticut	Michigan	South Carolina
Delaware	Minnesota	Tennessee
D.C.	Missouri	Texas
Georgia	Montana	Utah
Hawaii	Nebraska	Vermont
Idaho	Nevada	Virginia
Illinois	New Jersey	Washington
Indiana	New Mexico	West Virginia
Iowa	North Dakota	Wisconsin
Kansas	Ohio	Wyoming

9 in 10 CNSs are actively involved in technology purchasing decisions in their facilities.

More than half of CNSs who work in hospitals have responsibility for an entire system.

How many units/systems do you have responsibility for?

1 unit	18.1%
2 or more units but NOT system-wide	33.8%
System-wide ONLY	22.4%
System-wide plus 1 specific unit	14.0%
System-wide plus 2 or more units	21.6%

Most CNSs work in hospitals that are either accredited by the ANCC's Magnet™ Recognition Program or are seeking accreditation.

Does your employer have ANCC Magnet™ Recognition or plan to seek it?

50.3% Has magnet status
23.7% Seeking magnet status
22.9% Not seeking magnet status

NACNS represents more than 70,000 clinical nurse specialists working in the United States.

Learn more about clinical nurse specialists at www.nacns.org

Appendix C Directory

Administration

Dr. Susan Hanrahan
Dean of the College of Nursing and Health Profession
Office: CNHP 201C
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Dr. Mark Foster DNP, APRN, FNP-BC
Graduate Nursing Chair
Assistant Professor of Nursing
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Faculty

Faculty:

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**Appendix D
Evaluations
Arkansas State University
College of Nursing and Health Professions
Department of Nursing
Master of Science in Nursing Program
Adult-Gerontology Clinical Nurse Specialist (CNS) option**

Evaluation of Preceptor

Preceptor: _____

Site: _____

Completed by: _____

Date: _____

Instructions:

1. Please mark an **X** in the most appropriate space after each statement below to provide summative feedback to the preceptor named above.
2. Space is provided after each statement if you choose to add any written comments.

Quality	Seldom	Sometimes	Frequently	N/A	Comments
1) Is available to student.					
2) Demonstrates understanding of the APN Role.					
3) Utilizes student's strengths and knowledge.					
4) Role model for APN Practice.					
5) Demonstrates effective rapport with clients.					
6) Encourages student to assume increasing responsibility during experience.					
7) Assists student in identifying goals and needs for experience.					
8) Considers student's limits according to status in program.					
9) Provides immediate and adequate feedback to questions					

Arkansas State University
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School of Nursing
Master of Science in Nursing Program
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Faculty Evaluation of Student in Clinical Site Visits

Student Name: _____
 Site Visit Dates: _____
 Site(s): 1 _____
 2 _____
 3 _____
 Preceptor(s): _____

Thank you for the opportunities that you provided for the student during the course of the semester. This is an opportunity for you to share your view on the student's performance. Please share your perceptions by rating the student on the following items and adding any comments you desire. Your input is valued and appreciated. **Please mail or email completed evaluation directly to the instructor. DO NOT give the completed form to the student.**

	Fair		Good		Excellent
1. Integrates advanced nursing knowledge and organizational theory.	1	2	3	4	5
2. Proposes culturally appropriate solutions to foster quality improvement and safe care	1	2	3	4	5
3. Maintains professional relationships and timely interaction with preceptor, staff and patients/families/populations. (collaborates and consults)	1	2	3	4	5
4. Functions as a professional role model.	1	2	3	4	5
5. Demonstrates leadership skills through effective planning, providing, and managing healthcare.	1	2	3	4	5
6. Demonstrates initiative in identifying opportunities for self-development.	1	2	3	4	5
7. Serves as a resource person by assisting with problem identification and resolution, including patient care technologies.	1	2	3	4	5
8. Assesses educational needs and use effective strategies when teaching patients, families, and/or staff.	1	2	3	4	5
9. Utilizes ethical/legal guidelines which apply to nursing role development.	1	2	3	4	5
10. Participates actively in the clinical environment.	1	2	3	4	5
11. Contributes to a positive work environment. (collaborates, consults, coordinates care).	1	2	3	4	5
12. Maintains current knowledge in an evidence based approach in decision making.	1	2	3	4	5
13. Dependable, motivated, responsible, and demonstrates initiative.	1	2	3	4	5
14. Accepts constructive feedback and incorporates it into practice as appropriate.	1	2	3	4	5

Place your narrative feedback on the next page please.

Comments: This is a valuable part of the evaluation of the student and we appreciate the time required to complete this section. Please use additional pages as necessary. Comments are especially important for any marginal or exceptional ratings.

Strengths:

Areas Needing Improvement or Work:

Remediation plan and completion:

Clinical Faculty Signature: _____ Date: _____

Preceptor Evaluation of Students

A. Direct Care Competency: Direct interaction with patients, families, and groups of patients to promote health or well-being and improve quality of life. Characterized by a holistic perspective in the advanced nursing management of health, illness, and disease states. The patient population of the adult-gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including the young-old, frail and old-old adults), in all contexts of care.

CNS Adult-Gerontology Population Core Competencies and Behaviors With Associated Sphere of Influence and Nurse Characteristics 02.05.10

<i>Behavioral Statement</i>	NACNS Sphere of Influence	AACN Synergy Model Nurse Characteristic	Student Self-Evaluation	Preceptor Evaluation	Comments
1. Conducts a comprehensive, holistic assessment of individuals including those who are non-verbal, developmentally, functionally, and/or cognitively impaired.	Patient	Clinical Judgment			
2. Assesses physiological and functional changes associated with aging and development across the adult continuum.	Patient	Clinical Judgment			
3. Assesses age-specific and genetic risk factors.	Patient	Clinical Judgment			
4. Assesses the interaction between acute and chronic physical and mental health problems.	Patient	Clinical Judgment			
5. Recognizes the presence of co-morbidities and psychosocial issues that may impact optimal level of health.	Patient	Clinical Judgment			

A. Direct Care Competency: Direct interaction with patients, families, and groups of patients to promote health or well-being and improve quality of life. Characterized by a holistic perspective in the advanced nursing management of health, illness, and disease states. The patient population of the adult-gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including the young-old, frail and old-old adults), in all contexts of care.

CNS Adult-Gerontology Population-Focused

**Competencies
02.05.10**

Behavioral Statement	NACNS Sphere of Influence	AACN Synergy Model Nurse Characteristic Clinical Judgment	Student Self-Evaluation	Preceptor Evaluation	Comments
6. Uses reliable and valid age-appropriate assessment instruments to assess acute and chronic health concerns, including but not limited to mental status, delirium, dementia, and pain.	Patient				
7. Assesses for manifestations of health disorders or health disruptions, e.g. infection, adverse drug effect, dehydration, ischemia, and geriatric syndromes.	Patient	Clinical Judgment			
8. Evaluates for common mental health disorders such as depression, dementia, anxiety, or substance-related disorders.	Patient	Clinical Judgment			
9. Conducts a pharmacologic assessment including polypharmacy, drug interactions, over-the-counter and herbal product use, and the ability to safely and correctly store and self-administer medications.	Patient	Clinical Judgment			
10. Interprets values/results of laboratory and diagnostic tests with consideration of age, ethnicity, and health status.	Patient	Clinical Judgment			
11. Assesses patient, family, and caregiver's ability to implement complex plans of care.	Patient & System	Clinical Judgment			
12. Assesses patient, caregiver, and family's preferences in relation to cultural, spiritual, quality of life, and lifestyle choices.	Patient & System	Clinical Judgment			
13. Determines diagnoses in the complex patient and takes into consideration: a. Physiologic and pathophysiologic changes b. Morbidities and comorbidities c. Events across the life span of the Adult d. Patient's pharmacologic history	Patient	Clinical Judgment			
14. Manages or appropriately refers the patient with signs and symptoms of physical and mental health disorders across the adult lifespan, including geriatric syndromes.	Patient & System	Clinical Judgment			
15. Intervenes to prevent or minimize iatrogenesis.	Patient	Clinical Judgment			
16. Intervenes to facilitate transitions of care with emphasis on quality, safety, and risk avoidance.	Patient, System & Nurse	Advocacy & moral agency, Systems thinking, Clinical Judgment, Caring practice			
17. Designs a comprehensive, individualized, age- and disease- appropriate plan for health promotion.	Patient, System & Nurse	Systems thinking, Clinical Judgment, Caring practice			
18. Develops age specific, individualized treatment plans and interventions with consideration of cognitive status, sensory function, perception, and the environment.	Patient	Clinical judgment, caring practice			
19. Uses behavioral, communication, and environmental-modification strategies with	Patient & System	Clinical judgment, Caring practice			

individuals who have cognitive and psychiatric impairments.

Advocacy & moral agency

20. Coordinates care with other healthcare providers and community resources, with special attention to the needs of the non-verbal, developmentally and cognitively impaired patient and frail older adult.

Patient & System

Clinical judgment, Collaboration, Caring practice

21. Manages patient's transitions of care in collaboration with the individual, family, caregivers and interdisciplinary team members, including:

Patient, System & Nurse

Collaboration, Advocacy & moral agency

- a. analyzing readiness of the patient & family to transition
- b. determining appropriate level and/or setting of care
- c. coordinating implementation of transition

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B. Consultation Competency: Patient, staff, or system-focused interaction between professionals in which the consultant is recognized as having specialized expertise and assists the consultee with problem solving. The patient population of the adult-gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including the young-old, frail and old-old adults), in all contexts of care.

CNS Adult-Gerontology Population-Focused

**Competencies
02.05.10**

<i>Behavioral Statement</i>	NACNS Sphere of Influence	AACN Synergy Model Nurse Characteristic	Student Self-Evaluation	Preceptor Evaluation	Comments
1. Assists healthcare team members to integrate the needs, preferences, and strengths of the patient into the healthcare plan in order to optimize health outcomes.	Nursing & System	Collaboration, Advocacy & moral agency, caring practice			
2. Provides consultation to the interdisciplinary team regarding the patient's mental status, home environment, mobility, functional status, self-care, and caregiver's abilities	Nursing & System	Collaboration, Systems thinking			

C: Systems Leadership Competency: *The ability to manage change and empower others to influence clinical practice and political processes both within and across systems. The patient population of the adult-gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including the young-old, frail and old-old adults), in all contexts of care.*

CNS Adult-Gerontology Population-Focused

**Competencies
02.05.10**

Behavioral Statement	Sphere Systems	Synergies Systems thinking	Student Self-Eval	Preceptor Eval	Comments
1. Integrates information technology into systems of care to enhance safety and monitor health outcomes.	Systems	Synergies Systems thinking			
2. Creates therapeutic health-promoting, aging-friendly environments.	Systems	Clinical judgment, systems thinking, Caring practice			
3. Promotes healthcare policy and system changes that facilitate access to care and address biases (e.g. socioeconomic, ethnic, ageism, sexism, cultural, mental health stigma) <i>*also applicable to G7 in the core</i>	System	Advocacy & moral agency, System thinking			
4. Provides leadership to address threats to healthcare safety and quality in the adult-older adult population.	System	Advocacy & moral agency, Systems thinking			
5. Participates in development, implementation, and evaluation of clinical practice guidelines that address patient needs across the adult age spectrum.	System	Systems thinking, Collaboration, Clinical judgment			
6. Advocates for access to hospice and palliative care services for patients across the adult age spectrum.	System	Systems thinking, Advocacy & moral agency			
7. Promotes system-wide policies and protocols that address cultural, ethnic, spiritual, and intergenerational/age differences among patients, healthcare providers, and caregivers.	Nursing & System	Systems thinking, Advocacy & moral agency, Response to diversity			
8. Implements system level changes based on analysis and evaluation of age-specific outcomes of care.	System	Systems thinking			

D. Collaboration Competency: Working jointly with others to optimize clinical outcomes. The CNS collaborates at an advanced level by committing to authentic engagement and constructive patient, family, system, and population-focused problem-solving. The patient population of the adult-gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including the young-old, frail and old-old adults), in all contexts of care.

CNS Adult-Gerontology Population-Focused

Competencies

02.05.10

Behavioral Statement	NACNS Sphere of Influence	AACN Synergy Model Nurse Characteristic	Student Self-Evaluation	Preceptor Evaluation	Comments
1. Coordinates formal and informal education for healthcare providers to improve adult-older adult healthcare outcomes.	System	Facilitation of learning			
2. Leads collaborative efforts of the healthcare team in focusing on individuals and systems issues that impact the adult-older adult patient.	System & Nursing	Collaboration			

E. Coaching Competency: Skillful guidance and teaching to advance the care of patients, families, groups of patients, and the profession of nursing. The patient population of the adult-gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including the young-old, frail and old-old adults), in all contexts of care.

CNS Adult-Gerontology Population-Focused

**Competencies
02.05.10**

<i>Behavioral Statement</i>	NACNS Sphere of Influence	AACN Synergy Model Nurse Characteristic	Student Self-Evaluation	Preceptor Evaluation	Comments
1. Advises patients, families and caregivers on how to address sensitive issues such as sexually transmitted diseases, suicide prevention, substance use, driving, independent living, potential for abuse, end-of-life concerns, advance care planning, and finances.	Patient	Clinical judgment, Advocacy & moral agency, Facilitation of learning			
2. Facilitates decision-making regarding treatment options with the patient, family, caregivers and/or healthcare proxy.	Patient	Clinical judgment, Facilitation of learning, Caring practice			
3. Modifies health information, patient education programs, and interventions for patients with sensory, perceptual, cognitive, and physical and mental illness limitations.	Patient	Clinical judgment, Facilitation of learning, Caring practice, Advocacy & moral agency			
4. Facilitates access to and use of.	Patient	Facilitation of learning			
5. Designs educational programs that enhance the knowledge of older adults, families, and caregivers regarding normal changes of aging, myths and stereotypes of aging, and health promotion and prevention activities for older adults.	System & Patient	Facilitation of learning, Advocacy & moral agency			
6. Provides education to patients, families, caregivers, and the community including but not limited to the following topics: a. health promotion b. high risk behaviors and their impact on health c. the interaction between physical and mental health	System & Patient	Facilitation of learning			
7. Provides programs for the development of healthcare providers, students, and caregivers that incorporate age specific cultural competence and skills.	System & Nursing	Facilitation of learning			
8. Articulates the role and significance of the CNS in improving healthcare outcomes for adults-older adults to other healthcare providers and the public.	System	Systems thinking			
9. Mentors healthcare providers, students, and others to develop expertise in the care of the vulnerable adult	System & Nursing	Facilitation of learning			

F. Research Competency: *The work of thorough and systematic inquiry. Includes the search for, interpretation, and use of evidence in clinical practice and quality improvement, as well as active participation in the conduct of research as it relates to the adult/older adult population. The patient population of the adult-gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including the young-old, frail and old-old adults), in all contexts of care.*

CNS Adult-Gerontology Population-Focused

**Competencies
02.05.10**

<i>Behavioral Statement</i>	NACNS Sphere of Influence	AACN Synergy Model Nurse Characteristic	Student Self-Evaluation	Preceptor Evaluation	Comments
1. Facilitates the incorporation of evidence-based practices, products, and technology that are specific to adult-older adult populations, into clinical practice and policies.	System	Systems thinking, Collaboration			

Forms should be completed inside Medatrax. However, for downtime concerns, please also note submission may be completed by use of email or traditional mail systems:

Arkansas State University
P.O. Box 910
State University, Arkansas 72467
jcamp@astate.edu

Appendix E
90 Day Process
Baptist-related Clinical



BAPTIST MEMORIAL HEALTH CARE CORPORATION

DEAN
Affiliating School of Nursing

RE: *Baptist Memorial Health Care Graduate Level Health Care Education Application*

Baptist Memorial Health Care appreciates the clinical affiliation relationship with [insert name of school here]. We are pleased to announce that, as of February 17, 2016, graduate nursing students seeking a preceptor at a Baptist-affiliated entity should submit their request through the new on-line application process. The Graduate Nursing Preceptorship (clinical or non-clinical) application is available at <http://www.baptistonline.org/careers/education/>.

PRIORITY STEPS:

- Please ensure the School currently meets the requirements of the State Board of Nursing (or their designee) in the state where the Baptist entity is geographically located.
- A fully completed Graduate Nursing Preceptorship application must be submitted at least three (3) months in advance of the student's scheduled date of affiliation.
- Please note the School is required to have a current Clinical Affiliation Agreement with the Baptist entity where the student is seeking a preceptor prior to any preceptorship application.
- Once the application is processed, the School will receive a Memorandum of Understanding (MOU) from Baptist that confirms the understanding of the parties related to the preceptorship.
- If there is an Institutional Review Board Approved Capstone/Dissertation Project, please contact the Nurse.Preceptor@bmhcc.org.

Your School will:

- Obtain School (dean), preceptor, and student signatures on the MOU.
- Scan the graduate nursing student's course requirements and related documents (State Board of Nursing Approval of School's Program, Course and Preceptor Guidelines, Regents Online Campus Collaborative document(s)) into Exhibit A of the MOU.

FINAL STEPS:

- School returns completed MOU to Nurse.Preceptor@bmhcc.org.
- The Baptist coordinator will obtain Baptist signatures and provide copies of the fully executed CAA and MOU to the signatories of the Baptist entity and the School noted on both documents.

Thank you for your cooperation in facilitating the Graduate Nursing Preceptorship Application process and for supporting Baptist's mission of Healing, Preaching, and Teaching. If you have any questions, please call 901-227-8636 or send an e-mail to Nurse.Preceptor@bmhcc.org.

Appendix F

National Association of Clinical Nurse Specialist (NACNS)
Competencies for the Adult-Gerontology Clinical Nurse Specialist

