



COLLEGE OF PUBLIC HEALTH AND
ADMINISTRATION

SCHOOL OF NURSING

FAMILY, ADULT GERONTOLOGICAL,
AND PSYCHIATRIC MENTAL HEALTH
NURSE PRACTITIONER PROGRAMS

PRECEPTOR HANDBOOK



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Welcome Letter

Dear Preceptor:

Thank you for your willingness to serve as a preceptor for the nurse practitioner students at Franklin University School of Nursing (SON). The faculty appreciates your interest in being an integral part of the education of future nurse practitioners. We recognize and appreciate the time it takes from your already busy schedule to precept our students.

The purpose of this handbook is to provide you with information about the nurse practitioner curriculum at Franklin University. It includes guidelines for the preceptor's role in teaching, supervising, and evaluating students. The goal of SON is to facilitate rich educational experiences for our students. The expected clinical experiences for students follow the recommendations and requirements of the National Organization of Nurse Practitioner Faculty (NONPF), the National Task Force for Nurse Practitioner Education (NTF), and the Commission on Collegiate Nursing Education (CCNE), which is the accreditation body for the Master of Science in Nursing (MSN) program.

It is a priority at our School of Nursing to support all learners and to actively address racism, homophobia, and other forms of discriminatory behavior. We know that underrepresented learners often experience bias and microaggressions in the clinical environment from patients and staff. We want to partner with you to combat and prevent these experiences. To avoid the risk of burnout from racist, homophobic, or sexist treatment, it is essential that we work to create a sense of belonging and safety while also preparing learners for the realities of practice. To that end, we will be sharing numerous resources with you (Appendices E and F) that will help you create an inclusive experience for your students.

If you have any concerns about a student's performance or professional behavior during the semester, please contact us immediately so corrective measures can be taken. Students will provide you with a list of contacts each semester, including the course lead and clinical supervisors.

Should you have any questions regarding EXXAT or clinical placements, please contact our clinical coordinator at clinicals@franklin.edu, and we will get back to you right away.

Sincerely,
Dr. Jennifer Van Winkle
Program Chair FNP

PREFACE

This manual serves as a guide for the Nurse Practitioner (NP) clinical experience. In each of the four clinical courses, students will have a didactic instructor and a clinical supervisor employed by Franklin University. The didactic instructor teaches the course's classroom component, and the clinical supervisor guides and oversees clinical experiences. The same person may hold these roles. The clinical faculty member does not serve as the student's clinical preceptor.

This handbook presents the policies, procedures, and general information in effect at publication. This handbook does not intend to state contractual terms or constitute a contract between the preceptor and the University.

MISSION AND PURPOSE STATEMENTS

The mission of the College of Health & Public Administration (COHPA), which houses the School of Nursing (SON) and the nursing programs, states that the college will:

- Provide a relevant, high quality, lifelong education that will enable our students to:
- Enhance the quality of healthcare and public service
- Advance healthcare and public service careers
- Succeed in providing leadership that improves the quality of life in communities

School of Nursing (SON) Purpose:

We transform the future of healthcare through innovation, collaboration, opportunity, enthusiasm, and excellence in nursing education to benefit our students, our partners, and the communities we serve. By embracing diversity, change, and educational excellence based on the values of integrity and compassion, we nurture our students and provide them with robust learning opportunities.

MSN, DNP, and Post-Graduate Certificate OVERVIEW

Graduate education builds upon knowledge and competencies gained in baccalaureate education. Graduate students use critical thinking, creativity, and problem-solving skills that require in-depth nursing knowledge and are prepared to coordinate healthcare programs within complex systems in an era of healthcare reform. The curriculum is based on nursing and related theories and the application of research findings to clinical and administrative nursing issues. Graduate students are also prepared for doctoral study in nursing and continued personal and professional development.

The DNP nurse practitioner concentrations are designed for those nurses who want to translate community factors, social determinants, and health risks into delivering the highest quality patient care. The DNP prepares the student to become an advanced practice registered nurse (APRN) committed to optimizing patient care through data, technology, and other clinical and evidence-based practices.

The MSN nurse practitioner tracks are designed for those nurses who want to pursue more advanced positions in today's challenging healthcare environments. This MSN prepares the student to become an APRN who provides healthcare to individuals, families, and communities at various points across the lifespan. This program blends nursing theory and advanced practice concepts necessary to work within the structure, culture, and mission of a variety of healthcare organizations.

The Post-Graduate Certificates (PGC) are designed for nurses with an MSN or nursing doctoral degree who wish to increase their scope of practice in a nurse practitioner specialty role.

National Certification: Graduates of the DNP, MSN, and PGC are prepared for the national certification examination in their role specialty through the American Nurses Credentialing Center (ANCC) or the American Association of Nurse Practitioners (AANP). (Note: PMHNP certification is available only through ANCC).

DNP PROGRAM OUTCOMES

By completion of the program, graduates will:

1. Apply evidence-based findings to improve clinical practice and healthcare delivery systems.
2. Analyze and evaluate the local and global aspects of a healthcare organization's structure, function, and resources.
3. Strategically lead improvements in health outcomes, quality, safety, and policy.

4. Develop interprofessional teams that promote quality care, reduce risk, and improve complex healthcare delivery systems.
5. Integrate data from information systems and technology to support clinical decision-making for clinical prevention and population health.

MSN and PGC PROGRAM OUTCOMES

By completion of the program, graduates will:

1. Synthesize theories and knowledge from nursing and related disciplines to develop a theoretical basis to guide practice in an advanced nursing role.
2. Apply leadership skills and decision-making in the provision of high-quality nursing care in diverse settings.
3. Provide leadership across the care continuum in diverse settings to promote high-quality, safe, effective patient-centered care.
4. Appraise, use, and participate in the extension of nursing knowledge through scientific inquiry.
5. Integrate current and emerging technologies into professional practice.
6. Demonstrate responsive leadership, collaboration, and management to influence the advancement of nursing practice and the profession of nursing and to influence health policy.
7. Employ collaborative strategies and effective communication to advocate for the role of the professional nurse as a member and leader of interprofessional teams.
8. Integrate clinical prevention and population health concepts to provide holistic, comprehensive nursing care for individuals, families, and aggregates.
9. Demonstrate an advanced level of understanding of nursing and relevant sciences and integrate this knowledge into practice.

Role Expectations

The Role of a Preceptor

A preceptor guides the student's clinical learning experience while acting as a role model and supports the nurse practitioner role by facilitating student autonomy and promoting self-confidence, leading to clinical competency for safe and effective practice.

- Directs overall progressive expectations and goals for the clinical experience
- Identifies and discusses learner needs to meet course objectives

- Assesses the nature of the patient care encounters to enable the student to meet their progressive expectations and required clinical experiences
- Utilizes appropriate teaching methods to help the student meet her/his learning objectives
- Evaluates whether the student objectives have been achieved
- Provides ongoing feedback to the student
- Demonstrates attitudes and qualities consistent with the ethics of the health professions
- Completes midterm and final evaluations on EXXAT

Expectations of Preceptors

- Review course descriptions, outcomes, and progressive clinical expectations to structure the experience.
- Meet with clinical supervisors 2-3 times per course (depending on the course) using ZOOM software for audio-video or audio-only meetings. These sessions may be recorded, but students cannot access the recording.
- Complete clinical midterm and final evaluations and send them via email promptly as set forth by the university.
- Orient the student to the clinical site and staff.
- Advise the student of expectations with respect to communication, attire, documentation, patient visits, teaching, and disposition.
- May only work with one student in the clinical setting on a given day (1:1 ratio during clinical hours), and students should not be utilized as additional staff/clinician
- Provide patient access and help the student select appropriate patients to develop the advanced practitioner role.
- Promote a positive learning environment – encourage inquiry, critical analysis, and reflection.
- Provide direct supervision, which could include supervision of any clinical procedures practiced in your setting (ex. suturing, casting, & GYN exams/biopsies). Students will make a list of procedural competencies obtained.
- Be present during all student clinical experiences – substitution is accepted during absences if cleared in advance.
- Validate clinical findings and data reported by the student and review documentation in medical records.

- Assist students in making differential diagnoses, offer a broad spectrum of treatment options from which they can choose, offer feedback to facilitate learning, and give homework assignments if desired.
- Observe the student for steady improvement in critical reasoning, diagnostic thinking, exam techniques, plan development, and documentation.

Relationship with Franklin University

- Communicate with faculty regarding student progress, including if the student is not progressing clinically or if there is any breach of professionalism.
- Engage with the clinical supervisors to discuss student progress.
- Articulate expectations clearly and provide clear feedback.
- Serve as a role model and resource.

The Role of Faculty/Staff/Program

- Verify preceptor/site eligibility including clinical agreement/contract.
- Monitor student license, insurance, and health related requirements.
- Ensure clinical experience aligns with program/course objectives.
- Provide preceptor resources for the role.
- Make clinical site visits.
- Sign off on EXXAT entries weekly.
- Facilitate communication between program, student, and preceptor.
- Evaluate student written assignments including SOAP notes.

The Role of the Student

- Verify that all onboarding requirements are met.
- Communicate with clinical supervisors to receive permission to begin clinical rotation.
- Communicate with preceptor regarding learner objectives.
- Negotiate a schedule with the preceptor and determine the date(s) for the clinical site evaluation(s).
- Arrive to site early, review the preceptor schedule, and determine a plan for the day.
- Be prepared with equipment and resources.
- Complete any review as requested by the preceptor prior to arriving at the site.

- Be professional, respectful, thankful, and engaged.
- Perform data collection, interpretation of diagnostics, identify differential diagnoses and working diagnosis, develop and implement a care plan, and document encounters (either in EMR or written form) for each exposure.
- Document all encounters and hours in EXXAT within 24 hours of rotation.
- Complete and submit all evaluations including preceptor evaluation.

Overview of the Clinical Experience

The goal of the clinical experience is to engage students in varied, quality clinical experiences in primary care settings. The expectation is that students will progress from requiring close clinical supervision to seeing a schedule of patients independently with your supervision by the end of their last clinical class. The preceptor always maintains full legal responsibility for the patient.

Clinical courses include 150 hours of practice each, for a total of 600 hours. **Students are required to attend clinicals through the end of the term, and at least 150 documented and verifiable hours are required to complete the course.**

Initial Requirements

Now that you have been credentialed as a preceptor for Franklin University, you will be assigned a student for each course. The student will contact you to mutually agree upon dates and number of hours for the clinical experience. These dates are entered into our clinical management system, known as EXXAT. More information on EXXAT is provided below.

Once the clinical schedule has been agreed upon, students may not make changes without your permission and confirmation by the faculty member supervising their clinical experience. Please clarify with the students\ the procedures to be followed in case of an illness or emergency when they cannot attend clinical as scheduled.

Evaluation Requirements

Preceptors are expected to complete an evaluation at midterm and the end of each course. Samples of these forms can be found in Appendix A.

An email with a link and password for each evaluation will be sent to you from EXXAT. The evaluation form is completed through this system. Preceptors are encouraged to provide written feedback in

addition to rating performance and review with the student prior to submission. Faculty will also review the evaluations with the student and provide additional feedback. Final grades are the responsibility of faculty members in consultation with preceptors.

Site Evaluations

During the semester, each student will receive 2-3 virtual site visits by faculty supervising the clinical experience. Additional visits may be necessary if there are concerns regarding meeting clinical expectations. Visits will be conducted using ZOOM audio/video application and will be recorded. Students will not have access to the recording. The clinical faculty member will send you electronic information with the link for audio/video and a phone number for audio-only, depending on your choice of access.

Students will evaluate the clinical site and experience with the preceptor each semester.

Expectations of Students for Clinical Experience

Franklin University utilizes a progressive expectation algorithm and minimal clinical requirements for the nurse practitioner program. These documents can be found in Appendix B & C, respectively.

EXXAT

Students use a software program called EXXAT to manage documentation of clinical experiences. Within this system: Students will log clinical hours and cases. The preceptor will need to sign off that hours are accurate and complete a student competency evaluation in the middle and at the end of the semester. Directions on how to utilize EXXAT will be given to preceptors in an email and on the log in home page.

Preceptors complete

- Student evaluation (see Appendix A)

Students complete

- Time Tracking (hours spent in each clinical day)
- Case logs (HIPPA compliant information on client encounters such as age, gender, diagnosis, and treatment or intervention).
- Clinical, preceptor, and faculty evaluations

Faculty complete

- Review time tracking to verify the student has met the required hours
- Student & site evaluations
- Confirm all case log activities of the student
- Review that students are seeing an adequate number of patients across the lifespan with varying conditions (wellness, acute, chronic)

Resources for Preceptors

- The National Organization for Nurse Practitioner Faculty has prepared these short vignettes to facilitate preceptors' understanding of the reasonable expectations for the student role.
- Precepting the Primary Care NP Student (6-minute video): <https://vimeo.com/118248476>
- Working with the Overly Confident NP Student (7-minute video): <https://vimeo.com/118248471>
- Precepting in a Busy Clinic: <https://vimeo.com/153056353>
- Visit the Nursing Education Network for a brief overview of the “One Minute Preceptor” or Five-Step Micro-skills approach to effective communication:
<https://nursingeducationnetwork.net/2016/08/19/one-minute-preceptor/>

Appendices

Appendix A Family Nurse Practitioner Clinical Competency Evaluation

Student Name: _____

Preceptor Name: _____

Practicum dates: _____ to _____

Course Number: _____

The midterm and final evaluations are based on accepted nurse practitioner competencies* and provide individualized feedback to students regarding strengths and areas for growth. The faculty has established expected averaged competency levels **for each domain** that students should meet by the **END of each clinical course**:

NURS 701 3.0 average
 NURS 702 3.0 average
 NURS 703 4.0 average
 NURS 790 4.5 average

FOR MID-TERM EVALUATION: IT IS NOT EXPECTED THAT THE STUDENT WILL REACH THE END OF COURSE AVERAGES. PLEASE MARK ACCORDINGLY AND PROVIDE COMMENTS DETAILING AREAS FOR IMPROVEMENT.

PLEASE EVALUATE THE STUDENT'S PERFORMANCE BY SCORING EACH ELEMENT USING THE FOLLOWING CRITERIA:

NA = Not applicable or not observed

1 = **Omits** element or achieves **minimal competence** even with assistance

2 = Needs a **lot of direct supervision**

3 = Needs **some direct supervision**

4 = Needs **minimal direct supervision**

5= **Mostly independent** practice

Competencies

	1	2	3	4	5	NA
DOMAIN I.A: ASSESSMENT OF HEALTH STATUS						

1. Obtains and accurately documents a relevant health history for patients of all ages and in all phases of the individual and family lifecycle using collateral information, as needed.						
2. Performs and documents complete or symptom-focused physical examinations on patients of all ages, (including developmental and behavioral screening, physical exam and mental health evaluations).						
3. Demonstrates proficiency in family assessment , including identification of health and psycho- social risk factors of patients across the lifespan and families in all stages of the family life cycle.						
4. Assesses specific family health needs and identifies and plans health promotion interventions for families at risk, within the context of community.						
5. Assesses the impact of acute and/or chronic illness or common injuries on the family as a whole.						
6. Distinguishes between normal and abnormal change across the lifespan.						
Comments:						
DOMAIN I.B: DIAGNOSIS OF HEALTH STATUS	1	2	3	4	5	NA
1. Identifies signs and symptoms of acute or chronic physical and mental illnesses across the lifespan.						
2. Manages diagnostic testing through the ordering and interpretation of age-, gender-, and condition-specific tests and screening procedures, with consideration of the costs, risks, and benefits to the individual.						
3. Applies theoretical knowledge and current research findings in analyzing and synthesizing data to make clinical judgments and decisions , individualizing care for individuals and families.						

4. Formulates comprehensive differential diagnoses and prioritizes health problems, considering epidemiology, life stage development and environmental and community characteristics.						
5. Assesses decision-making ability and consults and refers, appropriately						
Comments:						
DOMAIN I.C: PLAN OF CARE AND IMPLEMENTATION OF TREATMENT	1	2	3	4	5	NA
1. Uses knowledge of family theories and development stages to individualize care provided to individuals and families.						
2. Treats common acute, chronic or acute exacerbations of physical and/or mental illnesses across the lifespan, to minimize complications and promote function and quality of living, including women’s reproductive health, perinatal care and end of life issues.						
3. Prescribes medications , understanding altered pharmacodynamics and pharmacokinetics with special populations, such as infants and children, pregnant and lactating women and older adults.						
4. Prescribes therapeutic devices with consideration of the costs, risks, and benefits to the individual.						
5. Manages individual and family responses to the plan of care through evaluation, modification and documentation that includes response to therapies and changes in condition.						
6. Evaluates coping and support systems, lifestyle adaptations and resources for patients and families, facilitates transition and coordination of care between and within health care settings and the community and initiates appropriate referrals to other healthcare professionals.						

7. Adapts interventions to meet the complex needs of individuals and families arising from aging, developmental/life transitions, comorbidities, psychosocial, and financial issues.						
8. Facilitates family decision-making about health.						
9. Performs primary care procedures.						
Comments:						
DOMAIN II: NURSE PRACTITIONER-PATIENT RELATIONSHIP & DOMAIN III: TEACHING COACHING FUNCTION						NA
	1	2	3	4	5	
1. Maintains a sustainable partnership with individuals and families and communicates effectively with the individual and the family, provides anticipatory guidance and facilitates decision-making.						
2. Analyzes the impact of aging and age-and disease-related changes in sensory/perceptual function, cognition, confidence with technology, and health literacy on the ability and readiness to learn and tailor interventions accordingly.						
2. Applies principles of self-efficacy/empowerment in promoting behavior change.						
3. Develops educational interventions appropriate to individual and/or family needs, language and cultural beliefs, values, and cognitive level; reinforces positive health behaviors and incorporates self-care activities.						
4. Demonstrates knowledge and skill in addressing sensitive issues , such as sexuality, finances, mental health, terminal illness and substance abuse and provides anticipatory guidance, teaching, counseling and education for self-care.						

5. Assesses and promotes self-care in patients with disabilities.											
6. Plans and orders palliative care and end-of-life care, as appropriate.											
Comments:											
DOMAIN V: MANAGING / NEGOTIATING HEALTHCARE DELIVERY SYSTEMS & REGULATIONS						1	2	3	4	5	NA
1. Maintains current knowledge regarding state and federal regulations and programs for family healthcare.											
2. Monitors specialized care coordination to enhance effectiveness of outcomes for individuals and families.											
Comments:											
PRECEPTOR COMMENTS:			STUDENT COMMENTS:			FACULTY COMMENTS:					

NOTE: all evaluations are completed in EXXAT

* National Organization of Nurse Practitioner Faculties (2013). Population-Focused Nurse Practitioner Competencies. Washington, DC: Author.

* National Organization of Nurse Practitioner Faculties (2017). Nurse Practitioner Core Competencies. Washington, DC: Author

Appendix B Family Nurse Practitioner Progressive Clinical Expectations

Nursing 701 (150 hours)	Weeks 1-3	Weeks 4-6	Weeks 7-9	Weeks 10-12
1. Completes facility orientation and reviews relevant policies and procedures.				
2. Communicates effectively with office staff, nurses, and other professionals.				
3. Maintains professional standards including dress, timeliness, and language.				
4. Demonstrates interest and takes initiative in learning.				
5. Has references and uses them effectively and efficiently in the clinical setting.	1	2	2	3
6. Reviews chart prior to encounter.	1	2	2	3
7. Demonstrates effective communication with patients and their families including ability to recognize cultural nuances and manage sensitive or emotional issues.	1	2	2	3
8. Obtains subjective assessment data: history of present illness (HPI), review of systems (ROS), past medical history (PMH), medications, family history (FH), and relevant social history (SH) for patients presenting for complete physical examinations and episodic visits. Demonstrates logical systematic methodology in obtaining subjective patient data. <i>Student will see at least 4 through midterm and no more than 6 (after midterm) adult patients in an 8-10 hour clinical day.</i>	1	2	2	3
9. Performs appropriate and accurate physical examination on the adult patient (18+) for the presenting problem using correct techniques and equipment.	1	2	2	3
10. Identifies appropriate diagnostic testing as appropriate.	1	2	2	3
11. Formulates a list of differential diagnoses (considers at least three diagnoses for most patients).	1	2	2	3
12. Arrives at correct diagnosis based on clinical data.	1	2	2	3
13. Creates an evidence-based treatment plan that includes pharmacologic and non-pharmacologic treatments, lifestyle modifications, referrals, expected outcomes, and plan for follow-up care.	1	2	2	3
14. Communicates detailed and clinically sound follow-up plan, including relevant and cardinal symptoms for which they should seek treatment.	1	2	2	3

15. Provides anticipatory guidance, teaching, counseling, and specific information about the diagnosis. Provides written information to patients when appropriate.	1	2	2	3
16. Chooses appropriate medication and therapeutic dosage.	1	2	2	3
17. Determines health care maintenance and screening needs utilizing USPSTF recommendations.	1	2	2	3-4
18. Documents patient visits using a SOAP format that demonstrates clarity, organization, and appropriate use of medical terminology.	1	2	2	3-4
19. Presents patients to preceptor in a thorough, concise, and organized manner.	1	2	2	3-4
20. Identify patients whose health needs require urgent or emergent care.	1	2	2	3-4
21. Completes patient encounter in a timely manner. New patient or complete exam (90 minutes); Chronic or complex visit (60 minutes); Acute episodic visit (45 minutes).	1	2	2	3-4
22. Incorporates cost in decision-making.	1	2	2	3
23. Correctly uses ICD coding for diagnosis documentation.	1	2	2	3
Nursing 702 (150 hours)	Weeks 1-3	Weeks 4-6	Weeks 7-9	Weeks 10-15
1. Completes facility orientation and reviews relevant policies and procedures.				
2. Communicates effectively with office staff, nurses, and other professionals.				
3. Maintains professional standards including dress, timeliness, and language.				
4. Demonstrates interest and takes initiative in learning.				
5. Has references and uses them effectively and efficiently in the clinical setting.				
6. Reviews chart prior to encounter.	3	3	3	3
7. Demonstrates effective communication with patients and their families including ability to recognize cultural nuances and manage sensitive or emotional issues. <i>Communication incorporates knowledge of child growth and development.</i>	3	3	3	3

8. Obtains subjective assessment date: history of present illness (HPI), review of systems (ROS), past medical history (PMH), medications, family history (FH), and relevant social history (SH) for patients presenting for complete physical examinations and episodic visits. Demonstrates logical systematic methodology in obtaining subjective patient data. <i>Student will see 6 through midterm and no more than 8 (after midterm) adult and adolescent patients in an 8-10 hour clinical day.</i>	3	3	3	3
9. Performs appropriate and accurate physical examination on adult and adolescent patients (13-17 only) for the presenting problem using correct techniques and equipment. <i>Performs examination considering the patient's age and stage of development.</i>	3	3	3	3
10. Identifies appropriate diagnostic testing as appropriate.	3	3	3	4
11. Formulates a list of differential diagnoses (considers at least three diagnoses for most patients).	3	3	3	4
12. Arrives at correct diagnosis based on clinical data.	3	3	3	4
13. Creates an evidence-based treatment plan that includes pharmacologic and non-pharmacologic treatments, lifestyle modifications, referrals, expected outcomes, and plan for follow-up care. <i>Incorporates knowledge of growth and development in development of treatment plan.</i>	3	3	3-4	4
14. Communicates detailed and clinically sound follow-up plan, including relevant and cardinal symptoms for which they should seek treatment.	3	3	3-4	4
15. Provides anticipatory guidance, teaching, counseling, and specific information about the diagnosis. Provides written information to patients when appropriate.	3	3	3-4	3-4
16. Chooses appropriate medication and therapeutic dosage. <i>Can calculate medication dosage for pediatric patients.</i>	3	3	3-4 3-4	4
17. Determines health care maintenance and screening needs for adult and pediatric patients utilizing USPSTF recommendations.	3	3	3-4	3-4
18. Documents patient visits using a SOAP format that demonstrates clarity, organization, and appropriate use of medical terminology.	3	3	3	3-4
19. Presents patients to preceptor in a thorough, concise, and organized manner.	3	3	3	3-4
20. Identify patients whose health needs require urgent or emergent care.	3	3	3	3-4

21. Completes patient encounter in a timely manner. New patient or complete exam (60 minutes); Chronic or complex visit (45 minutes); Acute episodic visit (30 minutes).	3	3	3	3-4
22. Incorporates cost in decision-making.	3	3	3	3-4
23. Correctly uses ICD coding for diagnosis documentation.	3	3	3	3-4
Nursing 703 (150 hours)	Weeks 1-3	Weeks 4-6	Weeks 7-9	Weeks 10-15
1. Completes facility orientation and reviews relevant policies and procedures.				
2. Communicates effectively with office staff, nurses, and other professionals.				
3. Maintains professional standards including dress, timeliness, and language.				
4. Demonstrates interest and takes initiative in learning.				
5. Has references and uses them effectively and efficiently in the clinical setting.				
6. Reviews chart prior to encounter.	5	5	5	5
7. Demonstrates effective communication with patients and their families including ability to recognize cultural nuances and manage sensitive or emotional issues. <i>Evaluates and incorporates communication challenges (vision and hearing deficits).</i>	5	5	5	5
8. Obtains subjective assessment data: history of present illness (HPI), review of systems (ROS), past medical history (PMH), medications, family history (FH), and relevant social history (SH) for patients presenting for complete physical examinations and episodic visits. Demonstrates logical systematic methodology in obtaining subjective patient data. <i>Considers co-morbidities and chronic illness when obtaining data.</i> <i>Student will see 8-10 adult, pediatric, and geriatric patients in an 8-hour clinical day. Primary focus woman and men's health, birth to 12, and older adult</i>	5	5	5	5
9. Performs appropriate and accurate physical examination on patients across the life span for the presenting problem using correct techniques and equipment.	3	4	4	4-5
10. Identifies appropriate diagnostic testing as appropriate.	3 3	4	4	4-5

		4		
11. Formulates a list of differential diagnoses (considers at least three diagnoses for most patients).	4	4 4	4	4-5
12. Arrives at correct diagnosis based on clinical data.	3	4	4	4-5
13. <i>Creates an evidence-based treatment plan that includes pharmacologic and non-pharmacologic treatments, lifestyle modifications, referrals, expected outcomes, and plan for follow-up care. Considers functional status and polypharmacy when developing treatment plan.</i>	3	4	4	4-5
14. Communicates detailed and clinically sound follow-up plan, including relevant and cardinal symptoms for which they should seek treatment.	3	4	4	4-5
15. Provides anticipatory guidance, teaching, counseling, and specific information about the diagnosis. Provides written information to patients when appropriate.	3	4	4	4-5
16. Chooses appropriate medication and therapeutic dosage.	3	4	4	4-5
17. Determines health care maintenance and screening needs utilizing USPSTF recommendations.	3	4	4	4-5
18. Documents patient visits using a SOAP format that demonstrates clarity, organization, and appropriate use of medical terminology.	4	4	4	4-5
19. Presents patients to preceptor in a thorough, concise, and organized manner.	4	4	4	4-5
20. Identify patients whose health needs require urgent or emergent care.	4	4	4	4-5
21. Completes patient encounter in a timely manner. New patient or complete exam (45 minutes); Chronic or complex visit (30-45 minutes); Acute episodic visit (15-30 minutes).	3-4	4	4	4-5
22. Incorporates cost in decision-making.	4	4	4	4-5
23. Correctly uses ICD coding for diagnosis documentation.	4	4	4	4-5
Nursing 790 (150 hours)	Weeks 1-3	Weeks 4-6	Weeks 7-9	Weeks 10-15

1. Completes facility orientation and reviews relevant policies and procedures.				
2. Communicates effectively with office staff, nurses, and other professionals.				
3. Maintains professional standards including dress, timeliness, and language.				
4. Demonstrates interest and takes initiative in learning.				
5. Has references and uses them effectively and efficiently in the clinical setting.				
6. Reviews chart prior to encounter.	5	5	5	5
7. Demonstrates effective communication with patients and their families including ability to recognize cultural nuances and manage sensitive or emotional issues. <i>Evaluates and incorporates communication challenges (speech, vision, and hearing deficits).</i>	5	5	5	5
8. Obtains subjective assessment data: history of present illness (HPI), review of systems (ROS), past medical history (PMH), medications, family history (FH), and relevant social history (SH) for patients presenting for complete physical examinations and episodic visits. Demonstrates logical systematic methodology in obtaining subjective patient data. <i>Considers co-morbidities and chronic illness when obtaining data.</i> <i>Student will see 10-12 patients in an 8-hour clinical day.</i> <i>Specialty rotations limited to 6-7 patients and expectation level 3-4</i>	4-5	4-5	5	5
9. Performs appropriate and accurate physical examination on adult, pediatric, and geriatric patients (specific components) for the presenting problem using correct techniques and equipment.	4-5	4-5	5	5
10. Identifies appropriate diagnostic testing as appropriate.	4-5	4-5	5	5
11. Formulates a list of differential diagnoses (considers at least three diagnoses for most patients).	5	5	5	5
12. Arrives at correct diagnosis based on clinical data.	5	5	5	5
13. <i>Creates</i> an evidence-based treatment plan that includes pharmacologic and non-pharmacologic treatments, lifestyle modifications, referrals, expected outcomes, and plan for follow-up care. <i>Considers functional status and polypharmacy when developing treatment plan.</i>	4-5	4-5	5	5

14. Communicates detailed and clinically sound follow-up plan, including relevant and cardinal symptoms for which they should seek treatment.	4-5	4-5	5	5
15. Provides anticipatory guidance, teaching, counseling, and specific information about the diagnosis. Provides written information to patients when appropriate.	4-5	4-5	5	5
16. Chooses appropriate medication and therapeutic dosage.	4-5	4-5	5	5
17. Determines health care maintenance and screening needs utilizing USPSTF recommendations.	4-5	4-5	5	5
18. Documents patient visits using a SOAP format that demonstrates clarity, organization, and appropriate use of medical terminology.	4-5	5	5	5
19. Presents patients to preceptor in a thorough, concise, and organized manner.	5	5	5	5
20. Identify patients whose health needs require urgent or emergent care.	5	5	5	5
21. Completes patient encounter in a timely manner. New patient or complete exam (45 minutes); Chronic or complex visit (30 minutes); Acute episodic visit (15 minutes).	4-5	4-5	5	5
22. Incorporates cost in decision-making.	4-5	4-5	5	5
23. Correctly uses ICD coding for diagnosis documentation.	4-5	4-5	5	5

Levels of independence

1. Observation only	
2. Performance and decision making done with preceptor present	*Requires detailed assistance
3. Performance and decision making done in collaboration with preceptor	*Requires moderate assistance
4. Performance and decision making done with minimal assistance from preceptor	*Requires minimal assistance
5. Performance and decision making done independent of preceptor	*Requires no assistance; ALL cases reviewed and approved by preceptor

Adapted from:

Pearson, T., Garrett, L., Hossler, S., McConnell, P, & Walls, J. (2012). A progressive nurse practitioner student evaluation tool. *Journal of the American Academy of Nurse Practitioners*, 24 (6).

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National Organization of Nurse Practitioner Faculties (2017). Nurse Practitioner Core Competencies. Washington, DC: Author.

Appendix C ACPCNP Progressive Clinical Expectations

Nursing 701 (150 hours)	Weeks 1-3	Weeks 4-6	Weeks 7-9	Weeks 10-12
1. Completes facility orientation and reviews relevant policies and procedures.				
2. Communicates effectively with office staff, nurses, and other professionals.				
3. Maintains professional standards including dress, timeliness, and language.				
4. Demonstrates interest and takes initiative in learning.				
5. Has references and uses them effectively and efficiently in the clinical setting.	1	2	2	3
6. Reviews chart prior to encounter.	1	2	2	3
7. Demonstrates effective communication with patients and their families including ability to recognize cultural nuances and manage sensitive or emotional issues.	1	2	2	3
8. Obtains subjective assessment data: history of present illness (HPI), review of systems (ROS), past medical history (PMH), medications, family history (FH), and relevant social history (SH) for patients presenting for complete physical examinations and episodic visits. Demonstrates logical systematic methodology in obtaining subjective patient data. <i>Student will see at least 4 through midterm and no more than 6 (after midterm) adult patients in an 8–10-hour clinical day.</i>	1	2	2	3
9. Performs appropriate and accurate physical examination on the adult patient (18+) for the presenting problem using correct techniques and equipment.	1	2	2	3
10. Identifies appropriate diagnostic testing as appropriate.	1	2	2	3
11. Formulates a list of differential diagnoses (considers at least three diagnoses for most patients).	1	2	2	3
12. Arrives at correct diagnosis based on clinical data.	1	2	2	3
13. Creates an evidence-based treatment plan that includes pharmacologic and non-pharmacologic treatments, lifestyle modifications, referrals, expected outcomes, and plan for follow-up care.	1	2	2	3

14. Communicates detailed and clinically sound follow-up plan, including relevant and cardinal symptoms for which they should seek treatment.	1	2	2	3
15. Provides anticipatory guidance, teaching, counseling, and specific information about the diagnosis. Provides written information to patients when appropriate.	1	2	2	3
16. Chooses appropriate medication and therapeutic dosage.	1	2	2	3
17. Determines health care maintenance and screening needs utilizing USPSTF recommendations.	1	2	2	3-4
18. Documents patient visits using a SOAP format that demonstrates clarity, organization, and appropriate use of medical terminology.	1	2	2	3-4
19. Presents patients to preceptor in a thorough, concise, and organized manner.	1	2	2	3-4
20. Identify patients whose health needs require urgent or emergent care.	1	2	2	3-4
21. Completes patient encounter in a timely manner. New patient or complete exam (90 minutes); Chronic or complex visit (60 minutes); Acute episodic visit (45 minutes).	1	2	2	3-4
22. Incorporates cost in decision-making.	1	2	2	3
23. Correctly uses ICD coding for diagnosis documentation.	1	2	2	3
Nursing 702 (150 hours)	Weeks 1-3	Weeks 4-6	Weeks 7-9	Weeks 10-15
1. Completes facility orientation and reviews relevant policies and procedures.				
2. Communicates effectively with office staff, nurses, and other professionals.				
3. Maintains professional standards including dress, timeliness, and language.				
4. Demonstrates interest and takes initiative in learning.				
5. Has references and uses them effectively and efficiently in the clinical setting.				
6. Reviews chart prior to encounter.	3	3	3	3
7. Demonstrates effective communication with patients and their families including ability to recognize cultural nuances and manage sensitive or emotional issues. <i>Communication incorporates knowledge of adolescent growth and development.</i>	3	3	3	3

8. Obtains subjective assessment data: history of present illness (HPI), review of systems (ROS), past medical history (PMH), medications, family history (FH), and relevant social history (SH) for patients presenting for complete physical examinations and episodic visits. Demonstrates logical systematic methodology in obtaining subjective patient data. <i>Student will see 6 through midterm and no more than 8 (after midterm) adult and adolescent patients in an 8–10-hour clinical day.</i>	3	3	3	3
9. Performs appropriate and accurate physical examination on adult and adolescent patients (13-17 only) for the presenting problem using correct techniques and equipment. <i>Performs examination considering the patient's age and stage of development.</i>	3	3	3	3
10. Identifies appropriate diagnostic testing as appropriate.	3	3	3	4
11. Formulates a list of differential diagnoses (considers at least three diagnoses for most patients).	3	3	3	4
12. Arrives at correct diagnosis based on clinical data.	3	3	3	4
13. Creates an evidence-based treatment plan that includes pharmacologic and non-pharmacologic treatments, lifestyle modifications, referrals, expected outcomes, and plan for follow-up care. <i>Incorporates knowledge of growth, development, and aging in treatment plan.</i>	3	3	3-4	4
14. Communicates detailed and clinically sound follow-up plan, including relevant and cardinal symptoms for which they should seek treatment.	3	3	3-4	4
15. Provides anticipatory guidance, teaching, counseling, and specific information about the diagnosis. Provides written information to patients when appropriate.	3	3	3-4	3-4
16. Chooses appropriate medication and therapeutic dosage. <i>Can calculate medication dosage for patient population.</i>	3	3	3-4 3-4	4
17. Determines health care maintenance and screening needs for adult and adolescent patients utilizing USPSTF recommendations.	3	3	3-4	3-4

18. Documents patient visits using a SOAP format that demonstrates clarity, organization, and appropriate use of medical terminology.	3	3	3	3-4
19. Presents patients to preceptor in a thorough, concise, and organized manner.	3	3	3	3-4
20. Identify patients whose health needs require urgent or emergent care.	3	3	3	3-4
21. Completes patient encounter in a timely manner. New patient or complete exam (60 minutes); Chronic or complex visit (45 minutes); Acute episodic visit (30 minutes).	3	3	3	3-4
22. Incorporates cost in decision-making.	3	3	3	3-4
23. Correctly uses ICD coding for diagnosis documentation.	3	3	3	3-4
Nursing 791 (150 hours)	Weeks 1-3	Weeks 4-6	Weeks 7-9	Weeks 10-15
1. Completes facility orientation and reviews relevant policies and procedures.				
2. Communicates effectively with office staff, nurses, and other professionals.				
3. Maintains professional standards including dress, timeliness, and language.				
4. Demonstrates interest and takes initiative in learning.				
5. Has references and uses them effectively and efficiently in the clinical setting.				
6. Reviews chart prior to encounter.	5	5	5	5
7. Demonstrates effective communication with patients and their families including ability to recognize cultural nuances and manage sensitive or emotional issues. <i>Evaluates and incorporates communication challenges (speech, vision and hearing deficits).</i>	5	5	5	5
8. Obtains subjective assessment date: history of present illness (HPI), review of systems (ROS), past medical history (PMH), medications, family history (FH), and relevant social history (SH) for patients presenting for complete physical examinations and episodic visits. Demonstrates logical systematic methodology in obtaining subjective patient data. <i>Considers co-morbidities and</i>	4-5	4-5	5	5

<i>chronic illness when obtaining data. The student will see 10-12 patients in an 8-hour clinical day. The emphasis in adolescents through geriatric emergent/urgent care, acute and chronic pain management. Specialty rotations limited to 6-7 patients and expectation level 3-4</i>				
9. Performs appropriate and accurate physical examination on adult, adolescent, and geriatric patients (specific components) for the presenting problem using correct techniques and equipment.	4-5	4-5	5	5
10. Identifies appropriate diagnostic testing as appropriate.	4-5	4-5	5	5
11. Formulates a list of differential diagnoses (considers at least three diagnoses for most patients).	5	5	5	5
12. Arrives at correct diagnosis based on clinical data.	5	5	5	5
13. <i>Creates an evidence-based treatment plan that includes pharmacologic and non-pharmacologic treatments, lifestyle modifications, referrals, expected outcomes, and plan for follow-up care. Considers functional status and polypharmacy when developing treatment plan.</i>	4-5	4-5	5	5
14. Communicates detailed and clinically sound follow-up plan, including relevant and cardinal symptoms for which they should seek treatment.	4-5	4-5	5	5
15. Provides anticipatory guidance, teaching, counseling, and specific information about the diagnosis. Provides written information to patients when appropriate.	4-5	4-5	5	5
16. Chooses appropriate medication and therapeutic dosage.	4-5	4-5	5	5
17. Determines health care maintenance and screening needs utilizing USPSTF recommendations.	4-5	4-5	5	5
18. Documents patient visits using a SOAP format that demonstrates clarity, organization, and appropriate use of medical terminology.	4-5	5	5	5
19. Presents patients to preceptor in a thorough, concise, and organized manner.	5	5	5	5
20. Identify patients whose health needs require urgent or emergent care.	5	5	5	5

21. Completes patient encounter in a timely manner. New patient or complete exam (45 minutes); Chronic or complex visit (30 minutes); Acute episodic visit (15 minutes).	4-5	4-5	5	5
22. Incorporates cost in decision-making.	4-5	4-5	5	5
23. Correctly uses ICD coding for diagnosis documentation.	4-5	4-5	5	5

Levels of Independence

1. Observation only	
2. Performance and decision making done with preceptor present	*Requires detailed assistance
3. Performance and decision making done in collaboration with preceptor	*Requires moderate assistance
4. Performance and decision making done with minimal assistance from preceptor	*Requires minimal assistance
5. Performance and decision making done independent of preceptor	*Requires no assistance; ALL cases reviewed and approved by preceptor

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Appendix D FNP and AGPCNP Clinical Requirements

This chart represents the recommended minimum requirements for clinical hours, visits, and procedures for completion of the FNP or AGPCNP Clinical Competencies

Population	Total Hours (Recommended)	Minimum Number of Visits (Recommended)	Procedures/Visits (Recommended)	Percent of Time	Course Focus
Lab	16 hours prep and activities		Suturing, biopsy, toenail removal, I&D	0%	NURS 700
Pediatric	50-100 hours	50 total		15%	NURS 701, 702, 703, 790
Newborn (0-4 weeks) exams		5			
Well child (5 weeks – 5 years)		15	15 well child exams		
School age (5-12 years)		15	5 well child exams		
Adolescents (13-17)		15	5 wellness exams or sports PE		
Adult	300-500 hours	300 total		60%	NURS 701, 702, 703, 790
Ages 18-65 and Geriatric 66+			150 episodic, acute and wellness exams 150 chronic care		
Women's Health	50-100 hours	50 visits		15%	NURS 701, 702, 703, 790
			5 pelvic examinations		
Specialty **	100 hours		See below for options.	10%	NUR 790

Potential sites include clinics, medical offices, mobile clinics, rural health centers, telehealth, retail health (limited), long-term care settings, school or college health centers, employee health, health department, and other settings that are appropriate for the course and content.

Women's Health Visits may include well-woman examinations, dysmenorrhea, STI testing, pelvic pain, breast mass, menopause and menopause related problems, contraception, pregnancy, and post-partum.

**Specialty areas may include dermatology, urgent care, pediatrics, women's health, gerontology, long-term care, interprofessional education and care, etc. The application for a specialty rotation must be pre-approved and submitted 6 weeks prior to the end of NURS 703.

Appendix E Definitions of Diversity, Equity, Inclusion, and Belonging Terms

Belonging: Belonging is the feeling of security and support when there is a sense of acceptance, inclusion, and identity for a member of a certain group. It is when an individual can bring their authentic self to work: <https://diversity.cornell.edu/belonging/sensebelonging#:~:text=Belonging%20is%20the%20feeling%20of,their%20authentic%20self%20to%20work.>

Disadvantaged/excluded/marginalized/ vulnerable groups or populations: terms applied to people who, due to factors usually considered outside their control, do not have the same opportunities as more privileged groups in society. For example: “Structural inequalities between members of more advantaged and more disadvantaged population groups are a central feature of all societies. These inequalities are deeply rooted in the past and have been carried forward into the present. Their persistence severely undermines local, national, and global efforts to promote advances in the quality of life and well-being of people at all levels of social, political, and economic organization” Estes R.J. (2014) Disadvantaged Populations. In: Michalos A.C. (eds) Encyclopedia of Quality of Life and Well-Being Research. Springer, Dordrecht. https://doi.org/10.1007/978-94-007-0753-5_742

Diversity: The condition of being different or having differences. Differences among people with respect to age, class, ethnicity, gender, health, physical and mental ability, race, sexual orientation, religion, physical size, education level, job and function, personality traits, and other human differences. https://edib.harvard.edu/files/dib/files/dib_glossary.pdf

Equity: Fair treatment for all while striving to identify and eliminate inequities and barriers. https://edib.harvard.edu/files/dib/files/dib_glossary.pdf

Explicit bias: The traditional conceptualization of bias. This explicit bias, individuals are aware of their prejudices and attitudes toward certain groups. Overt racism and racist comments are examples. <https://www.justice.gov/file/1437326/download#:~:text=Explicit%20bias%20is%20the%20traditional,are%20exam,pls%20of%20explicit%20biases>

Heterosexism/homophobia: heterosexism and homophobia are closely related but distinct concepts. “[H]omophobia generally refers to an individual’s fear or dread of gay men or lesbians, [while] heterosexism denotes a wider system of beliefs, attitudes, and institutional structures that attach value to heterosexuality and disparage alternative sexual behavior and orientation” <https://dictionary.apa.org/homophobia> and <https://dictionary.apa.org/heterosexism>

Implicit bias: Implicit bias involves all of the subconscious feelings, perceptions, attitudes, and stereotypes that have developed as a result of prior influences and imprints.

<https://www.justice.gov/file/1437326/download#:~:text=Explicit%20bias%20is%20the%20traditional,are%20exam,pls%20of%20explicit%20biases>

Inclusion: The practice or policy of providing equal access to opportunities and resources for people who might otherwise be excluded or marginalized, such as those who have physical or mental disabilities and members of underrepresented minority groups. <https://languages.oup.com/google-dictionary-en/>

Macroaggression: Obvious, intentional insult, where there is no chance of a mistake on the part of the transgressor, intended to be provoking, insulting, or otherwise discourteous. <https://www.urbandictionary.com/define.php?term=macroaggressions>

Microaggression: The everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to the target person based solely

upon their marginalized group membership. Microaggressions are often racially charged “subtle blows” but over time they can take a toll on mental and physical health.

<https://www.urbandictionary.com/define.php?term=Microaggressions>

Racism: “a form of prejudice that assumes that the members of racial categories have distinctive characteristics and that these differences result in some racial groups being inferior to others. Racism generally includes negative emotional reactions to members of the group, acceptance of negative stereotypes, and racial discrimination against individuals; in some cases, it leads to violence” <https://dictionary.apa.org/racism>

Safe place: “A safe space is ideally one that doesn’t incite judgment based on identity or experience – where the expression of both can exist and be affirmed without fear of repercussion and without the pressure to educate. While learning may occur in these spaces, the ultimate goal is to provide support.”

<https://alternativebreaks.org/safe-or-brave-spaces/>

Brave place: “A brave space encourages dialogue. Recognizing the difference and holding each person accountable to do the work of sharing experiences and coming to new understandings – a feat that’s often hard, and typically uncomfortable. We’d be remiss to simply hear the new term brave space and throw the old one out like a mistake we’d like to quickly forget. The reality is: they’re different spaces, providing different outcomes.”

https://www.naspa.org/images/uploads/main/Policy_and_Practice_No_2_Safe_Brave_Spaces.pdf

Appendix F Avoiding Stereotypes and Bias in Assessment of Learner Performance

Narrative evaluations can contain bias. Focusing on traits associated with certain groups based on race/ethnicity, gender, or other characteristics reinforces stereotypes and can ignore other aspects of learner performance. Avoid these stereotypes by focusing on observed behaviors and describing competency-based performance. Scan your written evaluation to check for any unintended stereotypes.

Caution: avoid this language	Analysis	Instead, consider using this language
'She was quiet yet participatory.'	'Quiet' can be associated with gender or race/ethnicity.	'She listened well; she participated thoughtfully.'
'She was warm, caring and empathic.' (as the only descriptors)	These are strengths but are also the characteristics that evaluators tend to focus more on for women than men; the evaluator should comment on other competencies as well.	Describe clinical skills, knowledge and interactions with patients and team.
'He worked hard through the rotation.'	Effort is commendable; it is also important to describe performance and connect effort to accomplishments.	'Due to his hard work creating a discharge plan, our team was able to discharge the patient safely to home.'
'He did well despite his many outside responsibilities.' 'Her knowledge grew as she balanced outside family responsibilities.'	Qualified language detracts from the student's accomplishments.	'He contributed to the team by doing...' 'She gained knowledge and applied it to her clinical practice.'
'Compared to other people with his background, his performance was...'	Avoid focusing on comparing students to other students particularly in a stereotyped way; focus on observed performance.	'He successfully performed the following key clinical tasks for this clerkship...'
'He contributed a lot to the team despite being gone from the rotation for weekly appointments.'	Students with approved accommodations to attend medical appointments cannot be penalized for this.	Focus narrative on what student did on the service, not when the student was not there.
'After initially not having a very strong fund of knowledge of our specialty, they seemed to read a lot over the course of the rotation.'	The evaluator may be trying to comment on improvement, but the focus should be on the student's achievement by the end of the rotation, not just on the deficit.	'The student read a lot and achieved the expected fund of knowledge by the end of the rotation. They applied their reading effectively to patient problems in their notes and case discussions.'

Watch for and ask the student and other team members about student contributions you may not have observed.

Student contribution	Competencies	Description
Spending time with a patient explaining a diagnosis that was unclear to the patient on rounds	Interpersonal and communication skills Patient care	'The student spent extra time with the patient explaining his diagnosis and answering questions to ensure his understanding and provide reassurance.'
Working on discharge planning to ensure that the patient will receive all of her medications, have secure housing, and understand her follow up appointments	Systems-based practice Interprofessional collaboration	'The student coordinated discharge planning for a complex patient discharge by working with the pharmacist, case manager, and resident to ensure that the patient understood the discharge plans. This included finding a pharmacy to provide all the prescribed medications, securing temporary housing, and explaining the plans to the patient to confirm her understanding.'
Answering questions from a patient's family about an upcoming procedure	Interpersonal and communication skills	'When a patient's family had questions about an upcoming procedure, the student listened to their questions and concerns with empathy. The student then coordinated with the resident to answer all their questions accurately and thoroughly

Franklin University SON Implicit Bias video: https://youtu.be/s1luzU_QZLI

Franklin University SON Microaggressions video: <https://youtu.be/2WKya4btKJM>

Used with permission. <https://meded.ucsf.edu/sites/meded.ucsf.edu/files/inline-files/Avoiding%20stereotypes%20in%20assessment.pdf>

Other resources:

UCSF School of Medicine. (2021). Bias and Microaggressions in Feedback. https://media.ucsf.edu/media/t/1_fe7uld8i

UCSF Medical School. (2022). Diversity, Equity, Inclusion Tips Sheet for the Clinical Learning Environment. <https://wiki.library.ucsf.edu/display/TBS/Clinical+Faculty?preview=/482580148/551938878/DEI%20Tips%20Sheet%202.0%20January%202022.pdf>

UCSF School of Medicine. (2020). Equity in Assessment Checklist. https://meded.ucsf.edu/sites/meded.ucsf.edu/files/inline-files/Equity_in_Assessment_Checklist_2020dec14v2.pdf