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**HAHN SCHOOL OF NURSING AND HEALTH SCIENCE**

*Betty and Bob Beyster Institute for  
Nursing Research, Advanced Practice, and Simulation*

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**PSYCHIATRIC MENTAL HEALTH  
NURSE PRACTITIONER TRACK  
PRECEPTOR HANDBOOK**

*Revised January 2016*



Dear Clinical Preceptor:

Thank you for consenting to precept a Nurse Practitioner student from the Hahn School of Nursing and Health Science at the University of San Diego. I'd like to introduce myself and our program to you. My name is Michael Terry, Coordinator for the Psychiatric Nurse Practitioner Track with USD's Advanced Practice Nursing Program. Your contribution is essential to preparing a student to practice successfully upon graduation from our program. I recognize that it takes time to supervise a student, and appreciate the additional time you are committing. As the semester advances, the student will become more accomplished and require less supervision on your part and should begin to facilitate your client case load. This document plus those that accompany it are intended to guide and support your role as preceptor. Your responsibilities as preceptor, your student/preceptee's responsibilities, and my responsibilities as clinical faculty are iterated below.

### **Preceptor Responsibilities**

- Review semester objectives and goals to facilitate clinical learning
- Review daily objectives to be discussed at the beginning of each clinical day with your student
- Create a learning environment for the student and facilitate the critical thinking skills required of a student
- Complete the Preceptor Evaluation Form & the Supervision Evaluation Form at the end of the semester and return via the prepaid business envelope provided by the student, by fax directly to my office, or by giving it to the student to return to me.
- Review evaluation forms with the student on a regular basis to ensure a clear understanding of your expectations. Contact Clinical Faculty ASAP with any concerns

and/or performance issues, or whenever any questions arise.

- Provide 1:1 supervision on at least a biweekly basis to review student's learning experience, discuss role development,
- **Listen to the student's case presentation on each patient or if student is a participant- observer, have student participate in the interview/session as appropriate.**
- **Supervise the student when s/he sees new patients for assessment and treatment recommendations.**
- **Process the clinical encounter and/or therapy session with the student as time and resources permit.**
- Provide feedback about assessments, differential diagnosis, problem lists and proposed plans of care
- Supervise the student on ***all new procedures and/or skills***
- Recheck all abnormal findings identified by the student and evaluate the student's management plans for these problems
- Always be present in the clinical area during the student's experience, and name a qualified substitute if you must leave the clinic
- Review all student entries in the patient's health/medical records

Depending on the level of the student (beginning, middle, or advanced), the student will participate alone or with assistance in performing behavioral health assessments, diagnostic interviews and other examinations, ordering necessary lab data, analyzing assessments, proposing appropriate diagnostic and/or therapeutic plans, and documenting encounters.

The MD/NP assigns the student patients to evaluate, provides direct supervision, elicits secondary supervision as appropriate, and approves every assessment. The student should show progress in skill and clinical judgment as he/she proceeds through each course and semester. The preceptor has a right to ask that the student be placed in another learning environment if problems arise that cannot be resolved.

Preceptors are all experienced, seasoned psychiatrists and psychiatric nurse practitioners, mentoring and role modeling students as part of the socialization process. Observing the preceptor's interactions with other professionals, staff, and patients will enable the student to assume more readily the new role. The Core Competencies are reflected in the 7 domains identified by NONPF (See attachment):

- Management of patient health/ illness status
  - The nurse-patient relationship
  - The teaching-coaching function
    - Professional role
- Managing and negotiating health care delivery systems
- Monitoring and ensuring the quality of health care practices
  - Cultural competence

In facilitating the student's learning experience, the preceptor organizes clinical learning within a time-constrained environment. The preceptor communicates with the office staff about the

scheduling of patients, the availability of exam room space, and specific procedures (e.g. suturing) that would enhance learning with a minimal disruption of the office routine. The one-to-one relationship with the preceptor provides the student with the opportunity to develop competence in diagnostic reasoning/clinical decision-making, advanced practice nursing skills/procedures, as well as self-confidence in implementing the role. Immediate timely and constructive feedback, whenever possible, enhances this learning process.

### **Student Responsibilities**

1. It is the responsibility of the student to provide the preceptor with any student-specific clinical objectives that have been identified for the clinical practicum.
2. Students are expected to have full knowledge of entrance requirements for clinical, including credentials, dress, location, timing, etc., before scheduling the first clinical day at the clinical agency.
3. Students are responsible for their own health and other requirements, such as current CPR certification and immunizations, in order to fulfill the clinical requirements on the first day. In accordance with our policies, students without health clearance should not enter the clinical setting.
4. On the first clinical day, discuss questions about computer access, the procedure for preceptor cosigning documents, eating and parking arrangements, and the communication with other disciplines.
5. Prepare for each clinical experience by
  - a. Sharing daily objectives with the preceptor at the beginning of the day
  - b. Studying presentations and diagnoses seen the previous week to build on knowledge and skills, and
  - c. Bringing materials learned in the classroom for application in the clinical setting.
6. Demonstrate active learning strategies by
  - a. Appropriate use of printed and electronic clinical resources (brought by student)
  - b. Asking questions
  - c. Identifying strengths and weaknesses, and
  - d. Being proactive in seeking learning opportunities.
7. Seek confirmation with the preceptor of any findings of which you may be unsure.
8. Ask for assistance with new procedures or learning opportunities.
9. Demonstrate evidence of using the clinical experience for advanced learning.

10. Students should identify their individual learning needs in the area of assessment and welcome the preceptor's critique and/or validation of their skill levels. A plan for remediation should be anticipated for situations in which the student needs practice and proficiency in either technique or interpretation of patient assessment data.

#### 11. Attendance

- a. Performance of clinical hours at the negotiated times and days with the preceptor is required. Careful attention to attend clinical on the days which the preceptor can accommodate the student is important. It is the student's responsibility to monitor the number of hours completed, and plan on completing the required number of hours for the term. The student is responsible for adjusting his/her personal and employment commitments so that the required number of clinical hours can be completed. If the student does not complete the required clinical hours for the term, s/he cannot expect the preceptor to continue the precepting relationship. Extension of the clinical period with the preceptor cannot be assumed but is granted only by agreement with the preceptor and clinical faculty. Exceptions related to unexpected illness of the student/family and or preceptor should be discussed with clinical faculty and the parties involved.
- b. When the student cannot attend clinical on a day that it is scheduled, the student must notify immediately the preceptor and clinical faculty. The student should obtain a telephone number and discuss the procedure of notifying the preceptor and faculty for unexpected absences. Failure to notify the preceptor as negotiated, prior to the beginning of the scheduled clinical day, is unacceptable and may place the student and clinical placement in jeopardy. The student should notify the course faculty as per the course guidelines. The student should then present the faculty with a plan to complete the necessary clinical time.

**Clinical Faculty Member Responsibilities**

- Make arrangements with the student and preceptor to visit the clinical site (if feasible) to evaluate the student's performance and clinical setting
- Evaluate the student's performance at mid-term and at the end of the semester. (The preceptor will provide input into the evaluation process by completing the Preceptor Evaluation Form.)

***Please contact your student's clinical faculty member with any questions, concerns or comment.***

- Holly Bechard, Ed.D., PMHNP [hbechard@san Diego.edu](mailto:hbechard@san Diego.edu)
- Alexandra Sietsma, PMHNP [alexandras@san Diego.edu](mailto:alexandras@san Diego.edu)

Sincerely,

A handwritten signature in blue ink that reads "M Terry". The signature is written in a cursive, slightly slanted style.

Michael Terry, DNP, FNP, PMHNP  
Clinical Professor & Coordinator  
Psychiatric Mental Health Nurse Practitioner Track  
University of San Diego  
Hahn School of Nursing & Health Sciences

**ATTACHMENTS**

- A. Guidelines for Clinical Placement** – overview of clinical site/preceptor selection
- B. Distribution of Clinical Hours** - Chart illustrating course sequence and minimum clock hours required in direct patient care.
- C. Preceptor Evaluation Forms** - Preceptor completes, discusses with student. Students then submits to Clinical Facilitator at the end of each semester.
  - 1. 1<sup>st</sup> clinical semester/primary care rotations (NPTC 627)
  - 2. 2<sup>nd</sup> through 5<sup>th</sup> clinical semesters (NPTC 624, 651, 653, 655) Preceptor completes, discusses with student. Students then submits to Clinical Facilitator at the end of each semester
  - 3. 4<sup>th</sup> & 5<sup>th</sup> semesters Psychotherapy Evaluation Form
  - 4. 5<sup>th</sup> semester Group Leader Evaluation Form
- D. Using Clinical Supervision** – elaboration of preceptor role in supervision
- E. Supervision Evaluation Form & Supervision Log Form** – Student completes and submits end of each semester
- F. Psychopharm Practicum Guidelines** – beginning with NPTC 624
- G. Psychiatric Nurse Practitioner Core Competencies**
- H. Syllabi for Psychiatric Core Courses** - Front pages for syllabi in the course sequence
- I. Memorandum: Doctoral Program Nurse Practitioner Scholarly Practice & Master's Program Nurse Practitioner Clinical Preceptorship**
- J. Preceptor Biographical Information Sheet** (if already submitted, please disregard)
- K. Guidelines/Expectations for Nurse Practitioner Clinical Preceptor**
- L. Benefits Accorded to Preceptors**
- M. Sample Letter of Agreement for Clinical Preceptors**

**University of San Diego**  
**Psychiatric Mental Health Nurse Practitioner Track**  
***Guidelines for Clinical Placements***

Clinical placements in USD's PMHNP program are selected to develop role competencies addressed during the student's original coursework. For an overview of the skills needed for PMHNP practice please refer to the attached document *Psychiatric-Mental Health Nurse Practitioner Core Competencies*.

Preceptors: Clinical preceptors may be Psychiatrists and/or Psychiatric Nurse Practitioners. Students may work with more than one preceptor in an agency.

Clinical experiences: Types of clinical experiences to be included in clinical training include:

1. Psychiatric interviewing and data collection
2. Multiaxial diagnostic determination and case formulation discussions
3. Psychotherapeutic modalities (e.g. individuals, group, family, med management)
4. Psycho-education
5. Treatment planning
6. Documentation of clinical findings
7. Consultations with preceptor
8. Chart review and team meetings
9. Clinical Supervision sessions (i.e., therapist role issues, personal goals, transference, counter-transference, etc.)
10. Additional APRN-PMH functions, such as crisis intervention, patient and staff education, consultation-liaison services, psychiatric emergency services, etc.

Settings: A variety of clinical venues may offer the clinical training opportunities listed above, including but not limited to those listed below:

11. Outpatient mental health clinics
12. Private psychiatric practices
13. County mental health services (mandatory for State stipend recipients)
14. Substance abuse treatment settings
15. Residential mental health treatment facilities
16. Psychiatric emergency services
17. Inpatient psychiatric units
18. Community based social service agencies

## University of San Diego Psychiatric-Mental Health Nurse Practitioner Track Distribution of Clinical Hours

Sequence	Course	Primary Care	Psychiatric Assessment	Med Mgmt.	Individual Therapy	Group/Family Therapy	Supervision	Total
Fall 1st yr.	Physical Assessment, Pathophysiology, Psychopathology Neuroanatomy/physiology, Adult/Child Development,	108+	-	-	-	-	-	108+
Spring 1st yr.	Psychiatric Assessment/Diagnosis, Case Formulation & Treatment Planning		54+	-	-	-	~15 hrs*	54+
Summer 1st yr.	Psychiatric Assessment, Psychopharmacology, Disease Management		#	108+	-	-	~15 hrs*	108+
Fall 2nd yr.	Psychiatric Assessment, Psychopharmacology, Psychotherapy, Disease Management		#	108+	108+	-	~15 hrs*	216+
Spring 2nd yr.	Psychiatric Assessment, Psychopharmacology, Psychotherapy, Disease Management, Group/Family Therapy		#	54+	108+	54+	~15 hrs*	216+
<b>Totals</b>		<b>108+</b>	<b>54+</b>	<b>274+</b>	<b>216+</b>	<b>54+</b>	<b>~60*</b>	<b>648+</b>

**Legend:** # included in other categories/hours; \* hours not eligible for direct care hours

**Note:** Hours listed above (excluding supervision) must meet BRN criteria of *Direct Patient Care* hours. Shadowing, orientation, EHR training, inservice, classes, etc. do not count towards totals. Hours listed are MINIMUM hours required. Actual hours spent are determined by demonstrated competencies in the rotation.

**University of San Diego Hahn School of Nursing and Health Science  
Nurse Practitioner Program**

**Form for Preceptor Evaluation of NP Student Performance**  
NPTC 627  
(1<sup>st</sup> Clinical Semester Rotation)

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Setting: \_\_\_\_\_

Directions: Please place a check in the box beside each behavioral descriptor that best describes the student's level of performance in each clinical skill category. Please write specific comments where appropriate, especially regarding any areas that need improvement.

Lead clinical faculty will tally a numeric score and letter grade based on your responses below.

Note: Students must obtain at least a 3.0 in every section to pass and must earn a "Pass" for professionalism

<u>Honors</u> (4.0)	<u>Acceptable</u> (3.0-3.95)	<u>Needs Improvement</u> (< 3.0)
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**I. Subjective Well History-taking Skills**

Elicits reasonably complete history - may miss some basic history and/or one to two topic areas; incorporates the principles of health promotion, health maintenance, and risk assessment.




Comments:

**II. Oral Examination Skills**

Presents patient as a person. Organized presenting basic history data clearly omitting one to two topic areas; incorporates the principles of health promotion, health maintenance, and risk assessment.




Comments:

Honors  
(4.0)

Acceptable  
(3.0-3.95)

Needs Improvement  
( $< 3.0$ )

**III. Communication Skills**

Smooth, clear communication. Recognizes and openly acknowledges patient's stated feelings. Pursues "red flags". Communicates openly and constructively with preceptor and faculty.




Comments:

**IV. Record Keeping Skills**

Mostly complete, clear and organized history written according to the NP Handbook Appendix R format with all but one or two topic sections included; includes most pertinent positives and negatives.




Comments:

**IX. Professionalism**

**PASS**  
(3.0-4.0)

**NO PASS**  
( $<3.0$ )

Acts respectfully & responsibly. Consistently presents self in a professional manner, Including appropriate dress & student ID.



Comments:

**Major Strengths of Student:**

**Major Area(s) Needing Improvement:**

**OVERALL GRADE**

**Pass** \_\_\_\_\_

**\*No Pass** \_\_\_\_\_ (**Offer Rationale**)

Preceptor: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Site Facilitator Faculty: \_\_\_\_\_ Date: \_\_\_\_\_

**UNIVERSITY OF SAN DIEGO PSYCHIATRIC/MENTAL HEALTH NURSE PRACTITIONER TRACK  
CLINICAL EVALUATION FORM  
(2<sup>nd</sup>-5<sup>th</sup> Clinical Semester Rotations)**

STUDENT \_\_\_\_\_ RATER \_\_\_\_\_ DATE \_\_\_\_\_

PERFORMANCE EVALUATION CRITERIA	5	4	3	2	1	COMMENTS
<p>1. <b>Information Gathering</b> reflects:</p> <p>complete symptom description</p> <p>A. pertinent data from past health, family history, OH personal/social history and review of systems, including appropriate chart audit</p> <p>B. communication and interviewing skills with patients demonstrating a range of activity and symptomatology.</p> <p>C. sensitivity to a range of sociocultural factors and life span issues</p>						
<p>2. <b>Psychiatric Examination</b> reflects:</p> <p>A. accurate description of findings</p> <p>B. comprehensive, organized information</p>						
<p>3. <b>Assessment</b> reflects:</p> <p>A. all problems appropriately identified</p> <p>B. problem assessment statement to include severity and a discussion of possible etiologies with rationale</p> <p>C. completion of a behavioral assessment, determining motivation for change, risk factors, behavioral sequences and assets/limitations</p> <p>D. evidence of current practice standards</p> <p>E. formulates a multiaxial psychiatric dx (DSM-IV)</p> <p>F. completes a rehabilitation assessment including symptom profile and functional ability</p>						
<p>4. <b>Treatment and Problem Management</b> reflects:</p> <p>A. plans for diagnostic, therapeutic and patient education interventions</p> <p>B. plans for rehabilitation based on goals formulated with clients to engage them in their own care</p> <p>C. cost and efficiency considerations</p> <p>D. prioritization of multiple risk factors/problems</p> <p>E. clear understanding of consultation/referral needs</p> <p>F. evidence of current practice standards</p>						

**UNIVERSITY OF SAN DIEGO**  
**PSYCHIATRIC/MENTAL HEALTH NURSE PRACTITIONER TRACK**  
**CLINICAL EVALUATION FORM**  
*(2<sup>nd</sup>-5<sup>th</sup> Clinical Semester Rotations)*

STUDENT \_\_\_\_\_ RATER \_\_\_\_\_ DATE \_\_\_\_\_

PERFORMANCE EVALUATION CRITERIA	5	4	3	2	1	COMMENTS
<p>5. <b>Clinical Documentation:</b></p> <p>A. develops and maintains an integrated health record that reflects psychiatric and medical morbidities</p> <p>B. updates current status in all areas of functioning (Dx, Rx)</p> <p>C. develops organized, readable and pertinent case reports for presentations/consultation</p>						
<p>6. <b>Psychiatric Therapeutics</b> provides:</p> <p>A. safe and effective interventions during emergency situations</p> <p>B. crisis interventions</p> <p>C. psychotherapeutic management (e.g. supportive therapy, clinical management)</p> <p>D. interventions to manage symptoms and prevent or delay relapse</p> <p>E. psychoeducational interventions with families or groups</p> <p>F. pharmacologic treatments mindful of side effects and drug interactions</p>						
<p>7. <b>Consultation</b> reflects:</p> <p>A. organized and succinct presentation of key data</p> <p>B. clear questions for consultant</p> <p>C. willingness to accept and incorporate consultant feedback</p> <p>D. utilization of appropriate resources</p> <p>E. provision of peer consultation to other students</p>						

**UNIVERSITY OF SAN DIEGO  
PSYCHIATRIC/MENTAL HEALTH NURSE PRACTITIONER TRACK  
CLINICAL EVALUATION FORM  
(2<sup>nd</sup>-5<sup>th</sup> Clinical Semester Rotations)**

STUDENT \_\_\_\_\_ RATER \_\_\_\_\_ DATE \_\_\_\_\_

PERFORMANCE EVALUATION CRITERIA	5	4	3	2	1	COMMENTS
<p>8. <b>Collaboration</b> reflects:</p> <p>A. effective work within an interdisciplinary team</p> <p>B. communication of recommendations to others</p> <p>C. coordination of services with community agencies</p> <p>D. staff development and teaching</p>						
<p>9. <b>Role Performance</b> reflects:</p> <p>A. ability to define advanced practice nursing role (NP, CNS) to patients, providers</p> <p>B. problem solving for role stressors</p>						
<p>10. <b>Patient Education</b> reflects:</p> <p>A. tailored and prioritized educational interventions</p> <p>B. appropriate, non-judgmental communication techniques which foster patient compliance</p>						
<p>11. <b>Time Utilization</b> reflects:</p> <p>A. growing time management with patients, consultation and charting</p> <p>B. ability to adjust to demands of setting</p>						

Dear Student Preceptor:

Thank you for the support and guidance you are providing to our PMHNP student!

Your student is currently enrolled in a year-long psychotherapy course, which includes simulated clinical experience in psychotherapy with trained actors in our Dickenson Simulation Center. We understand that few psychiatrists and psychiatric nurse practitioners are currently conducting psychotherapy sessions with their clients. Per California Board of Nursing regulations, the MD or NP is still considered the official preceptor for your student and the architect of the learning experience at your site. In that role, we kindly request that you and your program manager arrange this rotation with one of your clinicians who is doing therapy and is open to working with a student. The therapist should discuss student progress with you regularly and assist in completing the evaluation form. In addition, the student should continue to work with you weekly throughout this time.

To assist in your on-going evaluation of student performance over the course of the semester, please see the "Psychotherapy Evaluation Form." This form should be reviewed initially with the student to clarify expectations, then briefly reviewed monthly. At mid-semester, there is a section to revisit expectations and document. At the end of the semester, it's submitted to clinical faculty by the student. Please go over the form with the student prior to the final week of the semester.

The Fall Semester rotation should include the following activities:

- Introduction to the psychotherapy services at your site and an orientation to the selection of therapists, preauthorization, appointments, and documentation
- Sitting in on initial evaluations by a therapist and a few follow-up sessions with stable or non-complex patients who would be comfortable with a student intern.
- Learning agenda setting and treatment planning.
- Opportunities to co-facilitate sessions in supportive, solution-focused, and cognitive-behavioral therapies.

Spring Semester activities should include the following:

- Continuing experience in the above areas, progressing to the items below:
- Developing a caseload of 3-5 patients who are comfortable working with a student intern.
- Presenting and discussing case formulations and treatment plans; submitting accurate therapy notes.
- Weekly or biweekly supervision, individually and/or in a group.

Please contact the student's clinical faculty by email or phone for any questions. And thank you again for your support and leadership!

Michael Terry, DNP, FNP, PMHNP  
Clinical Professor & Coordinator

**PSYCHOTHERAPY PRECEPTORSHIP EVALUATION FORM****Psychiatric Nurse Practitioner Program  
University of San Diego**

Please check one:                     Mid-term evaluation                     Final evaluation

Name of Student: \_\_\_\_\_

Preceptor: \_\_\_\_\_

Organization/Site: \_\_\_\_\_

Dates: From: \_\_\_\_/\_\_\_\_/\_\_\_\_                    To: \_\_\_\_/\_\_\_\_/\_\_\_\_

**To the student and the supervisor**

The evaluation should be completed twice. The first evaluation is completed halfway through the placement. One of the purposes of the first evaluation is provide a forum where the supervisor can identify strengths and weaknesses and help the student to set appropriate goals for the remainder of the placement

The second (final) evaluation is due at the end of the practicum or internship. The program uses the final evaluation to document the student's clinical progress in the placement.

## **Student Performance Evaluation**

### **STUDENT'S LEVEL OF CLINICAL DEVELOPMENT AT BEGINNING OF PLACEMENT:**

**Level I** – Beginning level; focus on learning basic skills; requires close supervision and structured format

**Level II** – Intermediate level; skills more developed; focus on integration, greater autonomy; requires less structure

**Level III** – Advanced level; well-developed, flexible skills; able to work quite autonomously; collegial supervision

Student's level of development with regard to the *current placement* (I – III): \_\_\_\_\_

### **PLACEMENT GOALS AND OBJECTIVES**

Please complete at the *beginning* of the placement, in collaboration with the student. List specific goals and objectives regarding competencies to be developed, case load, types of clients, frequency & style of supervision, criteria for supervision.

### **MID-TERM RE-EVALUATION OF GOALS & OBJECTIVES**

Please complete as part of *mid-term evaluation* of placement, in collaboration with the student. Evaluate progress toward goals and objectives. Indicate modification or revision of original goals and objectives.

### **FINAL EVALUATION OF GOALS AND OBJECTIVES**

Please complete at the *end* of the placement, in collaboration with the student. Indicate goals and objectives achieved by completion of placement.

The following generalized statements of performance are intended to serve as guides in the selection of the appropriate Performance Level. **NOTE: Evaluations are relative to the student’s current level of training.**

**Level 5 - Outstanding**

These students produce the highest quality of results. Generally these students can be given difficult or complex assignments with confidence in their ability to apply intelligence and imagination. Students at this level consistently display initiative and achieve results. Their performance is recognizably and decidedly better than a very large proportion of other students. They are clearly exceptional. Top 5%.

**Level 4 - Above Standard**

Performance of students in this category is decidedly better than the normal requirement. They consistently exceed the normal requirements in most of their clinical duties. Top 15%.

**Level 3 - Standard**

Most students will meet the normal requirements of the placement setting and a fairly large proportion will probably remain at this level. The performance of students at this level ranges from meeting normal requirements to exceeding normal requirements. Mid 66%.

**Level 2 - Below Standard**

Performance is below average and may be erratic or unpredictable. A student whose performance is consistently evaluated at this level should be recommended for an extension of his/her practicum or internship requirement. Further development and supervision is required to meet expectations. Bottom 15%.

**Level 1 - Poor**

Student fails to meet expectations. Consistently performs poorly and clearly needs improvement. A specific period of time should be established for a student to improve his/her performance. If improvement is not made, then the student's suitability for this field of work should be re-evaluated. Bottom 5%.

**IB - Insufficient Basis for Making a Rating**

This rating should be used when the target activities are not typically carried out at the field placement; the student has not engaged in the target activities; a previous supervisor is unavailable for consultation; or the supervisor has not had the opportunity to observe and evaluate the student

<b>WORK SKILLS</b>	<b>Insufficient Basis</b>	<b>Poor</b>	<b>Below Standard</b>	<b>Standard</b>	<b>Above Standard</b>	<b>Out- Standing</b>
1. Planning: Plans work thoroughly	IB	1	2	3	4	5
2. Time Management: Manages time effectively	IB	1	2	3	4	5
3. Decision-making: Capable of making difficult or non-routine decisions	IB	1	2	3	4	5
4. Openness to Guidance: Willing to seek & take the advice of others when needed	IB	1	2	3	4	5
5. Response to Supervision: Makes effective use of supervision time and case consultation	IB	1	2	3	4	5
6. Responsibility: Takes charge of situation and gets things done	IB	1	2	3	4	5

7. Reliability: Meets deadlines promptly IB 1 2 3 4 5

**Overall Evaluation of Work Skills IB 1 2 3 4 5**

**Comments:** .....

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	Insuffi- cient Basis	Poor	Below Standard	Standard	Above Standard	Out- standing
<b>PERSONAL CHARACTERISTICS</b>						
1. Self-awareness: Accurately assesses own strengths and weaknesses; aware of his/her impact on others	IB	1	2	3	4	5
2. Social skills: Relates comfortably with others	IB	1	2	3	4	5
3. Empathy: Able to empathize with thoughts, feelings and needs of others	IB	1	2	3	4	5
4. Self-confidence: Possesses self-confidence	IB	1	2	3	4	5
5. Motivation: Possesses energy and drive	IB	1	2	3	4	5
6. Imagination & Creativity: Ability to generate new, useful ideas	IB	1	2	3	4	5
7. Independence: Ability to work independently	IB	1	2	3	4	5
8. Effective oral communications	IB	1	2	3	4	5

**Overall Evaluation of Personal Characteristics IB 1 2 3 4 5**

**Comments:** .....

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	Insuffi- cient Basis	Poor	Below Standard	Standard	Above Standard	Out- standing
<b>COUNSELING &amp; PSYCHOTHERAPY</b>						
1. Establishes and maintains professional relationships with clients	IB	1	2	3	4	5
2. Effectively gathers information about the nature and severity of problems	IB	1	2	3	4	5
3. Formulates meaningful case conceptualizations and hypotheses about the factors that contribute to the client's problems	IB	1	2	3	4	5
4. Selects appropriate intervention methods	IB	1	2	3	4	5
5. Sets clear and appropriate therapy goals	IB	1	2	3	4	5
6. Communicates conceptualizations and goals to client in a meaningful and sensitive manner	IB	1	2	3	4	5
7. Facilitates collaborative interaction with clients to effect change and resolve problems	IB	1	2	3	4	5
8. Accurately assesses effectiveness of interventions	IB	1	2	3	4	5
9. Is knowledgeable & respects various alternative interventions and theoretical approaches						

10. Is able to apply psychotherapeutic intervention techniques	IB	1	2	3	4	5
11. Respects and is open to varied theoretical viewpoints and methods	IB	1	2	3	4	5
	IB	1	2	3	4	5
<b>Overall Evaluation of Counseling &amp; Psychotherapy</b>	<b>IB</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Comments:** .....

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	Insuffi- cient Basis	Poor	Below Standard	Standard	Above Standard	Out- standing
<b>CONSULTATION &amp; LIAISON</b>						
1. Knowledgeable about the consultation role	IB	1	2	3	4	5
2. Effective as a consultant	IB	1	2	3	4	5
3. Maintains rapport with colleagues and is aware of other disciplines contributions	IB	1	2	3	4	5
4. Effectively communicates with other disciplines	IB	1	2	3	4	5

<b>Overall Evaluation of Consultation &amp; Liaison</b>	<b>IB</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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**Comments:** .....

	Insuffi- cient Basis	Poor	Below Standard	Standard	Above Standard	Out- standing
<b>ETHICS &amp; STANDARDS</b>						
1. Knowledgeable about ethical principles and standards of professional conduct	IB	1	2	3	4	5
2. Proactively identifies potential ethical dilemmas	IB	1	2	3	4	5
3. Able to apply ethical decision-making skills and effectively resolve ethical dilemmas	IB	1	2	3	4	5
4. Sensitive to diversity issues (e.g., ethnicity, gender, disability)	IB	1	2	3	4	5

<b>Overall Evaluation of Ethics &amp; Standards</b>	<b>IB</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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**Comments:** .....

	Insuffi- cient Basis	Poor	Below Standard	Standard	Above Standard	Out- standing
<b>ASSESSMENT</b>						
1. Knowledge and application of diagnosis	IB	1	2	3	4	5
2. Breadth & knowledge regarding assessment materials and procedures	IB	1	2	3	4	5
3. Conducts effective structured diagnostic interviews	IB	1	2	3	4	5
4. Conducts effective unstructured assessment interviews	IB	1	2	3	4	5
5. Administers psychological tests appropriately and capably	IB	1	2	3	4	5
6. Formulates meaningful case conceptualizations and hypotheses about the assessment questions	IB	1	2	3	4	5
7. Ability to relate assessment findings to recommendations; formulates appropriate action plans	IB	1	2	3	4	5
8. Quality of written assessment reports	IB	1	2	3	4	5

Overall Evaluation of Assessment	IB	1	2	3	4	5
<b>Comments:</b>	.....					
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.....						
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.....						
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Psychiatric Nurse Practitioner Program

**Group Leader Evaluation**

AGENCY/SITE: \_\_\_\_\_

Evaluation by: \_\_\_\_\_ Date: \_\_\_\_\_

**0= Not Applicable 1= poor 2=needs improvement 3=acceptable 4=good 5= excellent**

A. Leader is appropriately dress for the activity	
B. Positive attitude maintained	
C. Leader checks in with each participant	
D. Participants' tx goals/objectives are tied in with program objectives and the pt is given opportunity to understand reasons for this program/activity	
E. Leader is well prepared for this group session. Started on time. Materials/props were available as needed.	
F. Reality Orientation, sensory stimulation, remotivation, and/or other therapeutic techniques were was utilized as appropriate	
G. Leader demonstrated creativity in approaches to group dynamics and in presentation of the activity.	
H. Directions, objectives, & other info were provided in a clear manner.	
I. Leader helped maintain direction of the group's objectives.	
J. Leader helped rephrase confusing thoughts, summarized complicated thinking, or analyzed & summarized viewpoints of others	
K. Leader encouraged involvement and was attuned to each client's readiness level or strength	
L. Leader was flexible and able to change plans based upon group reactions.	
M. Leader maintained composure through difficult situations.	
N. Leader effectively resolved conflicts.	
O. Patient Satisfaction Level: were participants satisfied with the outcome of the group?	
P. Process: were participants given opportunity to process what they learned, their thoughts, &/or their feelings	
Q. Ending/Closure: did the program end when it was supposed to? With a summary? With a word of thanks? For them to come back? With recognition?	

**TOTAL:**

Supervisor Comments:

## Using Clinical Supervision

During psychiatric nursing residency placements, students will receive clinical supervision on a weekly basis. Supervision is a process of one-to-one clinical mentoring to develop expertise as an advanced practice psychiatric nurse. It's an opportunity to discuss both clinical and role development issues in a supportive and confidential setting.

Clinical supervision facilitates the process of integrating theoretical knowledge into therapeutic interactions with clients. Through discussion of nurse/client interactions, students can “refine their ability to observe more precisely, to describe more accurately, and to assume less about both the client’s and their own behaviors” (Critchley, 1987).

Supervision is an opportunity to discuss issues related to use of self with clients. It is different from therapy because it focuses on how interpersonal issues are dealt with in the clinical setting. When discussing interactions that are unsettling, confusing, or elicit strong emotional reactions, supervisors can point out “blind spots” in students’ self-awareness and raise issues that may have been overlooked. Phenomena related to transference/countertransference dynamics can be discussed and worked through.

Supervision is also a place to discuss students’ specific learning goals and how they might be achieved. Input from supervisors about specific areas of strength and weakness is helpful in individualizing clinical learning experiences. Supervisors, as well as faculty, may help students plan desired clinical experiences.

In addition, supervision can be used to talk about issues involved in role development as an advanced practice psychiatric nurse. Issues such as lack of confidence in a new role, uncertainty how one should function in practice settings, and conflicting role demands (student/clinician, etc.) can impact a student’s ability to interact with clients. Also, it may be beneficial to discuss issues around how to relate to staff, family members, or other agencies involved in a client’s care. Functioning as an advanced practice psychiatric nurse involves developing the ability to assertively and creatively solve complex client- and system-related problems, and consultation with an experienced mentor is usually the best way to do this.

Students and their supervisors develop their own ways of working together. Some students find it beneficial to make notes about issues they want to discuss in supervision. Bringing in copies of notes or write-ups allows feedback about the clarity, precision, and comprehensiveness of student assessments.

Students usually work with the same supervisor throughout their residency. If logistical problems such as schedule conflicts arise, or if the supervisory relationship is considered unsatisfactory by either student or supervisor, this information should be communicated to faculty in a timely manner.

*Reference:* Critchley, D. L. (1987). Clinical supervision as a learning tool for the therapist in milieu settings. *Journal of Psychosocial Nursing*, 25(8), 18-22.

USD Advanced Practice Psychiatric Nursing Track

EVALUATION OF PSYCHIATRIC SUPERVISION

(2nd-5th Clinical Semester Rotations)

STUDENT \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_

PERFORMANCE EVALUATION CRITERIA	5	4	3	2	1	COMMENTS
<p><b>Consultation</b> reflects:</p> <p>F. Organized and succinct presentation of key data</p> <p>G. Clear questions for consultant</p> <p>H. Willingness to accept and incorporate consultant feedback</p>						
<p><b>Participation in psychiatric supervision</b> reflects:</p> <p>A. Ability to identify personal goals and learning needs</p> <p>B. Awareness of own responses to clients</p> <p>C. Understanding of interpersonal process in therapeutic relationships</p> <p>D. Awareness of how age, gender, and cultural differences affect client/provider relationships</p>						
<p><b>Role Performance</b> reflects:</p> <p>C. Ability to define advanced practice nursing role (NP, CNS) to patients, providers</p> <p>D. Problem solving for role stressors</p>						

**Note:**

- 5= Excellent
- 4= above average
- 3= average
- 2= needs improvement
- 1= unacceptable

**Additional Comments:**

**USD Advanced Practice Psychiatric Nursing Track**

**PSYCHIATRIC SUPERVISION LOG**

*(2<sup>nd</sup>-5<sup>th</sup> Clinical Semester Rotations)*

Name: \_\_\_\_\_

Site/Supervisor/Semester: \_\_\_\_\_

Goals for clinical skill development (specify 2-4 goals):

Record of supervision sessions:

1. Date:

Subjects discussed:

Supervisor's initials: \_\_\_\_\_

2. Date:

Subjects discussed:

Supervisor's initials: \_\_\_\_\_

3. Date:

Subjects discussed:

Supervisor's initials: \_\_\_\_\_

4. Date:

Subjects discussed:

Supervisor's initials: \_\_\_\_\_

5. Date:

Subjects discussed:

Supervisor's initials: \_\_\_\_\_

6. Date:  
Subjects discussed:

Supervisor's initials: \_\_\_\_\_

7. Date:  
Subjects discussed:

Supervisor's initials: \_\_\_\_\_

8. Date:  
Subjects discussed:

Supervisor's initials: \_\_\_\_\_

9. Date:  
Subjects discussed:

Supervisor's initials: \_\_\_\_\_

10. Date:  
Subjects discussed:

Supervisor's initials: \_\_\_\_\_

End of quarter evaluation of personal goals:

Student signature: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_

**USD Advanced Practice Psychiatric/Mental Health Nursing Track*****Psychopharmacology Practicum Guidelines***Objectives

1. Develop appropriate clinical judgment in using psychotropic agents for acute and long-term treatment.
2. Manage and monitor effectiveness of medication regimens to minimize side effects and improve patient compliance.

Assignments

1. Analyze the medication needs of a patient seen in a clinical placement. Include as detailed a medication history as possible.
2. Present recommendations for an optimal medication regimen for that patient. Give a rationale for each agent used. Include considerations of cost, patient convenience, and needs for patient teaching.

Opportunities

1. Existing clinical placements may provide opportunities to work with psychiatric prescribers.
2. If existing placements do not provide sufficient experience in psychotropic prescribing, alternative clinical placements may be arranged.

This experience focuses on the diagnosis and medical management of psychiatric disorders. During the clinical placement, students should develop skills in:

- Performing comprehensive biopsychosocial assessments;
- Identifying target symptoms for treatment with medication;
- Screening for medical problems, organicity, substance abuse, or drug interactions;
- Obtaining a detailed history of illness and past medications;
- Developing familiarity with 2-3 commonly used drugs in each class, including indications, dosages, and common side effects;
- Using strategies to monitor and improve compliance;
- Assessing side effects;
- Determining the adequacy of a medication trial;
- Applying appropriate safeguards when discontinuing or switching medications; and
- Utilizing consultation effectively.

Students should develop increasing independence during this clinical experience, and be able to complete initial and follow-up assessments independently and present them for consultation by the end of the placement.

## PPSYCHIATRIC-MENTAL HEALTH NURSE PRACTITIONER CORE COMPETENCIES

### Definition of PMHNP

The psychiatric-mental health nurse practitioner is an advanced practice registered nurse who focuses clinical practice on individuals, families, or populations across the life span at risk for developing and/or having a diagnosis of psychiatric disorders or mental health problems. The psychiatric-mental health nurse practitioner is a specialist who provides primary mental health care to patients seeking mental health services in a wide range of settings. Primary mental health care provided by the psychiatric-mental health nurse practitioner involves the continuous and comprehensive services necessary for the promotion of optimal mental health, prevention and treatment of psychiatric disorders and health maintenance. This includes the assessment, diagnosis, and management of mental health problems and psychiatric disorders.

### I. HEALTH PROMOTION, HEALTH PROTECTION, DISEASE PREVENTION, AND TREATMENT

#### I.A ASSESSMENT

1. Obtains and accurately documents a relevant health history, with an emphasis on mental health history, for patients relevant to specialty and age.
  - a. Performs a comprehensive physical and mental health assessment
  - b. Performs a comprehensive psychiatric evaluation, that includes evaluation of mental status, current and past history of violence, suicidal or self-harm behavior, substance use, level of functioning, health behaviors, trauma, sexual behaviors, and social and developmental history
2. Analyzes the relationship between normal physiology and specific system alterations associated with mental health problems, psychiatric disorders, and treatment.
3. Identifies and analyzes factors that affect mental health such as:
  - a. genetics
  - b. family
  - c. environment
  - d. trauma
  - e. psychodynamics
  - f. culture & ethnicity
  - g. spiritual beliefs and practices
  - h. physiological processes
  - i. coping skills
  - j. cognition
  - k. developmental stage
  - l. socioeconomic status
  - m. gender
  - n. substance use
4. Collects data from multiple sources using assessment techniques that are appropriate to the patient's language, culture, and developmental stage, including, but not limited to, screening evaluations, psychiatric rating scales, genograms, and other standardized instruments.
5. Conducts a comprehensive multigenerational family assessment.
6. Assesses the impact of acute and/or chronic physical illness, psychiatric disorders, and stressors on the family system.
7. Performs a comprehensive assessment of mental health needs of a community.

8. Performs and accurately documents appropriate systems and symptom-focused physical examinations, with emphasis on the mental status exam and neurological exam.
9. Involves patients, significant others, and interdisciplinary team members in data collection and analysis.
10. Synthesizes, prioritizes, and documents relevant data in a retrievable form.
11. Demonstrates effective clinical interviewing skills that facilitate development of a therapeutic relationship
12. Assesses the interface among the individual, family, community, and social systems and their relationship to mental health functioning.

### **I.B. DIAGNOSIS OF HEALTH STATUS**

1. Orders and interprets findings of relevant diagnostic and laboratory tests.
2. Identifies both typical and atypical presentations of psychiatric disorders and related health problems.
3. Differentiates psychiatric presentations of medical conditions from psychiatric disorders and arranges appropriate evaluation and follow-up.
4. Develops a differential diagnosis derived from the collection and synthesis of assessment data
5. Diagnoses psychiatric disorders.
6. Differentiates between exacerbation and reoccurrence of a chronic psychiatric disorder and signs and symptoms of a new mental health problem or a new medical or psychiatric disorder.
7. Diagnoses commonly occurring complications of mental health problems and psychiatric disorders, including physical health problems.
8. Evaluates the health impact of multiple life stressors and situational crises within the context of the family cycle.
9. Applies standardized taxonomy systems to the diagnosis of mental health problems and psychiatric disorders.
10. Evaluates potential abuse, neglect, and risk of danger to self and others, such as suicide, homicide, and other self-injurious behaviors, and assists patients and families in securing the least restrictive environment for ensuring safety.

### **I.C PLAN OF CARE AND IMPLEMENTATION OF TREATMENT**

1. Develops a treatment plan for mental health problems and psychiatric disorders based on biopsychosocial theories, evidence-based standards of care, and practice guidelines.
2. Conducts individual, group, and/or family psychotherapy.
3. Treats acute and chronic psychiatric disorders and mental health problems.
4. Plans care to minimize the development of complications and promote function and quality of life using treatment modalities such as, but not limited to, psychotherapy and psychopharmacology.
5. Prescribes psychotropic and related medications based on clinical indicators of a patient's status, including results of diagnostic and lab tests as appropriate, to treat symptoms of psychiatric disorders and improve functional health status.
6. Educates and assists the patient in evaluating the appropriate use of complementary and alternative therapies.
7. Evaluates the impact of the course of psychiatric disorders and mental health problems on quality of life and functional status.
8. Manages psychiatric emergencies by determining the level of risk and initiating and coordinating effective emergency care.
9. Recognizes and accurately interprets the patient's implicit communication by listening to verbal cues and observing non-verbal behaviors.

10. Participates in community and population-focused programs that promote mental health and prevent or reduce risk of psychiatric disorders.
11. Advocates for the patient's and family's rights regarding involuntary treatment and other medico-legal issues.
12. Coordinates the transition of patients and families among mental health care settings, general health care settings, and community agencies to provide continuity of care and support for the patient, family, and other health care providers.
13. Identifies, measures, and monitors clinical and related behavioral outcomes to determine the effectiveness and appropriateness of the plan of care.
14. Makes appropriate referrals to other health care professionals and community resources for individuals and families.
15. Applies ethical and legal principles to the treatment of patients with mental health problems and psychiatric disorders.
16. Provides anticipatory guidance to individuals and families to promote mental health and to prevent or reduce the risk of psychiatric disorders.
17. Orders age appropriate tests and other procedures that provide data that contribute to the treatment plan.
18. Prescribes pharmacologic agents for patients with mental health problems and psychiatric disorders based on individual characteristics, such as culture, ethnicity, gender, religious beliefs, age, and physical health problems.
19. Ensures patient safety through the appropriate prescription and management of pharmacologic and non-pharmacologic interventions.

## **II. NURSE PRACTITIONER –PATIENT RELATIONSHIP**

1. Manages the phases of the nurse practitioner-patient relationship.
  - a. Utilizes interventions to promote mutual trust in therapeutic relationships.
  - b. Maintains a therapeutic relationship over time with individuals, groups, and families to influence negotiated outcomes.
  - c. Concludes therapeutically the nurse-patient relationship and transitions the patient to other levels of care, when appropriate.
2. Applies therapeutic communication strategies based on theories and research evidence to reduce emotional distress, facilitate cognitive and behavioral change, and foster personal growth
3. Monitors own emotional reaction and behavioral responses to others and uses this self-awareness to enhance the therapeutic relationship.
4. Uses the therapeutic relationship to promote positive clinical outcomes.
5. Identifies and maintains professional boundaries to preserve the integrity of the therapeutic process.
6. Analyzes the impact of duty to report and other advocacy actions on the therapeutic relationship.

## **III. TEACHING-COACHING FUNCTION**

1. Teaches patients and significant others about intended effects and potential adverse effects of treatment options.
2. Provides psychoeducation to individuals, families, and groups to promote knowledge, understanding, and effective management of mental health problems and psychiatric disorders.
3. Demonstrates sensitivity in addressing topics such as, but not limited to, sexuality, substance abuse, violence, and risk-taking behaviors.
4. Analyzes the impact of psychiatric signs and symptoms on the ability and readiness to learn and tailors approaches accordingly.

5. Considers readiness to improve self-care and healthy behavior when teaching patients with mental health problems and psychiatric disorders.

#### **IV. PROFESSIONAL ROLE**

1. Collaborates as a member of the interdisciplinary mental health and other health care team(s).
2. Provides consultation to health care providers and others to enhance quality and cost-effective services for patients and to effect change in organizational systems.
3. Coordinates referral and ongoing access to primary and other health care services for patients.
4. Participates in professional and community organizations that influence the health of patients with mental health problems and psychiatric disorders and supports the role of the psychiatric-mental health nurse practitioner.
5. Engages in and collaborates with others in the conduct of research to discover, examine, and test knowledge, theories, and evidence-based approaches to practice.
6. Advocates for the advanced practice psychiatric-mental health nurse's role to other health care providers; community, state, and federal agencies; and the public.
7. Upholds ethical and legal standards related to the provision of mental health care.
8. Recognizes the importance of lifelong learning to be knowledgeable of relevant research and advances in clinical practice.

#### **V. MANAGING AND NEGOTIATING HEALTH CARE DELIVERY SYSTEMS**

1. Utilizes ethical principles to create a system of advocacy for access and parity for mental health problems, psychiatric disorders, and addiction services.
2. Influences health policy to reduce the impact of stigma on services for prevention and treatment of mental health problems and psychiatric disorders

#### **VI. MONITORING AND ENSURING THE QUALITY OF HEALTH CARE PRACTICE**

1. Seeks consultation when appropriate to enhance one's own practice.
2. Monitors relevant research to improve quality care.

#### **VII. CULTURAL COMPETENCE**

1. Recognizes the variability of the presentation of psychiatric signs and symptoms in different cultures.
2. Acknowledges the influence of culture, ethnicity, and spirituality on the patient's perceptions of his or her psychiatric signs and symptoms.
3. Respects and integrates cultural, ethnic, and spiritual influences in designing a treatment plan for patients with mental health problems and psychiatric disorders.
4. Evaluates the impact of therapeutic interventions on the patient's cultural, ethnic, & spiritual identity and the impact of practices on outcomes of care.

**UNIVERSITY OF SAN DIEGO**  
**Hahn School of Nursing and Health Science**  
**Course Syllabus**

**COURSE:** NPTC 624

**COURSE TITLE:** Primary MH Care III:  
Psychopharmacology

**COURSE CREDIT:** 5 Units (3 units Theory, 2 units Clinical- 108 hours)

**PLACEMENT:** Summer, year one

**PRE-REQUISITES:** APNC 521, APNC 523

**FACULTY:** Steve Koh, MD, MPH, MBA  
Mike Terry, DNP, PMHNP, FNP  
Alexandra Sietsma, MSN, PMHNP

**COURSE DESCRIPTION:** Provides an evidence-based knowledge of pharmacotherapeutics for patients with mental health conditions across the lifespan including special populations. Establishes a foundation for decision-making necessary for initiating, monitoring, and modifying pharmacological treatment plans for mental health conditions.

**COURSE OBJECTIVES:** Upon completion of this course, the student will be able to:

1. Demonstrate an understanding of pharmacokinetics, pharmacodynamics, and the pathophysiologic basis of specific pharmacological interventions including Schedule II-V drugs used in treatment of mental health conditions.
2. Analyze approaches to the development, monitoring, and modification of the therapeutic regimen in treatment of mental health conditions based on an evaluation of the individual patient characteristics and responses to treatment.
3. Identify appropriate client-related information about furnished/prescribed drugs and/or devices used in treatment of mental health conditions.
4. Examine the furnishing of drugs and/or devices for treatment of mental health conditions pursuant to the California BRN practice requirements, standardized procedures, and in conformance with applicable laws, codes, and/or regulations.
5. Demonstrate knowledge of California Pharmacy Board rules and regulations, California Health & Safety Codes, and the Federal Register as they relate to psychiatric/mental health NP clinical practice.
6. Demonstrate understanding of ethical and legal requirements for psychiatric/mental health NP clinical practice.

**University of San Diego  
Hahn School of Nursing and Health Science  
Course Syllabus**

**COURSE:** NPTC 627:

**COURSE NAME:** Primary Mental Health Care I: Biopsychosocial  
Foundations of Behavior & Psychopathology

**FACULTY:** Michael Terry, DNP, FNP, PMHNP

**COURSE CREDIT:** 4 Units (3 units theory, 1 unit clinical- 54 hours)

**PLACEMENT:** Fall Semester

**PREREQUISITES:** APNC 520, APNC 521

**COURSE DESCRIPTION:** The course presents a multidisciplinary, evidence-based approach to the understanding of normal and abnormal human behavior across the lifespan. The course material considers genetic, neurobiological, developmental, interpersonal, sociocultural, and environmental perspectives of behavior and behavioral change. The course provides the fundamental conceptual basis for the APRN-PMH clinical sequence of courses.

**COURSE OBJECTIVES:** Upon completion of the course, the student will be able to:

1. Identify key contributions to the comprehensive biopsychosocial understanding of normal and abnormal human behaviors.
2. Demonstrate knowledge of basic neuroscience, including brain structure and function, damage effects, and the related psychopathologies.
3. Relate appropriate concepts from child/adolescent and adult/geriatric development to changes in human behavior.
4. Synthesize multidisciplinary methods of behavioral change, including contributions from health psychology, behavioral medicine, and interpersonal neurobiology, among others.
5. Apply a biopsychosocial approach to disease prevention/ health promotion practices with psychiatric patients across the lifespan.

**University of San Diego  
Hahn School of Nursing and Health Science  
Course Syllabus**

**COURSE:** NPTC 651

**COURSE NAME:** Primary Mental Health Care II:  
Psychiatric Assessment & Diagnoses

**FACULTY:** Michael Terry, DNP, FNP, PMHNP

**COURSE CREDIT:** 4 Units (3 units theory, 1 unit clinical- 54 hours)

**PLACEMENT:** Spring Semester

**PREREQUISITES:** NPTC 627

**COURSE DESCRIPTION:** Focuses on the knowledge necessary for the comprehensive assessment and management of common and complex psychiatric conditions across the lifespan. Emphasis is on interviewing, differential diagnosis, psychopathology, case formulation and initial treatment planning of mental health disorders. The course also covers the role of the psychiatric nurse practitioner and interdisciplinary practice. Classroom and clinical experiences in selected inpatient and community settings provide opportunities for application of theoretical concepts with individuals across the lifespan.

Successful completion of both the theory and clinical components of the course with a letter grade of B- or higher is necessary to pass the course.

**COURSE OBJECTIVES:** Upon completion of the course, the student will be able to:

1. Conduct a comprehensive psychiatric evaluation with modifications based on role, clinical setting, and patient condition.
2. Develop multi-axial psychiatric diagnoses based on data collected in the interview and from collateral sources of information, and document evaluation results appropriate to the clinical setting.
3. Organize data collected in the psychiatric evaluation and carry out a biopsychosocial case formulation.
4. Present cases orally in an organized, succinct, and accurate manner.
5. Select appropriate biopsychosocial intervention strategies for selected psychiatric conditions, incorporating recovery principles and disease management strategies.
6. Demonstrate an understanding of and practice within an ethical framework and the legal requirements for clinical practice as a nurse practitioner.

**University of San Diego  
Hahn School of Nursing and Health Science  
Course Syllabus**

**COURSE:** NPTC 653

**COURSE NAME:** Primary MH Care IVA:  
Individual Psychotherapy I

**FACULTY:** Michael Terry, DNP, FNP, PMHNP

**COURSE CREDIT:** 7 units (3 units theory, 4 units clinical- 216 hours)

**PLACEMENT:** Fall Semester

**PREREQUISITES:** NPTC 651

**Course Description:** Introduces the management of individuals with mental health disorders across the lifespan focusing on selected evidence-based psychotherapy modalities. Builds on previous coursework based on the biopsychosocial model. Develops fundamental psychological case conceptualization skills and conducts appropriate treatment interventions for common and complex conditions. Successful completion of both the theory and clinical components of the course with a letter grade of B- or higher is necessary to pass the course.

**COURSE OBJECTIVES:** Upon the completion of this course, the student will be able to:

1. Develop comprehensive treatment plans for persons with identified disorders, including appropriate behavioral intervention/modification approaches.
2. Conduct psychotherapy sessions with children in selected clinical settings, incorporating appropriate verbal and non-verbal approaches such as play, art, games, and storytelling methods.
3. Demonstrate beginning competence with adults and older adults in supportive, cognitive-behavioral, interpersonal, and psychodynamic therapies.
4. Articulate and demonstrate the collaborative role of a psychiatric APRN provider of psychotherapy with other disciplines.
5. Demonstrate an understanding of and practice within an ethical framework and the legal requirements for clinical practice as a psychiatric APRN.

**University of San Diego  
Hahn School of Nursing and Health Science  
Course Syllabus**

**COURSE:** NPTC 655

**COURSE NAME:** Primary Mental Health Care IVB:  
Individual Psychotherapy II

**FACULTY:** Michael Terry, DNP, FNP, PMHNP

**COURSE CREDIT:** 5 units (3 units theory, 2 units clinical- 108 hours)

**PLACEMENT:** Spring Semester

**PREREQUISITES:** NPTC 651, 653

**COURSE DESCRIPTION:** Builds on the content and skills acquired in NPTC 653. Explores psychotherapeutic modalities in more depth and expands skills in formulating cases with children and adults along with their expertise in utilizing selected evidence-based interventions. Successful completion of both the theory and clinical components of the course with a letter grade of B- or higher is necessary to pass the course.

**COURSE OBJECTIVES:** Upon the completion of this course, the student will be able to:

1. Synthesize theories, principles, and techniques from various modalities central to psychotherapy.
2. Exhibit proficiency with adults and older adults in supportive, cognitive-behavioral, interpersonal, psychodynamic and brief psychotherapies.
3. Select and apply principles of DBT-informed and complex trauma approaches in selected conditions.
4. Demonstrate advanced competence in the application psychotherapeutic approaches in adults and children with mood, anxiety and thought disorders.
5. Articulate and demonstrate the collaborative role of nurse provider of psychotherapy with other disciplines.
6. Demonstrate an understanding of and practice within an ethical framework and the legal requirements for clinical practice as a psychiatric APRN.

**University of San Diego**  
**Hahn School of Nursing and Health Science**  
**Course Syllabus**

**COURSE:** NPTC 657

**COURSE NAME:** Primary Mental Health Care V:  
Psychotherapy with Group and Family Systems

**FACULTY:** Michael Terry, DNP, FNP, PMHNP

**COURSE CREDIT:** 5 units (3u theory, 2u clinical- 108 clinical hours)

**PLACEMENT:** Spring Semester

**PREREQUISITES:** NPTC 653, NPTC 655

**COURSE DESCRIPTION:** Focuses on the theory relevant to systems dynamics including group and family psychotherapy. Emphasizes preparing students to make comprehensive assessments and determine appropriate interventions when working with individuals in complex systems. Successful completion of both the theory and clinical components of the course with a letter grade of B- or higher is necessary to pass the course.

**COURSE OBJECTIVES:** Upon completion of this course, the student will be able to:

1. Demonstrate knowledge of systems theories and major approaches to group and family psychotherapy.
2. Intervene to address problems based on a critical understanding and synthesis of multiple practice theories and evidence-based guidelines.
3. Assess, diagnose and select appropriate interventions within a systemic framework.
4. Integrate group and family therapy skills with other therapeutic modalities.
5. Critically examine problems and trends in mental health and the APRN's role in family and group focused prevention and intervention.
6. Evaluate psychiatric-mental health nursing contributions to research and theory development in the area of family and group functioning.
7. Reflect on one's own practice and evaluate outcomes based on professional standards of care.
8. Articulate and demonstrate the collaborative role of the psychiatric APRN provider in psychiatric mental health care with other disciplines.
9. Demonstrate an understanding of the ethical framework and legal requirements necessary for clinical practice as a psychiatric APRN.

SH: 03/2014



**Preceptor Data Sheet**  
Clinical Preceptor

*Required Information*

Name	Date
Office	
Street Address	
City, State, & Zip	
Phone	Fax
Email	
Type of Clinical Setting	

*Please fill in information concerning education, Licensure, etc. OR APPEND A VITA that supplies this information*

College or University	Degree	Date
Graduate or Professional School	Degree	Date
Local Professional Organizations		
State Professional Organizations		
National Professional Organizations		
CA License Number	Expires	
Certification in what area(s)?		
Admitting Privileges		

**\*\* Please attach a CV for our records if possible**

To: USD Nurse Practitioner Preceptors  
From: USD Nurse Practitioner Program Faculty  
Subject: Post BSN Doctoral Program Nurse Practitioner Scholarly Practice  
Master's Program Nurse Practitioner Clinical Preceptorship

Clinical experience with expert clinical preceptors in a variety of primary care settings is an essential educational component for a Nurse Practitioner (NP) student. This component of the curriculum involves a minimum of 12 semester units of clinical practice during the 46-52 unit Master's program or the scholarly practice phase of the 78-81unit Post BSN Doctor of Nursing Practice (DNP) program. Students in the DNP program complete an additional 8-11 semester units of clinical practice during the DNP scholarly practice. This clinical practice is divided into several courses throughout the program with the most concentrated clinical focus occurring in the latter portion of the program. The courses that are required before the student moves into the clinical component include pharmacology, pathophysiology, and physical assessment and diagnosis. These courses are taught by the School of Nursing faculty at the University of San Diego. Students in the DNP program complete additional coursework such as methods of translational science, philosophy of reflective practice, and epidemiology-biostatistics, prior to beginning their scholarly practice.

Students are licensed to practice nursing in California and are covered annually by the University's Licensed Professional Liability insurance coverage. These students are currently pursuing a graduate degree in nursing with a focus on primary health care delivery. USD NP students have the responsibility to identify their clinical experience strengths and areas of expertise, as well as any limitations they may have, in a conference with their clinical preceptor(s) prior to beginning the scholarly practice experience or preceptorship. The preceptor will meet with the student prior to the start of the semester or early in the clinical rotation so that the student's learning objectives and past clinical experiences can be shared. Students do not receive compensation for clinical care provided during their clinical learning experiences. Likewise, there are no funds available to reimburse clinical preceptors for their time spent mentoring students.

Clinical preceptors are academically and clinically qualified NPs and physicians who supervise every client encounters so that students can successfully fulfill the clinical learning objectives for the course focused on a specific patient population (e.g., pediatrics, women's health, adults, or geriatrics). Depending on the clinical course requirements, preceptors must be willing to spend four to twenty-one hours a week in a clinical teaching and supervisory capacity with a NP student in a primary care setting.

At the beginning of the clinical component of the program, the NP student is learning to take health histories, perform complete and focused physical examinations and develop differential diagnoses.

In the first several semesters, students learn diagnosis and management skills with common acute and chronic health problems. Near the completion of the program, NP students encounter clients with more complex, acute and chronic conditions, and develop skills in interdisciplinary collaboration and referral to ensure safe, comprehensive, quality care. The graduate nursing student brings to the clinical setting a broad background in counseling, client education, growth and development, and the competencies of an experienced registered nurse. Initially, these activities are carried out collaboratively with the clinical preceptor and written standardized procedures may be available or be developed to facilitate this process. As the student progressively integrates and strengthens their knowledge and skills, the supervision needs to be modified to promote clinical learning and role development while assuring competence and safety. Students enrolled in the DNP scholarly practice will need to collaborate with their preceptor to identify a DNP project that can be completed during the third year of the DNP program.

The USD School of Nursing guidelines for clinical preceptors are attached. The NP Clinical Placement Coordinator will usually make the initial contact to ascertain the clinician's willingness to serve as a NP student preceptor for the upcoming semester. Once a clinician has verbally agreed to precept a USD NP student, the clinician is requested to provide the NP Clinical Placement Coordinator with a copy of their current curriculum vitae or complete a Biographical Data Sheet, if one is not already on file in the USD School of Nursing. Then, a formal letter of agreement is prepared and signed by both parties and the preceptor is provided with a copy of the appropriate clinical course syllabus. The course objectives, as well as the student's individual learning objectives, will provide a framework to focus the student's learning experiences. After being notified by the NP Clinical Placement Coordinator that arrangements for their placement have been made, each student will contact their designated preceptor to share their individual clinical learning objectives for the semester and to mutually schedule the days and times each week for their clinical experiences. This process should be accomplished before the semester and the clinical experience begins.

A NP clinical site facilitator faculty member responsible for supervising the student's overall clinical experience will make a site visit during the semester. Preceptors are encouraged to communicate with the faculty at any time if there are concerns regarding the students' progress toward meeting their learning objectives and/or the preceptor wants additional clarification pertaining to the scope of their role and associated responsibilities.

Please direct any questions or concerns to:

Shelley Hawkins, PHD, FNP-BC, GNP, FAANP  
Director, DNP & MSN NP Programs  
Associate Professor  
University of San Diego  
5998 Alcalá Park  
San Diego, CA 92110  
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(619) 260-7607

## **Guidelines/Expectations for Nurse Practitioner Clinical Preceptor**

*Clinical preceptors are expected to:*

1. Orient the Nurse Practitioner (NP) student to the office/clinical environment, methods of operation of the agency, and necessary clinical and practice protocols/guidelines.
2. Provide sufficient space to allow the student to see clients and to perform at a pace where learning can occur without interfering with the overall client flow. In the initial phase of the clinical component of the program, students elicit health histories and perform physical examinations at a slow pace but should gradually progress in their ability to perform these skills.
3. Provide the NP student with access to the kind of client encounters (age, type problems, etc.) that are needed to achieve the student's learning objectives for the clinical course enrolled.
4. Provide supervision and validation of the accuracy of the student's history, chart review, and physical examination findings and his/her assessment of the client's presenting condition(s).
5. Review the student's tentative plan for management of the client's health promotion needs and/or presenting conditions and provide necessary guidance to ensure appropriateness and comprehensiveness of the care plan.
6. Supervise the student with initiation of client management regimens and referral procedures.
7. Be receptive to the clinical facilitator faculty communication at the beginning of the semester. The faculty will contact the preceptor via telephone to establish a professional working relationship with the preceptor and ensure that the preceptor understands that any questions/concerns pertaining to the student should be directly communicated to the clinical facilitator faculty.
8. Schedule time to meet with the NP program clinical facilitator faculty member who makes a minimum of one site visit during the semester to complete an evaluation of the student, review progress with the student, and share ideas concerning ways to facilitate student learning.
9. Maintain communication with the program faculty as necessary throughout the semester. Any problems that could interfere with effective care provision or the student's learning should be brought to the student's and/or clinical facilitator faculty's attention as soon as possible.
10. Provide ongoing constructive feedback to the student throughout the semester regarding the student's clinical performance. This formative evaluation will afford the student opportunities to focus on making improvements in order to perform at a minimum satisfactory level of clinical competency.

11. Complete a Preceptor Evaluation of Nurse Practitioner Student Performance form reflecting the student's performance/progress upon completion of the semester. It is essential that the preceptor meet with the NP student to review the evaluation. Following the meeting, mails the evaluation to the student's clinical facilitator faculty in self-addressed envelope provided or give the form to the student to return. This summative evaluation should be done in conjunction with frequent and ongoing feedback to the student throughout the clinical experience.
12. Share ideas for improving the clinical component of the NP program with the clinical facilitator program faculty.

Note: In settings where there are multiple clinical preceptors, each clinical preceptor should be responsible for no more than two NP students. Only one student is usually placed in a given semester in settings where the clinical preceptor is the sole provider.

**BENEFITS ACCORDED TO PRECEPTORS**

1. Recognition by and interaction with USD NP program faculty.
2. Invitations to on-campus continuing education events.
3. Use of the resources of the Copley Library on the USD campus including online reference materials.
4. Eligible for consideration for appointment as Adjunct Clinical Preceptor of the Hahn School of Nursing and Health Science.
5. Physicians are eligible for CME Category II and NPs are eligible for CEU credit for ANCC certification for the hours they spend precepting NP students.
6. Potential for leading student clinical conferences on management of specific health problems, role development or other professional issues.
7. Opportunity to provide input for program evaluation and change so that the NP Program can more effectively contribute to meeting current health care needs/priorities.
8. Enhancement of practice perspectives.
9. Opportunity to integrate collaborative and interdisciplinary focus into practice model.
10. Potential to incorporate student into practice with plan to hire upon graduation.
11. Potential for increased revenue generation with hiring of an NP program graduate.
12. Generation of community service hours.
13. Satisfaction of contributing to increased access to high quality care delivery through preparation of new, clinically-competent primary care providers.

### Sample Letter of Agreement for Clinical Preceptors

Dear (Preceptor):

Thank you for agreeing to precept a Nurse Practitioner student from the Hahn School of Nursing and Health Science, University of San Diego. The purpose of this letter is to confirm the arrangements with you to act as a preceptor for \_\_\_\_\_, RN, for NPTC\_ Clinical Practicum/DNPC 630 DNP Scholarly Practice. This arrangement will be for the \_\_\_\_\_ Semester only which will begin \_\_\_\_\_ and end \_\_\_\_\_, 20\_ . The student will arrange to meet with you to arrange dates and hours for this clinical experience and to share his/her individual learning objectives. At this time, you may wish to share with the student any information about your practice setting You think will be helpful for him/her to have. A copy of the NPTC \_ /DNPC 630 course description and clinical learning objectives are enclosed for your information.

We very much appreciate your cooperation in providing our students with an excellent clinical learning experience. Should you have any questions about these arrangements, do not hesitate to contact the Clinical Placement Coordinator at 260-4718. Please sign this letter at the bottom in the appropriate place and return it to this office at your earliest convenience. I am enclosing an extra copy for your files.

Thank you for your time and effort on our student's behalf.

Sincerely yours,

Shelley Hawkins, PhD, FNP-BC, GNP, FAANP  
 Director, DNP & MSN NP Programs  
 University of San Diego

\_\_\_\_\_  
 (Preceptor name)  
 Date: \_\_\_\_\_