



COLORADO STATE UNIVERSITY PUEBLO
School of Nursing

GRADUATE NURSING PROGRAM

CLINICAL HANDBOOK

2026-2027

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1. INTRODUCTION

A. Mission Statement, Philosophy, and Goals

Mission Statement

The mission of the School of Nursing is to prepare graduates for professional positions as safe, competent, and caring nurses to meet the healthcare needs of diverse populations.

Philosophy

Colorado State University Pueblo School of Nursing shares the mission and philosophy of the University, which focuses on education, scholarly activity, and service.

The SON philosophy is dedicated to the pursuit of higher learning grounded in the arts, sciences, and humanities.

Caring is considered the central concept of the nursing curriculum. The nursing faculty of CSU Pueblo is committed to modeling caring behavior to students on the belief that when students experience caring, they learn to care for others. Caring has been defined as the “essence of nursing” (Leininger, 1988), a process and a behavior that can be taught and learned. Caring requires the “offering of self” (Scotto, 2003); intellectually, physically, psychologically, and spiritually. The faculty ascribes to the core competencies for nurse practitioners and nursing education identified by the National Organization of Nurse Practitioners (NONPF), National League for Nursing (NLN) The National Academy of Medicine, and the Quality and Safety Education for Nurses (QSEN) project. Nursing is the synthesis of science and art, which addresses health promotion and maintenance across the lifespan and fosters the development of the nurse’s professional identity, integrity, and leadership. Patient-centered care includes respect for individual dignity and consideration of cultural and ethical beliefs and values. The nurse advocates for patients and families to promote mutual respect and patient self-management.

Nursing care is provided in collaboration with the patient, family, and members of the health care team. The nurse displays a spirit of inquiry by examining evidence to improve quality of care, promote safety, and improve patient outcomes. Nursing judgement is integral to making competent decisions related to the provision of safe and effective nursing care. Effective communication skills using both technological and human means are essential to nursing care.

The American Association of College of Nursing (AACN) *The Essentials: Core Competencies for Professional Nursing Education* (2021) provide the curricular content and foundation for graduate nursing student learning outcomes. Student centered learning results from the engagement of teacher, learner, and environment in interactive experiential processes. Varied educational experiences allow the learner to integrate the knowledge, skills, and attitudes required for contemporary professional practice. The faculty is responsible for facilitating, maintaining, and evaluating the learning process.

Learners are expected to be self-directed, active inquirers responsible for their own learning and participate in evaluation of educational experiences. The curriculum helps learners move from relative dependence to greater independence in preparation for assuming the professional role and promoting growth as a life-long learner.

Goals

- Provide quality learning experiences: This will prepare graduates for entry level baccalaureate nursing practice, advanced nursing practice in a culturally diverse community, and advanced careers in the health care industry.

- Provide multiple degree entry paths: The pathways are based on previous education and academic entrance criteria that support student achievement at a professional level.
- Serve as a regional nursing education center for Southern Colorado: This is achieved by close collaboration with local and regional health care agencies to provide nursing programs.
- Maintain educational excellence: This is to be demonstrated by a program status consistent with the Colorado Board of Nursing, national accrediting agency criteria and educational emphasis on professional nursing standards.
- Provide a supportive and caring learning environment: We plan to address the learning needs of a diverse student population.
- Support role development: This will help graduates be responsive to the changing health care environment by redefining and maintaining competencies throughout one's practice.

B. School of Nursing History

The nursing program at CSU Pueblo was established in 1964 (then Southern Colorado State College) as an associate degree program. The first class graduated two years later. With the graduation of the first class, the program was accredited by the National League for Nursing (NLN).

In 1974, the nursing faculty recognized the need for a baccalaureate program in nursing. The SON received authorization for an upper-division degree-completion baccalaureate program for registered nurses. In 1975, the state legislature granted the college university status, and the college name was changed to the University of Southern Colorado. The first graduates from the degree-completion program were awarded baccalaureate degrees in May of 1977. NLN granted initial accreditation to the degree-completion program in 1981. In 2003, the university became Colorado State University Pueblo. The National League for Nursing Accrediting Commission (NLNAC) granted continued accreditation in 2011.

In 2003, the Colorado State University System confirmed approval of the Master of Science with a major in Nursing (MS) at CSU Pueblo. The graduate nursing program was initially accredited in 2006 by the NLNAC and re-accredited in 2019. The following master's program emphasis areas are offered:

- Adult/Gerontology Acute Care Nurse Practitioner
- Adult/Gerontology Acute Care / Family Nurse Practitioner
- Psychiatric-Mental Health Nurse Practitioner
- Nurse Educator
- Nurse Manager and Leader

In 2018, Colorado State University Pueblo received approval from the Higher Learning

Commission, Colorado Department of Education for the Doctor of Nursing Practice for both

BSN and MS entry points. In 2019, the Accreditation Commission for Education in Nursing (ACEN) granted Candidacy for the clinical doctorate in nursing program. The Initial accreditation was completed Spring 2022.

- BSN to DNP Adult/Gerontology Acute Care Nurse Practitioner
- BSN to DNP Adult/Gerontology Acute Care / Family Nurse Practitioner
- BSN to DNP Psychiatric-Mental Health Nurse Practitioner
- MS to DNP Population Health

The baccalaureate, master's/post-master's certificate, and clinical doctorate nursing programs at Colorado State University Pueblo located in Pueblo, Colorado are accredited by the Accreditation Commission for Education in Nursing (ACEN), 3390 Peachtree Road NE, Suite 1400, Atlanta, GA, 30326: www.acenursing.org.

C. Graduate Program Outcomes (MS and DNP):

1. Eighty percent (80%) of graduates will:
 - A. Express satisfaction with the program
 - B. Pass national certification exam the first time
 - C. Be employed in role-related professional practice within six months to one year.
2. Fifty percent (50%) of graduates will complete their program on time starting from enrollment day one of the first class of their nursing option.
3. Eighty percent (80%) of employers will express satisfaction with graduates' job performance.

D. End-of-Program Student Learning Outcomes (MS and DNP):

At the completion of the program, MS graduates will be able to:

1. Integrate evidence-based practice, ethical decision making and technology into advanced nursing role
2. Utilize interprofessional collaboration to provide safe, quality patient-centered care.
3. Analyze quality improvement initiatives that affect delivery of advanced nursing practice and health care services.

At the completion of the program, DNP graduates will be able to:

1. Integrate evidence-based practice, ethical decision making and technology into advanced nursing role
2. Conduct scholarly inquiry to influence health outcomes of individuals, aggregates and populations
3. Organize interprofessional collaboration to provide safe, quality patient-centered care.
4. Demonstrate leadership role in transforming health care systems, policies and standards of care

2. CLINICAL EXPERIENCE

This program meets Colorado State Board of Nursing requirements; reciprocity to other states is not guaranteed. Contact the Board of Nursing in the receiving state to discover if your APRN license will transfer. To help ensure that graduates' education and certification will transfer to other states, preceptors' education, certification, and licensure should match the student's program concentration (emphasis). For example: If the graduate wishes to work in acute care, the chosen preceptor's certification should be in acute care. Please note that in Colorado, licensed Family Nurse Practitioners (FNP's) can work in an acute care setting, but this is not true for all states. Clinical hours with an FNP in an acute care role may not transfer to another state. **Clinical Practicum hours Must be completed in the State of Colorado.**

A. General Guidelines for NP Students

1. All clinical experiences must meet clinical course requirements. Any specialty clinical sites must be approved by the didactic/lead course instructor. If the student is unsure about a clinical site, consultation with the course instructor is required.
2. Minimum clinical practice experience requirement for NP, PA, or MD preceptor is 2 yrs of full-time practice
3. Students are encouraged to find their own preceptors and make 5 attempts before getting assigned clinical faculty or the Graduate Clinical Liaison involved. Students must copy "attempt" emails to the Clinical Faculty and Graduate Clinical Liaison. Students are advised to start planning for clinical placement 3 semesters in advance.

4. If you are planning to use a clinical site that a family member owns, please meet with your advisor and/or the Graduate Nursing Program Director to discuss options.
5. Students can only complete a maximum of 120 hours of practicum in a family-owned practice in the entire length of the program and cannot be precepted by significant other or a family member.
6. Travel to and from clinical experience is the student's responsibility.
7. The number of hours each student spends in practice with his or her preceptor is individualized with each clinical course and the student's academic plan. **Clinical times are allowed only during the regular semester schedule** unless prior authorization is obtained by the course instructor and Graduate Nursing Program Director. No clinical hours are allowed during the university recognized holidays, fall, winter, or spring breaks.
8. Clinical times are mutually set between the student and the preceptor.
9. Students are to share the course syllabus with the preceptor for a review of the course description, learning objectives, and course requirements. Students are responsible for developing daily objectives to review with their preceptors.
10. The student provides the preceptor with the link to the website for the *Graduate Nursing Program Handbook*.
11. Students post and make corrections to their weekly clinical plan in the Blackboard course to coordinate the list of dates, times, places, the name(s) and contact information for preceptor(s).
12. All preceptors must complete and sign a Clinical Preceptor Agreement Form for each semester. Students (NP and Nurse Educator) are not allowed in the clinical setting without a clinical preceptor and a signed agreement. Students (NP and Nurse Educator) are not allowed to work with a preceptor without a signed preceptor agreement on file with the SON.
13. The Clinical Preceptor Agreement forms must be emailed to GradNursing@csupueblo.edu and the Microsoft Form must be submitted prior to or on the first day of scheduled clinical rotation. The graduate program support specialist will enter all preceptors in the eLOGS system, during the semester. (eLOGS is an electronic documentation system for tracking clinical or teaching hours.) Allow 24 to 72 hours for the preceptor's information to be updated in eLOGS. To avoid eLOGS clinical documentation delays, please attempt to obtain the preceptor agreement prior to your first clinical day with each new preceptor and each preceptor every semester.
14. If you submit a preceptor agreement but do not work with the preceptor, the student must notify the nursing graduate program support specialist and the course instructor to avoid an incomplete clinical paperwork delay.
15. The University maintains or establishes new clinical contracts with clinical sites. The student must verify with the Graduate Clinical Liaison that a current contract is on file within the SON prior to scheduling. Although the SON maintains clinical contracts with the most common institutions preferred by students across Colorado, any new contracts can take 4-6 weeks to complete, and some organizations can take up to 12 months to obtain a complete agreement. If a preceptor is employed by an institution that uses My Clinical Exchange, the student purchases a My Clinical Exchange account and must maintain all the institution's compliance requirements throughout the scheduled clinical. The student must notify the Graduate Clinical Liaison if they secure a preceptor at a My Clinical Exchange site. The graduate clinical liaison will advise of any required paperwork and place a rotation request in My Clinical Exchange.
16. Students are expected to attend every clinical activity as scheduled. If the student is unable to attend, or arrive on time, or misses any portion of the day prior, notification is

mandatory to the preceptor's site office manager, the clinical preceptor, the assigned clinical site visitor, and the classroom instructor. If the change occurs within 24 hours of the scheduled time, the student will need to contact the clinical preceptor, clinical site manager (larger organizations), site office manager, clinical site visitor, and classroom instructor. The students will make corrections to their shared monthly **clinical calendar** in in Microsoft Outlook for the previous week, and any clinical scheduling systems as required by the clinical site.

17. The weekly cumulative plan must correlate with the course e-LOG clinical documentation record within the concentration (emphasis) scope of practice defined in the course syllabus to receive a satisfactory grade.
18. All clinical paperwork a. Preceptor agreement, b. Preceptor Evaluation of the NP student, c. Preceptor/ Site Evaluation by the NP student and d. Faculty Evaluation of the NP student) must be complete, accurate and submitted prior to posted deadlines to meet the course and any co-requisite requirements with a passing grade.
19. Students must meet all course requirements and the enrolled semester's clinical hours to receive a satisfactory grade. Students may not complete more than five hours in excess of the enrolled clinical hours.

B. Clinical Hour Requirements by Emphasis Area

Clinical experiences in each area are approved by the instructor or Lead Faculty using the course objectives.

- **FNP:** 780 hours total over 4-7 semesters clinical experiences across the lifespan are approved by the Lead Faculty using the course objectives.
- **AGACNP/FNP:** 1560 hours total over 5-6 semesters required for graduation. Clinical experiences are across the lifespan and approved by the instructor using the course objectives.
- **AGACNP: 780** hours total over 4 - 7 semesters required for graduation. Adult clinical experiences approved by the instructor using the course objectives
- **PMHNP:** 780 hours total over 4 - 7 semesters. Clinical experiences are across the lifespan approved by the instructor using the course objectives.

Students are limited to 30 hours of faculty-approved indirect patient care clinical time. It is highly recommended with frequent national requirements changes to complete as many direct patients' care hours as possible out of the total number of required clinical hours for their registered degree concentration (emphasis) area. No conference is required in the graduate nursing program. If a student chooses to attend a conference or certification review course, the student is responsible for all associated costs for attending a conference, **not** the university or the College of Nursing.

Recommended breakdown of clinical hours

1. AGACNP (Adult/Gerontology/Acute Care NP):

780 hrs over 5 semesters

Recommended Breakdown:

- a. Hospitalist/Intensivist: 180 hrs
- b. ER/Urgent Care: 180 hrs (UC hrs require approval)
- c. Specialist medicine groups: 180 hours (distributed across 2-4 specialties)

- d. Hospital Units 180 hrs (can be distributed to multiple Units such as ICU, oncology, Neuro, Immediate care / telemetry, PACU, hospice and palliative care teams covering critical care)
- e. Rural Health: 60 hrs

2. **AGACNP / FNP (Family NP)/Dual Program:**

Over 5 semesters; 1560 hrs total

780 hrs for FNP **and** 780 plus for AGACNP

Recommended breakdown AGACNP hrs

- a. Hospitalist/Intensivist: 180 hrs
- b. ER/Urgent Care: 180 hrs (UC hrs require approval)
- c. Specialist medicine groups: 180 hours (distributed across 2-4 specialties)
- d. Hospital Units 180 hrs (any ICU, oncology, Neuro, Immediate care / telemetry, PACU, hospice and palliative care teams covering critical care)
- e. Rural Health: 60 hrs

Recommended breakdown FNP hrs

- a. Family Practice Clinics - Management of acute and chronic illnesses for all ages – 200 hrs
- b. Internal medicine – Management adult and geriatric populations with complex conditions - 100 hrs
- c. Pediatric Primary Care – Well-child visits, immunizations, common childhood illnesses – 120 hrs
- d. Geriatrics – Nursing homes, assisted living, home health, chronic disease management – 120 hrs
- e. Women's Health Clinics – Prenatal care, contraception counseling, menopause management – 120 hrs
- f. Specialty group - 60 hrs
- g. Urgent care / walk in clinics = 60

3. **PMHNP (Mental Health NP):**

780 hrs over 4 semesters to these areas to provide experience across lifespan

- a. Outpatient Mental Health Clinics –
- b. Inpatient Psychiatric Hospitals & Units –
- c. Substance Abuse & Addiction Treatment Centers
- d. Telepsychiatry & Virtual Mental Health Services
- e. Correctional Psychiatry
- f. Military & Veteran Mental Health Clinics
- g. Pediatric & Adolescent Psychiatry

* Students must meet all course requirements and the enrolled semester's clinical hours to receive a satisfactory grade. Students may not complete more than five hours in excess of the enrolled clinical hours.

** Up to 30 hours of faculty-approved indirect patient care clinical time is accepted with lead instructor's approval except for PHMNP program

All students must review and comply with the policy on Preceptor Requirements and Role Alignment Family and Acute Care Nurse Practitioner Programs at Colorado State University Pueblo – Graduate Nursing Programs. See Requirements Here: [Preceptor Requirements and Role Alignment Family and Acute Care Nurse Practitioner Programs](#)

C. Nurse Educator Student Teaching Practicum

1. Teaching Practicum:

A teaching practicum consists of experiences that aspiring teachers have in the classroom before they take on the full range of responsibilities of a nurse educator. Transitioning from the academic to the professional world can be daunting. By participating in a practicum, the student can ease into this transition, gaining confidence before assuming the full responsibilities associated with the instructor role.

2. Goal of the Teaching Practicum:

The goal of the practicum is to observe how experienced teachers perform their job duties, integrate academic learning with actual practice, become involved in classroom, lab, and clinical activities, and reflect on evidence-based teaching experiences. The practicum is an immersion experience to give the student the opportunity to put what they have learned throughout the program into action. By putting course work into action, the student will be prepared to step seamlessly into new responsibilities after graduation as a master's-prepared nurse educator.

3. Site Selection for the Teaching Practicum:

It is important to begin thinking about the teaching practicum now and begin searching for a setting in which to complete the practicum. The setting of the practicum should allow the student to demonstrate high-level communication, professionalism, evidence-based teaching practice, quality improvement, and ethical behaviors. The student can complete the practicum at one's place of work, or a setting in the community. Examples of practicum sites include:

- A hospital
- An outpatient clinic
- A public health agency or community health organization
- A simulation facility
- A stand-alone nursing school or one in a technical or community college, four-year college, or university.

4. Affiliation Agreement/Preceptor Agreement:

Affiliation agreements are required, so the student should begin the search and selection early. The site must be selected and approved 30 days before beginning the practicum. No teaching can begin until the affiliation agreement has been signed. A preceptor agreement must also be signed by both the preceptor and the student before any teaching can be done.

5. Teaching Hours:

The practicum consists of 135 clock hours of preparation time, researching, planning, implementing, evaluating, and reflecting on teaching. Most teaching situations in a technical or community college, 4-year college, or university nursing program will include the following hours for a total of 135 clock hours:

- Classroom: Approximately 50 hours observation of the role of the academic educator, lecture preparation, classroom lectures/presentations, exam activities, online activities, reflection on activities.
- Clinical Environment: Approximately 50 hours observation of the role of the clinical educator, simulation/skills lab teaching, clinical evaluation, post-conference observation and teaching, reflection on activities.
- Faculty Development: Approximately 35 hours faculty meetings, workshops, curriculum, and other committees, office work, learning to function in the educational environment, reflecting on quality improvement, and learning to be a change agent.

Teaching in settings other than a formal teaching institution requires the student to develop personal goals to achieve during the practicum. The student and preceptor will work together to achieve those objectives in that teaching situation (135 teaching hours required).

6. Preceptors:

Preceptors can be identified in the community, professional organizations, places of employment, or educational settings. They cannot be relatives or personal friends. The student should interview the potential preceptor and share objectives for the practicum. Discussing personal teaching goals with the potential preceptor enables the student to see if the preceptor's responses fit with the student's learning needs, and if they are comfortable with the potential preceptor. More importantly, the student should determine if they are comfortable making a mistake and taking feedback from this person. The success of the practicum may be directly related to the preceptor selected and how the student works with that person. Students should not hesitate to thank a prospective preceptor for their time but should not select them as their preceptor if they do not feel it is a good fit. All preceptors must be approved by the course instructor. The student must not make a final commitment to their potential preceptor until they have approval.

7. Nursing Educator Preceptor Requirements:

- Holds an unencumbered and current Colorado nursing license.
- Holds a master's degree in nursing.
- Has a minimum of 2 years' current work experience in a clinical or academic setting.
- Has a minimum of 3 months at their current employer.
- Able to provide educational experience that will help meet overall practicum objectives and personal learning objectives.
- Is willing and has time available to serve as a resource during the practicum time.

8. To successfully complete the teaching practicum, the student will:

- Have a compliant CastleBranch/DISA Healthcare record before starting the teaching practicum.

- Contact potential preceptor.
- Share objectives of the experience and the Preceptor Guidelines with the potential preceptor. Work with course instructor to ensure that the preceptor agreement is signed, and the affiliation agreement is in place.
- Work with the preceptor to determine how practicum hours will be achieved
- Enter teaching hours in e-Logs.
- Reflect on the teaching experience using reflective journaling. – One entry/week reflecting on your development as a nurse educator. Record activities, issues, concerns, problems, and positives that occur during the teaching practicum.
- Complete a self-evaluation, preceptor evaluation, and site evaluation at the end of the practicum.

D. Nurse Manager and Leader (NML) Student Practicum

Leadership Practicum – Field Experience and Capstone Project

1. Required Practicum hours for NML students.

- NML students will complete a total of 270 hours for their Field Experience and Capstone Project.
- The following courses contain practicum hours (these hours are included in the total required hours):

NSG 594: 90 Field experience practicum hours (2 cr.)

NSG 688: 180 Capstone Leadership Practicum (3cr.)

E. DNP Student Practicum

1. Total DNP practicum requirement 1040 hours

All BSN -DNP students will complete 540 DNP practicum hours in addition to each NP concentration option area requirement of 780 practicum hours.

The MS-DNP Population Health concentration program is designed for students who have previously earned a master's degree in a NP, or NE, or NML area of concentration. A gap analysis will be completed on admission. Master's prepared NE's or NML's will need to complete additional credits in NSG 709L DNP Practicum course (in addition to NSG 809L series) during the program to total 1040 total practicum hours. These additional hours will include a defined chair-approved doctorate-level clinical practice project to meet the required DNP practicum hours.

- Progression to 809L is dependent upon completion of all core courses. You will not be allowed to enroll in 809L without completion of core courses.
- The following courses contain practicum hours (these hours are included in the total required hours). The courses are taken as pre-requisites BSN-DNP or as co-requisites to MS-DNP Project:
 - a.) NSG 716: 45 practicum hours (1cr) in the community
 - b.) NSG 718: 45 practicum hours (1cr) in the community

- c.) NSG 748: 45 practicum hours (1cr) in the community
- Practicum Gap hours – if the student advising form shows gap hours are needed, student must complete DNP practicum hours per semester as advised

Refer to the DNP Project Handbook for more details about the DNP Practicum Requirements

3. Clinical Team Member Responsibilities

All Program Lead Faculty members, Graduate Clinical Liaison, Clinical Faculty of Record, and Clinical Preceptors must hold and maintain current licensure in their respective disciplines as required by applicable state and regulatory standards.

A. Program Lead Faculty

- Approve clinical preceptor agreement form
- Verify correct clinical rotation hours per student academic advising form
- Post the clinical course syllabus with objectives for student learning experiences.
- Provide a student pre-clinical orientation on the first day of on campus class that may include: – Role of the advanced practice nurse – Course syllabus and course objectives – Explanation of projects and course evaluation measures – clinical evaluation criteria – Student adaptation and etiquette in a busy practice – Legal limitations of activities – Precepting requirements – Self-learning skills – Student responsibilities, and student clinical evaluation forms a week prior to start of clinical rotation.
- Review submitted forms: **Faculty NP Student Clinical Evaluation Form and Clinical Preceptor Evaluation of Nurse Practitioner Student at the Practicum site form.**

B. Graduate Clinical Liaison Role

The Graduate Clinical Liaison serves as the primary coordinator between the School of Nursing, graduate nursing students, clinical preceptors, and affiliated healthcare organizations. The Graduate Clinical Liaison ensures that all NP students are placed in appropriate, high-quality clinical learning environments that meet program, accreditation, and regulatory standards. This role supports the development of competent, ethical, and practice-ready advanced practice registered nurses (APRNs) through oversight, relationship management, and student support.

Clinical Placement Coordination

- Develop, maintain, and strengthen partnerships with current and prospective clinical agencies. · Facilitate secure, high-quality clinical placements for graduate nursing students.
- Serve as a liaison between students, faculty, preceptors, and clinical partners to address placement needs and resolve clinical issues.
- Ensure clinical placement compliance with state regulatory agencies, accreditation standards (ACEN) and program policies.
- Collaborate with the Graduate Program Support Specialist to ensure clinical requirements (which includes Castle Branch) for students are met **prior** to placements including but not limited to immunizations, background checks, certifications, and documentation.
- Track students' clinical rotations, student improvement / success plans, clinical make-up, and day-to-day student clinical experiences.

- Oversee the timely completion and submission of all clinical student evaluations to the corresponding program of lead faculty.
- Coordinate clinical site visits annually for existing sites and biannually for new sites.
- Prepare, review, and manage clinical site visit documentation.
- Communicate student clinical calendars to preceptors and clinical adjunct faculty on a timely manner.
- Maintain updated student clinical placement in shared spreadsheet.
- Identify, recruit, and maintain relationships with qualified clinical sites and preceptors.
- Assist students with preceptors and sites that align with their population focus and course objectives.
- Facilitate affiliation agreements and verify preceptor qualifications.
- Support students in meeting clinical hours and competency requirements.
- Coordinate, track, review, and maintain clinical site visits' **Practicum / Clinical Site Visit Evaluation annually.**
- Where applicable the Graduate Clinical Liaison will be expected to complete clinical site visits and complete the **Practicum / Clinical Site Visit Evaluation Form.**
- Provide a copy of the Clinical Handbook to the Preceptor once the student's clinical placement is approved

C. Clinical Faculty of Record (assigned Full-time Faculty or Adjunct Clinical Faculty) Role

Each student will be assigned to a Clinical Faculty of record that will be responsible for meeting with the NP, NE, or NML student at a minimum of once per rotation, twice for rotations that are spread over the entire semester.

- Review clinical course objectives with the student on the first day of clinical rotation.
- Responsible for student clinical calendars and reviewing eLOGS (documentation of clinical hours).
- Verify Student clinical hours documentation in eLOGS and submit assigned grades to Lead Faculty at the end of the semester
- Facilitate the process for the student and preceptor to discuss learning objectives in order to structure the student's experience and evaluate student progress.
- Complete mid and final semester clinical conference virtually or in-person where applicable to evaluate student for clinical competency using the **Faculty NP Student Clinical Evaluation Form.**

D. Clinical Preceptor Role

- Collaborate with faculty and students to select patients and to provide learning activities appropriate to the clinical course objectives.
- Review clinical course objectives with the student on the first day of clinical rotation
 - Students are not allowed in the clinical setting without a clinical preceptor, a signed Clinical Preceptor Agreement, an active affiliation agreement, and approval from hospital/clinic entities as needed, and their CastleBranch/DISA Healthcare account must be compliant **before and during their** clinical rotation.
- Establish the student's preceptorship objectives, clarifying expectations of both parties.
- Orient student to clinical site's resource policies and other processes.
- Observe the students directly and provide feedback on planned and actual management.
- Is available for consultation and review of patient history and physical examination, differential diagnosis, laboratory findings, working diagnoses and treatment plans.

- Provide ongoing feedback regarding the student's clinical progress, strengths, and weaknesses, and modifies clinical learning experiences.
- Maintain a collegial relationship with student and faculty by communicating the student's progress.
- Contact faculty about actual or potential problems during the preceptorship.
- Introduce the student to professional colleagues and provide an orientation to clinical site.
- The preceptorship experience should involve as much patient-student interaction as possible.
- Allow the student to independently interview and assess patients, validating the student's findings and evaluating and correcting evidence-based planned patient management.
- Inform patients that a supervised NP student is seeing them. (Patients maintain the right to refuse.)
- Review entries in the medical record, provide feedback and ensure corrections.
- Must document to demonstrate active involvement in the care of the patient with the NP Student.
- Allow the student to participate in home visits, nursing home rounds, and hospital rounds as appropriate. Night call is a reasonable part of their rotation. The student is to have the opportunity to observe the professional demands of a NP, physician and other interprofessional collaboration.
- Agree to facilitate student learning in accordance with course objectives.
- The preceptor and clinical facility shall always retain ultimate control and responsibility for patient care.
- **Clinical preceptors must complete the evaluation of the Nurse Practitioner student at the practicum site at least ten (10) days prior to the final day of clinical.**
- Validate the student's progress through electronic evaluations using the **Clinical Preceptor Evaluation of Nurse Practitioner Student at the Practicum site form** that will be emailed to the preceptor using the email address listed on the preceptor agreement form. This will be sent before the last scheduled clinical day. Students will not pass the clinical course without a completed preceptor evaluation prior to the end of the regular semester (Friday prior to finals week of the current semester). If the student qualifies, an incomplete agreement form can be completed between the student and the instructor.
- Preceptors should meet their facility requirements for health and immunization status compliance.

E. Student Role

- To receive a final grade for the clinical course the student must make sure all clinical evaluation forms are completed; mid and end semester: Faculty Evaluation of Nurse Practitioner Student at the Practicum site, Graduate Nursing Student evaluation of preceptor and the Practicum site, and Clinical Preceptor Evaluation of Nurse Practitioner Student at the Practicum site by the Friday at 5pm prior to finals week.
- On the first day of clinical rotation, you must provide and review clinical course objectives with the preceptor.
- **Review and maintain CastleBranch compliance throughout the program.**
 - **Students WILL NOT be allowed to start clinical rotation if their CastleBranch is out of compliance.**
- Establish a collegial relationship with the preceptor.
- Students are to engage in clinical rotations and meet with the assigned clinical faculty as part of coursework during the academic term for which they are registered.
- The number of hours each student spends in practice with his or her preceptor is individualized with each clinical course and the student's academic plan. **Clinical times are allowed only during the regular semester schedule. No clinical hours are allowed during the university recognized holidays, fall, winter, or spring breaks.**
- Students are not allowed in the clinical setting without a clinical preceptor, a signed Clinical Preceptor Agreement, an active affiliation agreement, and approval from hospital/clinic entities as needed, and their CastleBranch/DISA Healthcare account must be compliant.

- **Note on Covid 19 Vaccine-** Graduate programs in the School of Nursing will no longer enforce compliance with the COVID-19 vaccination. Space for COVID vaccine documentation will still appear in Castlebranch. However, COVID-19 vaccination will not be considered as a condition of admission, enrollment, or progression in any of our graduate nursing programs.

Students remain responsible for complying with all health, safety, immunization, credentialing, and onboarding requirements established by clinical agencies, healthcare facilities, and community partners participating in clinical education. Clinical partners determine their own requirements, and failure to meet those requirements may affect a student's eligibility for clinical placement and progression in the program. As such, it is possible that some clinical sites may still request information about COVID vaccination status for students. If you have been vaccinated for COVID-19, we ask that you continue to upload that documentation into Castlebranch.

- Establish the student's preceptorship objectives.
- Clarify the role, expectations, and responsibilities of both parties.
- Provide assigned clinical faculty with a signed Clinical Preceptor Agreement form for each preceptor, each semester on or before the first day of scheduled clinical rotation.
- Provide the assigned clinical faculty, site visitor, preceptor, and clinical site with date and times for clinical dates agreed upon.
- Request an orientation of the clinical site, if not completed before first day at each clinical site.
- Act and dress professionally and wear a CSU Pueblo name tag. (See Dress Code section)
- Be responsible to know, meet and communicate course objectives to the preceptor.
- Identify personal and professional educational needs, interest, and agreed upon individual daily learning objectives with each preceptor to structure the student clinical experience.
- Arrive on time and adapt to the usual work pattern of the practice.
- Complete the designated number of clinical hours as agreed upon with each preceptor and required in the course syllabi.
- Review the planned patient schedule with the preceptor each clinical day. Discuss pertinent patient information. Plan time for each patient, documentation, and preceptor feedback.
- Identify, evaluate, and manage common acute conditions, emergent, stable chronic, and complex conditions.
- Determine health promotion and disease prevention knowledge and practices to identify patient and family risk factors.
- Develops health education and health promotion interventions.
- Evaluate psychosocial factors related to patient condition.
- Identify health care needs within the context of the sociocultural environment. Recognize the influences of cultural diversity in health care and provide care to vulnerable populations.
- Recognize the influences of cultural diversity in health care and provide care to vulnerable populations.
- Collaborate with other health care professionals in the plan of care and make appropriate referrals.
- Present findings clearly and concisely, focusing on the reason for the contact. Document using legible notes when recording data in the patient's records.
- Maintain all clinical program requirements (pre-clinical orientation, ACLS, PALS, CPR or BLS, immunizations, etc.). All certification requirements CPR or BLS, ACLS, and PALS, where applicable, must be obtained via authorized American Heart Association and/or American Red Cross affiliates only. These requirements must be updated and complete before the first day of any clinical rotation. Annual drug and background screen must be completed annually on or prior to the renewal due date.
- Contact the preceptor and assigned clinical faculty immediately regarding problems during the preceptorship.

- Complete clinical schedule updates and additions to the weekly clinical plan and eLOGS clinical documentation monthly, or as directed by course syllabus. Only the Graduate Program Specialist or the Graduate Clinical Liaison are permitted to enter preceptors into eLOGS.
- DO Not alter or change eLOGS records after the end of each semester. This is considered academic dishonesty (See University Catalog: Academic Dishonesty section).
- Remain at the site until the work is completed.
- Adhere to all clinical and program policies and procedures outlined in the Graduate Student Nursing Handbook and university policies.
- Email electronic preceptor evaluation request to gradnursing@csupueblo.edu at least two weeks before the final scheduled clinical date with the preceptor and Clinical preceptors must complete the evaluation of the Nurse Practitioner student at the practicum site at least ten (10) days prior to the final day of clinical.
- Include in each email request:
 1. Student's Name
 2. Preceptor name
 3. Preceptor Email Address (Both work and personal in case one email comes back undeliverable).
 4. Last date scheduled for clinical hours with preceptor.
 5. Course number
 6. Year and Semester

The electronic evaluation link will be sent to the preceptor's email.

- Students are expected to comply with the current provisions published by the American Nurses' Association (ANA) Code of Ethics for Nurses, the Colorado Nurse Practice Act, and the ANA Principles of Social Networking. Click on links for current provisions.
 - [Ethics and Human Rights in Nursing | ANA](#)
 - [Board of Nursing: Practice Act and Laws | Divisions of Professions and Occupations](#)
 - [ANA's Principles for Social Networking and the Nurse](#)

4. CLINICAL EVALUATION AND FEEDBACK

A. Due Dates for Evaluation and Feedback

- Midterm and end-of-term evaluations of NP, NE, and NML students at the practicum site will be completed by the assigned clinical faculty of record. If a physical site visit cannot be conducted, the assigned clinical faculty member will instead complete the required mid-semester and end-of-semester clinical conferences virtually. The student should receive feedback on the same date of the evaluation.
- Graduate Nursing Student evaluation of the preceptor and the Practicum site to be completed by student 5 days prior to last day of clinical rotation. Assigned clinical faculty to review evaluation and give feedback at the end of clinical rotation date.
- Clinical preceptors must complete the evaluation of the Nurse Practitioner student at the practicum site at least ten (10) days prior to the final day of clinical. Assigned clinical faculty of record will review the evaluation and provide feedback to the student no later than five (5) days before the end of the clinical rotation.
- All evaluation forms are due at the end of clinical rotation or latest by Friday at 5pm prior to finals week.

- Without submission of all the evaluation forms at the completion of clinical rotation, the student will receive an incomplete grade. **If the incomplete is not cleared by the agreed upon dates, the student will be dismissed from the program.**

B. Clinical Progression Across NP Concentrations, Nurse Educator and Nurse Manager Leader.

- All NP students are required to complete clinical hours in their respective area of NP concentration.
- All NE students are required to complete teaching hours in classroom, clinical, and nursing skills/simulation lab settings.
- Upon student request, the assigned clinical faculty, the preceptor and the clinical site visitor will discuss the clinical evaluations with the student each semester in order to monitor the student's progress in the program and to allow the student to progress to the next clinical course. NE students will receive ongoing evaluations of performance in the classroom, lab, and clinical as part of the teaching practicum experience.
- By the end of the last clinical course, students must obtain a rating of clinical competency in all areas consistent with course expected level of achievement.

5. POLICIES AND PROCEDURES

A. Graduate Resource Course on Blackboard.

Once a student is enrolled into the graduate Nursing Program, they are automatically enrolled into the Graduate Resource Course in Blackboard. Here you will find more clinical resources on Myclinical exchange, CastleBranch requirements, eLOGS, guidelines for finding preceptors among other resources to support your clinical experience. **It is the student's responsibility to visit this course frequently for clinical updates and announcements.**

B. HIPAA & Safety Compliance

Required Annually students are required to review brief instructional modules and materials followed by taking a test for each module in the following categories:

- HIPPA Privacy & Security
- Bloodborne Pathogens and Standard Precautions
- Fire and Electrical Safety
- National Patient Safety Goals Core Measures & Unapproved Dangerous Abbreviations These modules are required to be completed with tests annually.

C. Student Liability Insurance

Students must maintain active nursing student liability insurance via NSO. This is a requirement that is purchased annually.

D. Dress Code and Professional Behavior

Students are expected to comply with 2021 AACN professionalism competencies demonstrating “a commitment to carrying out professional responsibilities and an adherence to ethical principles. All students will dress appropriately and behave in a professional manner at all times in the classroom, laboratory, practicum, and clinical sites. While representing CSU Pueblo, School of Nursing, Graduate Nursing Program students should wear school insignia and/or student identification. A consistent natural hair color is required in all clinical settings. The student must comply with any specific clothing, hair, tattoo, and body piercing restrictions for all clinical settings. Student Nurse Practitioners should wear business casual clothing with a hip-length white laboratory coat, unless the clinical site specifies the dress code. Lab coats are to have the college insignia sewn on the right shoulder. Laboratory coat is not required for the Psychiatric Mental Health Nurse practitioner, Nurse Manager Leader, or Nurse Educator.

Clinical Name Badge Ordering Process

Program Requirement: All students participating in clinical rotations and lab classes are required to wear an official CSU Pueblo School of Nursing name badge. Also, in accordance with the Colorado Department of Regulatory Agencies (DORA), patients have the right to know the full name of their healthcare provider. This requirement applies to all Student Nurse Practitioners, including those with a Psychiatric Mental Health Nurse Practitioner (PMHNP) emphasis.

- The Graduate Clinical Liaison is responsible for gathering and verifying student information and placing the name badge orders.
- Name and Title Format: The badge will display the student’s full legal name. Name changes are not permitted unless officially documented and approved by the Graduate Clinical Liaison.
 - Badge Layout:
 - First Line: First Name Last Name
 - Second Line (one of the following):
 - Student Nurse Practitioner
 - DNP Student
- Production Timeline: Badges typically arrive 10–14 business days after the order is placed. Students will be notified when their badge is ready for pickup.
- Pickup Location: Badges can be collected from the Nursing Department, located in the IHHI Building, Room 287, between 8:00 AM and 5:00 PM, Monday through Friday. Students must sign for their badge upon pickup.
- Hospital Picture Badge: Some hospitals, including UC Health, may require students to wear an official hospital-issued photo badge. If this is necessary, students will be notified by the hospital's clinical rotation coordinator.

Faculty Dress Code: Appropriate business casual or clinical attire (scrubs)

E. Clinical Absence and Make-up Policy.

Students are expected to attend every clinical activity **as scheduled**. If unable to attend the full clinical day or missing any portion of the day due to unavoidable circumstances, it is mandatory that the student notify the clinical preceptor, clinical site visitor, and assigned clinical faculty for the course **prior** to the start of clinical day.

F. DISA Healthcare Technology (*formally CastleBranch*) Requirements

CSU Pueblo School of Nursing utilizes the services of DISA Healthcare Technology (formally CastleBranch). **ALL Students are required to maintain throughout their program, updated and current compliance across all areas to include various screenings, vaccines, immunizations, certification, licensure, background check, drug screen, active RN licensure, insurance, both personal health and nursing student liability, driver's license, BLS, ACLS and PALS if required by their degree program, HIPPA, OSHA & Safety certificates.**

1. Every student is required to purchase and create a **CastleBranch account**. Newly admitted students in the Fall semester must establish their account and upload all required documents **by September 30** of the year of admission to maintain enrollment in their program. Failure to meet this requirement will result in **ineligibility to enroll in the following Spring semester courses** until all documentation is completed and approved. NE and NML students must establish an account and upload all current documents within 30 days of their program start date. Failure to meet this requirement will result in **ineligibility to enroll in the next semester courses**.
2. CastleBranch is required not only as a condition of being a graduate student in the School of Nursing but is required based on our accreditation.
3. It is the **student's responsibility** to maintain ongoing compliance throughout their program via their CastleBranch account. CastleBranch sends email reminder notifications when items are approaching expiration; it remains the student's responsibility to stay compliant. Students will **not** be cleared to register for practicum courses or begin clinical placements until all CastleBranch requirements are fully met and approved.
4. **All** requirements on the CastleBranch form apply to **every** student, except for the requirements for ACLS/PALS which is for the Acute Care and Family Nurse Practitioner Students only.
5. BLS, PALS, ACLS must be completed by an American Heart Association certified provider/facility only. You must upload the card/certificate from American Heart Association.
6. Each student is required to have Nurse Liability Coverage Insurance through the Nurses Service Organization (NSO). It is separate from your regular work/ malpractice/ health insurance. As a student, you represent CSU Pueblo, even if you are doing a rotation or doing education in a facility where you work, while doing clinical rotations or providing education; you are in a student role. There are no exceptions to this.
7. Remember, if a student is not in compliance with their CastleBranch requirements, they are not allowed to move forward in their clinical rotation and class registration.
8. Please review the CastleBranch checklist in Black Board: [CastleBranch Check List](#)
9. Below are the renewal codes needed to order a new background check and drug screen. Please make sure to select the codes based on the graduate program and emphasis. **DO NOT USE initial account codes CF82 or LS07** - use the renewal code listed below

a. AGACNP and AGACNP/FNP Emphasis (MS and DNP students)

- i. "CF82r" will provide you with your yearly recheck for your Background Check ONLY.
- ii. "CF82dt" will provide you with your yearly recheck for Drug Test ONLY.

b. PMHNP Emphasis (MS and DNP students), MSN-DNP, Nurse Educator, and Nurse Manager

- i. "LS07r" will provide you with your yearly recheck for your Background Check ONLY.
- ii. "LS07dt" will provide you with your yearly recheck for Drug Test ONLY.

G. Drug Screen and Background Check Policy.

Because of the profound effect that the use of certain drugs has on the performance of individuals, the School of Nursing is legally and ethically obligated to protect patients and others in the health care setting from students who are under the influence of drugs/alcohol that affect coordination, behavior, judgment and decision-making ability. In addition to your annual Drug Screen Test required by the School of Nursing, certain health care facilities where students attend clinical rotations may require a negative drug screen before students are allowed to provide care for patients.

Guidelines

1. Students scheduled to attend a clinical rotation in a facility that requires a drug screen will comply with the facility's requirements for drug screens, which may include the cost of the procedure.
2. If the drug screen is negative, the student may attend the assigned clinical rotation.
3. If the drug screen is positive for a substance not covered by a legitimate prescription, the student will not be allowed to continue in the clinical course and is considered ineligible for *any* clinical experiences during that semester. The student must withdraw from the clinical course, or a grade of "F" will be assigned. In addition, the student will be dismissed from the nursing program with no opportunity for readmission.
4. Faculty may require a student to complete a blood alcohol test, drug screen and/or other substance abuse screen if there is reasonable cause to believe that the student is under the influence of drugs or alcohol during a clinical experience, off-campus and on-campus classes, lab classes and/or simulation (SIM). Reasonable cause can be defined as a personal observation of inappropriate behavioral conduct, inappropriate speech, body odors or impaired task functioning. See Reasonable Suspicion of Impairment section for more details.

H. Student Injury at a Clinical Site

If a student is injured while at a clinical site, they must:

1. Report the injury promptly to the assigned clinical faculty member and Clinical Liaison within 24 hours of injury
2. Comply with clinical agency reporting procedures.
3. Comply with CSU Pueblo Human Resources Worker's Compensation Policies
<https://www.csupueblo.edu/human-resources/all-employees/workers-comp.html>

I. Reasonable Suspicion of Impairment

1. The student will be immediately removed from direct patient care by the preceptor.
2. The preceptor will notify the assigned clinical faculty member.
3. The student will be required to immediately report to a testing facility. Transportation and test(s) will be at the student's expense.
4. The assigned clinical faculty member will notify the Graduate Nursing Program Director.
5. If the result of the drug/alcohol test is negative, the student will be allowed to continue in the clinical course.

6. If the result of the drug/alcohol test is positive for a substance not covered by a legitimate prescription, the student will receive a failing grade in that nursing clinical course and will be dismissed from the nursing program with no opportunity for readmission. **In addition, this is a reportable event to the Colorado State Board of Nursing.**
7. If a student refuses to submit to a drug screen, the result will be assumed positive, and the student will be dismissed from the graduate nursing program with no opportunity for readmission.
8. If a drug screen is reported as “dilute,” the student must repeat the drug screen within 24 hours. If a second “dilute” is reported, the drug screen will be considered positive, and the student will be dismissed from the nursing program with no opportunity for readmission.
9. If a test result shows evidence of a *legal*, mood-altering drug, students will be required to offer proof that the drug has been prescribed by a health care provider specifically for their use. A positive test for a substance with an accompanying prescription will be viewed as a negative screen. However, if the student is not able to perform safely in the clinical arena due to medication effects, they must meet with the Graduate Nursing Program Director for further discussion of possible options to successfully meet clinical course requirements. It is possible that the student will not be allowed to continue in the clinical course while under the effects of this medication.

Students are encouraged to inform the clinical instructor if taking medications that could affect performance, keeping in mind that patient safety is at the forefront of our priority.

J. Dismissal From the Clinical Setting

The assigned clinical faculty member and/or clinical preceptor and/or the teaching preceptor may execute professional judgment and dismiss a student from the clinical or teaching experience. Grounds for dismissal from the clinical or teaching experience include, but are not limited to the following:

- Failure to adequately prepare in advance for the clinical or teaching experience
- Failure to dress appropriately for the experience
- Reason to question a student’s ability to provide appropriate care for the client, or to provide supervision of students in the clinical setting, such as undue stress, illness, fatigue, or suspected impairment
- Agency personnel request for student to be removed from site.

If a student is dismissed by a clinical site and/or clinical preceptor, the student may not return to any clinical or teaching experience until the student meets with the Graduate Nursing Program Director, the assigned clinical faculty member, and/or clinical or teaching preceptor. This meeting will be based on the availability of the graduate faculty members.

K. Family Education Rights and Privacy Act (FERPA)

The School of Nursing adheres to the letter and intent of the Family Education Rights and Privacy Act (FERPA). FERPA governs requests for access to and release of information from student records. FERPA information can be found at: <https://www.csupueblo.edu/registrar/ferpa/index.html>

6. Resources

1. **The One Minute Preceptor model:** The One-Minute Preceptor (OMP) model is a five-step, efficient clinical teaching framework for busy settings, helping preceptors guide learners (students/residents) by eliciting their thinking, probing for evidence, teaching key rules, reinforcing positives, and correcting errors, all centered around a single patient encounter to build critical thinking and clinical reasoning skills rapidly. Find the 5 steps here: [The One Minute Preceptor Model](#)
2. **NONPF National Organization of Nurse Practitioner Faculties Preceptor Portal.** NONPF offers resources to preceptors involved in the clinical education of Nurse Practitioner (NP) students. The goal is to assist in engaging and supporting preceptors. [NONPF Preceptor Portal](#)
3. Nurse Manager Competencies are based on the Nurse Manager Learning Domain Framework and capture the skills, knowledge and abilities that guide the practice of these nurse leaders. The successful nurse leader must gain expertise in all three domains: the science of managing the business; the art of leading the people; the leader within. [Nurse Manager Competencies](#)

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7. FREQUENTLY ASKED QUESTIONS (FAQS) DUAL ACUTE CARE/FAMILY CLINICALS

Click link to view document: [FAQ](#)

8. APPENDICES

- A. Clinical Faculty Evaluation of Practicum Site
- B. Clinical Faculty Evaluation of NP Student
- C. Clinical Preceptor Evaluation of NP Student at Practicum Site
- D. Graduate Nursing NP Student evaluation of the Preceptor and the Practicum site 2026
- E. CL NSG 583L NE Preceptor Eval of Student
- F. Preceptor Requirements and Role Alignment Family and Acute Care Nurse Practitioner Programs
Colorado State University Pueblo

APPENDIX A

Clinical Faculty Evaluation of Practicum Site

* Required

1. **Faculty Name ***

(Last Name, First Name) completing the site visit

2. **Which semester is this evaluation for? ***

☐ Fall 2025

☐ Spring 2026

☐ Summer 2026

3. **Student Name ***

(Last Name, First Name)

4. **Student's** Emphasis/ Concentration:

- Adult-Gerontology Acute Care Nurse Practitioner (AGACNP)
- Family Nurse Practitioner (FNP)
- Psychiatric Mental Health Nurse Practitioner (PMHNP)

☐ AGACNP

☐ AGACNP/ FNP

☐ PMHNP

☐ Other

5. **Preceptor Name ***

(Last Name, First Name)

6. **Preceptor's Specialty, Credentials ***

7. **Clinical Site's Name ***

8. **Clinical Site's Address ***

9. **Date of Site Visit ***

10. Method of Site Visit *

☐ In person

☐ Virtual

11. Please evaluate the following statements about the clinical site. *

Using the following Scale (1=Strongly Disagree, 5=Strongly Agree):

	1. Strongly Disagree	2. Disagree	3. Neutral	4. Agree	5. Strongly Agree
The clinical site provided opportunities for growth as and advanced practice nurse.	☐	☐	☐	☐	☐
The clinical site has resources to support a student practicum.	☐	☐	☐	☐	☐
This clinical site has procedure and protocol manuals, educational materials, personnel to adequately support a student in advanced practice nursing.	☐	☐	☐	☐	☐
The clinical preceptor was sensitive to the student need for guidance.	☐	☐	☐	☐	☐
The clinical preceptor was able to allow for latitude for the student developing autonomy.	☐	☐	☐	☐	☐

12. Comments? *

13. Please evaluate the following statements about the clinical site. *

Using the following Scale (1=Strongly Disagree, 5=Strongly Agree):

	1. Strongly Disagree	2. Disagree	3. Neutral	4. Agree	5. Strongly Agree
The clinical site director and preceptor was aware of the objective for the course of study for which the practicum was organized.	☐	☐	☐	☐	☐
Student are evaluated fairly and objectively by the clinical preceptor.	☐	☐	☐	☐	☐

I would recommend this preceptor to other students for practicum experience.

☐☐☐☐☐

Patients are variable in age, diagnosis and numbers.

☐☐☐☐☐

Diagnostic test results are readily available.

☐☐☐☐☐

The philosophy of the personnel was directed toward quality care, health promotion and disease prevention.

☐☐☐☐☐

14. **Comments?** *



15. **My overall evaluation of this clinical practicum site is** *

☐ Excellent

☐ Good

☐ Fair

☐ Poor

☐ Would not recommend

16. **Additional Comments**

APPENDIX B

Clinical Faculty Evaluation of NP Student

The purpose of the faculty evaluation of the Nurse Practitioner student at the practicum site is to assess the student's clinical competence and professional development, ensure safe and ethical patient care, and verify that the clinical learning environment supports achievement of course objectives, program outcomes, and national NP competencies. Through direct observation, communication with the preceptor, and review of clinical performance, faculty provide guidance and feedback to promote student growth, monitor progress toward advanced practice readiness, and ensure alignment with accreditation and regulatory standards. This form is used for formative faculty Evaluation of Nurse Practitioner students at mid and end of the semester. Where site regulations are a challenge to complete in-person student evaluation Faculty will complete virtual conference evaluation. Observable or demonstrated behaviors are aligned with NONPF NP competencies (2022) and AACN 2021 Essentials.

*This form will record your name, please fill your name.

Definition of clinical competency levels

Please rate each item based on your direct observation of the student's clinical performance using the scale below.

Rating Scale:

1 = Advanced Beginner (Performs with guidance). Student demonstrates basic application of knowledge and skills but requires frequent guidance from preceptor. Clinical reasoning is emerging; student may be task-oriented and focused on immediate issues. Relies on prompting for prioritization, misses subtle cues, and benefits from corrective feedback. Performance is safe but inconsistent.

2 = Competent (Aware of long-term goals and analytical thinking). Student consistently integrates knowledge, skills, and clinical reasoning in patient care. Demonstrates the ability to analyze patient situations, consider long-term goals, and plan care accordingly. Requires minimal prompting, performs tasks with increasing efficiency, and demonstrates awareness of the "bigger picture" in patient management.

3 = Proficient (Recognizes, plans, and demonstrates advanced clinical reasoning). Student demonstrates advanced clinical reasoning, recognizing subtle changes and patterns in patient presentations. Anticipates patient needs and independently plans evidence-based, patient-centered care. Integrates short- and long-term goals fluidly into management plans. Functions effectively and independently in the interprofessional environment, requiring little oversight.

N/A = Not applicable to this encounter

1. Clinical Rotation *

☐ AGACNP

☐ FNP

☐ PMHNP

2. Nursing Course number *

3. Semester *

☐ Summer

☐ Fall

☐ Spring

4. Clinical site name and specialty *

5. Preceptor Name, Credentials & email address *

6. Faculty Name & Credentials *

7. Time period of evaluation *

☐ Mid semester evaluation

☐ Final semester evaluation

8. Date of Evaluation *

Domain 1: Knowledge of Practice

9. Observable Behaviors *

	1	2	3	N/A
Demonstrate clinical judgement to inform and improve NP practice based on the foundational knowledge of advanced physiology/ pathophysiology, advanced health assessment and advanced pharmacology	☐	☐	☐	☐
Integrates evidence into clinical decision-making	☐	☐	☐	☐
Justifies diagnostic and treatment choices with well-supported reasoning grounded in clinical data, patient assessment findings, and evidence-based practice.	☐	☐	☐	☐
Utilizes appropriate clinical decision models / theories to analyze patient care situations in clinical practice.	☐	☐	☐	☐

10. Comments for Domain 1 (optional)

Domain 2: Person-Centered Care

11. Observable Behaviors *

	1	2	3	N/A
Utilize communication tools and techniques to promote therapeutic relationships with patient and care team	☐	☐	☐	☐
Applies advanced assessment skills to perform a comprehensive patient physical assessment utilizing appropriate techniques.	☐	☐	☐	☐
Orders appropriate diagnostic and screening tests based on patient's risk factors and chief complaint.	☐	☐	☐	☐
Utilizes appropriate evidence-based clinical decision making tools.	☐	☐	☐	☐
Documents comprehensive history, focused patient screening, assessment, and relevant evidence to inform intervention selection.	☐	☐	☐	☐
Analyzes physical findings to differentiate between normal, variations of normal, and signs of pathology to formulate actual and differential diagnoses.	☐	☐	☐	☐
Prioritizes interventions enhancing patient safety and minimizing potential harm.	☐	☐	☐	☐
Prescribes medications safely and accurately using patient data and following legal and regulatory guidelines.	☐	☐	☐	☐

	1	2	3	N/A
Provides healthcare services within scope of practice boundaries, which include health promotion, disease prevention, anticipatory guidance, counseling, disease management, palliative, and end of life care.	☐	☐	☐	☐
Communicates to the care team strategies that optimize patient care coordination and transitions of care	☐	☐	☐	☐
Asks targeted, evidence-based questions to assess diagnostic priorities.	☐	☐	☐	☐
Recognize emerging patterns in patient data to identify potential diagnoses using advanced reasoning frameworks.	☐	☐	☐	☐
Reassesses diagnoses and decisions based on evolving clinical evidence.	☐	☐	☐	☐
Adjusts interventions based on data and outcomes to improve effectiveness	☐	☐	☐	☐

12. Comments for Domain 2 (optional)

Domain 3: Population Health

13. Observable Behaviors *

	1	2	3	N/A
Uses population health management protocols and national treatment guidelines.	☐	☐	☐	☐
Incorporates population	☐	☐	☐	☐

health to inform
NP practice &
provide
competent care.

Advocate for
interventions
that maximize
cost effective,
accessible, and
equitable
resources for
populations.

☐
☐
☐
☐

14. Comments for Domain 3 (Optional)

Domain 4: Practice Scholarship & Translational Science

15. Observable Behaviors *

	1	2	3	N/A
Apply clinical investigative skills to improve patient health outcomes.	☐	☐	☐	☐
Translate advanced practice knowledge to inform practice and patient outcomes.	☐	☐	☐	☐
Engages in evidence-based discussions.	☐	☐	☐	☐

16. Domain 4 Comments (optional)

Domain 5: Quality & Safety

17. Observable behaviors *

	1	2	3	N/A
Demonstrates patient care practices that contribute to a culture of provider, patient, and work environment safety.	☐	☐	☐	☐
Applies quality improvement principles in patient care delivery.	☐	☐	☐	☐
Utilizes best practices for confidentiali ty/security to keep patient inf ormation safe.	☐	☐	☐	☐
Employs technology for education and decision support.	☐	☐	☐	☐

18. Domain 5 Comments (optional)

Domain 6: Interprofessional Partnerships

19. Question *

	1	2	3	N/A
Applies basic inclusive communication strategies within interprofessional teams.	☐	☐	☐	☐
Advocates for patient as a member of the healthcare team.	☐	☐	☐	☐
Assumes a role in the interprofessional healthcare team & collaborates with other members to provide safe, effective care.	☐	☐	☐	☐
Demonstrates sensitivity to diverse cultures and populations	☐	☐	☐	☐

20. Domain 6 Comments (Optional)

Domain 7: Health Systems

21. Observable Behaviors *

	1	2	3	N/A
Identifies healthcare system's referral resources.	☐	☐	☐	☐
Proposes strategies to address cost/access/system constraints.	☐	☐	☐	☐
Identifies cost/access/system constraints.	☐	☐	☐	☐

22. Domain 7 Comments (Optional)

Domain 8: Technology & Information Literacy

23. Observable Behaviors *

	1	2	3	N/A
Demonstrates use of appropriate technology in healthcare settings to manage patient care & evaluate outcomes.	☐	☐	☐	☐
Selects appropriate technology and communication tools based on individual patient needs to promote engagement.	☐	☐	☐	☐
Assesses the patients/caregivers learning and communication needs to address gaps in access, knowledge, and information literacy.	☐	☐	☐	☐

24. Domain 8 Comments (Optional)

Domain 9: Professional Acumen

25. Observable Behaviors *

	1	2	3	N/A
Fosters a culture of trust and professionalism by consistently integrating ethical principles into clinical practice and team management.	☐	☐	☐	☐
Demonstrate care accountability by addressing actual or potential hazards and/or errors in clinical practice	☐	☐	☐	☐
Practices within the scope of a nurse practitioner.	☐	☐	☐	☐

26. Domain 9 Comments (Optional)

Domain 10: Personal & Professional Leadership

27. Observable Behaviors *

	1	2	3	N/A
Employs empathy to communicate effectively.	☐	☐	☐	☐

Demonstrates professionalism by adhering to ethical and policy standards; punctuality, preparedness, and respectful communication.

☐☐☐☐

Upholds standards of the NP profession.

☐☐☐☐

28. Domain 10 Comments (Optional)

Global Assessment

29. Student's overall performance at this point in the program: *

- ☐ Unsatisfactory
- ☐ Needs Improvement
- ☐ Meets Expectations
- ☐ Exceeds Expectations

30. Assigned Course Faculty Comments & Recommendations

31. Date Evaluation reviewed with the student

Signatures

32. Assigned Course Faculty Signature & Date *

APPENDIX C

Clinical Preceptor Evaluation of NP Student at Practicum Site

The **Clinical Preceptor Evaluation** is a structured assessment of the nurse practitioner (NP) student's performance, clinical competence, professional behavior, and progression toward mastery of advanced practice nursing skills in the practicum environment. This evaluation is a formative assessment of NP students in the clinical setting. It is aligned with the NONPF NP Competencies (2022) and the AACN 2021 Essentials.

* Required

Definition of clinical competency levels

Please rate each item based on your direct observation of the student's clinical performance using the scale below.

Rating Scale:

1 = Advanced Beginner (Performs with guidance). Student demonstrates basic application of knowledge and skills but requires frequent guidance from preceptor. Clinical reasoning is emerging; student may be task-oriented and focused on immediate issues. Relies on prompting for prioritization, misses subtle cues, and benefits from corrective feedback. Performance is safe but inconsistent.

2 = Competent (Aware of long-term goals and analytical thinking). Student consistently integrates knowledge, skills, and clinical reasoning in patient care. Demonstrates the ability to analyze patient situations, consider long-term goals, and plan care accordingly. Requires minimal prompting, performs tasks with increasing efficiency, and demonstrates awareness of the "bigger picture" in patient management.

3 = Proficient (Recognizes, plans, and demonstrates advanced clinical reasoning). Student demonstrates advanced clinical reasoning, recognizing subtle changes and patterns in patient presentations. Anticipates patient needs and independently plans evidence-based, patient-centered care. Integrates short- and long-term goals fluidly into management plans. Functions effectively and independently in the interprofessional environment, requiring little oversight.

N/A = Not applicable to this encounter

Provide comments when clarification or examples would be helpful.

Student Name *

Clinical Rotation *

☐ AGACNP

☐ FNP

☐ PMHNP

Course Number *

Clinical Faculty of Record's Name and Credentials

Semester *

☐ Summer

☐ Fall

☐ Spring

Clinical Site Name and Specialty *

Preceptor Name and Credentials *

Preceptor Email *

Start and End Dates for Clinical Preceptorship *

Total Hours of Clinical Preceptorship *

Date of Evaluation *

Domain 1: Knowledge of Practice

Observable Behaviors *

	1	2	3	N/A
Demonstrate clinical judgement to inform and improve NP practice based on the foundational knowledge of advanced physiology/ patophysiology, advanced health assessment and advanced pharmacology	☐	☐	☐	☐
Integrates evidence into clinical decision-making	☐	☐	☐	☐
Justifies diagnostic and treatment choices with well-supported reasoning grounded in clinical data, patient assessment findings, and evidence-based practice.	☐	☐	☐	☐
Utilizes appropriate clinical decision models / theories to analyze patient care situations in clinical practice.	☐	☐	☐	☐

Comments for Domain 1 (optional)

Domain 2: Person-Centered Care

Observable Behaviors *

	1	2	3	N/A
Utilizes communication tools and techniques to promote therapeutic relationships with patient and care team	☐	☐	☐	☐

Applies advanced assessment skills to perform a comprehensive patient physical assessment utilizing appropriate techniques.



Orders appropriate diagnostic and screening tests based on patient's risk factors and chief complaint.



Utilizes appropriate evidence-based screening tools.



Documents comprehensive history, focused patient screening, assessment, and relevant evidence to inform intervention selection.



Analyzes physical findings to differentiate between normal, variations of normal, and signs of pathology to formulate actual and differential diagnoses.



Prioritizes interventions enhancing patient safety and minimizing potential harm.



Prescribes medications safely and accurately using patient data and following legal and regulatory guidelines.



Provides healthcare services within scope of practice boundaries, which include health promotion, disease prevention, anticipatory guidance, counseling, disease management,



palliative, and
end of life care.

Communicates
to the care
team strategies
that optimize
patient care
coordination
and transitions
of care

☐
☐
☐
☐

Asks targeted,
evidence-based
questions to
assess
diagnostic
priorities.

☐
☐
☐
☐

Recognize
emerging
patterns in
patient data to
identify
potential
diagnoses using
advanced
reasoning
frameworks.

☐
☐
☐
☐

Reassesses
diagnoses and
decisions based
on evolving
clinical
evidence.

☐
☐
☐
☐

Adjusts
interventions
based on data
and outcomes
to improve
effectiveness

☐
☐
☐
☐

Comments for Domain 2 (optional)

Domain 3: Population Health

Observable Behaviors *

1

2

3

N/A

Uses
population
health
management
protocols and
national
treatment
guidelines.

☐
☐
☐
☐

Incorporates
population
health to inform
NP practice &
provide
competent care.

☐
☐
☐
☐

Advocate for
interventions
that maximize
cost effective,
accessible, and
equitable
resources for
populations.

☐
☐
☐
☐

Comments for Domain 3 (Optional)

Domain 4: Practice Scholarship & Translational Science

Observable Behaviors *

	1	2	3	N/A
Apply clinical investigative skills to improve patient health outcomes.	☐	☐	☐	☐
Translate advanced practice knowledge to inform practice and patient outcomes.	☐	☐	☐	☐
Engages in evidence-based discussions.	☐	☐	☐	☐

Domain 4 Comments (optional)

Domain 5: Quality & Safety

Observable behaviors *

	1	2	3	N/A
Demonstrates patient care practices that contribute to a culture of provider, patient, and work environment safety.	☐	☐	☐	☐
Applies quality improvement principles in patient care delivery.	☐	☐	☐	☐
Utilizes best practices for confidentiality/security to keep patient information safe.	☐	☐	☐	☐
Employs technology for education and decision support.	☐	☐	☐	☐

Domain 5 Comments (optional)

Domain 6: Interprofessional Partnerships

Question *

	1	2	3	N/A
Applies basic inclusive communication strategies within interprofessional teams.	☐	☐	☐	☐
	☐	☐	☐	☐

Advocates for patient as a member of the healthcare team.	☐	☐	☐	☐
Assumes a role in the interprofessional healthcare team & collaborates with other members to provide safe, effective care.	☐	☐	☐	☐
Demonstrates sensitivity to diverse cultures and populations	☐	☐	☐	☐

Domain 6 Comments (Optional)

Domain 7: Health Systems

Observable Behaviors *

	1	2	3	N/A
Identifies healthcare system's referral resources.	☐	☐	☐	☐
Proposes strategies to address cost/access/system constraints.	☐	☐	☐	☐
Identifies cost/access/system constraints.	☐	☐	☐	☐

Domain 7 Comments (Optional)

Domain 8: Technology & Information Literacy

Observable Behaviors *

	1	2	3	N/A
Demonstrates use of appropriate technology in healthcare settings to manage patient care & evaluate outcomes.	☐	☐	☐	☐
Selects appropriate technology and communication tools based on individual patient needs to promote engagement.	☐	☐	☐	☐

Assesses the patients/caregiver learning and communication needs to address gaps in access, knowledge, and information literacy.

☐
☐
☐
☐

Domain 8 Comments (Optional)

Domain 9: Professional Acumen

Observable Behaviors *

1

2

3

N/A

Fosters a culture of trust and professionalism by consistently integrating ethical principles into clinical practice and team management.

☐
☐
☐
☐

Demonstrate an NP professional identity in clinical setting

☐
☐
☐
☐

Practices within the scope of a nurse practitioner.

☐
☐
☐
☐

Domain 9 Comments (Optional)

Domain 10: Personal & Professional Leadership

Observable Behaviors *

1

2

3

N/A

Employs empathy to communicate effectively.

☐
☐
☐
☐

Demonstrates professionalism by adhering to ethical and policy standards; punctuality, preparedness, and respectful communication.

☐
☐
☐
☐

Upholds standards of the NP profession.

☐
☐
☐
☐

Domain 10 Comments (Optional)

Global Assessment

Student's overall performance at this point in the program: *

- ☐ Unsatisfactory
- ☐ Needs Improvement
- ☐ Meets Expectations
- ☐ Exceeds Expectations

Preceptor Comments & Recommendations

Signatures

Preceptor Signature and Date *

Appendix D

CL NP Student Eval of Preceptor & Site

NP student evaluation of preceptor and practicum site.

* Required

* This form will record your name, please fill your name.

Student Information

1. Student Name

2. Clinical Rotation *

☐ AGACNP

☐ FNP

☐ PMHNP

3. Course Number *

4. Semester *

☐ Summer

☐ Fall

☐ Spring

5. Clinical Site Name and Specialty *

6. Preceptor Name, Credentials *

7. Preceptor Email *

8. Clinical Hours Completed with Preceptor *

Scale: 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

10. *

[illegible]

I was utilized only as a learner, not as regular staff.

☐ ☐ ☐ ☐ ☐ ☐ ☐

I would recommend this clinical site to other NP students.

☐ ☐ ☐ ☐ ☐ ☐ ☐

Preceptor Effectiveness and Mentorship Evaluation

11. *

1 2 3 4 5 N/A

My preceptor was aware of — and reviewed — the course syllabus and objectives with me throughout the rotation.

☐ ☐ ☐ ☐ ☐ ☐ ☐

The preceptor was approachable and available for questions and guidance when needed.

☐ ☐ ☐ ☐ ☐ ☐ ☐

The preceptor served as a professional role model for advanced practice nursing.

☐ ☐ ☐ ☐ ☐ ☐ ☐

The preceptor encouraged me to engage in critical thinking and problem-solving (rather than just observation).

☐ ☐ ☐ ☐ ☐ ☐ ☐

The preceptor provided opportunities for increasing autonomy when appropriate.

☐ ☐ ☐ ☐ ☐ ☐ ☐

When I asked for feedback and evaluation of my performance, I received fair, objective, and constructive feedback.

☐ ☐ ☐ ☐ ☐ ☐ ☐

The preceptor (and/or clinical site manager) helped me meet the clinical course objectives.

☐ ☐ ☐ ☐ ☐ ☐ ☐

The preceptor communicated

☐ ☐ ☐ ☐ ☐ ☐ ☐

effectively and
fostered a
positive
learning
environment.

1

2

3

4

5

N/A

Preceptor often
allowed me to
document in
the patient
chart or EHR
during your
clinical rotation.

☐☐☐☐☐☐

Signatures

12. Student Comment

13. Student Signature and Date

14. Assigned Course Faculty Review and Comment

15. Assigned Course Faculty Signature

APPENDIX E

CL NSG 583L NE Preceptor Eval of Student

1. Student Name

2. Preceptor Name

3. Date of Evaluation

4. Which Semester is this Evaluation for?

- ☐ Fall 2026
- ☐ Spring 2027
- ☐ Summer 2027

Preceptor Final Evaluation

Competency Definitions:

Proficient (Recognizes, plans, and demonstrates advanced reasoning). Teaching is independent, accurate, and complete; contributes to students' learning.

Competent (Aware of long-term goals and analytical thinking). Teaching requires some assistance from preceptor/instructor; contributes to students' learning.

Advanced Beginner (Performs with guidance). Teaching requires step-by-step assistance from preceptor/instructor; skills need strengthening.

Master's Student End-of-Program Student Learning Outcomes (EPSLOs):

MS SLO 1. Integrate Evidence-Based Practice (MS SLO 1A), Ethical Decision Making (MS SLO 1B) and Technology (MS SLO 1C) into the Advanced Nursing (AN) role.

MS SLO 2. Utilize Interprofessional Collaboration (MS SLO 2A) to provide Safe and Quality (MS SLO 2B) Patient Centered Care (MS SLO 2C).

MS SLO 3. Analyze Quality Improvement initiatives that affect delivery of Advanced Nursing practice (MS SLO 3A) and Health Care Services (MS SLO 3B).

Expected Level of Achievement for Systematic Program Evaluation Outcome Measure:

Eighty percent or greater ($\geq 80\%$) of students will achieve a rating of Competent or Proficient in all rubric criteria.

Grading: Must have score of Proficient or Competent in all rubric criteria = Satisfactory (S).

Advanced Beginner score in one or more rubric criteria = Unsatisfactory (U). Remediation is required.

SLOS/Course Student Learning Outcomes (CSLOs)

5. SLOs 1,2 CSLO 1: Demonstrate nurse educator competencies in a variety of settings.

Observable Behaviors/Progression Indicators: Demonstrates ability to prioritize key aspects of the nurse educator role.

- ☐ Proficient
- ☐ Competent
- ☐ Advanced Beginner

6. Comments:

7. SLOs 1,3 CSLO 2: Implement evidence-based teaching techniques appropriate to the adult learner.

Observable Behaviors/Progression Indicators: Develops appropriate teaching strategies that engage students in classroom, lab, online settings.

- ☐ Proficient
- ☐ Competent
- ☐ Advanced Beginner

8. Comments:

9. SLOs 1,3 CSLO 3: Synthesize knowledge from nursing research into the instructional process.

Observable Behaviors/Progression Indicators: Uses research to develop evidence-based teaching and evaluation methods.

- ☐ Proficient
- ☐ Competent
- ☐ Advanced Beginner

Comments:

10. SLOs 1,2,3 CSLO 4: Practice effective communication skills that convey ideas in a variety of settings.

Observable Behaviors/Progression Indicators: Communicates clearly and concisely with students and colleagues.

- ☐ Proficient
- ☐ Competent
- ☐ Advanced Beginner

11. Comments:

12. SLO 2 CSLO 5: Maintain positive interpersonal relationships with students and colleagues.

Observable Behaviors/Progression Indicators: Demonstrates courtesy and respect for students and colleagues.

- ☐ Proficient
- ☐ Competent
- ☐ Advanced Beginner

13. Comments:

14. SLO3 CSLO 7: Use feedback from students and colleagues to improve effectiveness as a nurse educator. **Observable Behaviors/Progression Indicators:** Alters behavior to reflect use of feedback. Welcomes suggestions for improvement.

- ☐ Proficient
- ☐ Competent
- ☐ Advanced Beginner

15. Comments:

16. SLO 3 CO 6: Provide timely, constructive feedback to students.
Observable Behaviors/Progression Indicators: Provides immediate corrective actions and immediate praise as warranted.

- ☐ Proficient
- ☐ Competent
- ☐ Advanced Beginner

17. Comments:

18. SLO 1 CO 8: Integrate the ANA's *Scope and Standards of Practice and Code of Ethics* into nursing education.
Observable Behaviors/Progression Indicators: Consistently role models safe, ethical, and effective clinical and teaching practice for students learning professional nursing.

- ☐ Proficient
- ☐ Competent
- ☐ Advanced Beginner
- ☐ Agree

19. Comments:

20. Preceptor Signature & Date

APPENDIX F

Preceptor Requirements and Role Alignment
Family and Acute Care Nurse Practitioner Programs
Colorado State University Pueblo – Graduate Nursing Programs

Updated: October 16th, 2025

I. Purpose and Overview

This guide outlines requirements, role alignment, and best practices for selecting, approving, and monitoring preceptors for Family Nurse Practitioner (FNP) and Acute Care Nurse Practitioner (ACNP) students. It integrates the National Task Force, NTF (2022) Standards for Quality Nurse Practitioner Education, Accreditation Commission for Education in Nursing, ACEN (2023) Standards & Criteria, American Association of Colleges of Nursing, AACN (2021) Essentials, National Organization of Nurse Practitioner Faculties, NONPF (2022) Core Competencies, and the Colorado Board of Nursing (BON) regulations. These standards collectively require that all preceptors be experientially qualified, licensed, and aligned with the student's NP population-focus and role outcomes.

II. National and Accreditation Framework

A. NTF (2022): Programs must ensure **preceptors are appropriate for NP role/population** focus as well as faculty oversight, approval, and evaluation.

B. ACEN (2023): **Preceptors must hold current licensure and experiential qualifications consistent with their assigned roles.** Faculty are responsible for oversight, support, and evaluation of all clinical learning experiences.

C. AACN Essentials (2021): Clinical learning experiences must align with domains of professional nursing education, emphasizing person-centered care, interprofessional partnerships, and **role competence**.

D. NONPF (2022): **Nurse Practitioner Role Competencies emphasize that students must achieve competence in role-specific practice consistent with their population focus.** *For Family Nurse Practitioners*, this means preparation for comprehensive, continuous primary care across the lifespan, not for specialty or emergency practice. *For Acute Care Nurse Practitioners*, this means preparation for managing patients with acute, complex, and critical illnesses.

III. Colorado Board of Nursing (BON) Context

The BON requires that all APRNs practice **within the boundaries of their educational preparation, role, and population** focus (3 CCR 716-1.14). Programs have discretion to define preceptor qualifications *so long as they ensure scope of alignment*, faculty oversight, and compliance with ACEN and NTF standards.

IV. General Preceptor Eligibility Criteria

- Hold an active, unencumbered APRN, MD/DO, Physician Assistant/Associate (PA) license, with national board certification. In isolated instances a direct patient care CNS may be considered (further information about use of a CNS is outlined below).
- Have at least two years of clinical practice in the relevant population focus area.
- Actively provide patient care aligned with the course outcomes.
- All preceptors will receive and review the official preceptor handbook, which outlines program expectations and responsibilities.
- Submit a current CV/resume, license verification, and signed preceptor agreement.

V. Role-Specific Preceptor Guidance

A. Family Nurse Practitioner (FNP) Students:

Acceptable: FNP, PNP, ANPs/AGNPs, MD/DOs, and PAs in primary care, family medicine, internal medicine, pediatrics, or women's health settings; A PA will need to have their collaborating physician sign the preceptor agreement. Other specialty care disciplines may be approved on a case-by-case basis by lead faculty (ensuring that the preceptorship would align with the track's required population of foci and role).

B. Acute Care Nurse Practitioner (ACNP) Students:

Acceptable: ACNPs/AGACNPs, MD/DOs and PAs; A PA will need to have their collaborating physician sign the preceptor agreement. Conditional (with limited hours of approval outlined below in section VII): FNP practicing full-time in acute or emergency settings with at least two years of recent acute experience and hospital/facility/ED privileges. Other specialty care disciplines may be approved on a case-by-case basis by lead faculty (ensuring that the preceptorship would align with the track's required population of foci and role).

C. Clinical Nurse Specialist (CNS) Preceptors:

A CNS may serve as an adjunct preceptor if they provide direct patient care in relevant settings (e.g. ICU, inpatient, specialty, or transitional care) and are APRN certified. CNS-precepted hours are capped at 25% of **total** program clinical hours to maintain role integrity (see the appendix for justification of this cap). A collaborative or co-preceptorship model must be in place with a physician (MD/DO) for oversight of care. The collaborating provider must co-sign the preceptor agreement. Faculty must document alignment and rationale for approving preceptorship; A CNS in an administrative or educational role will not be approved.

VI. Clarification: FNP Practice in the Emergency Department (ED)

The Colorado BON specifies that APRNs must practice within the scope of their educational preparation, role, and population focus (*3 CCR 716-1.14*). Since FNP education prepares NPs for comprehensive primary care across the lifespan—not for specialty or emergency practice—emergency rotations must be limited and supplemental.

According to the NONPF (2022), **FNP students are expected to complete the majority of their clinical training in primary care settings. This focus is essential for developing core competencies in health promotion, chronic disease management, and preventive care—hallmarks of the FNP role.** In contrast, emergency care requires a distinct set of skills and knowledge that extends beyond the scope of standard FNP education. Both the American Academy of Emergency Nurse Practitioners (AAENP, 2023) and the Emergency Nurses Association (ENA, 2022) emphasize the need for additional, specialized training for FNPs who intend to practice in emergency settings. Therefore, routinely placing FNP students in emergency departments risks undermining the integrity of their role preparation and may lead to gaps in competency for primary care practice.

Therefore, within CSU Pueblo’s FNP curriculum, clinical experience in the ED is limited to a maximum of 60 hours **total** across the program, as documented in the recommended clinical hour breakdown. These hours are intended only to strengthen triage, urgent evaluation, and stabilization skills—not to substitute for required primary care clinical time.

VII. FNP Preceptorship of ACNP Students in Urgent Care or ED Settings

FNP programs are designed to prepare NPs for comprehensive primary care across the lifespan—not for independent acute or critical care practices. Given this, a FNP serving as a preceptor for an ACNP student requires additional consideration of scope, competency, and educational alignment.

To ensure compliance with the NTF (2022), the ACEN (2023) Standards and Criteria for Advanced Practice Nursing Programs, and the NONPF (2022) Role Core Competencies, a FNP may precept an ACNP student in an urgent care or emergency department setting only when all the following conditions are met:

- The FNP preceptor maintains active hospital (or facility) privileges and/or ED credentialing (depending on the setting).
- The FNP has at least two years of recent full-time experience in urgent care, emergency, or acute care practice.

- The precepted experience is capped at 25% of **total** program clinical hours, ensuring that the ACNP student's clinical hours remain primarily supervised by acute care-certified providers to maintain population-focus congruence (NTF, 2022; ACEN, 2023). See the appendix for further justification of the capped hours.
- The placement is approved by faculty with documented justification demonstrating how the experience supports the ACNP student's learning outcomes without compromising role delineation or scope integrity.

Such placements must remain the exception rather than the norm and should supplement—not replace—core ACNP experiences under acute care preceptors (AAENP, 2023; ENA, 2022; AACN, 2021).

VIII: Summary Statement

This guide establishes consistent standards for selecting and approving preceptors for both FNP and ACNP students. It aligns with the NTF (2022) Standards for Quality Nurse Practitioner Education, the ACEN (2023) Standards & Criteria, the AACN (2021) Essentials, the NONPF (2022) Role Core Competencies, and Colorado BON regulations (3 CCR 716-1.14). Together, these frameworks emphasize that all preceptors must be licensed, experientially qualified, and role-aligned with the student's NP population focus to ensure competency-based, high-quality clinical education.

References

- Accreditation Commission for Education in Nursing (ACEN) (2023). *Standards and criteria*.
<https://resources.acenursing.org/download/attachments/1824227333/2023-Standards-and-Criteria-02282024.pdf>
- American Association of Colleges of Nursing (AACN) (2021). *The Essentials: Core competencies for professional nursing education*.
<https://www.aacnnursing.org/Portals/0/PDFs/Publications/Essentials-2021.pdf>
- American Academy of Emergency Nurse Practitioners (AAENP). (2023). *Practice standards for emergency nurse practitioners*. <https://www.aaenp-natl.org/>
- Colorado State Board of Nursing (2024). *Rules and regulations for nursing practice, 3 CCR 716-1*.
<https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=11428#:~:text=11.,professional%20or%20practical%20nursing%20license>
- Emergency Nurses Association (ENA) (2022). *Position statement: Advanced Practice Registered Nurses in the emergency care setting*. <https://www.ena.org/>
- National Organization of Nurse Practitioner Faculties (NONPF) (2022). *Nurse Practitioner role core competencies*.
https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/np_competencies_&_ntf_standards/nonpf_np_role_core_competenc.pdf
- National Task Force on Quality Nurse Practitioner Education (2022). *Standards for quality nurse practitioner education* (6th ed.).
<https://www.aacnnursing.org/Portals/0/PDFs/CCNE/NTFS-NP-Final.pdf>

Appendix: Justification for a 25% Cap on Non-Primary Preceptor Hours

This appendix provides the rationale and supporting evidence for the 25% cap on clinical hours supervised by non-primary preceptors (e.g., Clinical Nurse Specialists or Family Nurse Practitioners serving in acute or emergency care settings). The cap aligns with national accreditation and educational standards to preserve population-focus integrity while supporting flexibility amid preceptor shortages.

ACEN Standards & Position Statements

The Accreditation Commission for Education in Nursing (ACEN) Standards and Criteria (2023) require that preceptors hold the appropriate educational qualifications, licensure, and experiential preparation for assigned roles. These expectations ensure that students' clinical experiences are congruent with the intended advanced practice of nursing role.

The ACEN (2023) Position Statement on Clinical/Practicum Learning Experiences also emphasizes that clinical experiences must align with anticipated role responsibilities and support achievement of program and course learning outcomes. Faculty oversight ensures appropriate, role-specific learning.

NTF / Nurse Practitioner Education Standards

The National Task Force (NTF) for Quality Nurse Practitioner Education (2022) requires programs to ensure that students meet course and program learning objectives. Faculty are responsible for oversight of preceptor selection, site approval, and ensuring alignment with the NP role and population focus.

Rationale for a 25% Cap

Both ACEN (2023) and NTF (2022) require that the majority of clinical experiences occur under preceptors whose certification and experience align with the student's role and population focus. A 25% cap is therefore a conservative standard ensuring that at least 75% of hours occur under role-congruent preceptors while allowing flexibility.

This threshold parallels best practices in graduate nursing programs where secondary experiences are limited to preserve role preparation integrity and competency development consistent with national frameworks.