



Preceptor Handbook

PREPARED BY THE OFFICE OF CLINICAL PLACEMENT

UCSF SCHOOL OF NURSING

ABOUT THE UCSF SCHOOL OF NURSING

Founded in 1907, the UCSF School of Nursing prepares students from diverse backgrounds to be national and international leaders in research, education, clinical practice, policy and other emerging arenas. As a vital part of UCSF's world-renowned health sciences campus, the school fosters excellence, diversity and innovation.

Dear Preceptor,

Thank you for agreeing to serve as a preceptor for our UCSF School of Nursing advanced practice registered nurse (APRN) students. Your role has a meaningful impact on our students' journey toward becoming the next generation of healthcare providers. Your clinical expertise, guidance, and mentorship are invaluable to their professional growth and development.

This handbook was assembled by the UCSF School of Nursing Preceptor Development Workgroup to provide you with general information about APRN students and specific information about student clinical rotations and the role of a preceptor. The document includes:

- Advanced Practice Clinician AP and Student Advanced Practice Registered Nurse (APRN) Roles
- Definitions
- Adult Learning Theory
- APRN Preceptor Eligibility and Expectations
- Onboarding Requirements
- FAQs

If you have questions, please contact: Shey Jamtsho (Clinical Placement Manager), at shey.jamtsho@ucsf.edu

On behalf of our faculty and staff, thank you for serving or considering service as a preceptor for a UCSF School of Nursing APRN student.

Thank you,

Shey Jamtsho, MA

Clinical Placement Manager

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UCSF School of Nursing Mission and Goals

Our Mission: To educate diverse health leaders, conduct research, advance nursing and interprofessional practice, and provide public service with a focus on promoting health quality and equity.

Our Vision: UC San Francisco School of Nursing's global community will lead innovation in science, education, health care, policy, population health, and health equity worldwide.

Our Values:

- C** Community
- A** Accessibility
- R** Respect
- I** Integrity
- N** New Knowledge
- G** Growth

UCSF PRIDE Values:

P - Professionalism: To be competent, accountable, reliable, and responsible, interacting positively and collaboratively with all colleagues, students, patients, visitors, and business partners.

R - Respect: To treat all others as you wish to be treated, being courteous, kind and acting with utmost consideration for others.

I - Integrity: To be honest, trustworthy and ethical, always doing the right thing, without compromising the truth, and being fair and sincere.

D - Diversity: To appreciate and celebrate differences in others, creating an environment of equity and inclusion with opportunities for everyone to reach their potential.

E - Excellence: To be dedicated, motivated, innovative, and confident, giving your best every day, encouraging and supporting others to excel in everything they do.

Our Commitment to Diversity

The UCSF School of Nursing is committed to recruiting and preparing students from diverse backgrounds to be national and international leaders in research, education, clinical practice, administration, policy and other emerging areas. To achieve these goals, we must maintain a diverse, respectful learning environment where we value the unique perspectives and contributions of all members of the UCSF and broader health care communities. As educators of advanced practice nurses, nurse administrators, nurse faculty, public health and health policy specialists, as well as nurse researchers, we have a responsibility to graduate well-educated, culturally sensitive health professionals who mirror the diverse populations they serve.

Introduction

The focus of this handbook is to ensure a smooth onboarding process and clinical rotation for the preceptor and advanced practice registered nurse (APRN) student. Additionally, this handbook highlights roles and expectations, adult learning theory and student evaluation information. The goal is to develop outstanding future clinicians who are confident, safe and able to practice at the top of their license. Each student will bring a wide variety of experiences and skills to the clinical site..

Clinical practice offers unique opportunities for students. The art of managing patients can be experienced firsthand. Students develop their ability to safely perform clinical problem-solving through their participation in the clinical decision-making process, and they learn the value of collaboration among health care clinicians.

Defining Roles

Advanced Practice Clinician (APC)

For purposes of this handbook, the APC is a Medical Doctor (MD) and Doctor of Osteopathy (DO).

Advanced Practice Registered Nurse (APRN)

For purposes of this handbook, the APRN is a Nurse Practitioner (NP), Certified Nurse Midwife (CNM) or Clinical Nurse Specialist (CNS).

Nurse Practitioners (NP)

Licensed Nurse Practitioners: An NP is master's or doctorally prepared; they are licensed by the Board of Registered Nursing and can practice without the direct supervision of a physician.

Student Nurse Practitioners: The student NP is a registered nurse who is gaining additional preparation and skills in physical diagnosis, psychosocial assessment, and management of health-illness needs in primary health care and is attending a program that conforms to Cal. Code Regs. tit. 16 § 1484. Standards of Education.

Clinical Nurse Specialists (CNS)

Licensed Clinical Nurse Specialists: The CNS is one of the four APRN categories and licensed registered nurses have graduate preparation (master's or doctorate) in nursing as a CNS. They have unique and advanced-level competencies that meet the increased needs of improving quality and reducing costs in our health care system. CNSs must be certified by the State Board of Registered Nursing to practice as a CNS.

Student Clinical Nurse Specialists: The student CNS is a registered nurse who is gaining additional preparation and skills in the diagnosis and treatment of acute or chronic illness, and how to lead and facilitate change, coordinate specialized care and implement evidence-based practice.

Certified Nurse-Midwives (CNM)

Certified Nurse-Midwife: CNMs are master's or doctorally educated professionals who have earned the Certified Nurse-Midwife (CNM) credential through the American Midwifery Certification Board (AMCB). Skilled in nursing, midwifery and women's health issues, CNMs provide safe, evidence-based, general gynecologic and obstetric care to people of all ages. They can prescribe medications, treatments, medical devices, therapeutic and diagnostic measures. CNM care includes well-person care from puberty through menopause, antepartum and intrapartum, postpartum and newborn care, and nonsurgical gynecological care.

Student Nurse-Midwives: Nurse-midwife graduate programs prepare students to provide quality care throughout the lifespan through didactic coursework and immersive clinical rotations. The programs educate clinically specialized nurses who will function at an advanced level of practice as nurse-midwives. Graduates are prepared for midwifery management during the antepartum, intrapartum and postpartum periods (including newborn care), and for primary and gynecologic care.

Students of nurse-midwifery programs participate in a full range of clinical experiences in settings like birth centers and hospitals. Upon successful completion of the program, they are academically eligible to take the national certification examination through the American Midwifery Certification Board.

Definitions

Acute Care: restorative care provided by the nurse practitioner to patients with rapidly changing, unstable, chronic, complex acute and critical conditions in a variety of clinical practice settings.

Category: population-focused area of practice in which the certified nurse practitioner provides patient care.

Clinically Competent: The individual possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by a certified nurse practitioner who provides health care in the same nurse practitioner category. The clinical experience must be such that the nurse receives intensive experience in performing the diagnostic and treatment procedures essential to the provision of primary care.

Clinical Practice Experience: Supervised direct patient care in the clinical setting that provides for the acquisition and application of advanced practice nursing knowledge, skills and competencies.

Direct Supervision of Students: A clinical preceptor or a faculty member is physically present at the practice site. The clinical preceptor or faculty member retains the responsibility for patient care while overseeing the student.

Primary Care: Comprehensive and continuous care provided to patients, families and the community. Primary Care focuses on basic preventative care, health promotion, disease prevention, health maintenance, patient education, and the diagnoses and treatment of acute and chronic illnesses.

Preceptor Eligibility

- Nurse Practitioners
- Certified Nurse-Midwives
- Clinical Nurse Specialists
- Physicians

Preceptor Requirements

- Actively licensed by the State of California or within the jurisdiction of practice as an advanced practice nurse (NP, CNM, CNS) or other qualified licensed health professional.
- Fieldwork/research: The preceptor must hold the appropriate credentials for the position held within the organization or agency in which the student will be/has been placed.
- Preceptor qualifications to supervise students for the specific advanced practicum and/or fieldwork objectives include:
 - **At least one year** of professional experience working within a designated clinical area, area of fieldwork, or research.
 - Certified by a national certifying body (*when applicable*).

Note:

- The required credentials of the preceptor must be verified by the UCSF School of Nursing's Office of Clinical Placement before students are cleared to begin their rotations.

- If a student works with an unverified preceptor, the student will not be allowed to log their clinical hours into the clinical placement management system.
- If a student works with multiple preceptors during a clinical rotation, one preceptor can be designated as the “**primary preceptor**” to oversee and assign qualified preceptors to work with a student.
- The primary preceptor will complete student evaluations. All clinical hours will be logged under the primary preceptor’s name.

Benefits of Being a Preceptor

- Expand your professional expertise.
- Use hours precepting for national certification renewal.
- Connect and network with the UCSF School of Nursing’s Volunteer Faculty Network.
 - [UCSF Volunteer Faculty Network](#)
 - [Contact the Office of Clinical Affairs](#)
- Eligible to be honored with preceptor awards.

Additional Preceptor Resources

UCSF SON [Preceptor Portal](#) Videos

LINK: [Why I Precept](#)

LINK: [What Makes a Great Preceptor?](#)



Adult Learning Theory

Malcolm Knowles developed the theory of andragogy in the 1970s in reference to methods and principles of adult learning (Pappas, 2013). According to Knowles, adults learn differently from children in that they need to know why it is beneficial for them to learn (Navy et al., 2018).

In 1980, Knowles developed four assumptions about the characteristics of adult learning and added a fifth assumption in 1984 (Pappas, 2013).

1. **Self-Concept**

As a person matures, their self-concept moves from one of being a dependent personality toward one of being a self-directed human being.

2. **Adult Learner Experience**

As people mature, they accumulate a growing reservoir of experience that becomes an increasing resource for learning.

3. **Readiness to Learn**

As people mature, their readiness to learn becomes increasingly oriented to the developmental tasks of their social roles.

4. **Orientation to Learning**

As people mature, their time perspective changes from one of postponed application of knowledge to immediacy of application. As a result, their orientation toward learning shifts from one of subject-centeredness to one of problem-centeredness.

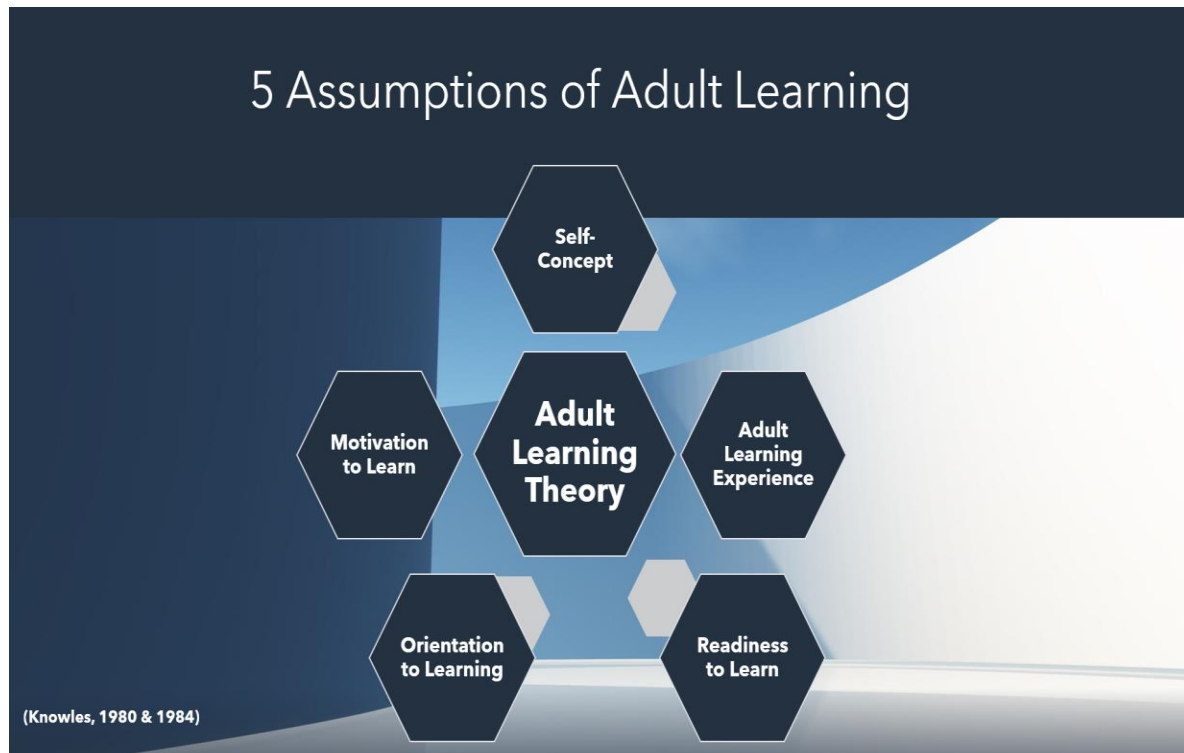
5. **Motivation to Learn**

As a person matures, the motivation to learn is internal.

In 1984, Knowles provided examples of applying adult learning principles (Pappas, 2013).

1. There is a need to explain the reasons specific things are being taught (e.g., certain commands, functions, operations, etc.).
2. Instruction should be task-oriented instead of promoting memorization — learning activities should be in the context of common tasks to be performed by others.
3. Instruction should take into account the wide range of different backgrounds of learners; learning materials and activities should allow for different levels/types of previous experience with computers.
4. Since adults are self-directed, instruction should allow learners to discover things and knowledge for themselves without depending on people. However, learners should be offered guidance and help when mistakes are made.

ADULT LEARNING THEORY



Preceptor Qualities Valued by Students

- Helpful, empathic, caring, warm
- Humorous
- Flexible
- Fair
- Dependable, consistent
- Enthusiastic, motivated
- Respectful
- Willing to work with beginners
- Enjoy teaching
- Commitment to the student
- Good role model
- Has the respect of peers
- Able to manage conflict
- Good communication skills

Expectations and Roles

Expectations of Preceptors embodied in our PRIDE Values:

- **Role Model:** Be a role model for the APRN student. Demonstrate the broad range of competencies required for advanced practice, including assessment, patient education, counseling and consultation. Also, demonstrate the interprofessional role of the advanced practice nurse with other disciplines, including medicine.

The Faculty Expectations of Preceptors — National Organization of Nurse Practitioner Faculties (NONPF), 2022

- Review NP program policies regarding student placement guidelines.
- Communicate the start date and time with the student.
- Review documents related to the clinical course (welcome letter, clinical hour requirements, syllabus and course objective; clarify if needed).
- Review the Family Educational Rights and Privacy Act (FERPA).
- Orient students to the clinical site, clinical site policies, Electronic Health Record, and clinical team prior to student's patient experiences.
- Discuss course objectives, course requirements, student learning goals and clinical experience expectations with the student.
- Discuss your experience/background with the student.
- Outline appropriate tasks, patient cases and caseload for each clinical day.
- Establish a plan for student progression from observing to conducting visits with minimal intervention.
- Model clinical skills and professional/ethical behaviors for student learning.
- Be present to observe all student clinical activities.
- Include students as a pertinent part of the health care team and encourage interprofessional collaboration between students and other team members.
- Encourage learning that utilizes direct questioning methods and allow for reflection on feedback.
 - Provides formal and informal feedback in a clear and timely manner.
 - Identifies and builds on the student's strengths.
 - Identifies the student's areas for growth and suggests strategies for improvement.
 - Encourages the student to overcome challenges and make progress in growing into the provider role, invested in the student's success.
- Verify student clinical hours. (Monitor)
- Guide, counsel and encourage active student learning through clinical experiences.
- Communicate to faculty pertinent feedback regarding student performance and learning progression related to course expectations and requirements.
- Be available for virtual or face-to-face site visits.
- Complete appropriate evaluation forms at intervals outlined in course requirements.
- Discuss evaluation(s) with students, providing constructive feedback on strengths, weaknesses and plans for improvement.
- Participate in faculty-initiated plans of remediation, if necessary.
- Submit all documents as outlined in the course.

The Preceptor Expectations of Faculty — NONPF, 2022

- Communicate start date and time with preceptor/clinical site point of contact.
- Identify the preceptor's preferred method of communication.
- Send documents related to the clinical course (welcome letter, preceptor handbook, clinical hours requirement, syllabus, course objectives, etc.) to the preceptor/clinical site point of contact via mail or email.
- Provide preceptor/clinical site point of contact with student's credentials and clinical clearance paperwork.
- Discuss course objectives, course requirements, student learning goals, and clinical experience expectations with the preceptor.
- Provide the contact number/information to the clinical faculty responsible for the student.
- Discuss the purpose, frequency, length and number of site visits with the preceptor.
- Offer face-to-face or online orientation opportunities to address adult learning/teaching strategies and effective preceptor approaches.
- Assume primary responsibility for the student throughout the clinical experience.
- Assess students' clinical skills, knowledge and competencies throughout their clinical experience, and assess for appropriate progression as it relates to course and clinical objectives.
- Support students in connecting knowledge obtained in an academic setting with their clinical experiences.
- Review and confirm student clinical hours.
- Engage in open communication with preceptor regarding student performance and learning progression related to course expectations and requirements.
- Schedule virtual or face-to-face site visits.
- Collect and review evaluation forms completed by the preceptor at intervals, as outlined in course requirements.
- Collect and review preceptor evaluation forms completed by the student.
- Discuss evaluation(s) with student, providing constructive feedback on strengths, weaknesses and a plan for improvement.
- Initiate plans of remediation based on evaluations, if necessary.
- Review the final evaluation submitted by the preceptor, as outlined in the course.
- Send preceptor and/or clinical site a thank you letter and/or token of appreciation, per program and/or university policy, including but not limited to continuing education credits, monetary compensation, adjunct faculty positions and/or access to school library resources.
- Provide preceptor with documentation of preceptorship for national certification renewal or dossier.
- Provide preceptor with feedback about preceptorship performance based on student evaluation(s).

NOTE: Review all cases with students through discussions and record review; sign all records. CR 10412 revises the Medicare Claims Processing Manual to allow the teaching APRN to verify in the medical record any student documentation of components of E/M services rather than re-documenting the work, but preceptors need to identify and follow their institutional requirements for documentation.

The Expectations of the Student

- Students are expected to comply with all clinical site policies.
- Students are expected to always maintain professional standards and communication, including notifying their assigned office and preceptor of absences and tardiness.
- Students are expected to review their objectives for the rotation with the preceptor.

CONCERNS, ISSUES OR PROBLEMS WITH STUDENTS

- Preceptors typically find the experience of working with a student extremely rewarding. On rare occasions, a concern or issue may arise. Preceptors are not expected to be experts in handling challenging situations or students. If there are concerns with the student's performance or behavior, contact the student's clinical faculty immediately.
- While it is rare, reasons that students might need to repeat a clinical rotation include an inability to prioritize care, a lack of preparedness, gaps in their knowledge base, the need for further skills development, inability to incorporate theory into clinical practice, unprofessional behavior, unsafe care or poor communication.
- It is often difficult for clinical educators to recognize in a timely manner when a student is not meeting expectations. Preceptors may be tempted to wait, sometimes for an extended period, to determine if a problem gets better; however, the student's clinical faculty should be notified immediately if a student has any significant problems in the first few weeks. The faculty should be readily available to solve problems with the preceptor and identify solutions. Clinical faculty make routine site visits each quarter, but preceptors should not hesitate to ask the faculty for an in-person site visit when possible.

ONBOARDING REQUIREMENTS

Letter of Attestation

This letter is to certify that the UCSF School of Nursing student(s) are in good standing and are compliant with all clearance requirements listed below.

EXAMPLE: Attestation Letter



UCSF School of Nursing
Office of Clinical Placements
Box 0604
490 Illinois Street, Floor 9
San Francisco, CA 94143
Tel: 415.476.0600
SON_ClinicalPlacements@ucsf.edu
www.ucsf.edu
nursing.ucsf.edu

Date

Preceptor I
UCSF Medical Center
San Francisco, CA 94143
(415) 123-4567
xxx.xxx@ucsf.edu

To Whom It May Concern,

Thank you for supporting our UCSF School of Nursing nurse practitioner student who will rotate at UCSF Medical Center **from Date to Date**. I want to introduce **Student XXX, RN**, who is in their 2nd year and has good academic standing. Student XXX completed their background check on **Date** and was cleared. In addition, Student XXX fulfilled their drug screening requirement on **Date** and was cleared.

Please get in touch with me if you have questions or concerns.

Sincerely,

Tammy Ryan

Tammy Ryan, JD, LLM
Clinical Placement Manager
UCSF School of Nursing
Tammv.ryan@ucsf.edu

Liability and Health Insurance

- Health Insurance

Students are automatically enrolled in the Student Health Insurance Plan (SHIP) unless they provide proof of similar coverage elsewhere. They are not insured through workers' compensation.

CERTIFICATE OF SELF-INSURANCE COVERAGE						Date: June 15, 2024
PRODUCER/INSURED The Regents of the University of California Office of the President Office of Risk Services 1111 Franklin St., 6 th Floor Oakland, CA 94607-5200 510-987-9832			This Certificate is issued as a matter of information only to authorized viewers for their internal use only and confers no rights upon any viewer of this Certificate. The Certificate does not amend, extend or alter the coverage described below. This Certificate may only be copied, printed and distributed by an authorized viewer for its internal use. Any other use, duplication or distribution of the Certificate without the written consent of the Regents of the University of California is prohibited.			
ENTITIES AFFORDING COVERAGE						
			COMPANY LETTER	A The Regents of the University of California	PARTICIPATION 100 %	
COVERAGES THIS IS TO CERTIFY THAT THE REGENTS OF THE UNIVERSITY OF CALIFORNIA IS A GOVERNMENTAL ENTITY THAT HAS A SELF-FUNDED RETENTION FOR LIABILITIES DESCRIBED BELOW, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY WRITTEN CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY PERTAIN. THIS SELF-FUNDED PROGRAM IS SUBJECT TO ALL PROVISIONS OF THE BYLAWS AND STANDING ORDERS OF THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, WHICH DOES NOT PERMIT ANY ASSUMPTION OF LIABILITY WHICH DOES NOT RESULT FROM THE NEGLIGENT ACTS OR OMISSIONS OF ITS OFFICERS, AGENTS OR EMPLOYEES.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☒ OCCURRENCE	Self-Insured	July 1, 2024	July 1, 2025	GENERAL AGGREGATE \$ Not applicable PRODUCTS-COMP/OP AGG \$ 5,000,000 PERSONAL & ADV INJURY \$ 5,000,000 CONTRACTUAL LIABILITY \$ 5,000,000 EACH OCCURRENCE \$ 5,000,000 \$	
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☒ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ☒ NON-OWNED AUTOS ☐ GARAGE LIABILITY	Self-Insured	July 1, 2024	July 1, 2025	COMBINED SINGLE LIMIT \$ Not applicable BODILY INJURY (PER PERSON) \$ 2,500,000 BODILY INJURY (PER ACCIDENT) \$ 2,500,000 PROPERTY DAMAGE \$ 2,500,000	
A	PROPERTY ☒ FIRE & EXTENDED PERILS	Self-Insured	July 1, 2024	July 1, 2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ Not applicable \$	
A	WORKERS' COMPENSATION AND EMPLOYERS LIABILITY	Self-Insured	July 1, 2024	July 1, 2025	STATUTORY LIMITS EACH ACCIDENT \$ As required by California Law DISEASE - POLICY LIMIT \$ As required by California Law DISEASE - EACH EMPLOYEE \$ As required by California Law	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS						
ADDITIONAL COVERED PARTY - AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH RESPECT TO GENERAL LIABILITY AND AUTOMOBILE LIABILITY						
LOSS PAYEE - AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH RESPECT TO PROPERTY COVERAGE						
CERTIFICATE HOLDER APPLICABLE PARTY AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT			CANCELLATION SHOULD THE REGENTS ELECT TO DISCONTINUE SELF-INSURING ITS LIABILITIES, THE REGENTS WILL UPDATE PROOF OF SELF-INSURANCE ON ITS WEBSITE. THE REGENTS SHALL NOT BE OBLIGATED TO PROVIDE INDIVIDUAL NOTICE TO VENDORS OR OTHERS. By: 			
KEVIN CONFETTI, AVP & CHIEF RISK OFFICER						

- Malpractice Coverage

The University of California, San Francisco, provides professional liability coverage for the student while providing care in approved clinical settings.



Risk Management

UCSF Box 0207
350 Parnassus Ave., Suite 507
San Francisco, CA 94143
tel: 415.353.1842
fax: 415.353.8566
www.ucsfhealth.org

Re: Professional Liability Insurance Coverage

To whom it may concern:

The California Tort Claims Act, section 810 et seq. of the Government Code of the State of California provides that The Regents of the University of California, as a public employer, is responsible for acts or omissions of its employees who are acting in the course and scope of employment. As such, University physicians who are acting in the course of their University duties are provided defense and indemnity for acts of medical malpractice. Defense and indemnity is provided for acts or omissions at facilities owned and operated by the University, and in other facilities in which there is an approved affiliation and/or service agreement, defining the scope of the University physicians' duties for purposes of defense and indemnity.

The Regents of the University of California carries out the obligations set forth in the California Tort Claims Act by maintaining a self-insured professional liability program entitled Professional Medical and Hospital Liability self-insured program. Federal law mandates the maintenance of such a fund. University employees, including physicians, are covered except where they act or fail to act because of actual fraud, corruption or actual malice, or they are outside the course and scope of University employment. Insurance coverage for all employees is concurrent with the dates of University employment. The University is self-insured for an amount that meets industry standards, currently at \$1 million per occurrence/\$3 million in aggregate.

If you have any questions regarding this insurance coverage, please call me at (415) 353-1842.

Sincerely,

A handwritten signature in black ink, appearing to read "Kimberly Dimino".

Kimberly Dimino, MSN, JD
Executive Director
UCSF Health Medical Risk Management

Training Affiliation Agreement

As a part of the clinical portion of our APRN program, students work at clinical sites with approved preceptors. All clinical affiliates must have a fully executed (signed by both parties) Training Affiliation Agreement with the UCSF School of Nursing. Students will not be placed at a clinical site if the agreement has expired or where one does not exist.

Background Check

Upon admission to the UCSF School of Nursing, APRN students are required to complete the following nationwide /county criminal records background review. County Criminal Record History (unlimited jurisdictions) include:

- Social Security Alert
- Residency History
- OIG Fraud & Abuse
- National Sex Offender Public Registry Search
- Multiple criminal databases

Drug Screen

Upon admission to the UCSF School of Nursing, APRN students are required to complete a negative drug screen panel. The screening process checks for the presence of the following drugs:

- Cannabinoids
- Cocaine
- Amphetamines
- Methaqualone
- Barbiturates
- Phencyclidine
- Methadone
- Opiates
- Propoxyphene
- Benzodiazepines
- Health Clearance

Medical Record Documentation of a Positive Immune Antibody Titer Test for

- Measles (Rubeola)
- Mumps
- German Measles (Rubella)
- Chickenpox (Varicella): *by IgG immune status verification*
- Hepatitis B: *by quantitative HBS Antibody immune status verification*
- COVID-19 vaccination series
- Medical record documentation of annual seasonal flu vaccine
- Tdap TB Screening Requirements

- Medical record documentation of tuberculosis screening by PPD or QuantiFERON testing by submission of a copy of the test, with the date and location/provider stamped or signed by an authorized health care agent indicating:
 - a negative result performed within the last 12 months OR
 - a positive result performed any time in the United States with a chest X-ray demonstrating an absence of active disease and proof of TB symptom review every 12 months.
- Persons who have completed INH prophylaxis are encouraged to provide documentation of completed treatment for their medical files or chest X-ray with annual surveillance.

Additional Requirements

- Basic Life Support (BLS) Certification
- Annual Respirator Fit Test
- Physical Exam
- Health Insurance
- California RN License
- UC Learning Training
 - HIPAA Compliance Training 101
 - Infection Control and Prevention
 - Annual Safety Training
 - UC Cyber Security Awareness Fundamentals
 - Sexual Harassment Prevention Training

GENERAL FAQs

QUESTION: Can students participate in patient notes and electronic medical record (EMR)?

ANSWER: It is encouraged to train students on the EMR system and to allow them to enter information in the medical record as a supplement to preceptor notes. However, all medical entries must be identified as “student” and include the student’s signature with the designation “NP-S,” “CNS-S” and “or SNM.”

QUESTION: Can a student write prescriptions?

ANSWER: Students may transmit prescribing information to the preceptor, but the preceptor must sign all prescriptions. For clinical rotation sites that use electronic prescriptions, the preceptor **MUST** log in to the system under his/her password and personally sign and send the electronic prescription.

*Note: All prescriptions must be signed by a licensed prescribing clinician.

QUESTION: Do the students have malpractice insurance?

ANSWER: Each student is fully covered by UCSF Health for malpractice insurance. Students completing a rotation with a preceptor or site that may become an employer must maintain a “student” role in the clinic. They should not assume the responsibilities of an employee until after completion of the program.

QUESTION: Is the affiliate site required to manage student clinical requirements for onboarding?

ANSWER: No. The UCSF School of Nursing will manage all clinical requirements such as MMR, TB, COVID-19, Hep B, background checks and drug screens. See above.

QUESTION: Am I required to give feedback on student performance?

ANSWER: Yes. Depending on the specialty, the UCSF School of Nursing will send a quarterly or mid-quarter preceptor evaluation via email.

QUESTION: What should I do if my student receives a needlestick injury?

ANSWER: Students must always practice universal infection prevention precautions. In the event of a needlestick injury, they should notify their clinical preceptor immediately and follow site-specific exposure guidelines. If the student is unfamiliar with the site protocol, they should go to the site’s emergency room or the nearest emergency room if there is not one at the site (UCSF Student Academic Affairs. (n.d.). Students are also advised to call the UCSF Needlestick Hotline at (415) 469-STIC (7842) immediately and notify the course faculty of record after the shift is over. <https://studentmentalhealth.ucsf.edu/crisis/needlestick-injuries>

FAQs FOR PRECEPTORS REGARDING THE TRANSITION TO THE BSN ENTRY to DNP PATHWAY

QUESTION: Can I still precept for the UCSF School of Nursing if I don't have a doctoral degree?

ANSWER: Yes! Your clinical expertise is very important for the students. We value the clinical expertise of our preceptors and the knowledge they bring to our students. We recognize and honor the many academic pathways to becoming an advanced practice clinician.

QUESTION: How does the clinical training timeline for students change with the transition to a doctoral-level program?

ANSWER: With the new, three-year program, students will begin clinical training in the spring of their first year, which is the fourth quarter of the program. Clinicals start later because students first complete foundational Doctor of Nursing Practice (DNP) courses before moving on to clinical content. This extended timeline allows for more comprehensive foundational DNP preparation prior to starting clinical content.

QUESTION: How does this change impact my clinical precepting schedule?

ANSWER: This change will not significantly impact your scheduling for students. There will still be individual quarter and longitudinal (multi-quarter) precepting opportunities. Additionally, more students will participate in summer rotations.

QUESTION: How many clinical hours are required in the BSN Entry to DNP pathway?

ANSWER: Students will now get a minimum of 750 clinical hours throughout the program, divided over nine quarters. Please contact the appropriate UCSF specialty coordinator for questions regarding specific hour requirements for each quarter.

QUESTION: Is there anything during this initial transition that I should be aware of?

ANSWER: There may be fewer requests for preceptors in AY 2025-2026 as we align student responsibilities with academic and clinical workloads. Please know that we still appreciate and need your expertise. If you are interested in opportunities beyond precepting, please keep an eye on the preceptor portal (<https://nursing.ucsf.edu/for-preceptors>).

QUESTION: If I am a volunteer faculty member and use my precepting hours for my service, what will happen to my status?

ANSWER: There are additional opportunities to reach your annual 60 hours. Reach out to SONOfficeofClinicalAffairs@ucsf.edu for more information.

QUESTION: What is my role as a preceptor in the DNP Quality Improvement (QI) project?

ANSWER: You are not required to participate in the DNP QI project. However, if you have an idea for a QI project, you are welcome to contact your specialty contact.

QUESTION: What are the expectations of precepting a DNP student?

ANSWER: The expectations for precepting DNP students in clinical settings are similar to precepting a master's student:

- Preceptors commit to regular clinical hours in collaboration with the specialty.
- Early clinical placements focus on students developing their history-taking and physical exam skills. As a student progresses through the program, they will increasingly develop differential diagnoses, assessments and management plans. Throughout the program, students are expected to take on increasing levels of autonomy in conducting the patient visit as they prepare to become clinicians. Preceptors support students in this progression by supporting development of their knowledge, skills and clinical reasoning.
- Preceptors complete quarterly assessments of students.

References

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