ABOUT UIC

Mission
The mission of the UIC College of Nursing is to transform health, health care, and policy through knowledge generation and translation, and education of future leaders from diverse backgrounds.

Vision
Our vision is to be a preeminent leader in advancing global health and nursing.

Points of Pride
The UIC College of Nursing draws the most accomplished and proactive nursing students from across the nation and around the world and continually exceeds expectations with our number of graduates. The CON has four regional campuses in Illinois, in Peoria, Quad Cities, Rockford, and Urbana, and an internationally recognized and vibrant Global Health Leadership Office (GHLO).

- Founded in 1955 with the preliminary school of nursing established in 1951.
- Ranked 2nd in research from the National Institutes of Health.
- First choice by international students selecting a nursing program in the U.S.
- First U.S. World Health Organization (WHO) Collaborating Centre for Nursing and Midwifery Development.
- In 2011, U.S. News & World Report ranked the CON:
  - 5th nationally for midwifery programs.
  - 6th nationally for community/public health clinical nurse specialist program.
  - 7th nationally for nursing service administration program.
  - 9th nationally for the Online Bachelor of Science in Nursing (RN-to-BSN program).
  - 11th nationally for graduate programs.
  - 15th nationally for pediatric nurse practitioner program.
  - 16th nationally for family nurse practitioner program.
The Department of Biobehavioral Health Science (BHS) focuses on both basic science and clinical approaches to adult and geriatric health problems and health maintenance, as well as acute care practice. The BHS program prepares nurses for leadership positions in primary and specialty health care settings. The objectives of our master's and doctor of nursing practice programs are to prepare expert advanced practice nurses who can synthesize practice, research, and theory to improve the quality of patient care. The graduate student develops a strong foundation to define, analyze, implement, and evaluate interventions that are employed to influence health outcomes. Clinical experiences in health care settings allow students to apply nursing theories to meet the needs of both acutely and chronically ill patients.

The advanced practice programs provide broad preparation to provide advanced practice nursing care across the continuum of health care services to patients with complex acute, critical, and chronic health conditions. With a strong emphasis on evidence-based practice, students follow a curriculum that includes didactic content and individually selected clinical experiences tailored to provide broad preparation for practicing in an advanced role. The curriculum plan provides in-depth content in physiology, pathophysiology, and management of complex patient problems.

The Department of Biobehavioral Health Science offers a master's or doctor of nursing practice degree with the following specialties: Adult-Gerontology Primary Care and Adult-Gerontology Acute Care Nurse Practitioner. Our core courses, such as health assessment, pathophysiology, and pharmacology, prepare individuals with the foundational knowledge required for all graduate students. Our clinical courses include a wide variety of opportunities that allow students to build on their existing clinical skills, broaden their knowledge base, and gain the knowledge and skills essential to practicing in a concentrated area of either acute or adult primary care. Because the scope of practice of the primary care adult or acute care NP is not setting-specific but rather based on patient care needs, our programs offer a diverse curriculum to provide care to the entire adult/older adult age spectrum and across the continuum of care from wellness to illness.

**Adult-Gerontology Acute Care Nurse Practitioner Program**

The Adult-Gerontology Acute Care Nurse Practitioner (AGACNP) Program at the University of Illinois at Chicago College of Nursing is designed to develop the knowledge and skills necessary to provide advanced nursing care in complex patient situations. The AGACNP manages acute, critical, and chronic illness across the adult lifespan and across a continuum of care settings. The AGACNP program emphasizes evidence-based clinical practice to provide quality, patient-centered care that meets the specialized needs of complex and high acuity patients. Graduates of this program are
prepared for direct care roles as an AGACNP and to be leaders within the healthcare system.

The AGACNP concentration consists of 77 credit hours of coursework in a hybrid environment that includes online, blended, and on-campus courses. It requires 1000 hours of clinical practica, with 675 hours in the AGACNP clinical specialty. Clinical practica are arranged in a variety of hospital (including ICU and ER) and specialized outpatient settings, and include both medicine and surgery specialty areas. The AGACNP program is offered in Chicago and at the Peoria, Quad Cities, Rockford, Urbana, and Springfield regional sites.

**Adult-Gerontology Primary Care Nurse Practitioner Program**

The UIC CON Adult-Gerontology Primary Care Nurse Practitioner (AGPCNP) program is preparation for board certification to provide primary health care to adults across the life continuum. The AGPCNP is prepared through coursework and clinical practice to provide advanced practice patient-centered care that includes health promotion and disease management to the adult population from adolescence through geriatrics. The AGPCNP program emphasizes evidence-based clinical practice.

The AGPCNP concentration consists of 77 credit hours of coursework in a hybrid environment that includes online, blended, and on-campus courses. It requires 1000 hours of clinical practicum, with 675 hours in the AGPCNP clinical specialty. Clinical practicums are arranged in a variety of practice settings including primary care clinics, skilled and assisted living facilities, specialty ambulatory clinics, hospitals, home health agencies and other outpatient settings. The AGPCNP program is offered in Chicago and at the Peoria, Quad Cities, Rockford, Urbana, and Springfield regional sites.
FACULTY LIAISONS AND CONTACTS

Department Head,
Biobehavioral Health Sciences
Dr. Mariann Piano, PhD, RN, FAAN, FAHA
Email: piano@uic.edu

Director, Adult-Gerontology
Acute Care Nurse Practitioner Program
Melissa Carlucci, MS, ACNP-BC
Email: mcarlu2@uic.edu
Phone: 312-413-0054

Director, Adult-Gerontology
Primary Care Nurse Practitioner Program
Lauren Vacek, DNP, FNP-BC
Email: ljvacek@uic.edu
Phone: 312-413-5749

Regional Faculty & Instructors:
Rockford
Rich McLaughlin, MS, ACNP
Email: rhammc@uic.edu
Phone: 815-395-5624

Peoria
Sue Copp, EdD, MS, ANP
Email: scopp2@uic.edu
Phone: 309-671-3411

Urbana
Erica Halcomb, MS, ANP
Email: ehalcom2@uic.edu
Phone: 217-333-9585

Quad Cities
Alyssa Wislander, MS, ACNP, PNP
Email: awisla2@uic.edu
Phone: 309-757-9467 ext 26
PROGRAM OUTCOMES

Students may complete the BSN-DNP, MS, or post-master's DNP with the specialty of adult-gerontology acute or primary care nurse practitioner. Course requirements and program length depend on the student’s entry point and program concentration. The DNP degree requirements include the completion of a scholarly project and DNP practicum experience.

Master of Science Program Outcomes

The Master of Science (MS) in nursing builds on the baccalaureate curriculum in nursing and incorporates the concepts of communication, critical thinking, and therapeutic nursing intervention. At the completion of the MS program, the graduate:

1. Demonstrates competencies for advanced practice in nursing.
2. Analyzes current knowledge for nursing practice and for inquiry.
3. Uses knowledge to adapt nursing interventions based on the interrelationships among person, environment, health, and nursing.
4. Evaluates effectiveness of nursing intervention and health systems on outcomes.
5. Conducts scholarly activity to advance nursing knowledge.
6. Demonstrates leadership in nursing and in multidisciplinary health environments.

Doctor of Nursing Practice Outcomes

The DNP program is designed to prepare experts in specialized advanced nursing practice. The DNP degree encompasses advanced nursing practice that influences health care outcomes for individuals, families, and populations, including the direct care of individual patients, management of care for individuals and populations, administration of nursing and health care organizations, and the development and implementation of health policy. Graduates of DNP programs are prepared for direct care roles (e.g., nurse practitioners, clinical nurse specialists, nurse midwives) and indirect care or systems-focused roles (e.g., administrative, public health, and policy) or a blend of these roles. The DNP curriculum consists of three domains of competencies for advanced practice in direct clinical care or systems: (a) core practice competencies, (b) specialty-specific practice competencies, and (c) role competencies.

The DNP program prepares nurse leaders to practice in complex health care systems, manage diverse populations, and reduce disparities in health care outcomes. At completion of the program, graduates will be able to:

1. Demonstrate the specialty competencies needed for doctoral practice in nursing.
2. Translate science to influence health care policy.
3. Implement evidence-based practices to optimize health care outcomes and reduce disparities.

4. Practice strategic management skills to improve the effectiveness of nursing interventions and health systems outcomes.

5. Develop transdisciplinary ventures to create innovative health care delivery models.

6. Demonstrate fiscal leadership in planning and management for nursing practice.

7. Integrate technology with nursing practice skills to improve quality and accessibility of care.
INTRODUCTION FOR PRECEPTORS

The Biobehavioral Health Science faculty are proud of our tradition of providing an education that integrates an excellent academic background with the equally important development of clinical skills. Over the years, clinical practitioners in a variety of settings have served as preceptors. These preceptors provide opportunities which broaden and strengthen the practicum portion of our students’ education. It is our goal that the clinical experience be as enriching as possible for the students and preceptors. This handbook was developed to provide some direction for the precepting process.

Our experience has shown that the clinical practicum is mutually beneficial for all concerned. The student is provided the opportunity to learn in a variety of practice settings with master's and doctorally prepared advanced practice nurses (APNs), physician assistants (PAs), and physicians who are role models of exemplary practice. The preceptor is able to network with other faculty colleagues, thus facilitating an exchange regarding issues of education, practice, and the enhancement of the APN role in society. We hope your affiliation with the University of Illinois at Chicago College of Nursing is personally and professionally rewarding.

As a clinical preceptor, you are an important contributor to quality educational experiences for APN students. We thank you for your willingness to share your knowledge and experiences with the future APNs of Illinois and beyond. Your contribution to nursing education and the profession as a whole is vital. We hope you find this guidebook helpful in your role.

UIC PRECEPTOR BENEFITS

We value the time and commitment our preceptors give our students, our program and our University. At the end of each preceptor experience, we will send you an official certificate of precepting for your files.

We also periodically offer continuing education events and networking for our preceptors and will make you aware of all of these offerings in a timely manner. We have a LinkedIn group for alumni and preceptors, where we post jobs as they come to our attention.
RESPONSIBILITIES OF THE STUDENT, PRECEPTOR, AND UIC FACULTY

Students are taught and supervised by UIC faculty and clinical preceptors. A UIC faculty member is assigned to each student in their clinical rotation, but the day-to-day clinical supervision of students is provided by the on-site preceptor. Prior to placement of a student in a practicum, there must be a contract with the preceptor’s agency.

The clinical practicum works best if students, preceptors, and faculty clearly understand their respective roles and responsibilities.

The student’s responsibilities are as follows:

1. Schedules
   a. Contact the preceptor in advance to establish a clinical schedule based on the preceptor’s schedule, not the student's.
   b. Provide a schedule to the preceptor and the UIC faculty.
   c. Adapt the clinical schedule as is best suited for the preceptor.
   d. Change the clinical schedule only when absolutely necessary to minimize disruptions to the preceptor, clinic staff, and UIC faculty making site visits.
   e. Arrive at the clinical site at the scheduled time; call if an emergency arises.
   f. Stay at the clinical site until all student-patient encounters and charting are complete.

2. Preparedness
   a. Complete all assignments given by the preceptor such as reviewing articles, clinical guidelines or chart forms.
   b. Bring appropriate references to the clinical site and know how to effectively use references prior to beginning the clinical.

3. Patients
   a. Begin evaluating each patient only after directed to do so by the preceptor.
   b. Present each patient to the preceptor, and review all findings, documentation and orders with the preceptor.
   c. Demonstrate cultural sensitivity by avoiding any preconceived ideas about the types of patients to be seen and by rendering care in a nonjudgmental manner.
   d. Keep an encounter log on each patient with no identifying information.

4. Communication with Preceptors
   a. Provide the preceptor with their basic demographic information, previous professional nursing experiences, and student experiences.
   b. Provide the preceptor with objectives they have for the clinical rotation.
c. Confer with preceptor regarding clinical site policies, procedures, and systems.

5. Communication with Faculty
   a. Confer with UIC faculty at least weekly during each clinical rotation.

The preceptor’s responsibilities are as follows:

1. Become familiar with the student’s background and clinical rotation expectations.
2. Prepare the institution and staff for the student’s arrival.
3. Orient the student to the facility.
4. Act as the student’s mediator regarding all aspects of the clinical systems in terms of interacting with physicians, other specialists and administrative staff.
5. Expect the student to perform only those functions consistent with his/her role and skill level.
6. Obtain the patient’s permission to be examined by the student.
7. Provide the following as the student presents each case:
   a. Validation and feedback regarding the student’s findings.
   b. Discussion of the management plan.
8. Review and co-sign the student’s documentation.
9. Complete a midpoint and final evaluation form for the student.
10. Confer with UIC faculty regarding the student’s progress.
11. Contact UIC faculty immediately if the student’s performance poses any concern.

The UIC faculty responsibilities are as follows:

1. Request a student rotation from the preceptor well in advance of the beginning of a clinical rotation.
2. Provide the course syllabus to the preceptor prior to the rotation starting.
3. Be available to students and preceptors for consultation as necessary.
4. Evaluate the student via on-site evaluation or through regular communication depending on the preference of the preceptor.
5. Confer with each preceptor through communication and/or site visits regarding the student’s progress throughout the clinical rotation.
STUDENT PRODUCTIVITY

Initially, students should have an opportunity to observe the preceptor for 1-2 encounters as part of their orientation to the clinical site or instruction regarding a particular procedure. However, as the purpose of the clinical rotation is to provide the student with “hands-on” experience, purely observational experiences should be limited. The number of patients the students can see independently will vary depending on whether they are in their first, second, or final clinical rotation, and on the complexity of the patients’ problems. It is important that the preceptors be available throughout the time the students are seeing patients, as the students are expected to present each case to the preceptors for consultation. The students are expected to follow whatever clinical management protocols are already in place in the practicum setting. They are also encouraged to bring references that will help them manage the caseload typical patient population for that particular clinical site.

How frequently students are directly observed by the preceptor is at the preceptors’ discretion, but observation of portions of 2 to 3 patient encounters each clinical day is recommended. While students’ productivity and effectiveness will increase over time, they should see approximately 4 to 6 patients per clinical day. This number may be fewer in their first clinical course and may vary based on patient load and specialty area and complexity of the patients.

STUDENT DOCUMENTATION OF PATIENT ENCOUNTERS

Students are taught to document using the S.O.A.P. format (Subjective, Objective, Assessment, and Plan). As expected, they should follow whatever format is used at each clinical site. Students are encouraged to take brief notes during each encounter and complete documentation later. Attention to charting should not limit the number of patients that can be seen. Preceptors should review, critique, and co-sign all of their students’ documentation. We understand that some clinical sites do not allow student charting directly; in which case, we would request that the student write a note independently for the purpose of review by their preceptor.
EVALUATION OF STUDENTS

Non-Clinical Activities

During each clinical rotation, students are expected to participate in on-campus activities outside of their direct clinical site time. These required activities include simulation, standardized patients, clinical case presentations, and other student workshops.

Clinical

Both the preceptor and UIC faculty member evaluate the student’s progress in practicum.

1. Preceptor Evaluation

Preceptors evaluate students using the Student Competency Clinical Evaluation Form. The form should be completed based on the preceptor’s observations of the student at mid-point in the semester and again at the conclusion of the student’s clinical experience. The preceptor’s input is vital in assessing how students perform in their respective clinical sites. These forms should be signed by both the student and preceptor and forwarded to the UIC faculty either by fax or email.

2. UIC Faculty Evaluation

Site visits by faculty will be scheduled based on the preference of the preceptor. UIC faculty will perform a site visit with the student and preceptor once per semester, during which faculty may observe the student during a patient encounter. The student’s clinical performance will also be discussed in a meeting of the student, faculty, and preceptor. We understand that some sites do not allow for direct observation of student encounters. However when faculty do make site visits they will, whenever possible, observe the student during patient encounters and provide feedback to the student and preceptor.
CLINICAL COMPETENCIES

Clinical Course Description
Each clinical rotation is a five-hour clinical practicum (225 clock hours). The practicum emphasizes clinical evaluation, health promotion, differential diagnosis, symptom management, education, and case management of adolescents through older adults with complex health problems that may be acute, episodic, or chronic. It is expected that the student will utilize the advanced health assessment, diagnostic, physiologic, and pharmacologic concepts acquired in prior core courses in the clinical assessment, diagnosis, and management of young adults, middle-aged adults, and older adults with complex and common health problems.

Course Objectives

The focus of the adult-gerontology primary care student and the adult-gerontology acute care student is to provide patient-centered quality care to the adult and older adult population. The student applies evidence in practice designed to improve quality of care and health outcomes under the guided supervision of faculty and clinical preceptors.

Key overall objectives for students in both tracts includes but are not limited to:
1. Accurately assess the health status of patients with common health problems.
2. Develop a diagnosis of patient health status.
3. Develop a plan of care.
4. Evaluate responses to treatment and modify treatment plans.
5. Demonstrate a personal, collegial, and collaborative approach to patient care.
6. Implement a teaching/coaching component to patient care.
7. Demonstrate professionalism in an advanced practice role.
8. Monitor the quality of health care practice.
10. Utilize evidenced-based approaches to improve outcomes.
NURSE PRACTITIONER COMPETENCIES:

Core competencies for NPs, DNP prepared NPs, as well as population focused competencies for both AGPCNPs and AGACNPs can be accessed at the following webpage: