



UMass Chan
MEDICAL SCHOOL

Tan Chingfen
Graduate School
of Nursing

UMASS CHAN MEDICAL SCHOOL
TAN CHINGFEN GRADUATE SCHOOL OF NURSING

Preceptor Packet for:
Advanced Nursing Science: Adult Gerontology Primary Care Nurse Practitioner
Clinical Practicum I, II, III
N730B, N731B and N731C

Fall, Spring and Summer Semesters
Academic Year 2021-2022

UMass Chan Medical School
Tan Chingfen Graduate School of Nursing

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Thank you for agreeing to precept this year! As a preceptor you have a unique opportunity to facilitate a student’s professional development. This information is intended to assist you in helping your student to meet clinical competency goals. Since evaluation is an ongoing process, it is recommended that both the preceptor and the student participate in open discussion throughout the semester regarding progress made towards meeting clinical objectives. At the end of the semester you will be asked to perform an evaluation of the student. This will be done electronically, and you will be sent information during the semester regarding how to access the online evaluations. Please include validating and constructive comments in the sections provided. We recognize that it is impossible to be outstanding in all areas and hope to use the evaluation tool to build on the areas the student excels in and assist him/her to build strengths in other areas. Your input is a vital tool enabling the student to reach their potential

	Course Description	Objectives Upon completion of this course the learner will be able to:
Fall: N730B (270 hours)	This is the first of three-advanced practice nursing clinical courses to prepare adult gerontology primary care nurse practitioners to care for acute and complex chronic health problems in ambulatory and community settings. The focus is to develop and refine history taking, physical exam, clinical reasoning skills, and to formulate management plans to care for health and illness states for patients and their families. The course enhances the student’s ability to apply theories, standards of care and evidence-based practice in the care of patients across the lifespan and their families to maintain health, identify and mitigate risk factors. The student implements the role of the advanced practice nurse through critical thinking, therapeutic intervention, communication and professional role interaction.	<ol style="list-style-type: none"> 1. Develop therapeutic nurse practitioner-patient/family relationships and collegial relationships with members of the healthcare team. 2. Identify patient risk factors and develop plans of care to promote health and prevent disease in adolescent and adults through end of life. 3. Interpret and evaluate subjective and objective data to select evidence-based interventions to prevent, diagnose and manage acute and complex chronic health problems of the adolescent and adult through end of life. 4. Identify and integrate teaching/coaching activities of the advanced practice nurse in the care of the adolescent and adult

		<p>through end of life and their families in their community.</p> <ol style="list-style-type: none"> 5. Collaborate with patients, families and members of the health care team to deliver holistic care to adolescent and adult through end of life. 6. Assess and analyze health outcomes for adolescents and adults through end of life and their families.
<p>Spring: N731B (270 hours)</p>	<p>This course is the second of three-advanced nursing science <i>clinical</i> courses to prepare adult gerontology primary care nurse practitioners to care for acute and complex chronic health problems in ambulatory and community settings. The focus is to develop and refine history taking, physical exam, clinical reasoning skills and to formulate management plans needed to care for the health and illness states of patients and their families. The course enhances the student’s ability to apply theories, standards of care and evidence-based practice in the care of patients across the lifespan and their families to maintain health, identify and mitigate risk factors. The student implements the role of the advanced practice nurse through critical thinking, therapeutic intervention, communication, and professional role interaction.</p>	<ol style="list-style-type: none"> 1. Develop therapeutic nurse practitioner-patient/family relationships and collegial relationships with members of the healthcare team. 2. Identify patient risk factors and develop plans of care to promote health and prevent disease in adolescent and adult through end of life. 3. Interpret and evaluate subjective and objective data to craft select evidence-based interventions to prevent, diagnose and manage acute and complex chronic health problems of adolescent and adult through end of life. 4. Identify and integrate teaching/coaching activities of the advanced practice nurse in the care of adolescent and adult through end of life and their families in their community.

		<ol style="list-style-type: none"> 5. Collaborate with patients, families and members of the health care team to deliver holistic care to adolescent and adult through end of life and their families. 6. Assess and analyze health outcomes for adolescent and adult through end of life and their families.
<p>Summer: N731C (90 hours)</p>	<p>This course is the third of three-advanced practice-nursing clinical courses for adult gerontology primary care nurse practitioners in the care of acute and complex chronic health conditions in the ambulatory and community settings. The focus of the course is to actualize the role of the adult gerontology nurse practitioner. Clinical experiences further refine and enhance diagnostic reasoning and formulation of complex management plans needed by the advanced practice nurse. The student operationalizes standards of care and evidence-based practice to provide direct care of health and illness states to patients and families across the lifespan. The student expands their capacity to manage additional and more complex patients with maximal independence.</p>	<ol style="list-style-type: none"> 1. Evaluate subjective & objective data to diagnose and generate comprehensive plans of care with minimal supervision. 2. Implement teaching/coaching activities of the advanced practice nurse in the care of adolescent and adult through end of life and their families. 3. Evaluate health outcomes and modify plan of care to optimize health and quality of life. 4. Engage in self-appraisal to identify ongoing learning needs and implement a plan to meet these needs.

Course Methodology:

This is a clinical course which primarily utilizes direct patient care and clinical documentation as the primary teaching and learning methodologies.

Note, however, that as a result of the ongoing COVID-19 pandemic, there may be clinical site restrictions, and accordingly, the Tan Chingfen Graduate School of Nursing must reserve the right, in its sole and exclusive discretion, to potentially utilize case studies, virtual and/or live simulation activities, and remote post conferences and seminar sessions.

Course Evaluations & Assessments:

Clinical practicum, case study presentations, weekly logs, weekly clinical seminar, and OSCE comprise the methodology for the clinical practicum. ***Students must pass all evaluation methods to successfully complete this course.***

1. Clinical practicum (Pass/Fail)
2. Seminar (Pass/Fail)
3. Objective Structured Clinical Examinations (OSCE) (Pass/Fail)
4. Weekly logs/notes and documentation (Pass/Fail)
5. Submission of all evaluations - including self, site, preceptor, faculty and course evaluations

Program goals for each student include:

- Completing N730B with an average passing grade of 3.0 or above, and
- For N731B & N731C average passing grade is 3.5 or above.

If students are not meeting these programmatic goals, clinical faculty will meet with students to develop a plan to achieve these goals. Each preceptor, Tan Chingfen Graduate School of Nursing faculty/clinical instructor, and student are expected to complete an evaluation and submit this at the end of the semester. The Tan Chingfen Graduate School of Nursing clinical faculty will determine the student's grade for the clinical component with input from the preceptor and clinical faculty evaluations.

Guidelines for Clinical hours:

Students are expected to complete 270 clinical hours for the Fall and Spring semesters and an additional 90 hours in the summer semester. Due to the COVID 19 pandemic accommodations, the distribution and number of clinical hours may need to be reassessed during the academic year.

Students should contract with their preceptor(s) regarding the number of days and hours per week. Students are expected to keep up with monitoring and logging hours. Please reach out to the clinical faculty and/or course faculty with any issues or concerns so that a plan can be instituted.

Guidelines for Clinical Placements:

Students are expected to stay in the clinical sites assigned over the specified time period (unless otherwise negotiated with the clinical instructor and course coordinator). Students will be allowed to attend observational experiences at their site, or a designated contracted practicum site arranged with the approval

of the clinical instructor. It is recommended that students keep such observations to one-time clinical experiences to a maximum of 16 hours each semester.

Placements must meet the following criteria:

- Students will develop a plan for clinical hours/sessions per week at the clinical site(s) based on availability of preceptor
- Documentation of the clinical hours are tracked in Typhon.
- Preceptors must have a minimum of one year of practice as an NP, PA or physician.
- Students may not have a placement or specialty experience with a family member.

Student Clinical Expectations:

1. The student will develop clinical objectives and share with their preceptor at the beginning of the clinical practicum. A copy of these objectives is to be given to the clinical faculty instructor. Objectives are to be reviewed over the course of the practicum to evaluate how they are being met. Objectives may need to be revised throughout the semester.
2. The number of patients seen by the student daily will be determined by the preceptor in collaboration with the student. This decision will be guided by both patient acuity and the student's current skill level with that patient population. Concerns regarding this can be readdressed with the clinical faculty instructor responsible for the student. Please refer to the following grid as a guide for student engagement regarding number of patients to manage under supervision of preceptor.
3. Students should see patients across the lifespan and according to the scope of practice of the preceptor.
4. Students are expected to submit 2 clinical SOAP notes weekly to their clinical faculty, based on patients seen in their clinical practicum. Use of electronic medical records or checklists are discouraged as composing SOAPs helps to develop clinical reasoning skills. Details will be reviewed and reinforced in clinical seminar with instructors.
5. If the student is unable to attend a scheduled clinical day due to illness or weather, the student is expected to notify the preceptor, the site and their clinical instructor prior to the session (phone or email is acceptable). Please identify the preceptors preferred contact at the beginning of each rotation.

Guide to number of patient visits/encounters fall semester

Fall Semester (270 hours)	Patient encounters per week:	Average # of patient encounters per month:
Week 1	2-4	Sept: week 1 = 2-4
Week 2	4-6	Sept: weeks 2-4 = 12-18
Week 3 - 6	6-8	Oct: 4 weeks = 24-32
Week 7 - 15	8-10	Nov/Dec:6 weeks = 48-60
Number of patient visits by student has with a preceptor is dependent on number of days per week student is with preceptor/clinical sites during the semester	Exceptions to the above need to be reported to clinical faculty with explanation.	Students are expected to complete Minimally 100 patient visits for the semester

Guide to number of patient visits/encounters spring semester

Spring Semester (270 hours)	Patient encounters per week:	Average # of patient encounters per month:
Week 1	4	Jan (3 weeks): 12
Week 2	8	Feb: 4 weeks: 32
Week 3 - 6	8-10	Mar: 4 weeks:32
Week 7 - 15	8-10	April:8 weeks: 64
Number of patient visits by student has with a preceptor is dependent on number of days per week student is with preceptor/clinical sites during the semester	Exceptions to the above need to be reported to clinical faculty with explanation.	Students are expected to complete Minimally 140 patient visits for the semester

Guide to number of patient visits/encounters summer semester

Summer Semester (90 hours)	Patient encounters per week:	Average # of patient encounters per month:
Week 1 -10	5 patients per week	Mid-May through Mid-July: approximately 10 weeks – 10 to 20 patients

Number of patient visits by student has with a preceptor is dependent on number of days per week student is with preceptor/clinical sites during the semester	Exceptions to the above need to be reported to clinical faculty with explanation.	Students are expected to complete Minimally 45-50 patient visits for the semester
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Patient Care Expectations:

1. Expectations of the patient assessment includes performing histories (including pertinent HPI, medical history, surgical history, allergies, medications, family history, social history, ROS), physical exam, and laboratory or other diagnostic testing.
2. The student will then make an Assessment/Diagnosis of the medical problem(s) and needs based on the H &P which will be presented in the history/physical exam format as described above to the preceptor for review.
3. The student will formulate appropriate plan(s) of care with their preceptor. Plans should include: Diagnostic testing, Therapeutic interventions, Education, and Follow-up pertinent to the patient and their visit.
4. The student will document a note of the patient interview/assessment based on whether the assessment is episodic or routine. All notes are to be reviewed in clinical by the preceptor. The preceptor is expected to see the patient after reviewing the findings with the student.

Documentation:

Students will track their clinical hours and patient encounters/SOAP notes using Typhon®. Typhon is designed specifically for advanced practice nursing programs where no patient identifiable factors are recorded. Students may need advice from preceptors on billing and diagnosis coding for their logs. Each student will submit two Clinical SOAP notes weekly to Typhon. These will be typed into a word document and submitted electronically via Typhon. Students are accountable to maintain all HIPAA guidelines.

Clinical Site Visits:

During the COVID 19 pandemic, site visits may be performed in person (if permitted by your facility, and/or UMMS GSN), remotely via Zoom or telephone.

Preceptors will be contacted within the first or second week of the semester to discuss student integration into the clinical rotation. Each student will be visited by a UMass faculty twice during the fall semester and once during the spring semester, as well as other times as needed. ***The preceptor is encouraged to contact the clinical faculty instructor with any concerns or questions related to the clinical experience.***

During the site visit the student may be expected to perform any of the following activities under the observation of the visiting faculty member.

1. Take a comprehensive history
2. Physical examination
3. Formulate differential diagnoses
4. Present the above information to preceptor in an organized manner
5. Implement a plan of care, incorporating education and health promotion strategies

During an initial visit to a site, time will be set aside to:

1. Meet with the preceptor privately
2. Tour the facility
3. Review the program and/or objectives for the course
4. Meet with the preceptor and student together to discuss progress being made towards meeting clinical objectives

NONPF & AG-PCNP NP Core Competencies:

The focus of the adult-gerontology primary care NP is to provide patient-centered, quality care to the adult and older adult population. The adult-gerontology primary care NP applies evidence in practice designed to improve quality of care and health outcomes.

This form provides a template in which the student can use as a point of reference to ensure his or her attainment of the competencies through their clinical practicums. This document is intended to be fluid and develop with the student. Nurse Practitioners should be able to demonstrate the core competencies at the time of graduation. Each set of specialty competencies builds upon this set of core competencies. It is understood this is a transitional format to be modified as NP education evolves.

Throughout the competencies, patient is defined as the individual, family, group, and/or community. The left column is the list of core NP competencies. Students should review this document with their clinical faculty and preceptors at the beginning of the semester. It is expected that the student will review this document regularly

through the semester and seek out opportunities within their clinical practicum that will help them to meet their competencies.

NP Core Competencies		AGPCNP competencies	
Scientific foundations			
1. Critically analyzes data and evidence for improving advanced nursing practice.		1. Contributes to knowledge development and improved care of the adult-gerontology population.	
2. Integrates knowledge from the humanities and sciences within the context of nursing science		2. Uses scientific knowledge and theoretical foundations to differentiate between normal and abnormal changes in physiological, psychological, and sociological development and aging”	
3. Translates research and other forms of knowledge to improve practice processes and outcomes			
4. Develops new practice approaches based on the integration of research, theory, and practice knowledge			
Leadership			
1. Assumes complex and advanced leadership roles to initiate and guide change.		1. Describes the current and evolving adult-gerontology primary care NP role to other health care providers and the public.	
2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care.		2. Provides leadership to facilitate the complex coordination and planning required for the delivery of care to young adults (including late adolescents), adults, and older adults.	
3. Demonstrates leadership that uses critical and reflective thinking.		3. Demonstrates leadership in the practice and policy arenas to achieve optimal care outcomes for the adult-gerontology population.	
4. Advocates for improved access, quality and cost-effective health care.			

5. Advances practice through the development and implementation of innovations incorporating principles of change.			
6. Communicates practice knowledge effectively, both orally and in writing.			
7. Participates in professional organizations and activities			
Quality			
1. Uses best available evidence to continuously improve quality of clinical practice		1. Promotes safety and risk reduction for the adult gerontology population	
2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care		2. Evaluates the quality of care delivery models and their impact on adult population outcomes across the age and care continuum.	
3. Evaluates how organizational structure, care processes, financing, marketing, and policy decisions impact the quality of health care.		3. Demonstrates continuous quality improvement of one's own practice.	
4. Applies skills in peer review to promote a culture of excellence.			
5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality			
Practice inquiry			
1. Provides leadership in the translation of new knowledge into practice.			
2. Generates knowledge from clinical practice to improve practice and patient outcomes			
3. Applies clinical investigative skills to improve health outcomes.			

4. Leads practice inquiry, individually or in partnership with others.			
5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.			
6. Analyzes clinical guidelines for individualized application into practice			
Technology and information literacy			
1. Integrates appropriate technologies for knowledge management to improve health care.		1. Integrates appropriate technologies into health care delivery for adult-gerontology populations in remote and face to-face encounters.	
2. Translates technical and scientific health information appropriate for various users' needs.		2. Uses devices and technology to improve outcomes for adult gerontology patients, including the cognitively impaired, sensory impaired, and those with disabilities.	
2. a Assesses the patient's and caregiver's educational needs to provide effective, personalized health care.		3. Uses appropriate electronic communication methods with health care professionals, patients, family members, and caregivers.	
2. b Coaches the patient and caregiver for positive behavioral change.		4. Applies ethical and legal standards regarding the use of technology in health care for the adult-gerontology population	
3. Demonstrates information literacy skills in complex decision making		5. Analyzes the adequacy of data capture methods in clinical information systems to promote effective care for the adult gerontology population.	

4. Contributes to the design of clinical information systems that promote safe, quality and cost-effective care			
5. Uses technology systems that capture data on variables for the evaluation of nursing care.			
Policy			
1. Demonstrates an understanding of the interdependence of policy and practice.		1. Advocates for implementation of the full scope of the AG PCNP role.	
2. Advocates for ethical policies that promote access, equity, quality, and cost.		2. Analyzes policy relative to optimal care outcomes for the adult-gerontology population.	
3. Analyzes ethical, legal, and social factors influencing policy development			
3. Analyzes ethical, legal, and social factors influencing policy development			
4. Contributes in the development of health policy.			
5. Analyzes the implications of health policy across disciplines.			
6. Evaluates the impact of globalization on health care policy development.			
7. Advocates for policies for safe and healthy practice environments.			
Health delivery system			
1. Applies knowledge of organizational practices and complex systems to improve health care delivery		1. Manages safe transitions across settings and levels of care.	
2. Effects health care change using broad based skills including negotiating, consensus-building, and partnering.		2. Applies knowledge of regulatory processes and payer systems to the planning	

		and delivery of health care services for adults across the age and level of care spectrums	
3. Minimizes risk to patients and providers at the individual and systems level.		3. Facilitates the development of health promotion programs within a health system or community	
4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.			
5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment			
6. Analyzes organizational structure, functions and resources to improve the delivery of care			
7. Collaborates in planning for transitions across the continuum of care.			
Ethics			
1. Integrates ethical principles in decision making		1. Advocates for the patient's and family's rights regarding health care decision-making taking into account ethical and legal standards.	
2. Evaluates the ethical consequences of decisions.			
3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.			
Independent practice			
1. Functions as a licensed independent practitioner.		1. Independently manages complex acute, critical, and chronically-ill adult and older adult patients at risk for urgent and emergent conditions, using both physiologically and	

		technologically derived data, to manage physiologic instability and risk for potential life-threatening conditions.	
2. Demonstrates the highest level of accountability for professional practice.		2. Promotes health and protection from disease and environmental factors by assessing risks associated with care of acute, critical, and complex chronically-ill patients.	
3. Practices independently managing previously diagnosed and undiagnosed patients. <ul style="list-style-type: none"> a. Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end-of-life care. b. Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings. c. Employs screening and diagnostic strategies in the development of diagnoses 		3. Identifies the presence of comorbidities and the potential for rapid physiologic and mental health deterioration or life-threatening instability and the risk for iatrogenesis.	

<ul style="list-style-type: none"> d. Prescribes medications within scope of practice. e. Manages the health/illness status of patients and families over time. 			
<ul style="list-style-type: none"> 4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making. <ul style="list-style-type: none"> a. Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration. b. Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect. c. Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care. d. Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care. 		<ul style="list-style-type: none"> 4. Diagnoses common behavioral and mental health and substance use or addictive disorder/disease, in the context of complex acute, critical, and chronic illness. 	

<p>e. e. Develops strategies to prevent one's own personal biases from interfering with delivery of quality care.</p> <p>f. f. Addresses cultural, spiritual, and ethnic influences that potentially create conflict among individuals, families, staff and caregivers.</p>			
<p>5. Educates professional and lay caregivers to provide culturally and spiritually sensitive, appropriate care</p>		<p>5. Prioritizes diagnoses during rapid physiologic and mental health deterioration or life-threatening instability.</p>	
<p>6. Collaborates with both professional and other caregivers to achieve optimal care outcomes</p>		<p>6. Collaborates with interprofessional and interprofessional team and informal caregivers to achieve optimal patient outcomes during acute, critical and/or complex chronic illness.</p>	
<p>7. Coordinates transitional care services in and across care settings.</p>		<p>7. Employs interventions to support the patient to regain and maintain age-specific physiologic and psychological stability consistent with the patient's goals of care.</p>	
<p>8. Participates in the development, use, and evaluation of professional standards and evidence-based care.</p>		<p>8. Performs diagnostic and therapeutic interventions including, but not limited to:</p> <ul style="list-style-type: none"> • Interpretation of EKG and imaging studies 	

		<ul style="list-style-type: none"> • Respiratory support • Hemodynamic monitoring, line and tube insertion • Lumbar puncture • Wound debridement and closure 	
		9. Assesses the individual's and family's ability to cope with and manage developmental (life stage) transitions	
		10. Manages geriatric syndromes and changing conditions using evidence-based guidelines.	
		11. Collaborates with the individual, family, and caregivers in the development of educational interventions appropriate to the complex acute, critical, and chronically ill patient's needs, values, developmental and cognitive level, and health literacy.	
		12. Educates individuals, families, caregivers, and groups regarding strategies to manage the interaction among normal development, aging, and mental and physical disorders.	
		13. Employs treatments and therapeutic devices as indicated, including, not limited to: <ul style="list-style-type: none"> • Oxygen 	

<ul style="list-style-type: none"> • Noninvasive and invasive mechanical ventilation • Prosthetics • Splints • Pacers • Circulatory support Adaptive equipment.	
14. Evaluates the effect of therapies including but not limited to: <ul style="list-style-type: none"> • Physical therapy Occupational therapy • Speech therapy • Home health care • Palliative care • Nutritional therapy 	
15. Implements interventions to support the patient with a rapidly deteriorating physiologic condition based on Advanced Cardiac Life Support and Fundamentals of Critical Care Support.	
16. Conducts a pharmacologic assessment addressing pharmacogenetic risks, complex medical regimens, drug interactions and other adverse events.	
17. Prescribes medications maintaining awareness of and monitoring for adverse drug outcomes and complex medical regimens, especially in high-risk and vulnerable populations.	
18. Uses pharmacologic and nonpharmacologic management strategies to ameliorate physical and behavioral symptoms in individuals who have mental	

	health and substance misuse disorders.	
	19. Initiates discussion of sensitive issues, such as advanced directives and end-of-life decisions, with the individual, family and other caregivers.	
	20. Applies principles of crisis and stress management in assisting the patient and family experiencing complex acute, critical, and chronic physical and mental illness during changes in status.	
	21. Adapts teaching-learning approaches based on physiological and psychological changes, age, developmental stage, cognitive status, readiness to learn, health literacy, the environment, and available resources.	
	22. Coordinates comprehensive care in and across care settings for patients who have acute and chronic illness needs.	
	23. Promotes the delivery of evidence-based care for patients with complex acute, critical, and chronic physical and mental illness.	
	24. Practices within the national, state, and institutional credentialing and scope of practice for AG ACNPs based upon education, certification, and licensure criteria.	

Thank you again for sharing your practice, time and expertise to precept one of our Tan Chingfen Graduate School of Nursing students!

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