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College of Nursing
UNIVERSITY OF HOUSTON



DNP PRECEPTOR HANDBOOK

2024-2026

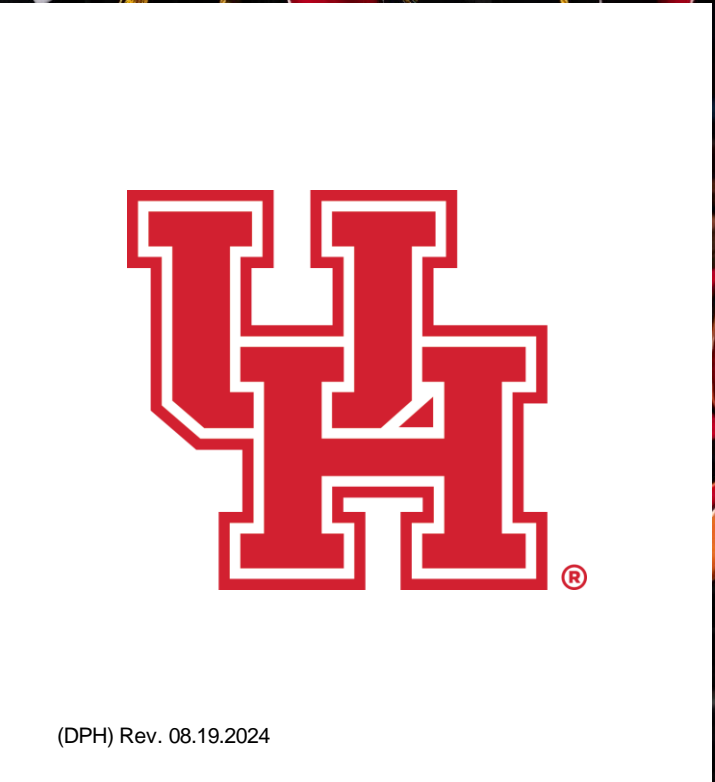




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NURSING. EXCELLENCE. PERIOD

OVERVIEW



Preceptors are our partners in education who provide supervised clinical experiences that allow students to integrate and apply knowledge gained in the classroom to clinical practice. Preceptors provide an essential bridge linking students' previously learned knowledge to current professional nursing values. Students benefit from the individualized instruction that preceptors role model as health care providers and interprofessional team members.

Preceptors benefit from their experiences with UH nursing students. Preceptors discover the role brings status, increased job satisfaction, advancement of practice, recognition by faculty and other expert practitioners, and invitations to Gessner College of Nursing functions.

Click on the links below for information about the Gessner College of Nursing.

- [The Mission of the Gessner College of Nursing](#)
- [Gessner College of Nursing Goals](#)
- [Philosophy and Conceptual Framework](#)
- [Organizational Chart](#)

About the Programs

- [Second Degree BSN](#)
- [Traditional BSN](#)
- [RN to BSN](#)
- [MSN](#)
- [Post Master's Certificates](#)
- [DNP](#)

Responsibilities

Responsibilities include, but are not limited to:

Faculty Responsibilities:

1. Provide a copy of the course syllabi which includes the course objectives and the appropriate evaluation form to the preceptor and clinical site.
2. Provide on-site clinical evaluations twice during the semester and be available for consultation as requested by the student, preceptor, or clinical site.
3. Review expectations for documentation in Typhon.
4. Consultation at the clinical site as requested by the student and/or preceptors.
5. Retain final authority for determining when the graduate student has successfully met requirements for satisfactory completion of the clinical experience and course requirements.

OVERVIEW



Preceptor/Clinical Site Responsibilities:

1. Orientation to utilized electronic health record system and other electronic systems as appropriate.
2. Adequate resources for educational instruction, communication, and documentation.
3. The preceptor will provide orientation, supervision, teaching, and evaluation of the student's performance in the clinical setting on an ongoing basis.
4. Provide timely and necessary input to student regarding student's ability to meet course/clinical objectives throughout the clinical practicum.
5. Inform the supervising faculty of any concerns related to unsafe clinical practice by the student or student difficulties in meeting the requirements of the clinical experience.

Graduate Student Responsibilities:

1. Be self-directed in identifying initial and ongoing learning needs, seek learning opportunities to meet identified needs, and be accountable for self-performance in the graduate student role.
2. Complete orientation and forms as required by the clinical agency and Gessner College of Nursing.
3. Maintain a log of clinical skills, activities, clients, teaching-learning modules and educational experiences attended throughout the duration of the clinical experience (e.g., Typhon).
4. Actively seek input into evaluation process and participate in self-evaluation of strengths and identified areas for professional growth with faculty member(s) and preceptor(s).
5. Complete and submit clinical preceptor and site evaluations and provide feedback to preceptor and faculty.

Each student is responsible for adhering to all university policies in the [University Student Handbook](#). In addition, students are responsible for adhering to all [Gessner College of Nursing policies](#).

- [Academic Honesty](#)
- [S134 Preceptor Policy](#)
- [S136 Student Professional Conduct and Demeanor](#)



FORMS

Description of Forms

Preceptor Agreement and Credentials form is required by the Commission on Collegiate Nursing Education (CCNE) and the Texas Board of Nursing (TBON) to document preceptor license and credentials.

- On the first day of clinical, the Preceptor Agreement and Credentials form must be signed by the preceptor, student, and faculty. Upload the completed form into NPST.

Doctorate of Nursing Practice (DNP) Graduate Clinical Learning Contract

- This form must be signed by the student, preceptor, and faculty at the beginning of the clinical rotation. Upload the completed form into NPST.

Doctorate of Nursing Practice (DNP) Graduate Clinical Hours Contract

- This form must be signed by the student, preceptor, and faculty at the beginning of the clinical rotation. Upload the completed form into NPST.

Doctorate of Nursing Practice (DNP) Clinical Hours Verification

- This form must be signed by the student, preceptor, and faculty at the end of the clinical rotation. Upload the completed form into NPST.

Preceptor/Faculty Evaluation of Doctorate of Nursing Practice (DNP) Graduate Student Performance

- At the end of the clinical rotation, the preceptor completes the form and the preceptor, student, and faculty sign the form. Upload the completed form into NPST.

Doctorate of Nursing Practice (DNP) Student Evaluation of Preceptor

- At the end of the clinical rotation, the student completes the form and the preceptor, student, and faculty sign the form. Upload the completed form into NPST.

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PRECEPTOR AGREEMENT AND CREDENTIALS

Preceptor: Please fill out parts A and B of the Preceptor Agreement and Credentials form. Sign and return to student or requesting faculty member. Clinical affiliation agreement and Preceptor Agreement must be in place prior to the student being on site for clinical.

PART A

Preceptor Name: _____

Preceptor Mailing Address: _____

Name of Facility or Employer: _____

Facility Address: _____

Telephone: _____ Email: _____

Clinical Specialty: _____

License # (required): _____ Certifications: _____

List All Degrees Held: Undergraduate _____ Graduate _____ Doctoral _____ Other _____

If not an RN, please attach all appropriate credentials (resume and/or CV, certifications).

PART B

I, _____, do agree to act as preceptor for _____
(Printed Preceptor Name) *(Printed Student Name)*

in NURS _____, who will be completing clinical rotation at _____
(Course Number) *(Location where Clinical Affiliation Agreement exists)*

I hereby agree to abide by all rules and requirements set forth in the Preceptor Handbook:

Preceptor Signature/Date

Student Signature/Date

Faculty Signature/Date

Other Approval (if applicable)/Date

For Gessner College of Nursing Use ONLY:

- TBON Verification (Date/Time/Initials) _____
- UH Clinical Affiliation Agreement Number: _____
- Justification for Preceptor Qualifications if Preceptor is not an RN: _____

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DNP GRADUATE CLINICAL LEARNING CONTRACT

Student Name: _____ Course Number/Name: _____

Preceptor Name & Credentials: _____

Contact Person: _____

Clinical Site/Agency: _____

Site Address: _____

Telephone: _____ Preceptor Email: _____

Each student and preceptor will negotiate a learning contract. This contract outlines expectations for the experience and will assist the preceptor in evaluating the student's clinical progress. The contract is accomplished by determining the student's learning objectives and interests, in collaboration with the preceptor's assessment of the student's skill, potential, and educational priorities.

Course Objectives:

Setting Goals:

Student Goals: *(To be completed prior to the first day of the clinical experience)*

List the three most important goals you have for this clinical experience.

1. _____
2. _____
3. _____

List specific strategies for accomplishing these goals:

Preceptor Signature/Date

Student Signature/Date

Faculty Signature/Date

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DNP GRADUATE CLINICAL HOURS CONTRACT

Student Name: _____ Course Number/Name: _____

Preceptor Name: _____ Preceptor Email: _____

Clinical Site/Agency: _____ Telephone: _____

Site Address: _____

Practicum dates and times shall be arranged with the assigned preceptor and approved by the course faculty prior to completion of hours. Hours not approved by the preceptor and faculty will not be counted and will be considered in violation of the clinical affiliate access policy.

Month and Year:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Month and Year:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Month and Year:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Month and Year:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Total Hours Negotiated: _____

Preceptor Signature/Date

Student Signature/Date

Faculty Signature/Date

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DNP CLINICAL HOURS VERIFICATION

Practicum dates and times shall be arranged with the assigned preceptor and approved by the course faculty prior to completion of hours. Hours not approved by the faculty will not be counted and will be considered in violation of the clinical affiliate access policy.

Student Name: _____ Semester: _____

Course Number/Name: _____

Clinical Site/Agency: _____

Preceptor Name: _____

Date	Setting and Planned Activity	Time (Hours)	Preceptor Initials

Preceptor Signature/Date

Student Signature/Date

Faculty Signature/Date

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PRECEPTOR/FACULTY EVALUATION OF DNP GRADUATE STUDENT PERFORMANCE

Student Name: _____ Date: _____

Preceptor Name: _____ Course Number/Name: _____

Clinical Site/Agency: _____

Site Address: _____

Telephone: _____ Fax: _____

Graduate students are expected to assume responsibility for their professional growth through practicums. Administrative practicums are negotiated with the preceptor in order to meet the student’s learning objectives while facilitating application of management and leadership theories and concepts into practice. Students will be evaluated on their self-directed achievement of the following criteria at the conclusion of the DNP clinical/practicum:

Key: Satisfactory (S) = Minimal or no assistance needed; Unsatisfactory (U) = Considerable assistance needed; N/A = Not applicable.

ATTITUDES AND INTERPERSONAL SKILLS	S	U	N/A
Communicates effectively with interprofessional teams within the organization			
Demonstrates desire to improve performance			
Demonstrates self-direction, motivation, and autonomy			
ASSESSMENT AND PLAN	S	U	N/A
Conduct a systematic assessment of the health and illness considerations in complex situations			
Identify gaps in evidence among practice, fiscal and policy issues			
Use analytical methods to design improvements to promote safe efficient, person-centered care			
Collect appropriate data to generate evidence for advanced nursing practice to improve patient outcomes			
Analyze data for legal, ethical, and financial properties to facilitate optimal patient outcomes			
Correlates outcome measures with the chosen option			
IMPLEMENTATION AND EVALUATION	S	U	N/A
Design an implementation plan to evaluate outcomes of practice, practice patterns, and systems of care with consideration to the operations of the organization			
Integrate science based theories, concepts, literature and data into the implementation plan/new practice approaches			
Implements the plan and prepares accompanying handouts			
Educate and guide individuals and groups through complex health and situational transitions			
Develop and evaluate the implementation plan/new practice approaches and reports the evaluative measures			
TRANSITION PRACTICUM PROJECT	S	U	N/A
Collaborate effectively to disseminate findings from evidence-based practice and research to improve healthcare outcomes to key stakeholders within the organization			
Formulates a plan for project sustainability as student transitions the project			
QUALITY OF CARE	S	U	N/A
Bases own practice on professional and legal standards			

Demonstrate progressive independent and competency in the chosen role a specialty area			
Demonstrate advanced levels clinical judgement, system thinking and accountability to improve healthcare outcomes			
Maintain accountability to increase knowledge base and clinical competencies			
MANAGEMENT	S	U	N/A
In collaboration with preceptor/faculty demonstrate leadership in designing, implementing, and evaluating evidence-based care			
Initiate evidence-based interventions with preceptor support			
Demonstrate consultive and leadership skills with intraprofessional and interprofessional teams			
Identifies the need for Human Resources, Legal, Risk Management, and Financial team to be involved			
Accepts preceptor/faculty guidance in learning			
Schedules appropriate follow-up			

Date of Preceptorship: From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)

Student Strengths
Areas for Improvement/Development
Presentation Feedback (include areas of improvement)

Additional Comments: *(Comments in this area are greatly appreciated)*

Preceptor Signature/Date

Student Signature/Date

Faculty Signature/Date

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DNP STUDENT EVALUATION OF PRECEPTOR

Student Name: _____ Date: _____

Preceptor Name: _____

Clinical Site/Agency: _____

Site Address: _____

Telephone: _____ Fax: _____

Directions: Please evaluate the experience with your preceptor by rating each of the items below. Your honesty and constructive criticism will be used to improve the preceptorship experience in the future.

Key: Satisfactory (S) = Always/Frequently; Unsatisfactory (U) = Rarely/Never; N/A = Not Applicable.

MY PRECEPTOR AS A PRACTITIONER –	S	U	N/A
Was acutely aware of the concerns of patients and their families			
Demonstrated an ease of communication with both patients and their families			
Was involved in community-oriented activities			
Respected different opinions			
Was up-to-date in general approach and treatment of medical problems			
Was up-to-date in approach and management of nursing problems			
Managed the clinical practice effectively			
Demonstrated an active interest in continuing medical and nursing education			
MY PRECEPTOR –	S	U	N/A
Was enthusiastic about teaching and having me as a student			
Was available to me			
Established a working relationship with me based on trust and respect			
Allowed me ample opportunity for practicing newly-learned technical skills, i.e., EKGs, physicals, and x-rays			
Stimulated my problem-solving capabilities by asking probing questions			
Maintained an approachable teaching atmosphere			
Explained to me the approach to problems that was used and the reasons decisions were made			
Elicited my perception of what I should learn			
Encouraged me to ask questions			
Provided me with positive feedback			
Encouraged independent learning by suggesting articles, books, and other resources			
Gave me the opportunity to offer opinions on patient problems and treatment			
Provided a model of the type of practitioner I would like to be			

Comments:

Preceptor Signature/Date

Student Signature/Date

Faculty Signature/Date