



# MSN PRECEPTOR HANDBOOK

2024-2026







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## OVERVIEW

### **University of Houston Gessner College of Nursing**



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

**University of Houston Gessner College of Nursing** 



#### 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**

**The 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

• No later than 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.

#### **MSN 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.

#### MSN Clinical/Practicum Hours Contract

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

#### **NURS 6321: MSN Administration Practicum 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.

#### MSN Clinical/Practicum 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.

#### NURS 6312: MSN Education Measurement and Evaluation in Nursing Education

• 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 MSN Education & Family Nurse Practitioner Student Clinical 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.

#### Preceptor/Faculty Evaluation of MSN Administration 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.

#### MSN 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.



#### 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):  | Certifica                    | ations:                            |                            |
| List All Degrees Held: Undergraduate   | Graduate                     | Doctoral                           | Other                      |
| If not an RN, please attach all appropriate cred   | dentials (resume and/or C\   | V, certifications).                |                            |
|  |                              |                                    |                            |
| PART B   |                              |                                    |                            |
| I,   | , do agree to act a          | as preceptor for                   |                            |
| (Printed Preceptor Name)   | · -                          |                                    | (Printed Student Name)     |
| in NURS, who will be compl   | eting clinical rotation at _ | (Location where Clinical Affil     | Prilling Annoquest exists) |
| (COUISE INUITIBEL)   |                              | (LUCULIUII WIIEFE CIIIIICAI Ajjiii | lation Agreement exists)   |
| 22 - 1 - 121 U. all miles and namely   | C akk to akk a D             |                                    |                            |
| I hereby agree to abide by all rules and requir  | rements set forth in the P   | receptor Handbook:                 |                            |
|  |                              |                                    |                            |
| Preceptor Signature/Date   | Studen                       | nt Signature/Date                  |                            |
| ,  |                              | ,                                  |                            |
|  |                              |                                    |                            |
| Faculty Signature/Date   | Other /                      | Approval (if applicable)/Date      |                            |
|  |                              |                                    |                            |
| For College of Nursing Use ONLY:   |                              |                                    |                            |
| _  | •                            |                                    |                            |
| <ul> <li>TBON Verification (Date/Time/Initials</li> <li>UH Clinical Affiliation Agreement Nur</li> </ul> | s)<br>mber:                  |                                    |                            |
| Justification for Preceptor Qualification  |                              |                                    |                            |



#### MSN LEARNING CONTRACT

| Student Name:  | Course Number/Name:  |
|--|--|
| Preceptor Name & Credentials:                                |  |
| Faculty Contact:   |  |
| Clinical Site/Agency:  |  |
| Site Address:  |  |
| Telephone:   | Preceptor Email:   |
| the preceptor in evaluating the student's clinical progress. | ect. This contract outlines expectations for the experience and will assist The contract is accomplished by determining the student's learning r's assessment of the student's skill, potential, and educational priorities. |
| Course Objectives:   |  |
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|  |  |
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|  |  |
| Setting Goals:   |  |
| Student Goals: (To be completed prior to the first de        |  |
| List the three most important goals you have for th          | iis clinical experience.   |
| 1.   |  |
| 2  |  |
| 3  |  |
| List specific strategies for accomplishing these goal        | ie.  |
| List specific strategies for accomplishing these goal        | 5.   |
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|  |  |
|  |  |
| Preceptor Signature/Date                                     | Student Signature/Date   |
|  | <u> </u>   |
| Faculty Signature/Date                                       |  |



#### MSN CLINICAL/PRACTICUM HOURS CONTRACT

| Student Name:         |         |         | C   | ourse Number/Nar | ne:    |          |
|-----------------------|---------|---------|---|------------------|--------|----------|
| Preceptor Name: _     |         |         | Pre   | ceptor Email:    |        |          |
| Clinical Site/Agency: |         |         |   | ephone:          |        |          |
| Site Address:         |         |         |   |                  |        |          |
|                       |         |         | ssigned preceptor ar<br>will not be counted |                  |        |          |
| 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 Negoti    | iated:  |         |   |                  |        |          |
| Preceptor Signatur    | re/Date |         | Student Sign                                | ature/Date       |        |          |
| Faculty Signature     |         |         |   |                  |        |          |



#### **NURS 6321: MSN ADMINISTRATION PRACTICUM HOURS VERIFICATION**

The Leadership Practicum is part of the experiential learning of the MSN students in partnership with a clinical affiliate. The aim of the practicum is to apply the core competencies and principles of management and leadership learned in the didactic courses. Practicum dates and times shall be arranged with the assigned preceptor and approved by the course faculty prior to the completion of hours. Hours not approved by preceptor and faculty will not be counted and will be considered in violation of the clinical affiliate access policy. 135 hours are required.

| Student         | Name:       |                       |                        |              | _ Semester:        |
|-----------------|-------------|-----------------------|------------------------|--------------|--------------------|
|                 |             |                       |                        |              |                    |
| Date            |             | Setting and Planned A |                        | Time (Hours) | Preceptor Initials |
| Date            |             | Setting and Flamica A | rectivity              | Time (Hodis) | 1 receptor minus   |
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|                 |             |                       |                        |              |                    |
| Preceptor Sigr  | nature/Date |                       | Student Signature/Date |              |                    |
|                 |             |                       |                        |              |                    |
| Faculty Signati | ure/Date    |                       |                        |              |                    |



#### MSN CLINICAL/PRACTICUM 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 preceptor and 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<br>(Hours) | Preceptor<br>Initials | Faculty<br>Initials |
|                         |                              |                 |                       |                     |
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| 1                       |                              |                 |                       |                     |
|                         |                              |                 |                       |                     |
| Preceptor Signature/Da  | ate Student Signature/Da     | ate             |                       |                     |
|                         |                              |                 |                       |                     |
|                         |                              |                 |                       |                     |

Faculty Signature/Date



#### NURS 6312: MSN EDUCATION MEASUREMENT AND EVALUATION IN NURSING EDUCATION

| Student Name:         | _ Date of Evaluation: |
|-----------------------|-----------------------|
| Clinical Site/Agency: |                       |
| Preceptor Name:       |                       |
|                       |                       |

**Directions**: Rank the student's clinical performance on levels of competency.

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

| Competencies     | Student Can:   | S | U | N/A |
|------------------|--|---|---|-----|
|                  | Measure student learning outcomes in the educational setting   |   |   |     |
| ASSESSMENT       | Systematically collect comprehensive, accurate data for assignment and evaluation (formative and summative)  |   |   |     |
|                  | Analyze data collected in completion of formative and/or summative evaluations   |   |   |     |
|                  | Demonstrate initiative in managing student group   |   |   |     |
| ROLE             | Apply measurement theory concepts as a basis for decisions   |   |   |     |
|                  | Incorporate the knowledge of measurement, evaluation, and nursing into the educator role   |   |   |     |
| F)/ALLIATION     | Consider legal, ethical, and financial aspects in assessment and evaluation of student learning  |   |   |     |
| EVALUATION       | Participate in the political process within the setting to influence nursing and health education policy   |   |   |     |
| NURSING SKILLS*  | Demonstrate critical thinking and effective communication skills in the application of assessment and evaluation principles                        |   |   |     |
| NORSING SKILLS   | Maintain safety in performance of nursing skills (directly and in supervised students)   |   |   |     |
|                  | Utilize advanced knowledge of nursing science and education in the delivery of educational content   |   |   |     |
|                  | Collaborate with clients, health care providers, students, and preceptors to effect change that improves the learning environment when appropriate |   |   |     |
| COMMUNICATION*   | Maintain open communication with preceptor   |   |   |     |
|                  | Communicate professionally with students and members of the education team   |   |   |     |
|                  | Document appropriately   |   |   |     |
|                  | Negotiate clinical schedule with preceptor   |   |   |     |
|                  | Demonstrate accountability for behavior  |   |   |     |
| PROFESSIONALISM* | Identify own learning needs  |   |   |     |
|                  | Accept constructive feedback about educator role performance   |   |   |     |
|                  | Engage in scholarly inquiry to investigate and improve educational practice  |   |   |     |

#### NURS 6312: MSN EDUCATION MEASUREMENT AND EVALUATION IN NURSING EDUCATION (Cont'd)

| Student Comments         |   |                        |
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| Preceptor Comments       |   |                        |
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| Faculty Comments         |   |                        |
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|                          |   |                        |
| Preceptor Signature/Date | e | Student Signature/Date |



### PRECEPTOR/FACULTY EVALUATION OF MSN EDUCATION AND FAMILY NURSE PRACTITIONER STUDENT CLINICAL PERFORMANCE

| Student Name:         | Date: |
|-----------------------|-------|
| Preceptor Name:       |       |
| Clinical Site/Agency: |       |
| Site Address:         |       |
| Telephone:            | Fax:  |

Graduate students are expected to assume responsibility for their professional growth through clinical experiences. Clinical practicum experiences are negotiated in order to meet the student's learning objectives while facilitating application of nursing theory to practice. Students will be evaluated on their self-directed achievement of the following criteria mid-way through the clinical experience, and again at the conclusion of the clinical experience.

|  |   | Mid-wa | ıy  | Conclusion |   |     |
|--|---|--------|-----|------------|---|-----|
| ATTITUDES AND INTERPERSONAL SKILLS   |   | U      | N/A | S          | U | N/A |
| Communicates effectively with patients and families; is courteous and demonstrates empathy                   |   |        |     |            |   |     |
| Interacts effectively with office staff and other health care professionals                                  |   |        |     |            |   |     |
| Accepts instructions well  |   |        |     |            |   | -   |
| Asks for help when needed  |   |        |     |            |   | 1   |
| Demonstrates desire to improve clinical performance  |   |        |     |            |   |     |
| Demonstrates self-direction, motivation  |   |        |     |            |   | 1   |
| ASSESSMENT   | S | U      | N/A | S          | U | N/A |
| Performs an appropriate, focused history   |   |        |     |            |   |     |
| Elicits an age/condition-appropriate health history  |   |        |     |            |   |     |
| Collects history in an organized and timely manner   |   |        |     |            |   |     |
| Verbally presents a case in a well-organized and orderly manner  |   |        |     |            |   |     |
| Provides anticipatory guidance in appropriate situations   |   |        |     |            |   |     |
| Correlates pathophysiology with assessment date for common disorders   |   |        |     |            |   |     |
| PHYSICAL EXAMINATION   | S | U      | N/A | S          | U | N/A |
| Performs an appropriate physical exam  |   |        |     |            |   |     |
| Demonstrates appropriate utilization of equipment  |   |        |     |            |   |     |
| Differentiates normal from abnormal findings for most conditions   |   |        |     |            |   |     |
| DIAGNOSIS  | S | U      | N/A | S          | U | N/A |
| Formulates differential diagnoses with preceptor assistance  |   |        |     |            |   |     |
| Selects correct common diagnostic tests with minimal assistance  |   |        |     |            |   |     |
| Interprets test findings with preceptor assistance   |   |        |     |            |   |     |
| TEACHING   | S | U      | N/A | S          | U | N/A |
| Identifies teaching/learning needs of patient/family   |   |        |     |            |   |     |
| Provides basic individualized teaching information   |   |        |     |            |   |     |
| Assists patients with goal setting for health promotion and disease prevention based on individualized needs |   |        |     |            |   |     |
| Seeks preceptor guidance for complex issues  |   |        |     |            |   |     |
| Identifies a wide variety of available resources for counseling/referral                                     |   |        |     |            |   | 1   |

#### PRECEPTOR/FACULTY EVALUATION OF MSN EDUCATION AND FNP STUDENT CLINICAL PERFORMANCE (Cont'd)

| ormulates decisions with preceptor guidance nitiates obvious interventions with preceptor support ecognizes indicators for pharmaceutical management ncludes patient in decision-making process eeks preceptor guidance in new situations |   |   |     |   |   |     |
|---|---|---|-----|---|---|-----|
| ecognizes indicators for pharmaceutical management ncludes patient in decision-making process   |   |   |     |   |   |     |
| ncludes patient in decision-making process  |   |   |     |   |   |     |
| · · · · · · · · · · · · · · · · · · ·   |   |   |     |   |   |     |
| eeks preceptor guidance in new situations   |   |   |     |   |   |     |
|   |   |   |     |   |   |     |
| chedules appropriate follow-up  |   |   |     |   |   |     |
| Makes appropriate referrals based on correctly stated rationale, protocols, and   |   |   |     |   |   |     |
| receptor consultation   |   |   |     |   |   |     |
| IONITORING AND EVALUATING THE QUALITY OF CARE   | S | U | N/A | S | U | N/A |
| ases own practice on professional and legal standards   |   |   |     |   |   |     |
| ecognizes standards of practice   |   |   |     |   |   |     |
| rovides self-evaluation of own practice   |   |   |     |   |   |     |
| resents a professional, competent image   |   |   |     |   |   |     |
| eeks opportunities to increase knowledge base and clinical competencies   |   |   |     |   |   |     |
|   | 1 |   |     |   |   |     |

| Seeks opportunities to increase knowledge base and clinical co | ompetencies             |   |  |              |   |
|--|-------------------------|---|--|--------------|---|
|  |                         |   |  | <br><u> </u> |   |
|  |                         |   |  |              |   |
| Student Strengths  |                         |   |  |              |   |
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| Areas for Improvement/Development                              |                         |   |  |              |   |
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| Additional Comments: (Comments in this area are greatly appre  | eciated)                |   |  |              |   |
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|  |                         |   |  |              |   |
| Preceptor Signature/Date                                       | Student Signature/Date  | ı |  |              | _ |
| Treceptor signature, bute                                      | Stadent Signature, Date |   |  |              |   |
|  |                         |   |  |              |   |
|  |                         |   |  |              |   |
|  |                         |   |  |              |   |
| Faculty Signature/Date   |                         |   |  |              |   |



#### PRECEPTOR/FACULTY EVALUATION OF MSN ADMINISTRATION STUDENT PERFORMANCE

| Student Name:  | Date:  |                    |                   |       |
|--|--|--------------------|-------------------|-------|
| Preceptor Name:  |  |                    |                   |       |
| Clinical Site/Agency:  |  |                    |                   |       |
| Site Address:  |  |                    |                   |       |
| Telephone:   | Fax:   |                    |                   |       |
| Graduate students are expected to assume responsibility practicums are negotiated with the preceptor in order to management and leadership theories and concepts into the following criteria at the conclusion of the administratives.  Key: Satisfactory (S) = Minimal or no assistance needed; | o meet the student's learning objectives while facilitat<br>practice. Students will be evaluated on their self-direc<br>ative practicum: | ing applicted achi | ication<br>evemer | nt of |
| ATTITUDES AND INTERPERSONAL SKILLS   |  | S                  | U                 | N/A   |
| Communicates effectively with management and leade   | ership team (courteous and professional)   |                    |                   | 10,71 |
| Interacts effectively with office staff and other disciplin  | <u> </u>   |                    | <u> </u>          |       |
| Accepts instructions well  |  | +                  |                   |       |
| Asks for help when needed  | _  | +                  | +                 |       |
| Demonstrates desire to improve performance   | _  | +                  | +                 |       |
| Demonstrates self-direction, motivation, and autonomy  | У  | +                  |                   |       |
| ASSESSMENT AND PLAN  |  | S                  | U                 | N/A   |
| Performs an appropriate, focused background of the pi  | roblem   |                    |                   |       |
| Retrieves subjective and objective data on the problem   | 1  |                    |                   |       |
| Collects data in an organized and timely manner  |  |                    |                   |       |
| Presents preliminary data to preceptor for input on leg  | gal, ethical, and financial aspects  |                    |                   |       |
| Provides anticipatory outcomes based on different opt  | ions for resolution  |                    |                   |       |
| Correlates outcome measures with the chosen option   |  |                    |                   |       |
| IMPLEMENTATION AND EVALUATION  |  | S                  | U                 | N/A   |
| Develops an implementation plan with consideration to  | o the operations of the organization   |                    |                   |       |
| Integrates literature and data into the plan   |  |                    |                   |       |
| Implements the plan and prepares accompanying hand   | louts  |                    |                   |       |
| Evaluates the implementation plan and reports the eva  | aluative measures  |                    |                   |       |
| TRANSITION PRACTICUM PROJECT   |  | S                  | U                 | N/A   |
| Prepares to handoff practicum project to preceptor or  | designated person  |                    |                   |       |
| Formulates a list/plan for project sustainability as stude   | ent transitions the project  |                    |                   |       |
| QUALITY OF CARE  |  | S                  | U                 | N/A   |
| Bases own practice on professional and legal standards   | 5  |                    |                   |       |
| Recognizes standards of practice   |  |                    |                   |       |
| Provides self-evaluation of own practice   |  |                    |                   |       |

Rev. 1.3.2025

Presents a professional, competent image

Seeks opportunities to increase knowledge base and clinical competencies

#### PRECEPTOR/FACULTY EVALUATION OF MSN ADMINISTRATION STUDENT PERFORMANCE (Cont'd)

| MANAGEMENT  |  | S   | U     | N/A     |
|---|--|-----|-------|---------|
| Formulates decisions with preceptor guidance                |  |     |       |         |
| Initiates obvious interventions with preceptor support      |  |     |       |         |
| Recognizes the complexity of management and leadership      | decisions                                    |     |       |         |
| Identifies the need for Human Resources, Legal, Risk Mana   | gement, and Financial team to be involved    |     |       |         |
| Seeks preceptor guidance in new situations                  |  |     |       |         |
| Schedules appropriate follow-up                             |  |     |       |         |
| Makes appropriate referrals based on correctly-stated ratio | onale, protocols, and preceptor consultation |     |       |         |
|   |  | l . | l     |         |
| Date of Preceptorship: From                                 | (mm/dd/yyyy) to                              | (   | mm/do | d/yyyy) |
| Student Strengths   |  |     |       |         |
|   |  |     |       |         |
|   |  |     |       |         |
|   |  |     |       |         |
| Areas for Improvement/Development                           |  |     |       |         |
| Areas for improvement, Development                          |  |     |       |         |
|   |  |     |       |         |
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|   |  |     |       |         |
| Presentation Feedback (include areas of improvement)        |  |     |       |         |
| · · · · · · · · · · · · · · · · · · ·                       |  |     |       |         |
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|   |  |     |       |         |
| Additional Comments: (Comments in this area are greatly ap  | ppreciated)                                  |     |       |         |
|   |  |     |       |         |
|   |  |     |       |         |
|   |  |     |       |         |
|   |  |     |       |         |
|   |  |     |       |         |
| Preceptor Signature/Date                                    | Student Signature/Date                       |     |       |         |
|   | _  |     |       |         |
| Faculty Signature/Date                                      |  |     |       |         |



#### MSN STUDENT EVALUATION OF PRECEPTOR

| Student Name:   | Date:  |          |        |           |
|---|--|----------|--------|-----------|
| Preceptor Name:   |  |          |        |           |
| Clinical Site/Agency:   |  |          |        |           |
| Site Address:   |  |          |        |           |
| Telephone:  | Fax:   |          |        |           |
| <b>Directions:</b> Please evaluate the experience with your precept criticism will be used to improve the preceptorship experience <b>Key:</b> Satisfactory (S) = Always/Frequently; Unsatisfactory (U) = | e in the future.                                   | onesty a | nd con | structive |
| MY PRECEPTOR AS A PRACTITIONER –  |  | S        | U      | N/A       |
| Was acutely aware of the concerns of patients and their famil   | lies   |          |        |           |
| 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 medica  | al problems  |          |        |           |
| Was up-to-date in approach and management of nursing prol   | blems  |          |        |           |
| Managed the clinical practice effectively   |  |          |        |           |
| Demonstrated an active interest in continuing medical and nu  | ursing 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 an  | d respect  |          |        |           |
| Allowed me ample opportunity for practicing newly-learned t   | echnical 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, boo   | ks, and other resources                            |          |        |           |
| Gave me the opportunity to offer opinions on patient probler  | ns and treatment                                   |          |        |           |
| Provided a model of the type of practitioner I would like to be   | 2  |          |        |           |
| Comments:   |  |          |        |           |
| Preceptor Signature/Date  | Student Signature/Date                             |          |        |           |
| Faculty Signature/Date  |  |          |        |           |