Dakota Nursing Program

Preceptorship Information Packet

Associate Degree Program
Dear Preceptor:

Thank you for agreeing to precept a student in the Dakota Nursing Program Associate Degree Nursing Program through [College Name Here]. Your expert guidance in providing students the opportunity to apply their clinical skills and knowledge is essential to their learning process. Your commitment to preceptorship demonstrates a dedication to the profession and to the development of qualified, competent, safe nurses. Our student hopes to gain confidence and validation as you provide this teaching, coaching and modeling which will form them into the professional they will become.

For an orientation to the program and course, please review the Dakota Nursing Program Mission Statement, Graduate Outcomes, NURS 237 Course Objectives as well as the preceptor, student, and faculty responsibilities in this packet. The student will be providing you with their own personal learning goals and objectives prior to the experience. You will be provided with a formal evaluation tool by which to evaluate your preceptor experience student. The college appreciates your honest and constructive feedback throughout the experience and at the conclusion of it. The professional nursing student realizes that to grow in the profession, one has to acknowledge their strengths and weaknesses and that learning is a continuum.

At this time, we ask that you complete the Preceptor Agreement Form enclosed with this packet which acknowledges your willingness to serve as a preceptor for the specified student. The signed agreement must be returned to the designated individual in the enclosed postage-paid, self-addressed envelope before the student begins the experience.

Should you accept, please use the Clinical Performance Evaluation Tool in this packet to grade the student at the conclusion of the preceptorship, and return to the college/site coordinator in the enclosed postage-paid, self-addressed envelope within 24 hours of the completion of the last shift worked with the student. On behalf of the students and the faculty at the Dakota Nursing Program, we thank you for sharing your knowledge, experience and expertise with this student. Should you have any questions, you may feel free to call the appropriate Campus Nursing Coordinator or me at the telephone numbers below:

Warm Regards,

Julie Traynor, Dakota Nursing Program Director, Telephone 791-662-1492
1801 College Drive North, Devils Lake, ND 58301

Campus Contacts:
Gail Raasakka, Dakota Nursing Program at Williston State College Nursing Coordinator, Telephone 701-774-4290
DNP at WSC-1410 University Avenue-Williston, ND 58801

Dawn Romfo, Dakota Nursing Program at Dakota College at Bottineau Nursing Coordinator, Telephone 701-228-5433
DNP at Dakota College at Bottineau- 105 Simrall Blvd- Bottineau, ND 58318

Karen Clementich, Dakota Nursing Program at Lake Region State College Nursing Coordinator, Telephone 701-662-1569
DNP at LRSC, 1801 College Drive North, Devils Lake, ND 58301

Suzie McShane, Dakota Nursing Program at Bismarck State College Nursing Coordinator, Telephone 701-224-2476
DNP at BSC- Allied Health Campus- 500 E Front Ave Ste 221- Bismarck, ND 58501
PRECEPTOR AGREEMENT FORM

I agree to serve as the primary preceptor and provide one-to-one clinical teaching, supervision, and evaluation feedback for the following named student nurse: ___________________________________________ (Student Name)

• I acknowledge that I am an RN that has worked in the same area of clinical practice for a minimum of one year, have a willingness to participate in the preceptorship program, have an unencumbered ND nursing license and if need be can provide validation of quality performance.

• I agree to assist the associate-degree nursing student in performing all duties allowed by the Dakota Nursing Program that fall within scope of practice of a registered nurse (exceptions below)
  o Students may not take verbal orders or sign off orders from physicians or sign witness for legal documents
  o Students may not initiate or obtain blood or blood components while in the clinical setting
  o Students may not actively prepare or administer chemotherapy while in the clinical setting

• I agree to contact the site coordinator if the associate degree nurse is at any time not practicing safely and/or appropriately to the situation encountered. The faculty member retains responsibility for the student’s learning experiences and confers periodically with the preceptor and student for the purposes of monitoring and evaluating the learning experiences.

• I agree to meet with the student to arrange a total of 36-40 hours of preceptorship experience that is not limited to any particular shift and that I will supervise no more than two students during any one scheduled work time or shift.

• I acknowledge that the site coordinator may visit or contact me regarding progression of the student during the experience

• I agree to review the Dakota Nursing Program mission, Program Student Learning Outcomes, NURS 237 Course Student Learning Outcomes and role responsibilities for me (the preceptor), the site coordinator and student.

• Upon meeting with the student, I agree to review the course student learning outcomes as well as their own personal learning goals and objectives prior to the experience.

• I agree to review the Clinical Performance Evaluation Criteria form I will be using to fairly evaluate the student and return it to student’s site coordinator within 24 hours after the last clinical day.

____________________________________________________________________
Preceptor Signature                                              Date

____________________________________________________________________
Preceptor’s Name Printed

____________________________________________________________________
Educational Degrees

____________________________________________________________________
Email address

____________________________________________________________________
DNP Site Coordinator Signature

____________________________________________________________________
Agency Name

____________________________________________________________________
Agency Address

____________________________________________________________________
Agency City, State, Zip

____________________________________________________________________
Phone Number

____________________________________________________________________
DNP Site Coordinator Signature

____________________________________________________________________
Date
Dakota Nursing Program Mission

The Dakota Nursing Program provides quality evidence-based nursing education for practical and associate degree nurses, serves as a foundation for further professional advancement and contributes collaboratively to meet the diverse health care needs of the communities it serves.

This mission is consistent with the missions of the consortium colleges (Bismarck State College, Dakota College at Bottineau, Lake Region State College, and Williston State College). The curriculum is based on liberal arts and biological sciences and integrates nursing content and clinical experiences. Nursing faculty strive to provide a learning environment which promotes active participation, a spirit of inquiry, self-determination, and evidence-based decision making. Integral to goal attainment of the nursing program is the continuing development of alliances in the community, which strengthen the colleges’ mission to provide services that will improve quality of life for individuals of the communities they serve.

Dakota Nursing Program Associate Degree Student Learning Outcomes

TEAMWORK AND COMMUNICATION:
Collaborate with clients and members of the interdisciplinary health care team to optimize effective communication, caring behaviors, and management of client needs.

PROFESSIONALISM AND LEADERSHIP:
Adhere to professional standards and scope of practice as an associate degree registered nurse while pursuing professional growth and acting as a leader and change agent within legal, ethical and regulatory frameworks.

CLIENT-CENTERED CARE:
Provide culturally competent care and advocate for clients while promoting their self-determination and integrity.

EVIDENCE-BASED PRACTICE AND NURSING JUDGEMENT:
Implement nursing judgment to make safe, effective, and evidenced-based decisions that integrate science and the nursing process in providing holistic client care.

QUALITY IMPROVEMENT AND SAFETY:
Incorporate a spirit of inquiry to make evidence based clinical judgments and management decisions to improve the safety and quality of care across a variety of systems.

INFORMATICS:
Integrate current technology to support decision-making and manage information in the delivery of client care.
### NURS 237 Course Student Learning Outcomes

<table>
<thead>
<tr>
<th>Program SLO Areas</th>
<th>NURS 237 Course Student Learning Outcomes (SLO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teamwork and Communication</td>
<td>1. Collaborate with clients and members of the interdisciplinary health care team to optimize effective communication, caring behaviors, and management of client needs.</td>
</tr>
<tr>
<td></td>
<td>2. Adhere to professional standards and scope of practice as an associate degree registered nurse while pursuing professional growth and acting as a leader and change agent within legal, ethical and regulatory frameworks.</td>
</tr>
<tr>
<td></td>
<td>3. Demonstrate and value personal integrity, professional behaviors, professional boundaries and lifelong learning.</td>
</tr>
<tr>
<td>Professionalism and Leadership</td>
<td>4. Demonstrate managing care and accept accountability in assigning nursing tasks/activities to achieve patient care goals.</td>
</tr>
<tr>
<td></td>
<td>5. Accurately demonstrates the nursing process in caring for clients while providing culturally sensitive care that will promote their self-determination and integrity.</td>
</tr>
<tr>
<td></td>
<td>6. Provide culturally competent care and advocate for clients while promoting their self-determination and integrity.</td>
</tr>
<tr>
<td>Client Centered Care</td>
<td>7. Prioritize care and value evidence in determining rationale for one's prioritization of nursing judgments across the lifespan.</td>
</tr>
<tr>
<td></td>
<td>8. Implement nursing judgment to make safe, effective, and evidenced-based decisions that integrate science and the nursing process in providing holistic client care.</td>
</tr>
<tr>
<td>Evidence Based Practice and Nursing Judgment</td>
<td>9. Provide input and appreciate quality improvement methods used to develop or revise policies/procedures and effectively use</td>
</tr>
<tr>
<td></td>
<td>10. Incorporate a spirit of inquiry to make evidence based clinical judgments and management decisions to improve the safety and quality of care across a variety of systems.</td>
</tr>
<tr>
<td>Quality Improvement and Safety</td>
<td>11. Integrate current technology to support decision-making and manage information in the delivery of client care.</td>
</tr>
<tr>
<td>Informatics</td>
<td></td>
</tr>
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</table>
Campus Nursing Coordinator Responsibilities for Preceptorship

The Campus Nursing Coordinator or delegated faculty will facilitate the achievement of the course student learning outcomes and student learning goals through provision of the securement of appropriate clinical facilities and preceptors, formal written evaluation of student after the experience and by review of formal/informal evaluation of the student by the preceptor. The site coordinator and/or delegated faculty will orientate, mentor, monitor and review student evaluation of the preceptor. Establishment of a collaborative working relationship includes being responsive to communication regarding the preceptorship experience at any time prior, during, and at the conclusion of the experience.

The detailed responsibilities of the campus nursing coordinator and/or delegated nursing faculty include:

☐ Identifying and approving an appropriate preceptor for the student in or as near as possible to the student’s local community. Students may submit names of facilities or areas/units of interest. Requests may not always be accommodated. Students seeking out-of-state preceptorship will have to make special arrangements well in advance. *It is important to note that the nursing coordinator or the nursing faculty will make the initial communication with the preceptor. Students are not to make that initial contact. This policy is in effect to decrease confusion and be more efficient with preceptor requests.

☐ Providing preceptor with the Preceptor Packet which includes the Program Mission, Program Student Learning Outcomes, NURS 237 Course Objectives and the Clinical Performance Evaluation Criteria form as well as 2 return postage-paid self-addressed envelopes.

☐ Obtaining signed Preceptor Agreement form and keeping information on file

☐ Providing the Preceptor range of dates to be used to determine preceptorship

☐ Validating that the student has met all facility required immunizations, certifications, background checks, etc.

☐ Eliciting informal feedback if need be and formal feedback in the form of clinical evaluation of performance of students. (This includes providing preceptor with Clinical Performance Evaluation Criteria form for the preceptor, and a return envelope.)

☐ Ensuring the documentation of clinical hours

☐ Grade the Clinical Preceptorship Paper that the student will turn in after the experience according to the grading rubric.

☐ Use the evaluation provided by the preceptor as a means to prepare end-of-semester clinical evaluation with students

Site Coordinator/Nursing Faculty Responsible for this Student’s Clinical Rotation is:

Name: _____________________________________________

Contact Information:
DNP Student Responsibilities during Preceptorship

The Dakota Nursing Program AD nursing student is responsible for being self-directed in identifying initial and ongoing learning needs, seeking opportunities to meet identified needs, and being accountable for their developing role into a graduate registered nurse. Responsibilities of the student nurse include:

☐ Inform the college site coordinator prior to _____________ (date) of their potential preceptorship preference. The site coordinator will contact the facility to request the preceptorship. Selection may be limited due to hospital census, staffing constraints, etc. so the student must remain flexible and willing to accept the limitations that may occur and be open to new learning. Every effort will be made to try and accommodate student interests but this is not always possible.

☐ Mutually agree with preceptor to 36-40 hours of preceptorship when the preceptor is working as an RN and should be in their specialty area. This is regardless of shift and students should accommodate the preceptor’s schedule.

☐ Adhere to all DNP and clinical agency regulations

☐ Provide the preceptor with your own Student Preceptorship Learning Goals prior to the experience and throughout the experience.
  o These should be reflective, well-prepared and approved by the site coordinator at least 1-2 weeks prior to preceptorship. Use the form as a guide.

☐ Provide the clinical site and/or college with the necessary licensure, immunizations, background check certifications or other documents requested.

☐ Dress professionally, including wearing the designated name tag identifying yourself as a DNP student nurse. DNP and clinical area guidelines may be more strict and/or specific in regards to dress code. If there are any questions, please contact your nursing coordinator.

☐ Perform the student AD-RN role under the supervision of the preceptor recognizing the limitations of the Nurse Practice Act, educational preparation, clinical site policies and practice protocols. Questions should be addressed to the campus nursing coordinator.

☐ Demonstrate professional role behaviors in the student nurse role.

☐ Demonstrate progressive independence and competency in the student nurse role.

☐ Actively seek input in the evaluation process and participate in self-evaluation of strengths and areas for professional growth using the Clinical Performance Evaluation Criteria each shift you are with the preceptor. Review with preceptor and site coordinator. Submit to site coordinator upon completion of preceptorship with the Clinical Preceptorship Paper.

☐ Contact the campus nursing coordinator immediately if any issues arise with preceptor or the clinical site or when assistance is needed (i.e. an injury takes place for example, or if preceptor is ill, floated to another area, directed to take a Low-Census Day)

☐ Complete Student Evaluation of Preceptor and submit to site coordinator at the termination of the experience.

☐ Send a Thank you card to your preceptor!
The goal of the DNP Preceptorship experience is to provide the student with a self-defined, yet academically demonstrated successful learning experience in the role as a graduating nurse. As an adult learner, the nursing student may have different ways of defining this success and would like to share with the preceptor their outcomes in clinical performance and cognitive learning that would demonstrate success. There are also specific examples of what the individual student would like to learn or do.

I. CLINICAL PERFORMANCE

Using the Clinical Performance Grading Criteria, I would like to receive a _____ or higher in all areas when self-evaluating each day. These are areas that I have been graded on throughout the nursing clinical courses that I would like to achieve mastery. Areas include:

1. Collaborate with clients and members of the interdisciplinary health care team to optimize effective communication, caring behaviors, and management of client needs.
2. Adhere to professional standards and scope of practice as an associate degree registered nurse while pursuing professional growth and acting as a leader and change agent within legal, ethical and regulatory frameworks.
3. Provide culturally competent care and advocate for clients while promoting their self-determination and integrity.
4. Implement nursing judgment to make safe, effective, and evidenced-based decisions that integrate science and the nursing process in providing holistic client care.
5. Incorporate a spirit of inquiry to make evidence based clinical judgments and management decisions to improve the safety and quality of care across a variety of systems.
6. Integrate current technology to support decision-making and manage information in the delivery of client care.

Using the Clinical Performance Grading Criteria, I would like to receive a _____ or higher in all areas when my preceptor does evaluation of my performance and show progression each day as I draw from constructive feedback.

II. LEARNING GOALS

I would like to learn about the following:

1. Policies and Procedures for (and can specify; i.e. hypoglycemia) ______________________

Demonstrated by (Circle): Observe preceptor  Research  Perform Independently  Other ____________
2. **Physician orders; specify:** Transcribing  Entering  Implementation  Signing off  Standing Orders  Other:

Demonstrated by observe preceptor. **Will not** perform independently

3. **Staffing (specify):** Acuity  Sick-day calls  Charge role  LPN vs RN staffing  Team Nursing  1:1 Intermediate Other

Demonstrated by (Circle): Observe preceptor  Research  Perform Independently  Other

4. **Specific Procedures** such as: __________________________________________________________

{i.e. chest tube removal, suture removal, blood transfusion (observe only), chemotherapy (observe only)}

Demonstrated by (Circle): Observe preceptor  Research  Perform Independently  Other

5. **Management of multiple clients:** Prioritization  Delegation  Time Management

Demonstrated by (Circle): Observe preceptor  Research  Perform Independently  Other

6. **Other**

Demonstrated by (Circle): Observe preceptor  Research  Perform Independently  Other

7. **Other**

Demonstrated by (Circle): Observe preceptor  Research  Perform Independently  Other

### III. EVALUATION

At the end of the experience, the student will submit a **Clinical Preceptorship Paper** to the site coordinator that includes:

1. **Clinical Performance Self-Evaluation Criteria** forms that were used each day by the student to evaluate their own clinical performance.
2. **Student Evaluation of Preceptor**
3. **Analysis of This Clinical Performance & Learning Goals (1-2 Pages)**
4. **Summary of the Preceptorship experience as it relates to the DNP Program Student Learning Outcomes** listed on p. 4 of this packet.

Paper is to be typed, double-spaced, in APA format with a cover-sheet that includes the course name & number, the title of the paper, student name, and academic year and checked for spelling and grammatical errors.

There is to be no mention in the paper of any patient confidential information or Preceptor’s name.

Paper should be thoughtful, reflective, and professional and meet the grading rubric standards below. Submission of a failing paper may be grounds for failing the preceptorship experience.
Clinical Preceptorship Paper Grading Rubric

<table>
<thead>
<tr>
<th></th>
<th>F</th>
<th>D</th>
<th>C</th>
<th>B</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Self-evaluations (Clinical Performance Evaluation Criteria)</td>
<td>Does not include or missing shifts/days</td>
<td>Does not include or doesn't put name, etc. Missing some areas completely with no feedback</td>
<td>Very limited information with score only. Only feedback in some areas and vague (i.e. no late meds)</td>
<td>Addresses all areas each day with at least one positive comment and one comment on how to improve in that area. Puts some thought into grading self. Detailed</td>
<td>Addresses all areas specifically with details in each area and ways that the score was earned or not earned, what was correct, what could be improved and how it could be improved.</td>
</tr>
<tr>
<td></td>
<td>0-76</td>
<td>76-81</td>
<td>82-87</td>
<td>88-93</td>
<td>94-100</td>
</tr>
<tr>
<td>2. Analysis of Clinical Performance</td>
<td>No mention of clinical performance/learning goals</td>
<td>Very little effort or mention of clinical performance/learning goals</td>
<td>Same things noted every day, shows limited ID &amp; reflection of strengths and areas to grow. May not conclude, summarize or analyze clinical performance/learning goals.</td>
<td>Summarizes each area of clinical performance/learning goals showing progression. Some detail as to strengths and room for professional growth.</td>
<td>Deep reflection in the area of clinical performance and learning goals (not merely noted as met or not met). Summary in each area has specific examples of growth comparing one day to another and learning that took place and/or how adaptations were made.</td>
</tr>
<tr>
<td></td>
<td>0-76</td>
<td>76-81</td>
<td>82-87</td>
<td>88-93</td>
<td>94-100</td>
</tr>
<tr>
<td>3. Summary of Preceptorship Experience as it relates to the DNP Program Student Learning Outcomes</td>
<td>Puts no inclusion of outcomes, forgets some or writes about them in an orderly and unorganized manner</td>
<td>Doesn’t elaborate or tie outcomes to experience. Talks only about what they did or saw. Ties in some but not all outcomes.</td>
<td>Does make mention of the outcomes but limited analyzing or tie-in regarding how these were met and/or not met by the experience. Very few examples.</td>
<td>Gives examples of how what occurred each day tied in to DNP outcomes. Varied the examples. Used some reflection.</td>
<td>Looks at each individual outcome gives examples from the experience indicating growth and meta-cognition. Great variety of examples. Reflects back on previous clinical experiences, or previous classes. Shows professional growth.</td>
</tr>
<tr>
<td></td>
<td>0-76</td>
<td>76-81</td>
<td>82-87</td>
<td>88-93</td>
<td>94-100</td>
</tr>
</tbody>
</table>

Signature of Coordinator: ________________________________

Comments:

Section 1: _________/100

Section 2: _________/100

Section 3: _________/100

Total: _________/300
Clinical Performance Evaluation Criteria – NURS 237 (Preceptorship)

To be completed by the Preceptor

Student Name: ___________________________ Preceptorship Location: ___________________________

Dates/Hours of Preceptorship: ____________________________________________________________

Preceptor: ___________________________________________________________________________

(Print Name) (Signature of Preceptor)

<table>
<thead>
<tr>
<th>Scale/Label</th>
<th>Standard Procedure</th>
<th>Performance Quality</th>
<th>Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Safe/Accurate</td>
<td>Proficient, coordinated, confident. Expedient use of time</td>
<td>Direction not required</td>
</tr>
<tr>
<td>Developing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.3</td>
<td>Safe/Accurate</td>
<td>Efficient, coordinated, confident. Expedient use of time</td>
<td>Occasion direction</td>
</tr>
<tr>
<td>Emerging</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.7</td>
<td>Mostly Safe/Accurate</td>
<td>Partial demonstration of skills. Inefficient or uncoordinated. Delayed time expenditure</td>
<td>Frequent direction</td>
</tr>
<tr>
<td>Weak</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.6</td>
<td>Questionably Safe/Accurate</td>
<td>Unskilled and inefficient. Considerable and prolonged time expenditure</td>
<td>Continuous direction</td>
</tr>
<tr>
<td>Not Evident</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>Unsafe/Inaccurate</td>
<td>Unable to demonstrate procedures. Lacks confidence, coordination and efficiency</td>
<td>Continuous direction</td>
</tr>
</tbody>
</table>

1. Collaborate with clients and members of the interdisciplinary health care team to optimize effective communication, caring behaviors, and management of client needs.

   10                  9.3                  8.7                  7.6                  0

2. Adhere to professional standards and scope of practice as an associate degree registered nurse while pursuing professional growth and acting as a leader and change agent within legal, ethical and regulatory frameworks.

   10                  9.3                  8.7                  7.6                  0

3. Provide culturally competent care and advocate for clients while promoting their self-determination and integrity.

   10                  9.3                  8.7                  7.6                  0

4. Implement nursing judgment to make safe, effective, and evidenced-based decisions that integrate science and the nursing process in providing holistic client care.

   10                  9.3                  8.7                  7.6                  0

5. Incorporate a spirit of inquiry to make evidence based clinical judgments and management decisions to improve the safety and quality of care across a variety of systems.

   10                  9.3                  8.7                  7.6                  0

6. Integrate current technology to support decision-making and manage information in the delivery of client care.

   10                  9.3                  8.7                  7.6                  0

Comments:
Student Evaluation of Preceptor (NURS 237) – completed by the student

Student: ___________________________ Preceptor and Title: ______________________________

Preceptorship Location: ____________________________________________________________

INSTRUCTIONS: Please complete the evaluation form by circling the appropriate numbers. Please summarize in comment area at the bottom of this form. Hand this in with your preceptorship paperwork.

<table>
<thead>
<tr>
<th>The preceptor:</th>
<th>5= Excellent</th>
<th>4 = Good</th>
<th>3 = Satisfactory</th>
<th>2 = Marginal</th>
<th>1 = Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practices in the role of the RN.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Provides appropriate care to patients.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Provides timely and accurate feedback to students at scheduled intervals related to student’s clinical performance and learning goals.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Discussed expectations related to student’s role</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Introduced student to the social/work culture of the unit</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Planned experiences to address learning needs</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Encouraged development of critical thinking skills</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Applied effective teaching skills/techniques</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Communicates with student and patients in an effective manner.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Exercises ethical, accountable behaviors.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Documents within legal, professional, and ethical boundaries.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Practices safely.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Demonstrates professionalism and peer respect</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Provided an environment conducive for learning.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Comments:

Would you recommend this site and or preceptor for future students? _____Yes   _____No
Clinical Performance Self-Evaluation Criteria – NURS 237 (Preceptorship)

To be completed by the STUDENT

Student Name: ___________________________  Preceptorship Location: _______________________

Date/Hours: _______________________________________________  Preceptor: _____________________________

You have been provided with three copies of this form. If you need more, please make more copies – This form needs to be completed for each day of the preceptorship.

<table>
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1. Collaborate with clients and members of the interdisciplinary health care team to optimize effective communication, caring behaviors, and management of client needs.
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Comments:
Clinical Performance Self-Evaluation Criteria – NURS 237 (Preceptorship)

To be completed by the STUDENT

Student Name: ___________________________ Preceptorship Location: _______________________

Date/Hours: ___________________________________________ Preceptor: _____________________________

You have been provided with three copies of this form. If you need more, please make more copies – This form needs to be completed for each day of the preceptorship.

<table>
<thead>
<tr>
<th>Scale/Label</th>
<th>Standard Procedure</th>
<th>Performance Quality</th>
<th>Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent</td>
<td>Safe/Accurate</td>
<td>Proficient, coordinated, confident. Expedient use of time</td>
<td>Direction not required</td>
</tr>
<tr>
<td>Developing</td>
<td>Safe/Accurate</td>
<td>Efficient, coordinated, confident. Expedient use of time.</td>
<td>Occasion direction</td>
</tr>
<tr>
<td>Emerging</td>
<td>Mostly Safe/Accurate</td>
<td>Partial demonstration of skills. Inefficient or uncoordinated. Delayed time expenditure</td>
<td>Frequent direction</td>
</tr>
<tr>
<td>Weak</td>
<td>Questionably safe/accurate</td>
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<td>Continuous direction</td>
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