



# School of Nursing

## A Clinical Practicum Handbook for Faculty, Preceptors, and Students

Undergraduate BSN Students

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**Georgia College  
School of Nursing  
Preceptor Welcome Letter**

Thank you so much for being willing to share your experience and expertise with our students. Your role is vital in making sure that our students succeed in the program and are ready for professional practice. The following information is a general overview of the program and of our expectations for the students.

**Introduction:**

The students in the undergraduate nursing program at Georgia College and State University (GCSU) are required to complete a total of 240 clinical hours for practicum. While some of those hours may be completed doing other activities (i.e. study abroad, leadership training etc.), most of them will take place at the bedside with experienced nurses such as yourself.

Your responsibilities as a preceptor are outlined in the Personal Learning Contract and the practicum handbook included in this packet of information. Please review the following and add your personal information/signature so that the student may send them back to the clinical faculty/course coordinator as soon as possible:

1. Personal Learning Contract
2. Preceptor Qualification Record

In addition, please do the following with the student:

1. Review Personal Learning Objectives
2. Provide them with a printed copy of your schedule
3. Arrange which days they will work with you. They are expected to work when you work with exceptions only for scheduled classes and approved absences.

A copy of the clinical evaluation tool is included for your convenience as well. Please review with the assigned student and sign weekly (students will remind you).

Again, thank you for being willing to share your expertise with our students. We truly believe we have great students and cannot wait to share them with you.

If at any point in the semester, you have concerns related to the student's performance or the ability of the student to meet competence by the final evaluation, please discuss this with the assigned clinical faculty mentor located on the Personal Learning Contract.

Thank you for your valuable time and sharing your expertise with a future Registered Nurse.

NRSG 4980 Team  
Dr. Josie Doss  
Dr. Sterling Roberts  
Dr. Talecia Warren

## **Introduction**

The purpose of this handbook is to establish guidelines, facilitate role development and provide materials for use by the Bachelor of Science in nursing (BSN) student, the faculty mentor, and the preceptor during their clinical preceptorship/practicum experiences. This document is to be used in conjunction with the School of Nursing Handbook and the Georgia College Handbook and is not meant as a replacement.

## **Selection of Clinical Preceptors and Sites**

Per Georgia Board of Nursing policy 410-8.06 preceptors are utilized for clinical experiences in the final medical surgical course of the nursing curriculum. Selection and use of clinical practicum sites and preceptors are guided by the rules, regulations, and guidelines of the Commission on Collegiate Nursing Education (CCNE), the Georgia State Board of Nursing (SBON; 410-8-.06-3), and Georgia College School of Nursing. **Students should NOT contact preceptors or clinical facility representatives directly** to ask them for a placement as many sites have a central process in place for this type of contact and there are several requirements that need to be considered prior to establishing a placement.

The practicum clinical coordinator works with representatives from each facility to identify and secure placement with qualified seasoned nurses (SBON 410-8.06-8). Once identified, the clinical coordinator, the assigned faculty mentor, and in some instances the students obtain documentation to verify that each preceptor has an unencumbered RN license (SBON Rule 410-8-.06-4) and a minimum of 1 year of work experience (SBON 410-8-.06-6). Preceptor Qualification Records (PQR; **Appendix A**) are completed, and licensure is verified using the GA Board of Nursing Verification website (<http://verify.sos.ga.gov/verification/>). Preceptor Qualification records are kept on file for each preceptor for a period of 5 years and are located in the course website. In the undergraduate program, every effort is made to place students with BSN prepared nurses, however ASN prepared RN's with a significant amount of nursing experience are considered if the number of students exceeds the number of preceptors available (SBON 410-8-.06-6). Preceptors may be assigned two students per semester but will only work with one student at a time or on an assigned shift (SBON 410-8.06-10).

Because the undergraduate program is designed to prepare nurses for general nursing practice and for first time passage of the NCLEX – a standardized exam that evaluates ability to provide general nursing care at an entry level- most practicum experiences will be in medical/surgical environments. There MAY be a limited number of critical care and specialty placements available. Students must apply for these positions. Instructions are located later in the handbook under Student Responsibilities and Accountability: Clinical Placement Requests. If critical care and specialty experiences are available, interested students will be placed based on academic performance (course grades, HESI scores), clinical performance (clinical evaluation, faculty input), and professional behaviors (clinical contracts, unsatisfactory behaviors).

**Students are NOT allowed to complete practicum experiences on units on which they are currently employed or have previously been employed as externs and/or techs.** Students who are currently employed in a critical care area at Navicent are not permitted to complete practicum hours in any critical care area within the Navicent network (per Navicent policy). **Students are not permitted to receive payment for any clinical experience (SBON 410-8-.06.4).** Receipt of payment for time designated as clinical hours will result in forfeiture of those hours, a clinical “U,” and potentially course failure and/or dismissal from the program.

# **Student Responsibility and Accountability**

## **Clinical Placement Requests**

Students will be asked to complete a clinical placement survey the semester prior to the clinical experience to identify preferred placement and/or past and current areas of employment. This is NOT a guarantee of placement and is only used as a guide for clinical agencies. This survey link will be posted in the announcements section of the 3<sup>rd</sup> semester medical surgical course. If critical care or specialty placement is requested, an application form (**Appendix B**) must be completed. Students are encouraged to apply for these positions no SOONER than midterm of the semester prior to practicum and no LATER than May 1 for spring semester placement and March 30 for fall semester placement. All applications will be reviewed by faculty and placements will be determined based on academic performance (course grades, HESI scores), clinical performance (clinical evaluation, faculty input), and professional behaviors (clinical contracts, unsatisfactory behaviors).

## **Student Health Requirements/Compliance**

The School of nursing has standard health requirements that all students must complete prior to participating in any clinical experiences. Please see the nursing handbook and nursing policies regarding these health-related requirements. They include but may not be limited to:

- Criminal background check
- Statement of Physical Fitness
- Annual TB test
- Current CPR certification
- Annual Flu Vaccination
- Current Immunizations
- Drug Screening

Students submit these forms to the college (electronically) where all information is collated and forwarded to the clinical facilities. Because neither the school nor the facilities can accommodate individual student updates throughout the semester, **all required documents must remain current and NOT EXPIRE prior to the last day of class in the practicum semester.** For example, if you will be completing practicum during fall semester 2020, your documents must be updated prior to 3/15/2020 and remain current through 12/15/2020; if you will be completing practicum during spring 2021, your documents must be updated prior to 7/15/2020 and remain current through 5/15/2021. **Clinical facilities will not allow us to secure placement without updated clinical documents.**

Students are expected to maintain personal copies of all documents and to carry them with them to the clinical environment per facility request. If the assigned agency has unique healthcare requirements in addition to what is listed above or in the nursing handbook, students will work directly with the clinical coordinator to collect all necessary documentation.

## **Clinical Facility Orientation Documents**

Many agencies require student identification badges, a medication exam, or additional orientation materials prior to the beginning of the clinical experience. The clinical coordinator will provide the individual student(s) with the information related to requirements for the agency in which they are completing clinical requirements for this course. If there is an additional cost for clinical document verification at a student selected facility, students will be responsible for that expense. If they do not wish to pay the extra fee, arrangements will be

made for them to complete clinical experiences with one of our local facilities (i.e. Navicent, Coliseum, Houston, etc.).

### **Preparation for Clinical Practicum**

The clinical practicum extends the learning environment of the classroom to integrate theoretical concepts with clinical practice. Prior to the clinical experience, students will complete the Basic Nursing Care Self-Efficacy Scale (**BNC-SES; Appendix C**). Using the results of this survey and their own opinions of their learning needs, they will develop a list of objectives and goals to be used to guide the clinical experience (**Appendix D**). This will be attached to the Learning Contract (**Appendix E**) and should be reviewed with faculty and preceptors prior to signing. Students will complete the BNC-SES again at the end of the practicum experience.

Once the clinical site is released, the student should review the common clinical problems relevant to the unit population. Following each clinical experience, students are encouraged to review the evidence pertaining to patient conditions encountered during their shift.

### **Scheduling of Clinical Hours**

A total of 240 clinical hours are required for successful completion of this course. See the course calendar and syllabus for a breakdown of how these clinical hours will be met each semester. If the student does not complete the required number of clinical hours for the semester, he/she cannot expect to receive a passing grade in the course. Extension of the clinical period beyond the last day of class cannot be assumed.

Students will work with their preceptor and clinical partner (second student) to determine scheduling. It is expected that a student will accompany the preceptor for each shift during the semester. Practicum schedules are generally not adjusted to accommodate social schedules or work schedules beyond the one “personal” day explained below. If you have a mandatory work requirement, documentation must be provided.

Requests for a specific shift (days or nights) are not allowed without an official accommodations letter. See the GCSU Nursing Handbook for additional instructions. This letter must be provided by the due date for other clinical documents to allow time to make appropriate arrangements.

All schedule hours should be entered in the **TeamUp calendar** (link on the course homepage or you can download the app) as soon as the preceptor schedule is received, and the clinical schedules should be mapped out as far in advance as possible. All schedules for the following week (Sunday-Saturday) must be submitted no later than 5pm on Friday to allow faculty time to review and approve. Faculty will check these schedules weekly and plan meetings accordingly.

If the student arrives to clinical and the preceptor has been “called off” or is not present, a second temporary preceptor may be arranged by the charge nurse or nurse manager. In this instance the student is responsible for (instructions are located on the document):

- Completing and having the preceptor sign the preceptor qualification record (See appendix A)
- Checking on the state board website for active unrestricted licensure
- Notifying the assigned faculty member prior to the beginning of the shift (via email or office phone)
- Uploading the preceptor qualification record and a screenshot of the active license in the appropriate dropbox within 24 hours

**Adding/removing a shift** (i.e. preceptor is put on call, cancelled, or picks up an additional shift).

- **Notify the faculty mentor or designated proxy via email prior to the beginning of the shift.**
- If changes are made without prior notification, the student will receive a “U” for the day, a clinical contract will be issued, and clinical hours will be forfeited. Two clinical “U’s” will result in a clinical and course failure.

### Clinical Absences

In the event of an unavoidable clinical absence, it is the student’s responsibility to notify the assigned faculty AND the assigned preceptor before the scheduled shift. The following protocol should be followed:

- **Notify the faculty mentor or designated proxy via email prior to the beginning of the shift.**
- Notify the assigned preceptor **prior to the beginning of the shift**
- **Failure to notify the preceptor AND the faculty member before the start of the shift will result in clinical unsatisfactory (U) and a clinical contract.** Two clinical U’s or failure to meet contracted behaviors will result in course failure.

Because students have a set amount of time in which the clinical experience must be completed, and a failure to complete them will result in course failure, it is important that they take advantage of all opportunities to complete clinical hours. Students are encouraged to plan for situations that would result in unintended absences (preceptor illness, student illness, inclement weather, unexpected campus closure etc.) and potentially impact their ability to graduate. **There are select situations in which an absence from clinical is expected and/or excused.**

**Expected Absences. You are NOT permitted to attend clinical under the following circumstances:**

- **Campus Holidays or breaks.** See the course calendar for additional information.
- **During Class time** – you are NOT permitted to skip ANY in person class to attend a clinical experience.
- **Nightshift the night BEFORE a scheduled class:** i.e. you are NOT permitted to work on Sunday night (3p-3a or 7p-7a) if you have class on Monday.
- **Nightshift the night AFTER a scheduled class:** i.e. you had class all day and have not been able to get adequate sleep prior to a night shift (i.e. you had class all day Monday and your preceptor are working Monday 7pm to Tuesday 7am.
- **Illness including fever.** You must contact your preceptor AND your faculty mentor BEFORE the shift is scheduled to begin and you MUST present a valid provider note.
- Campus closure for any reason
- **You may NOT work more than three 12-hour shifts per week (Sunday-Saturday).**
  - If your preceptor routinely works overtime, you may select the three shifts you would like to spend with them.

**Excused Absences:** You are EXCUSED from clinical at your discretion under the following circumstances:

- **Weekend prior to a Monday HESI Exam – beginning at 7pm on the Friday before** the exam.
- **ONE “personal day”** to attend a special event (wedding, fund raiser, party etc.). Wait for your preceptor schedule to determine if the event will cause a conflict and email your assigned faculty mentor for approval at least one week prior to the event.
- Other absences will be considered on a case by case basis by your assigned faculty mentor and the NRSB 4980 Team (i.e. job interviews).



- **Time to complete bedside clinical is limited and every effort should be made to schedule interviews outside of class and clinical time.**
- Weather related absences -Because of different practicum locations, weather conditions will vary. Students should use their personal judgment when determining whether it is safe to travel to a clinical site.

Unexcused absences include any scheduled preceptor shifts (not including last minute call in's) that do not meet the criteria for excused as listed above. Please note that faculty DO have access to the scheduling system at all facilities and are able to reconcile the student schedule in TeamUP and on the timesheet with the preceptors published schedule. Failure to work when your preceptor is scheduled without an excused absence will result in a clinical unsatisfactory (U) for the day, and a clinical counseling contract. Arriving late to the clinical experience and/or leaving early without a valid excuse and permission from your preceptor and clinical faculty will also constitute an unexcused absence. Expect unannounced visits and/or phone calls from your assigned faculty mentor or any other school of nursing faculty.

### **Preceptor Substitutes/Replacements**

There are situations in which a temporary substitute preceptor is necessary (preceptor is placed on call or has to leave) or when a replacement preceptor must be identified (student preceptor quits or transfers). **The use of more than 2 preceptors will require approval from your faculty mentor.** The following guidelines apply to short (one shift) and long (more than one shift)-term preceptor substitution:

**Short Notice/one shift** (i.e. you arrive, and your preceptor has called in sick or has been put on call).

- You may speak to the charge nurse about a one-time substitution.
- **MUST notify your assigned faculty member** or designated proxy via email before the shift begins
- **MUST complete a preceptor qualification form** (explained elsewhere), verify one year of licensure (explained elsewhere), and scan the preceptor qualification record AND a screenshot of the licensure verification to the preceptor qualification form dropbox within 24 hours.
  - Working with a preceptor who is not fully qualified as identified in the preceptor qualification record will result in forfeiture of clinical hours.
- Once a preceptor is verified, he/she can be used for additional short term substitutions if necessary.

**Long term** (i.e. your preceptor puts in notice that he/she is quitting)

- Notify your assigned faculty mentor as soon as you are aware that the preceptor will be leaving – they will work with the course coordinator and designated agency contacts to arrange for a replacement.

### **Adding a second preceptor**

- **ONLY** allowed if the originally assigned preceptor is PRN or part time, and/or takes several lengthy leaves of absence.
- Notify faculty mentors of projected absences greater than 1 week **as soon as you are aware of them.**
- Faculty mentor and course coordinator will determine if a second preceptor is necessary and will make proper arrangements.

You must **NOT** use more than two preceptors for your bedside experience without prior approval from your assigned faculty.

## **Documentation of Clinical Hours and Experiences**

All clinical hours **MUST** be documented on the Clinical Time-Sheet (located in the course website under “forms and templates”). Students should carry this time sheet with them at all times and it should be updated and signed by the preceptor following each shift. The form **MUST** be submitted as outlined on the course calendar. [The assigned faculty mentor will reconcile the clinical time sheet and the preceptor qualification records to ensure that a preceptor qualification record is on file for each preceptor represented on the clinical timesheet and that the student is making appropriate progress toward clinical hour completion.](#)

### **Clinical Assignments.**

[For a complete list of course and clinical assignments with grading criteria, see the course syllabus.](#)

**Course objectives** are required by most facilities and explained previously in the handbook.

A **clinical journal** (located in the course website under “forms and templates”) is used to document the breadth and depth of the student’s clinical experiences. The clinical faculty use the log as a tool to assess and evaluate the appropriateness of clinical placement, increasing independence of the student’s clinical skills, critical thinking, and decision making. The clinical journal should be reconciled with the clinical timesheet to ensure all clinical days are accounted for.

**Midterm and Final Evaluation forms.** The CSET Student/Preceptor Evaluation (located in the course website under “course documents”) must be submitted along with the timesheet as indicated on the course calendar.

**Other Evaluations:** The CSET Student Self-evaluation form (located in the course website under “forms and templates”) should be used for all campus based clinical experiences including TeamSTEPPS, Stop the Bleed, Diversity Training, Simulation etc.

### **Attire and Behavior**

Students are representatives of Georgia College School of Nursing and must present themselves as ambassadors to our programs. Students are expected to be respectful to preceptors, faculty, staff, patients, and families. Reports of unprofessional behavior will result in a clinical contract and counseling by course faculty. Please refer to the course syllabus and Georgia College School of Nursing Handbook for additional policies and procedures regarding unprofessional behavior.

Interactions with clients, staff, and health providers are all learning opportunities. It is the student responsibility to participate in all aspects of nursing care. Tasks may range from basic hygiene to complex nursing interventions. The student and preceptor should work together to identify appropriate learning opportunities. The student is expected to be proactive about his/her learning. While some lower level activities are appropriate, are necessary, and will contribute to learning, the student should be careful not to fall back into the role of a patient care technician.

Any clinical activities (learning lab, simulation center, and hospital based) require that the student follow the GCSU nursing dress code at all times. Failure to wear your uniform as indicated in the nursing handbook will result in a clinical unsatisfactory (U) for the day, forfeiture of clinical hours for the day, and a clinical contract. Two clinical U’s will result in course failure.

**Electronic Devices.** Electronic devices (phones, smart watches, computers, etc.) should **NOT** be used when at any lab or practicum site unless on break and in a non-public area away from all patient information (break room, bathroom, etc.). Reports of use of personal devices during clinical will result in a clinical U, forfeiture of clinical hours for that shift, and a clinical contract. If agency requirements are stricter, students are expected to

adhere to those requirements. The use of smart watches should be limited to patient care. Use of smart watches for anything other than patient care (i.e. texting, phone calls, etc.) may result in penalties.

### **Contacting Faculty**

Faculty can be contacted via D2L, gcsu email, and office phone. Voicemails left on our office phone are forwarded to our email accounts. Please allow 24-48 hours (excluding nights and weekends) for a response.

**Email Etiquette. E-mail is the preferred method of contact (see course syllabus).** When communicating via email follow the professional guidelines below (faculty may not respond to emails that do not follow these simple rules of professional etiquette):

- Use only your GCSU/D2L email accounts
- Use professional salutations:
  - The correct way to address your faculty is “Professor” or Dr.” depending on his/her title. This is true for email communication and verbal communication.
  - Hey, yo, whats up...are not appropriate ways to address faculty members in an email.
- Include a clear and direct subject line:
  - People decide whether to open an email based on the subject line. Choose one that reflects your concerns or business. (Example: PICOT question, hospital paperwork, requested professional reference etc.)
- Include a short explanation for your email (think SBAR).
- ALL CAPITAL LETTERS INDICATE THAT YOU ARE YELLING AT SOMEONE AND IS NOT APPROPRIATE IN PROFESSIONAL COMMUNICATION
- Punctuation is essential to the reader.
- Use exclamation points sparingly.
- Proofread EVERY message
- Allow adequate time for a response
  - If you have not heard back from your instructor after 48 business hours (weekend and holidays are not business hours) send a second email or call/text based on importance.

**Phone/Text Message Etiquette.** The second preferred method of contact is **the faculty office phone number**. Please leave a voicemail. The phone system is designed to send the voicemail to us via email in the event we are off campus. Include the following:

- Your full name
- The course to which your message pertains
- Short explanation (think SBAR)

Emergency contact numbers may be provided to ensure availability after hours and during weekend shifts as indicated by SBON regulations. If provided, these numbers should ONLY be used in the event of an afterhours (i.e. weekdays after 5pm and before 7am, weekends, holidays) emergency in which all other forms of communication have failed.

**Injury Policy:** If there is an injury or exposure while completing a practicum shift, students should refer to Handbook Policy #1004.

“The student must IMMEDIATELY notify the faculty member [**via email and/or voicemail**] or clinical preceptor responsible for the clinical learning experience. If the student is working with a preceptor, the clinical instructor will be notified as soon as possible.

The policies of the clinical institution will be followed. The student should receive the same kind of assessment and care that an employee of the agency would under the circumstances. If the student has sustained a serious injury or has been exposed to blood, body fluids, or hazardous materials, then time is of the utmost importance and the student should receive prompt evaluation from a qualified health care provider (for example, an emergency department or health department). Students exposed to blood or body fluids should be evaluated as soon as possible. **All students are required to carry personal health and medical insurance to cover the cost of treatment. The student is responsible for the cost of treatment.**

A GCSU School of Nursing Incident/Injury report is to be completed by the student and faculty member as soon as possible after the incident. The faculty member will notify the Assistant Director of the School of Nursing as soon as possible. The clinical agency may request that an incident report be completed there as well.

The College of Health Sciences assumes no responsibility for the risks of exposure.”

## **Faculty Mentor Responsibilities**

Each student will be assigned a faculty mentor to oversee your practicum experience. The role of the faculty mentor is as follows:

- Meet with preceptors and students prior to and throughout the learning activity (SBON; 410-8-.06-3).
  - A minimum of two faculty/preceptor conferences (these may be conducted via phone/video conferencing).
    - Initial preceptor contact and preceptor orientation.
    - Final evaluation upon completion of bedside clinical hours
    - Other meetings as indicated based on student performance and preceptor concerns (a phone call when students submit midterm evaluations may be necessary).
  - A minimum of three faculty/student meetings (these may be conducted via phone or video conferencing)
    - Initial meeting – to discuss placement and sign paperwork
    - Midterm meeting – upon completion of ½ of bedside hours.
    - Final meeting – discussion of final evaluation, validation of clinical/preceptor paperwork (i.e. preceptor qualification records, time sheets, etc.) and signatures
    - Other meetings as indicated based on student performance and preceptor concerns
  - Completion of onsite visits as required.
- Be readily available to preceptors and students (SBON; 410-8-.06-10)
  - Take calls and respond to student/preceptor needs in a timely manner
- Assessment of written clinical assignments and progression toward the clinical objectives and program outcomes.
  - Assessment of goals
  - Clinical Journals
  - Other assignments as indicated on the course calendar
- Provision of timely and constructive feedback on all assignments. Please allow 10 business days (2 weeks) for grading.
- Execution and monitoring of clinical learning contracts.
- Midterm and final clinical evaluation
- Final determination of clinical grade.

- Communicating with the NRS 4980 about any concerns or questions they may have.

Faculty mentors will **first contact** the preceptors using the phone number provided by the agency in which the preceptor is employed. Depending on the agency policy, that may be a cell phone number or the number to the floor on which they work. During this initial phone conversation, the faculty mentor should ensure that the preceptor is aware of a student match. A preceptor orientation will be conducted during this initial phone call or will be arranged for a date and time that works with both schedules. The **Preceptor Orientation** (required by CCNE accreditation and SBON guidelines) is an opportunity for the faculty mentor to review preceptor responsibilities, answer any questions the preceptor has, and obtain contact information to be provided to the student.

If the preceptor prefers, orientation can be conducted via phone and orientation material can be emailed.

As part of the orientation, the faculty mentor should email the following documents to the preceptor for review.

- a copy of this handbook
- the student learning contract (student will obtain signatures and submit)
- a copy of the student's personal learning objectives
- a copy of the preceptor qualification record (student will obtain signatures and submit)

During the orientation meeting, the faculty member should review the following:

- Review the preceptor responsibilities located in this handbook
- Review the Student's Learning contract and personal learning objectives
- Review the Preceptor Qualification Record
- Remind them of **evaluation forms** and phone **conferences**
- Provide them a copy of the evaluation form
- Answer any questions
- Encourage them to call you any time for questions and/or concerns.

The **faculty/preceptor conferences** are best held outside of the work environment and without the student's presence to allow open communication of observed strengths and weaknesses. Phone conferences are appropriate. Be sure to thank them for their assistance. Some questions you may consider asking include:

- Overall, how is the student performing in his/her practicum?
- What would you identify as strengths that the student currently has?
- What things does the student need to work on?
- Do you feel as if your unit would be a good fit for this student? Why or why not?
- Has the student demonstrated improvement since we last spoke?

The **faculty/student conferences** can be held at faculty/student convenience. Some prefer to meet with the student at the clinical site in conjunction with a clinical site visit. Others prefer to meet in the faculty office. Prior to this meeting faculty should:

- Verify submission of all midterm/final assignments
- Review time sheet
- Reconcile preceptor names on the timesheet with Preceptor Qualification Records

Time during the conference should be used to:

- Discuss clinical experience (challenges, etc.)
- Discuss preceptor evaluation (written and phone conversation)
- Sign evaluation form and return to student for submission to the course website

Students should contact the faculty mentor immediately if concerns arise about the clinical experience or their ability to successfully complete clinical requirements. Also, the student should seek advice from the clinical mentor should challenges occur at the site that the student cannot reasonably resolve on their own, if there is a change in schedule compared to what is located on the clinical calendar (TeamUp), if you need to request a “day off.” Or with any other clinical concerns.

## **Preceptor Responsibilities**

The preceptor is asked to assist the student with the following:

- identification and selection of appropriate learning experiences to meet course and personal learning objectives
- to serve as a role model, resource person, and teacher for the student
- to work collaboratively with the student and faculty member to facilitate and evaluate learning experiences (see copies of course syllabus, personal learning objectives attached).
- provide feedback in the form of a midterm and final evaluation (see attached form),
- to notify supervising faculty of problems or concerns in a timely manner,
- to meet with the faculty mentor for a midterm conference and a final conference (these may be conducted via phone or in-person).

Common preceptor questions are addressed below:

- What if I am assigned as a charge nurse for a shift?

The primary purpose of your relationship is for them to complete the required number of bedside clinical hours as indicated in the Learning Contract. That being said, there are several options for this situation:

1. The student may work with another qualified preceptor if available. The students have instructions regarding completion of the SBON required preceptor qualification record and contacting faculty.
2. The student can assist you with “charge” responsibilities instead of patient care. Ideally, they would focus on patient care.

- What if I am “called off” for the day?  
Please notify your student so they will not report to “work” that day.

- What if I am pulled to a different floor?

The **student is able to float with you as long as it is not to a floor on which they are currently employed.** Students are **NOT** allowed to float to a floor on which they work as an extern or patient care tech or one that is a designated COVID floor. In this instance, students can identify a substitute preceptor for the day.

- What should the students be doing?  
They are allowed to provide total patient care under your guidance. This includes assessment, documentation, medication administration, skills performance etc. (depending on specific facilities rules and regulations). Please see below for additional instructions.

Please refer to your agency guidelines for additional information or call the faculty mentor for additional clarification.

- What should I do if there is an “incident” (medication error, exposure, accident, etc.) during practicum? Incidents must be reported to the faculty member immediately. The first point of contact will be the assigned faculty member number located on the learning contract. If unable to reach anyone from that number, phone the School of Nursing 478-445-1076 for assistance during business hours or the practicum coordinator after hours, 478-955-4743 (Dr. Doss) or other designated number for assistance.

Preceptors should contact the faculty mentor at any time if they have concerns about student performance or behavior. The preceptor experience will be evaluated by students at the conclusion of the clinical experience using the Clinical Learning Atmosphere and Preceptor Proficiency survey (CLAPP; Doss, 2019). See appendix I for this evaluation.

## PRECEPTOR QUALIFICATION RECORD

Georgia College and State University: Milledgeville GA, 31061; (fax#: 478-445-1121)

### PRECEPTOR INFORMATION (all information must be complete)

<b>Official NAME</b> The one on your license	
<b>ADDRESS</b> As on file with the GA Board of Nsg Required for license verification	
<b>GA LICENSE #</b> Required for license verification	
<b>E-mail Address:</b>	

### CURRENT EMPLOYMENT (all information must be complete)

<b>Agency/Location/Unit or Floor</b>	(i.e. Navicent Macon 4E, Fairview Dublin 3W, etc.)
<b>Have you been employed for at least one year in the environment listed?</b>	<b>YES</b> <b>NO</b>

### PROFESSIONAL EDUCATION AND NATIONAL CERTIFICATIONS (MUST BE COMPLETED)

Name of Institution	Location	*Diploma/Degree/ National Certification	Year Granted	Major Field

\* Education information must include an Associate, Bachelors and/or Masters degree in nursing

\_\_\_\_\_  
Preceptor Signature

\_\_\_\_\_  
Date

I have verified that this individual has at least one year of unencumbered practice as a Registered Nurse by viewing licensing information at <http://verify.sos.ga.gov/verification/>.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

- combine this form and a screenshot of the licensing information into ONE PDF or WORD document and place it in the course assignment dropbox “Preceptor Qualification Records.”
- The document should be titled “studentname\_preceptorname\_qualificationrecord\_semester” (i.e. josiedoss\_salliesmith\_qualificationrecord\_spring2020) for record keeping.
- Failure to submit this document, a screenshot of the license verification, or to package/title the document appropriately will result in forfeiture of the associated clinical hours.

Appendix B

Request for Practicum Critical Care/Specialty Placement



Because our primary goal as nursing faculty is to prepare students for NCLEX and generalized nursing practice, most practicum experiences will occur on general medical/surgical units.

There MAY be limited positions available in critical care areas (ICU, ED). Placement in specialty units (Labor, Newborn, Postpartum, Pediatrics, Operating Room etc.) may be used if we experience problems identifying adequate medical/surgical placements. If these placements are available, students will be selected based on academic and clinical performance.

Placements in these areas are limited and placement is competitive. Students who wish to be CONSIDERED for a critical care/specialty practicum experience IF available must complete the following:

1. Submit this form and all required evidence as ONE pdf or MS Word document to josie.doss@gcsu.edu
  - a. Accepted for Fall practicum 3/1 - 3/15. Late submissions not accepted.
  - b. Accepted for Spring semester practicum 4/15 - 5/1. Late submissions not accepted.
  - c. The document title must include your name, the course and semester to which the form pertains, and the title of the document (i.e. JosieDoss\_NRSRG 4980\_Fall18\_Critical Care Request).
  - d. The subject line of the email should indicate "Practicum specialty Placement Request Spring 2020" or the academic semester for which you are applying.
2. **Failure to follow instructions will result in your application being discarded.**

I am interested in practicum placement in the following critical care/specialty areas:

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

The student should initial each of the statements below indicating they have met the academic criteria (**information will be verified**) **If you have NOT met the criteria, do not initial but attach a one page written narrative to this documents as indicated for each criteria**

1. \_\_\_\_\_ I have not received a grade of C or D in any course with a NRSRG prefix. **(A grade of D makes you ineligible for this request. If you have received a grade of C, attach a word document identifying each course in which a C was obtained and what you have done to improve the academic/clinical knowledge/skills associated with that course.)**
2. \_\_\_\_\_ I have not received a clinical contract or an unsatisfactory (U) day, in any course with a NRSRG prefix **(If you have received a clinical U attach a word document outlining the circumstances and conditions and how you have improved in that area)**
3. \_\_\_\_\_ I have not scored below an 800 on any HESI exam administered in any course with a NRSRG prefix (do not include pharmacology if you took it before nursing program admission) **(If you have received below an 800 on any HESI, attach a word document outlining each of the exams and what you have done to improve the academic/clinical knowledge and skills associated with that course.)**

By signing below, I attest that the information is accurate to the best of my knowledge and that I wish to be CONSIDERED for practicum placement in a critical care environment IF the opportunity is available.

---

Student Signature

---

Date

Appendix C

**Basic Nursing Care Self-Efficacy Scale (BNC-SES; Doss, 2019)**

On a scale of 1 to 10 (1 being lower and 10 being higher) please rate your abilities to perform the following tasks:

1. I feel confident communicating with primary care providers (physicians, advanced practice nurses etc.).
2. I feel confident communication with patients from diverse populations
3. I feel comfortable providing a verbal report to the oncoming shift.
4. I am comfortable communicating and coordinating care with members of the interdisciplinary health care team
5. I am comfortable delegating tasks to unlicensed nursing personnel
6. I am confident in my ability to make nursing care judgements independently
7. I am comfortable asking for help from my professional nursing colleagues
8. I am confident in my abilities to manage the care of 2 patients
9. I am confident in my abilities to manage the care of 3 patients
10. I am confident in my abilities to manage the care of 4 or more patients
11. I am confident that I can locate strong evidence to support clinical decision making.
12. I feel overwhelmed by ethical issues in my patient care responsibilities
13. I have difficulty documenting care in the electronic medical record.
14. I am comfortable with my abilities to produce legally defensible entries in a patient chart
15. I am confident in my abilities to calculate a medication dose.
16. I am confident in my abilities to administer an intramuscular injection
17. I am confident in my abilities to administer a subcutaneous injection
18. I am confident in my abilities to administer PO medication
19. I am confident in my abilities to hang intravenous piggyback medication
20. I am confident in my abilities to administer tube feeding/medication
21. I am comfortable with my ability to recognize abnormal physical assessment findings and intervene appropriately.
22. I feel confident identifying actual or potential safety risks to my own patients
23. I feel comfortable knowing what to do for a dying patient.
24. I feel confident in my ability to change a sterile dressing
25. I feel confident in my ability to insert a foley catheter
26. I feel confident in my ability to insert a nasogastric tube
27. I feel confident in my ability to start an intravenous line
28. I feel confident in my ability to perform basic cardiopulmonary resuscitation
29. I feel comfortable drawing blood from a peripheral access point.
30. I feel comfortable monitoring blood glucose
31. I am confident I could provide central line monitoring and care (dressing change, blood draws, discontinuing)
32. I am confident that I could provide chest tube monitoring and care.
33. I am comfortable with EKG/Telemetry monitoring and interpretation
34. I am comfortable with IV Pump management
35. I am comfortable with Trach care and suctioning
36. I feel ready for the professional nursing role
37. I am satisfied with choosing nursing as a career

#### References:

- Oetker-Black, S. L., Kreye, J., Underwood, S., Price, A., & DeMetro, N. (2014). Psychometric Evaluation of the Clinical Skills Self-Efficacy Scale. *Nursing Education Perspectives (National League for Nursing)*, 35(4), 253. <https://doi.org/10.5480/11-739.1>
- Casey K, Fink R, Krugman M, Propst J. (2004). The graduate nurse experience. *Journal of Nursing Administration*, 34: 303–11.

## Appendix D

### Student Objectives Form

## Discussion Question #1 – Strengths and Opportunities for Improvement

Students at the practicum level are expected to assume an active role in the planning of his/her clinical experiences. Though students are expected to participate in ALL activities that would be reasonably accepted as nursing practice during their practicum experience, he/she is asked to identify perceived strengths and weaknesses or areas of limited opportunity to assist with activity planning. Complete the following worksheet as part of Discussion Question #1. Copy and paste the information into the discussion question and print this document to take with you when you meet your faculty AND your preceptor. You will use this information at the end of the practicum experience to evaluate your growth and continued need for practice.

**Complete the Basic Nursing Care Self-Efficacy Scale (BNC-SES)** by clicking the link in the week 1 discussion question and answer the following questions.

Based on the answers you selected in the BNC-SES, please **list and discuss five strengths** that you feel you have as you progress to your practicum experience. Include **WHAT** the strength is, **WHY** you perceive it as a strength (how many times you completed it, praise or accolades that you received etc.), and **HOW** the nursing program prepared you for success related to each identified strength. For instance, you may perceive IV initiation as a strength because you have completed it more than 10 times on patients and have been able to initiate the IV on the first stick the last three. You may consider assessment a strength because you identified variances from normal on two occasions and alerted your clinical instructor which resulted in a change in the plan of care (provide specifics about each instance).

Strengths	
1	
2	
3	
4	
5	

Based on the answers you selected in the BNC-SES, please **list and discuss five perceived weaknesses**. Include **WHAT** the weakness is, **WHY** you perceive it as a weakness, and **HOW** we may prevent this from being a weakness for other students. It may be a lack of opportunities or a result of previous mistakes you have made (we all make mistakes and have room for learning).

Weaknesses	
1	
2	
3	
4	
5	

For each area of weakness that you identified, formulate a specific and measurable goal that you would like to set for the practicum experience. Each goal should be specific (by what time would you like to achieve the goal) and measurable (how many times would you like to achieve the goal). For example, if you feel you need to work on communication skills a goal might be to “I will document at least three situations in which I was able to successfully communicate with a patient that required altered communication strategies by the end of the semester (i.e. a patient with dysphagia, loss of hearing, etc.). If you feel particularly weak in the performance of a given skill, a goal may be “I will document at least three successful IV starts by midterm.” A goal for assessment may be “I will recognize changes from normal in at least three assessments and request changes to the plan of care accordingly.”

Goals	
1	
2	
3	
4	
5	

Now, copy and paste the tables into discussion question 1 and follow the instructions regarding peer response. Print a copy of this document to take with you to discuss with your preceptor on your first clinical day. You may update some information based on feedback from your assigned faculty mentor.

School of Nursing  
NRSG 4980

**Personal Learning Contract/Preceptor Agreement Form (kept on file for each preceptor)**

**Student Information:**

<b>Semester</b> (insert current semester):_	<b>Clinical Hours:</b> up to 240 hours
<b>Student Name</b> (please print or type)	<b>Student Telephone Number:</b> Home: Cell:
<b>Student PERMENENT Mailing Address:</b> (where you will receive mail upon graduation)	<b>Student PERMENANT email address:</b> (where you will receive mail after graduation)
<b>Do you expect to be employed during practicum?</b>	YES                  NO Agency/Unit: Shift: Number of Hours:
<b>Will you need any special resources for this practicum experience?</b>	

**Preceptor Information:** To be completed by faculty/preceptor at initial student meeting. Only released to student following approval of learning objectives and initial contact of preceptor by a faculty member.

<b>Preceptor Name</b> (please print)		<b>Preceptor Phone Number:</b> Cell: Work:
<b>Clinical Agency/Hospital Name:</b>	<b>Assigned unit/floor/shift:</b>	<b>Preceptor email address:</b>
<b>Clinical Agency Address:</b>		<b>Additional Preceptor Comments:</b>

**Faculty Information:** To be completed by the assigned clinical faculty member at initial student meeting.

<b>Faculty Name</b> (Please print):	<b>Faculty Office Phone Numbers (voice messages are pushed through to email):</b>  Please provide the student name, the preceptor name/facility and a contact number and someone will return your call ASAP
<b>Faculty email address:</b>	<b>Additional Faculty Comments:</b> Please contact us with any questions or concerns.

**Student Responsibility:** The student is expected to participate in a variety of clinical or administrative experiences as negotiated with and approved by the preceptor and faculty mentor. The specific type of experiences will be based upon the personal learning objectives, noted strengths and weaknesses, structure of the agency and nursing program curriculum. You will adhere to all policies and procedures outlined in the GCSU handbook, the BSN nursing handbook, the practicum handbook, the syllabus, and the course website.

**Preceptor Responsibility:** The preceptor is asked to assist the student with identification and selection of appropriate learning experiences to meet course and personal learning objectives; to serve as a role model, resource person, and teacher for the student; and to work collaboratively with the student and faculty member to facilitate and evaluate learning experiences (see copies of course syllabus, personal learning objectives attached). The preceptor is asked to provide feedback in the form of a midterm and final evaluation (see attached form) and to notify supervising faculty of problems or concerns in a timely manner. See the practicum handbook for additional information.

**Faculty Member Responsibility:** The faculty member will work collaboratively with the student and preceptor to facilitate and evaluate learning experiences. In accordance with Georgia State Board of Nursing (GSBON) Rules the assigned faculty member (or a designated proxy faculty) will be readily available to the preceptor and student during practicum hours and will meet with students and preceptors prior to and throughout the learning process. The faculty member will assist the student with development of personal learning objectives/goals, identification of strengths and weaknesses in the student’s practice, selection and approval of appropriate learning experiences, and evaluation of student performance. See the practicum handbook for additional information.

**CRITICAL COMPONENTS OF CLINICAL INTERNSHIP**

Students must immediately notify your assigned faculty member and preceptor of any changes in your clinical schedule. Incidents must be reported to your faculty member immediately. Please use the numbers and contact instructions in the “Faculty Information” section of this contract.

All aspects of the GC&SU dress code will be followed.

Students will not be in the clinical setting on designated university holidays, class days, or university breaks (fall/spring).

In the clinical setting:

- Do not insert an IV catheter without direct supervision.
- Do not insert an IV catheter on anyone other than a client in assigned facility.
- Do not administer medications without direct supervision.
- Medications must be checked by the preceptor or designated nurse prior to administration.
- Hospital policy must be followed regarding heparin drips, blood administration and cancer and cardiac medications.
- Students will not witness any documents.
- Noninvasive procedures will be approved by preceptor prior to performing without assistance.
- Student will take advantage of all opportunities afforded to them.
- Students shall not be paid by the practice setting for any clinical experiences (SBON 410-8-.06-2)

By signing below, it is formally agreed that the student specified above will obtain clinical experience under the supervision of the above named preceptor at the agency specified and the above named faculty member and/or a designated faculty proxy. The University will not provide remuneration for either the preceptor or the student.

*Please review all attachments with student prior to signing.*

STUDENT’S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FACULTY’S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRECEPTOR #1 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRECEPTOR #2 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRECEPTOR #3 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Instructions:**

1. Faculty Mentor will complete when preceptor information is confirmed
2. Faculty Mentor will review with students and preceptor
3. Students will obtain preceptor signature at first shift
4. Student will upload a single file pdf or MS Word electronic copy of this document titled titled **studentname\_date\_PLC\_semester** to the assignment dropbox “personal learning contracts.”
5. The document should be updated each time a preceptor is added.
6. Documents not uploaded and/or titled properly will be deleted and counted as missing and clinical hours not counted.

**Appendix F**

**Unsatisfactory Clinical Performance Contract**

Semester:  
Course: *NRSG 4980*  
Student:  
Instructor:  
Course Lead:

**TERMS OF CONTRACT (to be completed by faculty. If preceptors have concerns, they should contact the assigned faculty member)**

Areas of concern have been identified and a satisfactory level of clinical performance is not being achieved at this time.

The student must achieve a satisfactory level of performance in the areas outlined below **beginning today and continuing through the end of the semester.**

*Successful completion of the following is required to achieve a passing grade.*

- **Specific performance areas of concern and student consequences** (grade of U, clinical failure etc.):
  - Student behavior deemed unsatisfactory (Include the date of the incident, a detailed explanation of the incident. Attach any supporting documentation necessary i.e. emails etc.):
    -
- **Syllabus or Handbook statement addressing observed behavior** (copy and paste statements from syllabus, nursing handbook, practicum handbook etc.):
  -
- **Expected changes student must demonstrate (should be Specific, Measurable, Attainable, Realistic, and Time sensitive):**
  - Beginning today and continuing until the end of the semester, the student will.....
- **Repercussions for inability to meet contract expectations**
  - Failure to meet the contract terms by the date identified will result in **clinical failure** and a **grade of F** in the course.

By signing below, I (the student) indicate that I have reviewed the terms of this contract, have had an opportunity to ask questions, and understand the repercussions of not following these terms (Copy to student, original stays with the instructor to be passed along for additional signatures).

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Student Signature**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Instructor Signature**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Course Coordinator Signature**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Undergraduate Director Signature**

**INSTRUCTIONS:**

1. Student is provided with a copy of the contract
2. Student will scan the contract into a *single document*, title it “Name\_StudentSuccess\_semester\_year” and save it o the Assignment Dropbox “Student Success Contract” for record keeping.
3. The faculty member provides the original to the course coordinator who will sign and discuss with the Nursing Administration.

**NRS 4980 Clinical Time Sheet**  
Semester: Fall/Spring 20\_\_

STUDENT NAME: \_\_\_\_\_

Hospital Assignment: \_\_\_\_\_

1. Make sure to write your name on the form and identify the semester/year in the heading.
2. You should carry this form with you at all times and update it each shift
3. Have your preceptor complete a clinical evaluation at the end of each week.
4. Your **cumulative time column must demonstrate 240 hours or more on the final entry**
5. Submit as a single PDF or WORD document to the assignment dropbox “clinical time sheets” as indicated on the course calendar. The document must be titled “studentname\_mtclinicaltime\_spring2020” or “studentname\_finalclinicaltime\_spring2020” as indicated.

Date Mm/dd/yy	Printed Preceptor Name (Qualification Record)	Floor/unit	Hours worked (6:45a-7:15p)	Hours this shift	Cumulative Time	Preceptor Signature/Title	Student Initials
	Team Stepps Workshop	n/a	TBD	6 hours	6 hours	No signature needed, no PQR required	
	Team STEPPS SP and Role Play	n/a	TBD	4 hours	10 hours	No signature needed, no PQR required	
	Simulation	n/a	TBD	8 hours	18 hours	No signature needed, no PQR required	
	Diversity Workshop	n/a	TBD	2 hours	20 hours	No signature needed, no PQR required	
	Diversity SP	n/a	TBD	4 hours	33 hours	No signature needed, no PQR required	
	HESI Patient Reviews	n/a	n/a	50 hours	83 hours	Clinical faculty will check for completion and enter S or U in the course gradebook.	





## **Clinical Journal Template**

**See Course Website**

“forms and templates” file

Student Preceptor Evaluation

**Georgia College and State University School of Nursing  
Midterm and Final Clinical Evaluation Tool: Bedside Experiences  
4<sup>th</sup> Semester (Advanced Beginner)**

**To be completed by the student and preceptor following approximately 72 hours of bedside care experiences (6 shifts) and following completion of all 144 hours of bedside care experiences (12 shifts).**

Instructions:

1. Students complete the student self-score column and the comment section to support self-evaluation for each criterion prior to preceptor midterm and final evaluation (student comments for support of self-evaluation are required for each section).
2. Preceptor will review comments, add any additional comments/situations, assign a numerical grade, and sign the evaluation.
3. Student will sign and schedule a midterm (within one week of completing 8 shifts) or final meeting (within one week of completing 16 shifts) with the assigned faculty mentor to discuss.
4. Following faculty signature, student will upload the document as a **SINGLE PDF** document to the Midterm or Final Evaluation assignment dropbox as indicated.
5. ***The document should be titled "studentname\_documentname\_semester" (i.e. josiedoss\_mteval\_spring2020; josiedoss\_feval\_spring2020).***

**CLINICAL/SIMULATION EVALUATION TOOL GUIDELINES**

Upon completion of the clinical portion of the course, the student will be able to demonstrate competency in the primary areas of Leadership, Critical Thinking, Professionalism, Communication, and Advocacy.

**Level of Expertise**

Students are evaluated based on their level of expertise within the BSN program. The Clinical/Simulation Evaluation Tool is tailored according to semester:

**Novice: 1<sup>st</sup> Semester**

**Intermediate Beginner I: 2<sup>nd</sup> Semester**

**Intermediate Beginner II: 3<sup>rd</sup> Semester**

**Advanced Beginner: 4<sup>th</sup> Semester**

**Definitions**

**Advanced Beginner:** Students in their fourth semester in the GCSU BSN program. Includes students enrolled in:

*NRS 4980* (Transition to Professional Nursing Practice)

**Cueing:** The prompting or reminding of students to perform tasks outlined in each of the five criteria (Leadership, Critical Thinking, Professionalism, Communication, and Advocacy). Students asking questions are NOT considered a "cue." Students should always be encouraged to ask questions in the clinical/simulation setting.

**Grading**

Student performance is evaluated **by the preceptor after approximately half of the bedside hours are completed and at the end of the bedside experience.** The point scale is listed below:

**(90-100): Exceeds expectations**

**(80-89): Meets expectations**

**(75-79): Needs Improvement**

**(<75): Unsatisfactory**

1. **90-100% means** that the student takes initiative to safely and competently meet each clinical/simulation objective pertaining to the competency area with minimal prompting and/or directing by the clinical instructor, simulation instructor, or preceptor. Additionally, the student must be able to synthesize learning and adequately apply knowledge pertaining to this competency in the clinical/simulation setting.
2. **80-89.99% means** that the student is able to meet each clinical/simulation objective pertaining to the competency with prompting and/or moderate direction from the clinical instructor, simulation instructor, or preceptor. The student is able to adequately apply knowledge pertaining to this competency in the clinical/simulation setting.
3. **75-79.99% means** that the student is able to partially meet the clinical/simulation objectives pertaining to this competency with prompting or direct supervision by the clinical instructor, simulation instructor, or preceptor. The student's performance indicates that he/she requires additional opportunities to demonstrate ability to meet clinical/simulation objectives safely and/or competently.
4. **74.99% or Less means** that student is unable to meet the clinical/simulation objectives pertaining to this competency area despite constant, direct supervision from the clinical instructor, simulation instructor, or preceptor. The student is unable to safely and/or competently demonstrate ability to meet clinical/simulation objectives. Student struggles with applying knowledge in the clinical/simulation setting. This category indicates that student is not progressing satisfactorily to meet course and program objectives.
  - Students must attain 75% of the possible points for clinical/simulation in order to pass the course.
  - Students should be earning no less than 75% of the available points per week to maintain a passing score.
  - A remediation plan will be developed for students with less than 75% at midterm.
  - A "0" rating in any area will be evaluated by the faculty for a decision regarding continuation in the clinical course. However, three "0" ratings in any one area will constitute a clinical failure of the course.
  - Any egregious error that compromises safety in the clinical environment may constitute a clinical failure.
  - If the student struggles to demonstrate professional behavior in the clinical/simulation setting on any given day, the student will be excused from the clinical/simulation experience thereby forfeiting the opportunity to earn points for clinical for that day. Additionally, the student will be expected to make up any missed clinical hours.

## Student Self-Grading of Clinical/Simulation Performance

### 4<sup>th</sup> Semester (Advanced Beginner)

Criteria	Interpretation for grading	Potential Points	Student Self-Score	Preceptor Score
<p><b>LEADERSHIP</b></p> <ul style="list-style-type: none"> <li>· Initiates leadership decisions</li> <li>· Provides accurate client-centered education</li> <li>· Provides safe patient care</li> <li>· Administers medications safely</li> <li>· Performs nursing interventions safely</li> <li>· Reports correct patient-related information to appropriate medical staff</li> <li>· Incorporates life-long learning, ethical principles, health policy and professional standards into patient care</li> </ul>	Independently performs <b>ALL</b> aspects outlined in the Leadership criteria at the Advanced Beginner student level.	<b>20 points</b> (It should NOT be EASY to get 20.)		
	Requires <b>minimal</b> cueing (2 or less cues) to perform aspects outlined in the Leadership criteria at the Advanced Beginner student level.	<b>15-19</b>		
	Requires <b>moderate</b> cueing (3 to 5 cues) to perform aspects outlined in the Leadership criteria at the Advanced Beginner student level.	<b>6-14</b>		
	Requires <b>maximum</b> cueing (more than 5 cues) or is <b>UNABLE</b> to independently perform any aspects outlined in the Leadership criteria at the Advanced Beginner student level.	<b>0-5</b>		
<b>Student Comments to Justify Self-Scoring</b>				
<b>Preceptor Comments</b>				

Criteria	Interpretation for grading	Potential Points	Student Self-Score	Preceptor Score
<p><b>CRITICAL THINKING</b></p> <ul style="list-style-type: none"> <li>· Collects, interprets, monitors, and evaluates client data</li> <li>· Explains rationale for interventions implemented</li> <li>· Applies knowledge from classroom to clinical/sim</li> <li>· Demonstrates problem solving abilities</li> <li>· Prioritizes care in an appropriate manner</li> <li>· Utilizes technology to expand clinical reasoning</li> </ul>	Independently performs <b>ALL</b> aspects outlined in the Critical Thinking criteria at the Advanced Beginner student level.	<b>20 points</b> (It should NOT be EASY to get 20.)		
	Requires <b>minimal</b> cueing (2 or less cues) to perform aspects outlined in the Critical Thinking criteria at the Advanced Beginner student level.	<b>15-19</b>		
	Requires <b>moderate</b> cueing (3 to 5 cues) to perform aspects outlined in the Critical Thinking criteria at the Advanced Beginner student level.	<b>6-14</b>		
	Requires <b>maximum</b> cueing (more than 5 cues) or is <b>UNABLE</b> to perform any aspects outlined in the Critical Thinking criteria at the Advanced Beginner student level.	<b>0-5</b>		
<p><b>Student Comments to Justify Self-Scoring</b></p>				
<p><b>Preceptor Comments</b></p>				

Criteria	Interpretation for grading	Potential Points	Student Self-Score	Preceptor Score
<p><b>PROFESSIONALISM</b></p> <ul style="list-style-type: none"> <li>· Arrives to clinical/sim on time</li> <li>· Reports any absence appropriately</li> <li>· Assumes responsibility for scheduling make-up for any clinical/sim absence</li> <li>· Prepares appropriately for each clinical/sim experience</li> <li>· Submits clinical/sim assignments on time</li> <li>· Assumes responsibility for all actions and clinical decisions</li> <li>· Identifies and meets individual learning goals</li> <li>· Adheres to GCSU SON Dress Code</li> <li>· Demonstrates integrity as a member of the nursing profession</li> </ul>	<p>Displays <b>ALL</b> aspects outlined in the Professionalism criteria.</p>	<p><b>20 points</b></p>		
	<p><b>ANY</b> breach in professional behavior (may also result in clinical contract depending on severity).</p>	<p><b>0-5</b></p>		
<p><b>Student Comments to Justify Self-Scoring</b></p>				
<p><b>Preceptor Comments</b></p>				

Criteria	Interpretation for grading	Potential Points	Student Self-Score	Preceptor Score
<p><b>COMMUNICATION</b></p> <ul style="list-style-type: none"> <li>· Demonstrates appropriate verbal and nonverbal communication with clients, family, and staff</li> <li>· Documents accurately using appropriate medical terminology</li> <li>· Actively engages in pre- and post-conferences and activities</li> <li>· Collaborates in a professional manner with members of the healthcare team</li> <li>· Communicates effectively with Clinical/Simulation Instructor or Preceptor</li> </ul>	Independently performs <b>ALL</b> aspects outlined in the Communication criteria at the Advanced Beginner student level.	<b>20 points</b> (It should NOT be EASY to get 20.)		
	Requires <b>minimal</b> cueing (2 or less cues) to perform aspects outlined in the Communication criteria at the Advanced Beginner student level.	<b>15-19</b>		
	Requires <b>moderate</b> cueing (3 to 5 cues) to perform aspects outlined in the Communication criteria at the Advanced Beginner student level.	<b>6-14</b>		
	Requires <b>maximum</b> cueing (more than 5 cues) or is <b>UNABLE</b> to perform ANY aspects outlined in the Communication criteria at the Advanced Beginner student level.	<b>0-5</b>		
<b>Student Comments to Justify Self-Scoring</b>				
<b>Preceptor Comments</b>				



Criteria	Interpretation for grading	Potential Points	Student Self-Score	Preceptor Score
<p><b>ADVOCACY</b></p> <ul style="list-style-type: none"> <li>· Provides holistic care in a nurturing, non-judgmental environment</li> <li>· Respects clients' cultural and spiritual beliefs and lifestyle preferences</li> <li>· Advocates for each patient and his/her family</li> <li>· Supports client and family decisions regarding end-of-life choices</li> </ul>	Independently performs <b>ALL</b> aspects outlined in the Advocacy criteria at the Advanced Beginner student level.	<b>20 points</b> (It should NOT be EASY to get 20.)		
	Requires <b>minimal</b> cueing (2 or less cues) to perform aspects outlined in the Advocacy criteria at the Advanced Beginner student level.	<b>15-19</b>		
	Requires <b>moderate</b> cueing (3 to 5 cues) to perform aspects outlined in the Advocacy criteria at the Advanced Beginner student level.	<b>6-14</b>		
	Requires <b>maximum</b> cueing (more than 5 cues) or <b>DOES NOT</b> perform any aspects outlined in the Advocacy criteria at the Advanced Beginner student level.	<b>0-5</b>		
<b>Student Comments to Justify Self-Scoring</b>				
<b>Preceptor Comments</b>				
		<b>Total Points</b>		

**What did you learn about yourself from this clinical/simulation experience? Strengths? Weaknesses?**

[Click here to enter text.](#)

**How will you apply what you have learned from this clinical/simulation experience to improve the outcomes of your future patients?**

[Click here to enter text.](#)

**Did you feel adequately equipped for this clinical/simulation experience, and if not, what could you have done differently to make sure you were prepared?**

[Click here to enter text.](#)

**What are your goals for the next clinical/simulation experience?**

[Click here to enter text.](#)

**What skills did you perform on this clinical/simulation day?**

[Click here to enter text.](#)

**This is a Mid-Term Review (check the appropriate box)**

Student is progressing satisfactorily toward achievement of clinical expectations for course.

Student needs to work on the following during the second half of the semester.

**This is a Final Review (check the appropriate box)**

Student performance is satisfactory for progression to the level of an entry level BSN graduate if all other course requirements are satisfactorily met.

Student performance is not satisfactory for progression to the level of an entry level BSN graduate, even if all other course requirements are met.

**Faculty comments** (unsatisfactory performance evaluation and/or failure to recommend progression must be supported with comments and specific situations):

Preceptor signature \_\_\_\_\_

Date: \_\_\_\_\_

Faculty signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Student Evaluation of the Clinical Learning Atmosphere and Preceptor Proficiency (CLAPP; Doss, 2019)**

Please answer the following questions using a Likert scale.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

**Facility Evaluation**

1. Please identify the facility to which you were assigned for your practicum clinical experiences
2. Facility orientation helped me become familiar with agency policies and procedures as they relate to nursing students.
3. Conference space was adequate
4. Cafeteria space was adequate.
5. Parking space was adequate.
6. If my family or I needed nursing care, I would be comfortable if it was in this agency.

**Unit Evaluation**

7. Please identify the unit to which you were assigned for your practicum clinical experiences.
8. Individualized nursing care was implemented in a safe and effective manner on this nursing unit.
9. The nursing staff were easy to approach and made me feel welcome.
10. The nursing staff on this unit delivers care in the way I am being taught in school.
11. There was an adequate number of meaningful learning experiences on the assigned unit.
12. The preceptor and the clinical team worked together to support my learning.
13. Patients have been generally positive about the nursing care they have received on the unit.
14. I was encouraged by nursing staff to take advantage of additional learning experiences (learning resources and materials were made available to me on the nursing unit).
15. I was encouraged by nursing staff to take advantage of learning experiences such as Unit Inservice presentations.
16. I was encouraged by the nursing staff to take advantage of other learning experiences such as observations of clients undergoing procedure or diagnostic testing in another department.
17. Overall, the unit can be regarded as a “good” learning environment.
18. Overall, there was a positive atmosphere on the unit.

**Preceptor Evaluation (bedside care)**

19. The preceptor(s) provided me with an orientation to the unit, staff, and essential areas.
20. The preceptor(s) selected clients for my assignments that provided a variety of opportunities for me to meet my course and personal learning objectives.
21. The preceptor(s) served as appropriate role models of safe nursing practice.
22. The preceptor(s) showed a positive attitude towards supervision (they are supportive, concerned, understanding, friendly, and enthusiastic).
23. The preceptor(s) answered questions freely.
24. The preceptor(s) directed me to additional resources when appropriate.
25. The preceptor(s) offered verbal encouragement.
26. The preceptor(s) made me aware of my professional accountability.
27. The preceptor(s) asked questions to promote critical thinking (i.e. how will you prioritize your care today; given these lab results, how will the nursing plan of care change, etc.).
28. The preceptor(s) assisted with new or unfamiliar situations without taking over.
29. The preceptor(s) provided a non-threatening atmosphere in which I could learn.
30. The preceptor(s) provided me with timely and effective feedback.
31. Overall, I am satisfied with the clinical experience.