

BEREA COLLEGE
BSN NURSING PROGRAM

Spring 2023
PRECEPTOR
ORIENTATION
HANDBOOK

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NOTE: NUR 450 syllabus attached sepreately.

GUIDELINES FOR PRECEPTORS

Legal Requirement for Practicum

201 KAR 20:320. Standards for curriculum of prelicensure nursing programs.

RELATES TO: KRS 314.011(5), 314.021, 314.041(1)(a), 314.111(1), 314.131(1), (2)

STATUTORY AUTHORITY: KRS 314.041(1)(a), 314.051(1)(a), 314.111(1), 314.131(1), (2)
NECESSITY, FUNCTION, AND CONFORMITY: KRS 314.041(1)(a) and 314.051(1)(a) require that an applicant for licensure as a registered or licensed practical nurse complete the basic nursing curriculum in an approved school of nursing. KRS 314.111(1) requires that schools of nursing regardless of delivery models shall meet minimum standards and be approved by the Board of Nursing. KRS 314.131(1) and (2) authorizes the board to promulgate administrative regulations necessary to approve programs of nursing. This administrative regulation establishes the curriculum requirements for prelicensure registered nurse and practical nursing programs.

Section 2 of 201 KAR 20:320 states the following:

(9) Integrated practicum.

(a) The curriculum shall include an integrated practicum. The integrated practicum shall consist of a minimum of 120 clock hours of concentrated clinical experience of direct patient care in a health care facility or health care organization.

(b) The integrated practicum shall be completed within a period not to exceed seven (7) consecutive weeks while the governing institution is in session during the last semester or quarter of a nursing program.

Philosophy

The Berea College BSN Nursing faculty believe that the use of other nursing and health care providers to assist students with clinical practice experiences constitutes a pedagogically sound teaching methodology when accountability for appropriate management is exercised by nursing program faculty. This management consists of appropriate control, direction, delegation, supervision, and evaluation. The use of preceptors enhances the clinical component of the nursing curriculum by providing a blend of role modeling and mentoring with practicing nurses who have a current clinical perspective. The precepted experience also affords the student with the opportunity to learn autonomous and accountable nursing behavior.

Management

A collaborative effort between the faculty, preceptor, and student exists; however, the ultimate responsibility and accountability for nursing education rests with the faculty. The faculty member is responsible for the application, integration, and enhancement of the theoretical constructs of the curriculum as related to student clinical experience. The preceptor is responsible for acquainting the student with the clinical setting and helps provide and supervise appropriate learning experiences consistent with the student's learning outcomes. The preceptor role encompasses the combination of the roles of mentor, supervisor, and evaluator. In addition to the concept of being a teacher, the preceptor should have: the skills of the mentor in guiding, assisting, and facilitating the student; the skills of the supervisor to ensure that relevant experience is provided to enable learning outcomes to be achieved and to facilitate the student's competence in the practice of nursing; and the skills of evaluator who can assess the student's level of attainment in relation to the stated learning outcomes. The student is responsible for identifying and achieving the learning outcomes and for facilitating communication between themselves, the preceptor, and the faculty member. Precepted experiences must meet all the following requirements regarding preceptors, faculty, Berea College's BSN Nursing Program, and students:

Preceptor Requirements

1. Must have a current unrestricted nursing license as a registered nurse in the Commonwealth of Kentucky.
2. Will fill out a preceptor verification form (attached) to provide information for the nursing program.
3. Shall be knowledgeable and experienced in the nursing practice in which he/she is precepting.
4. Shall be approved jointly by the faculty of the BSN Nursing Program and the nursing administration/education department of the clinical agency.
5. Shall be assigned to precept students from not more than one nursing program at a time during the days of the experience.
6. Shall agree to serve in the preceptor role and will receive orientation materials at the beginning of the clinical experiences.
7. Shall be physically present in the unit/agency and available at all times for the student when performing in a nursing capacity with clients.
8. Shall participate in the evaluation of the clinical experience (A copy of the midterm and final evaluation forms are attached.)

BSN Nursing Program Requirements

1. Shall have established written signed contracts with the clinical agencies utilized.
2. Shall provide liability insurance for the students.
3. Compile annually the evaluations of the precepted clinical experiences in conjunction with the clinical agency and maintain a written record of the findings.

Nursing Faculty Requirements

1. Shall facilitate orientation for preceptors regarding their preceptor role and responsibilities within the planned clinical experiences. The faculty member responsible for the course will ensure that all preceptors are provided a copy of these orientation materials.
2. Shall be responsible for no more than 10 students for any one clinical rotation.
3. Shall remain ultimately responsible for the precepted experience.
4. Shall be available by telephone or appoint a designee to respond to needs or concerns of students and the agency in a timely manner.
5. Shall communicate on a regular basis with students and agency preceptors regarding student progress and needs.
6. Shall assume ultimate responsibility for the student's grade.
7. Shall secure agreement from all involved parties acknowledging roles and responsibilities.
8. Shall continuously facilitate learning in the clinical environment and assess for suitability of the site.
9. Shall facilitate midterm and final clinical evaluations of the precepted experiences.

Student Requirements

1. Shall perform a self-assessment to identify individual learning needs and shall develop a written list of expected learning outcomes to be approved by the faculty and provided to the preceptor to guide learning experiences.
2. Shall provide the faculty member supervising the experiences a copy of the schedule of clinical experiences as arranged between the student and the preceptor.
3. Shall submit required documentation to demonstrate successful completion of the clinical outcomes.
4. Shall work collaboratively and cooperatively with faculty member, preceptor, and clients in initiating and implementing nursing care.
5. Shall participate in regular conferences with faculty, although the frequency may vary per the needs of the student and the judgment of the faculty advisor in collaboration and with input from the preceptor.
6. Shall participate in evaluation of the clinical experience (a copy of the form is attached).

PRECEPTOR VERIFICATION FORM

Student Name: _____

Term: _____

We are required by the Kentucky Board of Nursing (KBN) to have information about the preceptors who help educate new nursing students. We are also required as an educational institution educating new nurses to do license verification for all preceptors.

Please complete the information below and return this form (hardcopy, scan and email, or photo and text) to the faculty member coordinating the student synthesis placements:

Dr. Lisa Turner:

E-mail: TurnerLi@berea.edu

Cell phone: 859.489-5592

Office phone: 859.985-3625

Thank you for taking the time to help us with our compliance with the KBN.

Preceptor Full Name: _____

Preferred Contact Telephone #: _____

Facility and Unit: _____

KBN License #: _____

Have you had the opportunity to precept students in the past ____ yes ____ no

What is your main area of practice? _____

Do you hold any professional certifications in your area? ____ yes ____ no

If yes, please list: _____

How long have you worked in this area? _____

What is the highest level of nursing education completed?

____ Diploma ____ ADN ____ BSN ____ MSN ____ other (specify) _____

Signature: _____

Date: _____

CLINICAL EXPECTATIONS

Clinical Performance is graded as Pass/Fail.

All 1:1 clinical experiences for this course are preceptor supervised. Course faculty will be available by cell or land phone and will make regularly planned observations during the semester.

Students are expected to :

1. Perform a self-assessment to identify individual learning needs and shall develop a written list of expected learning outcomes to be approved by the faculty and provided to the preceptor to guide learning experiences.
2. Provide the faculty member supervising the experiences a copy of the schedule of clinical experiences as arranged between the student and the preceptor.
3. Submit required documentation to demonstrate successful completion of the clinical outcomes.
4. Work collaboratively and cooperatively with faculty member, preceptor, and clients in initiating and implementing nursing care.
5. Participate in regular conferences with faculty, although the frequency may vary per the needs of the student and the judgment of the faculty advisor in collaboration and with input from the preceptor.
6. Participate in evaluation of the clinical experience.

The faculty will work directly with the clinical agencies to set up the preceptor assignments. Students will be notified of their clinical site, preceptor's name, and contact information will be provided. Faculty will orient preceptor to the course syllabus, preceptor orientation handbook and evaluation tools. Students will be expected to fully complete the clinical agency orientation process. Students are disallowed from contacting the hospitals or the nurse managers to obtain their preceptor.

Once faculty have assigned the student a preceptor, the student is expected to set up an initial meeting with his/her preceptor. This meeting can be made prior to the first clinical day or at the beginning of the first clinical day. This initial meeting may also include scheduling clinical days and orientation to the unit. The student is disallowed from asking preceptors for non-illness related schedule requests for personal reasons.

Students are expected to follow the clinical safety policy articulated in the Nursing Student Handbook as well as agency policies at their assigned clinical site. The preceptor has the right and responsibility to interrupt student practice that is deemed unsafe and may remove the student from the setting if necessary.

The Nursing Department is participating in the National Council of State Boards of Nursing (NCSBN) Safe Student Reporting study to reduce errors in clinical settings including skills laboratory and simulation areas. The Safe Student Reporting (SSR) tool is an anonymous online platform that collects data on the nature and frequency of student errors and near misses. Should a student encounter a near miss/error in the clinical setting, he/she must report it to their preceptor and course faculty for such reporting purposes.

In the event of clinical errors or near misses, the student will assess the patient, **immediately** notify the preceptor and faculty member and complete all the required agency forms. It is the student's responsibility to schedule an appointment with the faculty and program chair as soon as possible following the clinical experience in which the error occurred. If the student does not notify the faculty of the error, this will be considered an effort to conceal the error. **Any efforts to conceal a clinical error will be grounds for immediate failure of the course.**

Clinical Attendance Policy

Students are expected to report to clinicals on time and prepared for precepted experiences. In the event of illness, the student is expected to notify clinical instructor, preceptor, and clinical driver at least one hour prior to the scheduled departure time.

Reports of being tardy from your preceptor will result in a clinical unsatisfactory for that day. Students are not only representing themselves as potential employees, but as representing this college and the nursing program. The course faculty will take the preceptor's word that the student was late, so it is in the student's best interest to **assess the preceptor's expectations and then exceed them**. For instance, if the preceptor normally arrives 15 minutes early to prepare for his or her shift, the student will also want to be 15 minutes early.

Students who are no-call/no-show (clarify no call no show) will receive an unsatisfactory clinical day and will be required to complete an alternative clinical assignment. A clinical contract will be completed and attached to the clinical evaluation form to be placed in the student's file. **Two no-call/no-show days will result in clinical failure.**

In the event of inclement weather, students will be notified of clinical cancellations or early dismissals by faculty or administrative assistant (Nursing Student Handbook 2022-23, p. 24, 12-21-2022). Students will be required to schedule a make-up clinical day or complete an alternative clinical assignment, per faculty discretion.

Clinical Transportation Requirements

Each student must email Wayla Todd, Nursing Administrative Assistant, to arrange transportation. The email should include specific dates, pick up and return times and location. Realizing that schedules are subject to change, students are expected to submit any updates to their work schedule as they arise and notify Wayla Todd and faculty of any transportation changes. Students are expected to carpool when possible.

STUDENT ASSIGNMENTS RELATED TO CLINICAL

Medication Calculation Clinical Competency Pass/Fail

Students who do not pass the exam on their first attempt will be required to remediate and pass a new version of the 20-item exam. The student must remediate and provide proof of remediation to course faculty before being allowed to retest. Students who do not remediate prior to the testing date will receive a zero for that attempt. Students may not pass medications in the clinical setting until they have successfully achieved the 90% proficiency standard. Students have up to one week to complete required remediation and retest. Students who do not achieve 90% after **three attempts** will result in clinical failure, which results in course failure. (Faculty Org. August 26, 2019; revised Curr. May 11, 2022)

Clinical Skills Competency (Pass/Fail)

Clinical skills competency evaluations occur at the beginning of NUR 450. Students are required to pass a randomly selected nursing skill with 100% proficiency. Students who do not pass the skill competency check off on their first attempt, will be required to remediate and reattempt the skill. Students may not begin their clinical rotation until they have successfully passed the competency evaluation with the 100% proficiency standard. The student has up to one week to complete required remediation and demonstrate proficiency in the skill. Students who do not achieve 100% after **three attempts**, will receive clinical failure, which results in course failure.

Clinical Hours Log

A total of **210 hours** of clinical experience is required for this course through direct patient care with a preceptor, on-campus activities, and virtual clinical experiences. Students are expected to complete 1- 2 twelve-hour shifts per week for a total of 204 hours of direct patient care with a preceptor. It is acceptable to work any of the preceptor's work schedule (i.e., evenings, nights, and weekends) that **does not conflict with classes**. Each student will input his/her schedule established with the preceptor into Box course calendar, so that faculty know when each student is in clinical and plan site visits. **All clinical hours must be completed on or prior to the last day of scheduled classes. See Appendix A for the Log to track clinical hours.**

Clinical Paperwork Assignments

Throughout this course students are required to submit on Moodle **eight (8) Clinical Paperwork assignments** related to care of a selected patient using the guidelines and template in **Appendix B.**

Clinical Evaluation Tool (Midterm & Final)

The Berea College Faculty member will consult with the nurse preceptor when completing the midterm and final clinical evaluation of the student. Preceptors are encouraged to add written evaluation in on the allocated space of the form. Preceptors are encouraged to notify the Berea College Faculty Member as soon as possible of any concerns about the student's clinical performance throughout the semester. Students are encouraged to add a written self-evaluation in the allocated space on the form as well. **See Appendix C for Clinical Evaluation Tool.**

Clinical Agency/Preceptor Evaluation Form

Students are asked to complete the clinical agency/preceptor evaluation form at the end of the term to give the Berea College Nursing program feedback on their clinical experience. As requested, students and/or faculty will complete evaluation forms for the clinical agency as well. See **Appendix D for Clinical Evaluation Tool.**

Capstone Presentation: Evidence Based Practice Recommendations for Care of Complex Patient

This assignment is designed to assist the student in further developing critical thinking and clinical reasoning as well as oral presentation skills. Each student will present evidenced based practice recommendations for care of a complex patient encountered during the rotation.

Students must develop a presentation draft proposal which includes a detailed description of the presentation topic and three (3) student learning objectives. This draft proposal is to be developed in consultation with a member of the faculty once the student identifies the case he/she wants to present.

Prior to the presentations, students must submit electronic copies of the presentation, reference list and links or electronic copies of the articles in the reference list. Students will be allowed 15 minutes to present followed by a 5-minute Q &A period.

Students will develop their case, discussing all aspects of the case including, but not limited, to: medical diagnoses, abnormal labs, pathophysiology, medications and treatments, any ethical issues, psychological issues, familial issues, patient and family teaching issues, etc. Students must frame the presentation NSCBN Clinical Judgment Measurement Model (NCJMM) (see Problem-Based Care Planning with NCSBN Clinical Judgment Model (NCJMM) Competencies Worksheet in the clinical paperwork assignment for reference). The presentation must discuss and evaluate the evidence-based practice recommendations that are relevant to the care of this patient. In the presentation students must include at least 4 nursing research and at least 4 interdisciplinary research or non-research articles published within the past five years. Students are expected to conduct a literature review using CINAHL and other health databases containing peer-reviewed articles. The student is expected to present a synthesis of the body of evidence, not a summary of individual studies, for evidence-based nursing care. The presentation will incorporate a minimum of five (5) related NCLEX-style questions. Professional dress attire is expected when presenting.

The Evidence Based Nursing Practice Recommendations for Care of Complex Patient Grading Rubric is attached as **Appendix E.**

Appendix A NUR 450 Clinical Hours* Log Spring 2023

Student: _____

Preceptor: _____

	Date, Time	Activity Hours	Hours Needed 210	Activity	Signature
Non-Hospital Activities		1	209	Med Math Competency & Skills Check-off	
		2	207	Orientation to Hospital/Unit	
		3	204	Rapid Response Simulation	
Clinical Shifts Jan. 21-Mar. 9	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
Mar. 10 – Apr. 28	8.				
	9.				
	10.				
	11.				
	12.				
	13.				
	14.				
	15.				
	16.				
	17.				

*May not count travel time to/from clinical site as clinical hours.

*Students should complete seventeen (17) 12-hour shifts to get remaining 204 clinical hours.

Appendix B Clinical Paperwork

Over the course of the semester, you will submit eight (8) clinical assignments that each consist of self-reflection of own practice and a concept map of an assigned patient. Clinical paperwork is due within 24 hours every 2 shifts of the student's schedule (due after shifts 2, 4, 6, 8, 10, 12, 14, and 17). About once each week, the student will take some time to reflect upon their learning experience in a thoughtful way. Student will reflect on the questions below and write a summary of their reflection that shows thoughtful consideration. Then the student will complete a concept map for one patient they cared for in clinical for that week.

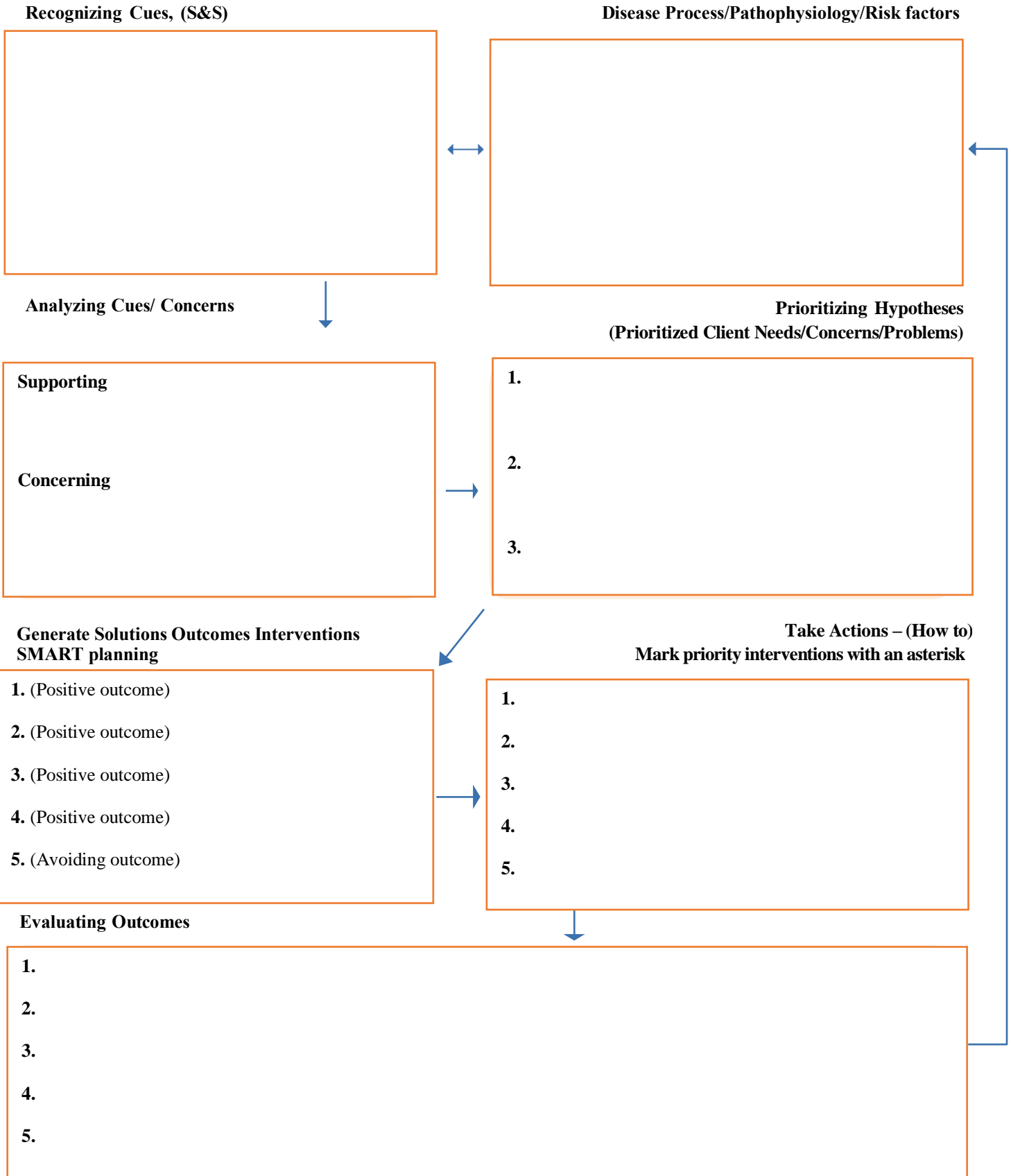
1. Date of clinical:
2. What went well this week? What lessons did you learn? What are you proud of?
3. What were your experiences giving shift report? What were you thinking and feeling during report? What went well and what would you like to improve?
4. What internal or exterior barriers (if any) impeded your learning this week? How might you overcome these barriers in the future?
5. From last week's clinical paperwork, identify 3 key points for the topic you wanted to learn more about the evidence of.
6. As a result of this week's clinical, what topic do you want to learn more about the evidence of? Explain why.
7. What are your learning goals for next week's clinical? How do you plan to achieve them?
8. For the patient selected for your concept map, provide brief history and rationale on why you selected this patient.

Problem-Based Care Planning with NCSBN Clinical Judgement Model (NCJMM) Competencies Worksheet

[This Worksheet is optional. Student may use to gather thoughts/ clarify what to include on concept map.]

<p>Assessment (Recognizing Cues)</p> <p>Which patient information is relevant? What patient data is most important? Which patient information is of immediate concern? Consider signs and symptoms, lab work, patient statements, H & P, and others. Consider subjective and objective data.</p>	
<p>Analysis (Analyzing Cues)</p> <p>Which patient conditions are consistent with the cues? Do the cues support a particular patient condition? What cues are a cause for concern? What other information would help to establish the significance of a cue?</p>	
<p>Analysis (Prioritizing Hypotheses - Prioritized Client Needs/Concerns/Problems)</p> <p>What explanations are most likely? What is the most serious explanation? What is the priority order for safe and effective care?</p>	
<p>Planning (Generate Solutions)</p> <p>What are the desirable outcomes? What interventions can achieve these outcomes? What should be avoided? (SMART Planning- specific, measurable, attainable, realistic/relevant, time-restricted- Goal setting)</p>	
<p>Implementation (Take actions)</p> <p>How should the intervention or combination of interventions be performed, requested, communicated, taught, etc.? What are the priority interventions? (Mark with asterisk)</p>	
<p>Evaluation (Evaluating Outcomes)</p> <p>What signs point to improving/declining/unchanged status? What interventions were effective? Are there other interventions that could be more effective? Did the patient's care outlook or status improve?</p>	

REQUIRED CONCEPT MAP



REFLECTION AND CONCEPT MAP GRADING RUBRIC

	Complete (Addresses all items below)	Incomplete (One or more items listed below)
Reflection	<ul style="list-style-type: none"> • Response addressed all reflection questions. • Response demonstrates well-reasoned, substantive, and thoughtful reflections. 	<ul style="list-style-type: none"> • Response does not address all reflection questions. • Response lacks well-reasoned, substantive, and thoughtful reflections.
Disease Process/ Pathophysiology Risk Factors	<ul style="list-style-type: none"> • Thorough review of the disease process pathophysiology. • Identifies risk factors. 	<ul style="list-style-type: none"> • Incomplete review of pathophysiology (critical aspects of pathophysiology missing). • Risk factors not identified.
Recognizing Cues	<ul style="list-style-type: none"> • Identifies at least 4 critical cues that are relevant and could impact patient condition. 	<ul style="list-style-type: none"> • Identifies 0-3 critical cues that are relevant. • Missing critical cues essential to positive patient outcomes, negatively affecting patient outcome.
Analyzing Cues	<ul style="list-style-type: none"> • Able to make 3-4 supporting connections between the cues and patient conditions, supporting a particular patient condition. • Able to identify 2 cues of concern to patient outcome. 	<ul style="list-style-type: none"> • 2 or less supporting connections between the cues and patient conditions. • 0-1 cues of concern to patient outcome.
Prioritizing Hypotheses	<ul style="list-style-type: none"> • Able to determine the order of 3 hypotheses critical to positive patient outcomes listing them in order. 	<ul style="list-style-type: none"> • 0-2 hypotheses critical to patient outcomes listed in order.
Generating Solutions	<ul style="list-style-type: none"> • List 4 solutions/outcomes with appropriate interventions that will <u>positively</u> impact patient outcome and are appropriate to the care of the patient. • Lists 1 <u>avoiding outcome</u> related to what should be avoided. Clearly identifies the negative outcome(s) and what shouldn't be carried out and why. • All outcomes/ goals are SMART (SMART Planning- specific, measurable, attainable, realistic/relevant, time-restricted- Goal setting). 	<ul style="list-style-type: none"> • Lists 0-4 solutions with appropriate interventions that will <u>positively</u> impact patient. • Does not include an <u>avoiding outcome</u> related to what should be avoided. Clearly identifies the negative outcome(s) and what shouldn't be carried out and why. • Not all outcomes/ goals are SMART (SMART Planning- specific, measurable, attainable, realistic/relevant, time-restricted- Goal setting).
Take Actions	<ul style="list-style-type: none"> • Describes how each of the 5 interventions will be carried out, performed, administered, communicated, taught, etc. • Priority interventions are identified correctly. 	<ul style="list-style-type: none"> • Describing how 0-3 interventions will be carried out, performed, administered, communicated, taught etc. • Priority interventions are not identified correctly.
Evaluating Outcomes	<ul style="list-style-type: none"> • Describes how the 5 interventions were effective, improved patient outcome, and why OR describes what interventions didn't work and what should be done instead in the future. <ul style="list-style-type: none"> ○ What would you do differently? ○ How would the intervention adversely affect the patient outcome or care? 	<ul style="list-style-type: none"> • Describes how the 0-4 interventions were effective, improved patient outcome, and why OR describe what interventions didn't work and what should be done instead in the future.

CONCEPT MAP

Appendix C
NUR 450 Clinical Evaluation Tool

Name of Student _____ Student ID # _____ Semester/Year _____

Agencies and Sites: _____ Absences _____

Guidelines for Clinical Grading: All clinical performance criteria must be satisfactorily met to receive a satisfactory grade at mid-term and at the end of the clinical experience.

Satisfactory (S) - Demonstrates all of the following behaviors:

Competent in performance at the level of a senior nursing student. Shows appropriate level of independence while providing client care. Demonstrates satisfactory progress in meeting Clinical Performance Criteria as evidenced by performance and written work. By the end of the course satisfactorily meets all Clinical Performance Criteria and Student Learning Outcomes. Is prepared for clinical experiences, follows instructions, and performs safely at all times.

Unsatisfactory (U) - Demonstrates one or more of the following behaviors:

Unable to show competence at the level of a senior nursing student. Fails to demonstrate satisfactory performance meeting one or more Clinical Performance Criteria as evidenced by performance and/or written work. Lacks appropriate level of independence while providing client care. Is ill-prepared, fails to follow instructions and/or perform safely.

Note: Endangering client safety (physical or psychological) by not performing at the level of a reasonably prudent student may constitute grounds for dismissal from the Nursing Program at any point in the semester.

By the end of the course students must satisfactorily meet all of the following Student Learning Outcomes.

1. Appraise critical thinking when providing nursing care that incorporates ethnic and cultural considerations derived from a liberal arts education.

PERFORMANCE CRITERIA: The student will:	Mid-Term Date	Final Date
1. Provide care with sensitivity and respect for the diversity of human experience.	S U	S U
2. Willingly support care for individuals and groups whose values differ from own.	S U	S U
3. Elicit patient values, preferences, and expressed needs as part of daily interaction, admission interview and discharge planning.	S U	S U

Comments:

2. Develop patient-centered plans of care that ensure coordination, integration and continuity of care.

PERFORMANCE CRITERIA: The student will:	Mid-Term Date	Final Date
1. Demonstrate comprehensive understanding of the assessment and management of pain and suffering.	S U	S U
2. Provide comprehensive patient-centered care for an individual or group of individuals, including end-of-life care.	S U	S U
3. Organize workload to manage time effectively for a group of patients.	S U	S U
4. Implement effective and timely interventions in response to a patient's changing status.	S U	S U
5. Evaluate plan of care and makes changes based on outcomes.	S U	S U
6. Develop discharge plans based on evaluation of patient needs.	S U	S U

Comments:

3. Embody professional accountability for one's self and nursing practice including civility, continuous professional engagement and lifelong learning as well as adherence to the ANA Code of Ethics and ANA Scope and Standards for Practice.

PERFORMANCE CRITERIA	Mid-Term Date	Final Date
The student will:		
1. Function competently within legal scope of practice.	S U	S U
2. Demonstrate professionalism, including attention to appearance, demeanor, respect for self and others, and attention to professional boundaries with patients, families, and caregivers.	S U	S U
3. Practice in a manner consistent with a code of ethics for registered nurses.	S U	S U
4. Maintain client confidentiality and privacy.	S U	S U
5. Submit complete clinical assignments on time.	S U	S U
6. Shows up prepared and on time for clinical; provides appropriate notification for late arrival or absence.	S U	S U

Comments:

4. Practice effectively as a baccalaureate graduate within an ever-changing complex healthcare system.

PERFORMANCE CRITERIA	Mid-Term Date	Final Date
The student will:		
1. Apply leadership concepts, skills, and decision making in the provision of high-quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery.	S U	S U
2. Demonstrate leadership and communication skills to effectively implement patient safety and quality improvement initiatives within the context of the interprofessional team.	S U	S U
3. Demonstrate a basic understanding of clinical site's organizational structure, mission, vision, philosophy, and values.	S U	S U

Comments:

5. Develop competence in using electronic resources and healthcare technology to communicate, mitigate error, and support clinical decision making.

PERFORMANCE CRITERIA	Mid-Term Date	Final Date
The student will:		
1. Demonstrate effective use of technology and standardized practices that support patient safety.	S U	S U
2. Respond appropriately to clinical decision-making supports and alerts.	S U	S U
3. Document and plan patient care in an electronic health record.	S U	S U
4. Uphold ethical standards related to data security, regulatory requirements, confidentiality, and patient's right to privacy.	S U	S U

Comments:

6. Function effectively as an interprofessional team member fostering open communication, mutual respect, and shared decision making.

PERFORMANCE CRITERIA	Mid-Term Date	Final Date
The student will:		
1. Follow communication practices that minimize risks associated with handoffs among providers and across transitions in care.	S U	S U
2. Participate in building consensus, resolving conflict, and maintaining civility in health care workplaces.	S U	S U
3. Adjust role as a team leader or member based on the situation.	S U	S U
4. Describe scopes of practice and roles of health care team members.	S U	S U

Comments:

7. Minimize risk of harm to patients and providers through system effectiveness and individual performance.

PERFORMANCE CRITERIA: The student will:	Mid-Term Date	Final Date
1. Demonstrate effective use of strategies to reduce risk of harm to self or others.	S U	S U
2. Identify factors within a patient care setting and healthcare organization that create a culture of safety (such as, open communication strategies and organizational error reporting systems)	S U	S U
3. Appropriately communicate observations or concerns related to hazards and errors.	S U	S U
4. Use national patient safety resources for professional development and attention to safety in care settings.	S U	S U

Comments:

8. Discuss the graduate nurse's role in basic quality and safety investigations within an ever-changing complex healthcare system.

PERFORMANCE CRITERIA: The student will:	Mid-Term Date	Final Date
1. Use tools (such as flow charts, cause-effect diagrams) to make processes of care explicit.	S U	S U
2. Seek information about quality improvement projects in the care setting.	S U	S U

Comments:

9. Evaluate the use of evidence-based practice in planning, implementing and evaluating nursing care.

PERFORMANCE CRITERIA The student will:	Mid-Term Date	Final Date
1. Implement evidence-based nursing interventions for managing the acute and chronic patient care and promoting health.	S U	S U
2. Use evidence-based practices to guide health teaching, discharge planning and teaching, health counseling, screening, referral and follow-up.	S U	S U
3. Participate in the process of retrieval, appraisal, and synthesis of evidence in collaboration with other members of the health care team to improve patient outcomes.	S U	S U

Comments:

10. Design comprehensive health promotion and disease prevention education for clients.

PERFORMANCE CRITERIA The student will:	Mid-Term Date	Final Date
1. Implement appropriate patient teaching that reflects developmental stage, age, culture, spirituality, patient preferences, and health literacy to foster patient engagement in their care.	S U	S U
2. Incorporate comprehensive teaching to improve health outcomes related to health promotion and disease prevention.	S U	S U
3. Collaborate with others to develop an intervention plan that considers determinants of health, available resources, and the range of activities that contribute to health and the prevention of illness, injury, disability, and premature death.	S U	S U

Comment

MID-TERM CLINICAL GRADE/EVALUATION:

SUMMARY/COMMENTS: The student has/has not made satisfactory progress in meeting clinical performance criteria and course objectives. If the student is not making satisfactory progress, specify the student learning outcome and criteria not being met.
See attached Unsatisfactory Clinical Evaluation Form (if applicable)

Preceptor comments:

Preceptor Signature _____ Date _____

Student's comments:

Student Signature _____ Date _____

Faculty comments:

Faculty Signature _____ Date _____

FINAL CLINICAL GRADE/EVALUATION (after 210 clinical hours)

SUMMARY/COMMENTS: The student has/has not made satisfactory progress in meeting clinical performance criteria and course objectives. If the student is not making satisfactory progress, specify the student learning outcome and criteria not being met.

See attached Unsatisfactory Clinical Evaluation Form (if applicable)

Preceptor comments:

Preceptor Signature _____ Date _____

Student's comments:

Student Signature _____ Date _____

Faculty comments:

Faculty Signature _____ Date _____

Appendix D
Clinical Agency/Preceptor Evaluation Form
(Completed by the student)

Name of Clinical Agency/Unit _____

Name of Preceptor _____

Rotation Dates: From _____ To _____

Circle the Appropriate Rating:

Strongly Agree = 5 Agree = 4 Undecided = 3 Disagree = 2 Strongly Disagree = 1

1. Teamwork was demonstrated by the staff with clients and co-workers.	5	4	3	2	1
2. Learning opportunities were available to help me meet clinical expected outcomes.	5	4	3	2	1
3. Census was adequate to meet clinical expected outcomes.	5	4	3	2	1
4. Variety of clients to meet clinical expected outcomes.	5	4	3	2	1
5. Resources (print and/or electronic) were readily available to assist me with my learning needs.	5	4	3	2	1
6. Staff displayed professional and caring behaviors.	5	4	3	2	1
7. Opportunities were available to collaborate with different types of health care providers.	5	4	3	2	1
8. Staff members were open to questions and assisted me with client problems as needed.	5	4	3	2	1
9. I had the necessary supplies to provide optimal client care.	5	4	3	2	1
10. Equipment was in good working order. No safety concerns were identified.	5	4	3	2	1
11. I was allowed to work with patient care technologies and now have a greater understanding of informatics.	5	4	3	2	1
12. I would recommend this clinical agency & unit for future clinical rotations	5	4	3	2	1
13. I would recommend utilizing this preceptor for future clinical experiences.	5	4	3	2	1

14. List those things that were impressive about the care clients received on the assigned unit.

15. List those things that were concerning (if any) about the care clients received on the assigned unit.

16. List measures that could improve the quality of the clinical rotation.

***Please return to your Faculty Instructor when completed.**

Appendix E
Evidence Based Practice Recommendations for Complex Patient Grading Rubric

Name: _____ Topic: _____ Total Score: _____/100

		A level	B level	C level	Below C level	Score
Proposal	Proposal 10 points	Detailed description of complex patient, identify related EBP topic; 3 measurable learning outcomes; & submit by deadline on Moodle	Description of complex patient or EBP topic lacks clarity or detail; < 3 and/or not measurable learning outcomes; &/or submit 1 day late on Moodle	Description of topic present but minimally described, 2-3 learning outcomes identified but not student learner focused, submitted late	Did not submit proposal prior to presentation	
	Content- Based Categories	Content 20 points	Material clearly relates ideas: uses a variety of source materials. Frames presentation using the NSCBN Clinical Judgment Measurement Model (NCJMM).	Sufficient material: many good points, but not entirely balanced/little variation. Frames presentation using the NSCBN Clinical Judgment Measurement Model (NCJMM).	The beginning of some ideas; not clearly explored or supported or connected. Frames presentation using the NSCBN Clinical Judgment Measurement Model (NCJMM).	Ideas aren't clear; does not provide support; Does not Frames presentation using the NSCBN Clinical Judgment Measurement Model (NCJMM).
Evidence-based practice research 20 points		≥4 nursing research & ≥ 4 interdisciplinary research or non-research articles published within	Incorporates two relevant, EBP nursing research articles into presentation but fails to connect it to EBP.	Incorporates two relevant EBP nursing research articles into presentation but not recent within five years	Does not incorporate two EBP nursing research articles into presentation	
Coherence and Organization 10 points		Ideas are clearly developed; uses specific appropriate examples; skillful transitions; well organized	Most information relates to ideas; is presented a logical sequence; some examples and some transitions	Ideas are loosely connected by examples; organization and flow are choppy	Ideas disjointed: development of idea is vague: no order to presentation	
Creativity 10 points		Original presentation, engaging and informative; fully engages audience	Original presentation, interesting; Some audience engagement	Little original content: little engagement with audience	No real original idea: no audience engagement	
Time allotted 10 points		Presentation takes 15-20 minutes to present.	Presentation content is 10 -14 minutes or 21 – 25 minutes.	Presentation content 5-9 minutes or 26-30 minutes	Presentation content less than 5 minutes or exceeds 30 minutes	
Public Speaking- Based Categories	Speaking Skills, Elocution 10 points	Poised; clear: articulate: steady pacing; enthusiasm: confidence, voice projects	Soft spoken, difficult to hear, steady pacing, needs reminders to project voice	Mumbling; lack of eye contact; uneven pace; little or no expression, voice fades away	Inaudible, rate is too slow or too fast: monotone	
	Nonverbal Skills; Audience Response; Eye Contact 10 points	Involves the audience: makes eye contact; holds audience's attention; engages audience in Q&A session	Involves and holds audience's attention most of the time; some eye contact, limited engagement of audience in Q&A	Lost topic or attention: mostly presented facts without engagement; no eye contact: reads from slides/ cards, unable to respond to Q&A	Audience loses interest: could not determine point of presentation, not prepared for Q&A	
Total:						

Adapted from: Liz Gravelle, College of Saint Rose: Information Technology Evaluation Services. NC Department of Public Instruction.