Student, Faculty and Preceptor Handbook
Education Track

Partnerships For Learning

2015-2016
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INTRODUCTION

The faculty and professional staff are pleased that you have chosen William Paterson University. The Student, Faculty and Preceptor Handbook “Partnerships For Learning” has been developed to provide you with a wealth of information that you will need throughout your clinical practicum experience. Specifically, information on selection and qualifications of a preceptor; faculty, student and preceptor responsibilities, new preceptor orientation, process of approving the preceptor and completed form required. It is important that students refer to the information in the handbook every semester that they are enrolled in the clinical course.

The faculty and staff of the William Paterson University Graduate Nursing Department take pride in our program, its’ students and their accomplishments and wish you great success throughout your clinical experience.

New information and policy/procedure changes will be posted on the Graduate Nursing Student bulletin board which can be found outside the Nursing Office (Hunziker Wing room106). All updated versions of the handbook can be found at: http://www.wpunj.edu/cosh/departments/nursing/graduate-programs/handbooks.dot

Kem Louie, PhD, PMHCNS-BC, APN, CNE, FAAN
Director, Graduate Nursing Programs
DESCRIPTION OF PROGRAM

Master's Degree Program Outcomes

The content in the master's program in nursing is consistent with the mission and philosophy of the Department of Nursing. It is designed to meet the program objectives which are derived from the overall framework guiding curriculum. Upon completion of the program, the graduate is able to meet the program objectives, which reflect the roles of the advanced prepared nurse in practice, education and/or management.

The William Paterson University of New Jersey master's graduate in nursing will be prepared to:

1. Apply advanced knowledge of nursing theories, related sciences and humanities, and methods of inquiry in the delivery of healthcare services.
2. Develop leadership and communicate effectively using the collaborative approach to improve quality care.
3. Analyze changes in the healthcare system through the design and implementation of health related projects that strengthen the outcomes in the healthcare delivery system.
4. Apply evidence, research and theory to improve health services.
5. Apply current health information and technologies to advance the quality and accessibility of care.
6. Advocate for healthcare policies and systems to improve healthcare.
7. Analyze systems responses to health and illness to improve the promotion, restoration, and maintenance of health that reflect respect across diverse cultures.
8. Engage in advanced nursing care to individuals, families, communities, and clinical populations.

Contacts

Kem B. Louie, PhD, RN, PMHCNS-BC, APN, CNE, FAAN  973-720-3215  louiek@wpunj.edu
Director, Graduate Program in Nursing

Nadine Aktan, PhD, FNP-BC  973-720-2527  aktann@wpunj.edu
Chairperson, Department of Nursing

Elaine M. Vuoncino  973-720-3511  vuoncinoe@wpunj.edu
Program Assistant
CLINICAL PLACEMENTS FOR GRADUATE PRACTICUM EXPERIENCE

Overview

The student in consultation with the lead NP Coordinator and/or Graduate Nursing Program Director usually initiates clinical placements for graduate students a semester prior to registration of the clinical course. Each student is placed with a preceptor who serves as an appropriate role model as well as a clinical instructor at the practicum site. Placement is arranged in consultation with the clinical preceptor and student. The lead NP verifies that the student objectives are appropriate to the practicum, assures that the preceptor has been approved by the Department of Nursing. The faculty teaching the course maintains appropriate contact with the preceptor, and awards the final grade. In addition to the supervised clinical hours, a 2 ½ hour seminar (face to face/online/hybrid) will be held bi-weekly during the semester. See checklist on next page.

Procedure

The student must hold RN licensure in the state in which the practicum takes place. The graduate student practices under his or her own RN license and is covered by the University professional liability insurance for course-related incidents. The student also has adequate individual professional liability insurance. Interpretation and proof of insurance status can be documented and provided for the agency if required. Proof of individual professional liability insurance must be available for presentation upon request and a copy must be submitted to the Graduate Nursing Department (Hunziker Wing 240) to be kept in the student’s file.

Appropriate student placement with a qualified preceptor is determined by course objectives, student objectives, and experiential background.

Sites or practices may require additional paperwork prior to the student beginning their clinical. It is the responsibility of the student to complete these requirements prior to the first day of class.

The student provides the Graduate Nursing Office with a completed Preceptor Information Sheet which is sent to either the lead NP (AGNP FNP track) or the Graduate Program Director (ADM EDU track).

Once the preceptor is approved for the student, the Department of Nursing Graduate Program sends a Confirmation of Clinical Placement for Graduate Students form to the preceptor. The form contains the following information:

1. Name, Address and Phone number of Agency/Practice
2. Course number and title
3. Semester dates
4. Student’s name
5. Faculty name and email
6. Preceptors name and credentials
The signed Confirmation of Clinical Placement for Graduate Student form is forwarded to the Graduate Program Director. Ordinarily a formal agency contract is not required. If a formal agency contract is required the preceptor or student will notify the Graduate Program Director, who will facilitate the processing of the necessary documents. All signed forms are files in the Graduate Nursing Office.

RESPONSIBILITIES IN THE PRECEPTOR PARTNERSHIP

The student, preceptor, and faculty have equal responsibility for providing a quality learning experience in the practicum. There are, however, specific responsibilities for each participant. This is necessary to promote student progress and role expectations. A pre-practicum meeting with the student and preceptor facilitates mutual understanding of the responsibilities of all parties. These responsibilities are identified as follows:

STUDENT RESPONSIBILITIES:

- Participate in selection of qualified preceptor and submits the Preceptor Information Form by the due date.
- Develop and complete an informal learning contract with individualized objectives in accord with William Paterson University course objectives and agency policies.
- Attend and participate appropriately in agency activities that promote attainment of the learning objectives.
- Maintain on-going student-preceptor relationship for duration of the practicum.
- Keep faculty informed of progress related to student learning objectives.
- Keep faculty informed of students’ progress in respective roles.
- Seek faculty consultation on appropriate issues.
- Practice in a safe and ethical manner cognizant of standards of care, management/administration, education.
- Complete and submit Documentation of Clinical Experience/Documentation of Clinical Practice to faculty at 1 – 2 week intervals.
- Complete assignments.
- Completes the Course End Evaluation, Evaluation of the Preceptor and Evaluation of the Clinical Site to the faculty teaching the course by the end of the semester.
Specific Guidelines for Students in Clinical Facilities

1. Students are to negotiate acceptable hours with the preceptor prior to starting clinical practicum. The student is expected to accommodate the preceptor’s availability and schedule. The student’s personal and work schedules are expected to accommodate participation in the required number of clinical hours specified by the clinical course.

2. Professional apparel that meets agency guidelines is expected. Conservative and professional dress clothing and a lab coat are the norm. No jeans or shorts or running shoes or bare midriff or low cut clothing are allowed in an agency.

3. Graduate Nursing students will demonstrate professional behavior during all clinical placements in all settings, following the legal and ethical codes of nursing. Student behavior that is considered unsafe, according to the professional judgment of the faculty/preceptor or agency, is cause for immediate removal from the clinical site and faculty/administrative review for continuation in the nursing program.

4. The student will work within the policies of the agency and maintain a constructive relationship with the agency.

5. The student is required to complete clinical and health information as directed, by the first day of class.

   Full name, RN
   WPUNJ Graduate Student

   The graduate student WPUNJ ID card is worn only when the student is participating in or involved in experiences related to the graduate student role. ID card holders will be provided by the Program Assistant in the Graduate Nursing Department.

6. The student is responsible for her or his individual travel or other costs related to clinical experiences.

FACULTY RESPONSIBILITIES in clinical practicum courses:

The seminar serves as a clinical conference course to the clinical practicum experience. The seminars are held biweekly for 2.5 hours during the semester. Faculty teaching the clinical practicum courses are provided the names of students enrolled, approved clinical placements and clinical preceptors prior to the first day of course.

- Verifies student has completed Clinical Checklist Documentation requirements on the first day of class.

- Approve a student preceptor learning contract and individualized objectives related to the role.
• Maintain communication with student and preceptor in relation to student progress along with a minimum of one observational site visit.

• Encourage student scholarly inquiry through the use of nursing and related research in clinical practice, management/administration, and education.

• Facilitate seminar discussions relative to the role of the advanced practice nurse, manager/administrator and educator. Special topics and assignments focus on issues and learning needs presenting themselves on the clinical area.

• Assess and evaluate student progress with input from student and preceptor by submitting the course grade earned at the end of the semester.

• Assure the collection and maintenance of documentation such as clinical logs, clinical requirements, Clinical Preceptor Evaluation, Agency Evaluation and/or necessary information for the verification of requirements as specified for subsequent national certification application by graduating students.

• Submits final course grade.

**Site visits & facilitation of clinical activities**

The faculty member will make scheduled observational visit(s) to the clinical site (a minimum of one visit is expected). The date and time are confirmed with the student. It is the student's responsibility to inform the preceptor of the date/time of the visit. Purposes of the site visit include observation and evaluation of the student’s role performance (practitioner, educator or administrator) behaviors and the student’s interaction with staff and preceptor. Additionally, it provides the faculty member, the preceptor and the student an opportunity to discuss the student’s progress.

**Evaluation of student**

The course syllabus and clinical evaluation forms include the requirements and evaluation criteria for successful student performance. Evaluations by the faculty member with input from the preceptor are important components of the student performance. Open communication between the faculty, preceptor and student is essential. Faculty assumes the ultimate responsibility for the evaluation of the student and employ several methods to achieve this. Besides at least one observation of the student engaged in the actual role performance behavior, interactions with preceptor and staff are sources of evaluating student progress. Additionally, regular review of student’s clinical logs documenting the student’s clinical experience/practice and supportive evidence from the clinical preceptor are utilized.
PRECEPTOR SELECTION FOR PRACTICUM COURSES

Practicum preceptor selections are made based on demonstrated commitment to the Department of Nursing Graduate Program at The William Paterson University of New Jersey. Collaboration between agencies and the Department of Nursing assure a pool of qualified clinical preceptors. This reciprocal relationship fosters the quality of services offered by both parties entering into this agreement.

Qualifications: Master’s Degree in Nursing (or practicing physicians)
A minimum of one year’s experience in the practice area

Privileges: Opportunity to participate in the Department of Nursing faculty meetings, instructional activities, conferences and collegial relationships with faculty.

Responsibilities: Preceptors are expected to:

- Use theories of adult instruction and learning in the education of the student.
- Provide experiences that engage the role of advanced practice nurse, manager/administrator, educator as defined by the needs of the client population and expertise of the preceptor.
- Collaborate with the student in the development of the informal learning contract and individualized objectives.
- Supervise and evaluate students' learning experiences.
- Maintain an on-going supervisory relationship for the duration of the practicum, which promotes students' use of advanced specialized knowledge.
- Guide the student in the selection of agency activities that promote students' progress in the role of the advanced practice nurse, administrator and/or educator.
- Encourage student involvement in the identification of research problems, collaboration with nurse researchers, and utilization of research findings among staff.
- Communicate with faculty relative to student progress.
- Guide the student in achieving goals relative to the informal learning contract and participate in the evaluation of those goals.
- Serve as a professional role model in their teaching-learning experience.
- Documents student’s activities and evolving role behaviors/competencies designated on the Preceptor’s Evaluation of Student.
Selection:
The student in consultation with the lead NP Coordinator and/or Graduate Nursing Program Director usually initiates clinical placements for graduate students a semester prior to registration of the clinical course. The lead NP and/or Director verifies that the student objectives are appropriate to the practicum, assures that the preceptor has proper credentials. See MSN orientation powerpoint on the following link: http://www.wpunj.edu/cosh/departments/nursing/graduate-programs/assets-grad-prog/pdfs/Preceptor%20Orientation%202013-14.pdf

Procedure:
1. Once a student submits a Preceptor Information Sheet Request, the lead NP and/or Director is responsible for determining eligibility and willingness of the potential preceptor to serve in this capacity.

2. The candidate for selection forwards a copy of their RN license (or verified by faculty upon site visit), advanced certification, curriculum vitae (CV) or resume to the faculty person negotiating the selection.

3. Each identified preceptor receives a Confirmation of Clinical Placement for Graduate Student form from the Graduate Program Director of the preceptor’s role. A copy is kept on file in the Graduate Program office.

BENEFITS FOR PRECEPTORS

• Opportunity to guest lecture or lead a seminar in area of expertise.

• Invitation to Annual Preceptor Reception.

• Receive a Certificate of Appreciation and Acknowledgement from the Graduate Program.

• Will receive a thank you letter from the Graduate Nursing Department and AANC Verification of Hours form at the end of the semester if applicable.
Forms

Checklist/Procedure for Preceptor Documentation for Clinical Placement

Preceptor Information Sheet

PRECEPTORS EVALUATION OF THE STUDENT

NUR 7251 - Advanced Nursing Role Practicum

Graduate Nursing Clinical Documentation Checklist

Documentation of Clinical Experiences Log

Direct Observation of Graduate Student Visit

Course End Evaluation of Clinical Site

Course End Evaluation of the Preceptor
William Paterson University of NJ
Department of Nursing Graduate Program
Checklist/Procedure for Preceptor Documentation for Clinical Courses

Student’s Name _____________________________   Track ______________   Course NUR ____________

This checklist is being provided to you to facilitate your clinical preceptorship. Each step must be completed in order for you to begin your clinical experience. This form is for you to be able to keep an up to date record prior to beginning your clinical. **Do not hand this form in to your instructor, it is for your use only.**

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<tr>
<th>INSTRUCTIONS</th>
<th>DATE COMPLETED</th>
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<tbody>
<tr>
<td>1. Student must register for the clinical course.</td>
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<tr>
<td>2. Student will access the Preceptor Information Sheet from the Graduate Nursing Home Page or by contacting the Graduate Nursing Office at <a href="mailto:vuoncinoe@wpunj.edu">vuoncinoe@wpunj.edu</a></td>
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<tr>
<td>3. Student must submit the Preceptor Information Sheet <strong>completed in full</strong>, with appropriate preceptor signature, to the Department of Nursing Graduate Program by either email (<a href="mailto:vuoncinoe@wpunj.edu">vuoncinoe@wpunj.edu</a>) or fax (973-720-3517) no later than the posted deadline date on the Preceptor Information Sheet.</td>
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<td>4. The Preceptor Information Sheet will be sent to the lead NP for nurse practitioner programs or the Director of the Graduate Nursing Program for education or administration for review and approval. You will be notified when approved or further information is required.</td>
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<td>5. Once your preceptor assignment has been approved, the department will email or fax the preceptor a letter, confirmation of clinical placement for graduate student, course outline and responsibilities in the preceptor partnership. The confirmation of clinical placement for graduate student form needs to be signed by their preceptor and returned to our office. An email will be sent to the student on the date that all documentation was sent to the preceptor.</td>
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<tr>
<td>6. The student will be emailed a Clinical Documentation Checklist and Physical or Re-physical form that needs to be completed and turned in to the faculty teaching the clinical course the first night you meet for class. All forms are also available on the Graduate Nursing Home Page.</td>
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<td>7. No student will be allowed to begin their clinical until all the required signed documentation is returned to our office. The preceptor documentation (see #5) can be returned to us by either the student or preceptor by either email (<a href="mailto:vuoncinoe@wpunj.edu">vuoncinoe@wpunj.edu</a>) or fax (973-720-3517). The department will notify the student when the documentation is received. It is the student’s responsibility to follow up with their preceptor to make sure the documentation is returned to us.</td>
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MSN PRACTICUM / PRECEPTOR INFORMATION SHEET

Submission Deadline Dates

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<th>Semester</th>
<th>Date</th>
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<tbody>
<tr>
<td>Spring Semester</td>
<td>Oct. 31</td>
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<tr>
<td>Summer Semester</td>
<td>March 31</td>
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<tr>
<td>Fall Semester</td>
<td>May 31</td>
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Date Submitted: _____________________  Semester ___________________________ 20___

(Fall, Spring, Summer)

Student Name:_____________________________________________________

Practicum Course # NUR _____________________

Track _____________________________________________________

(AGNP)   (FNP)    (Administration)   (Educator)

Student’s Place of Employment: __________________________________________________________________

Phone #:  Home: _________________________  Cell: ________________________ Work: __________________

You are required to seek out a preceptor and a potential site for your practicum experience. The preceptor must be willing and able to oversee your practicum experience in the location you choose appropriate to the role. Please include the name, title and credentials of the prospective preceptor when filling out this form.

Any changes, additions/deletion of clinical preceptors must be sent to Elaine by email at: vuoncinoe@wpunj.edu. Changes after the deadline may take an additional two months to complete the agreements and confirmation.

Upon receipt of this information, for APN students, Elaine will forward to the NP lead coordinator for approval of the clinical site/preceptor. For other students, the Director of the Graduate Program will review preceptors/placements. Upon approval, a letter, confirmation of clinical placement form, course outline and responsibilities in the preceptor partnership will be sent to the clinical preceptor and/or agency. Until the signed confirmation of clinical placement form is returned to our office, students are NOT to start their clinical. These confirmation of clinical placement form is considered as a “contract” between the WPUNJ and the clinical preceptor/agency. It is the responsibility of the student to follow this process. Call or email Elaine in the Graduate Nursing Office (973-720-3511 or vuoncinoe@wpunj.edu) as to whether the preceptor/agency has sent back all the required forms.

In addition, it is the responsibility of students to show proof of compliance on the Clinical Documentation form required for clinical placements every semester by the first day of the seminar/clinical. The documentation is to be submitted to the faculty teaching the seminar. Generally, the clinical preceptor/agency does not ask for documentation but at times, they have requested them. You are not permitted to start clinical without full compliance to the clinical requirements.

Upon completion of the course, you must submit to the faculty teaching the seminar all completed logs (with clinical hour verification), preceptor/site evaluations, and evaluation of personal learning objectives. You will not receive a grade in the course until the submission and course requirements are completed.
Part II

MSN PRACTICUM / PRECEPTOR INFORMATION SHEET

PLEASE SUBMIT PART II TO THE DEPARTMENT OF NURSING GRADUATE PROGRAM
NO LATER THAN THE SUBMISSION DEADLINE DATE ON PAGE 1

If any of the required fields are missing it will delay processing your paperwork
and this form will be returned to you for completion

Student’s name _________________________       ID# 855__________________
Course #:  NUR ___________ Semester ______________  cell phone# _________________
Preceptor Name & Credentials: ____________________________________________________
Population Focus (& specialty if applicable) Area of Practice ________________________________
Preceptor’s Facility _________________________________________________________________
Preceptor Business Address:
Street _____________________________________________________
City, State & Zip _____________________________________________________
Phone:             _________________________FAX:________________________
EMAIL: _____________________________________________________
Preceptor’s Unit/Type of Site __________________________________________________________
(e.g., clinic, private practice, primary care setting, etc.)
Characteristics of Patients:
   a)  Gender ______________________
   b)  age (children, young adult, adult, elderly) _________________________________
   c)  ethnicity ______________________
   d)  primary languages spoken in office _________________________________

Healthcare experience _____________________________________________________________
(e.g., primary care, chronic, in-hospital)
Part III

MUST BE COMPLETED BY PRECEPTOR:

a) Certification (specify type e.g. adult or family) _____________________
b) (specify certifying body e.g. ANCC or AANP) ____________________
c) (specify expiration date) ________________________
d) Years of practice in the population focused or specialty area: ________________
e) Number of students precepted concurrently: _________
f) State licensure # _____________________________ expiration date _________

Please attach a copy of your CV or Resume (REQUIRED)

Date of discussion regarding willingness to serve as preceptor: ________________________
Comments and/or description of proposed experience:

Clinical Preceptor Approval ___________________________ Signature __________ Date

For Department of Nursing – Graduate Program use only. Do not write below double lines.

Director of Graduate Program or NP Faculty Approval:

_________________________ Signature ___________________________ Date

Comments:
<table>
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<tr>
<th>Competency 1 – Facilitate Learning</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td><strong>Preceptor:</strong> Place an “X” in the box indicating student’s performance regarding the statements being evaluated</td>
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<tr>
<td>1. Implements a variety of teaching strategies appropriate to learner needs, desired learner outcomes, content, and context</td>
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<td>2. Recognizes multicultural, gender, and experiential influences on teaching and learning</td>
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<td>3. Engages in self-reflection and continued learning to improve teaching practices that facilitate learning</td>
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<td>4. Uses information technologies skillfully to support the teaching-learning process</td>
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<td>5. Creates opportunities for learners to develop their critical thinking and critical reasoning skills</td>
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<td>6. Demonstrates interest in and respect for learners</td>
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<td>7. Uses personal attributes (e.g., caring, confidence, patience, integrity and flexibility) that facilitate learning</td>
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<td>8. Develops collegial working relationships with students, faculty colleagues, and clinical agency personnel to promote positive learning environments</td>
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<td>9. Serves as a role model of professional nursing</td>
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Comments:
### Competency 2 – Facilitate Learner Development and Socialization

<table>
<thead>
<tr>
<th>Preceptor: Place an “X” in the box indicating student’s performance regarding the statements being evaluated</th>
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<tbody>
<tr>
<td>1. Identifies individual learning styles and unique learning needs of international, adult, multicultural, educationally disadvantaged, physically challenged, at-risk, and second degree learners</td>
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<tr>
<td>2. Provides resources to diverse learners that help meet their individual learning needs</td>
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<tr>
<td>3. Fosters the cognitive, psychomotor, and affective development of learners</td>
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<td>4. Assists learners to develop the ability to engage in thoughtful and constructive self and peer evaluation</td>
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<tr>
<td>5. Models professional behaviors for learners including, but not limited to, involvement in professional organizations, engagement in lifelong learning activities, dissemination of information through publications and presentations, and advocacy</td>
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Comments:

### Competency 3 – Use Assessment and Evaluation Strategies

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<thead>
<tr>
<th>Preceptor: Place an “X” in the box indicating student’s performance regarding the statements being evaluated</th>
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<tbody>
<tr>
<td>1. Uses extant literature to develop evidence-based assessment and evaluation practices</td>
</tr>
<tr>
<td>2. Uses a variety of strategies to assess and evaluate learning in the cognitive, psychomotor, and affective domains</td>
</tr>
<tr>
<td>3. Implements evidence-based assessment and evaluation strategies that are appropriate to the learner and to learning goals</td>
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<tr>
<td>4. Uses assessment and evaluation data to enhance the teaching-learning process</td>
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<tr>
<td>5. Provides timely, constructive, and thoughtful feedback to learners</td>
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<tr>
<td>6. Demonstrates skill in the design and use of tools for assessing clinical practice</td>
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<tr>
<th>Competency 4 – Participate in Curriculum Design and Evaluation of Program Outcomes</th>
<th>1</th>
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<tbody>
<tr>
<td>Preceptor: Place an “X” in the box indicating student’s performance regarding the statements being evaluated</td>
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<tr>
<td>1. Demonstrates knowledge of curriculum development including identifying program outcomes, developing competency statements, writing learning objectives, and selecting appropriate learning activities and evaluation strategies</td>
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<td>2. Bases curriculum design and implementation decisions on sound educational principles, theory, and research</td>
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<td>3. Revises the curriculum based on assessment of program outcomes, learner needs, and societal and health care trends</td>
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<td>4. Designs and implements program assessment models that promote continuous quality improvement of all aspects of the program</td>
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<tr>
<th>Competency 5 - Function as a Change Agent and Leader</th>
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<tr>
<td>Preceptor: Place an “X” in the box indicating student’s performance regarding the statements being evaluated</td>
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<tr>
<td>1. Models cultural sensitivity when advocating for change</td>
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<tr>
<td>2. Participates in interdisciplinary efforts to address health care and educational needs locally, regionally, nationally, or internationally</td>
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<td>3. Evaluates organizational effectiveness in nursing education</td>
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<td>4. Develops leadership skills to shape and implement change</td>
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<tr>
<th>Competency 6 - Pursue Continuous Quality Improvement in the Nurse Educator Role</th>
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<tr>
<td>1. Demonstrates a commitment to life-long learning</td>
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<tr>
<td>2. Participates in professional development opportunities that increase one’s effectiveness in the role</td>
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</table>
3. Balances the teaching, scholarship, and service demands inherent in the role of educator and member of an academic institution

4. Uses feedback gained from self, peer, student, and administrative evaluation to improve role effectiveness

5. Uses knowledge of legal and ethical issues relevant to higher education and nursing education as a basis for influencing, designing, and implementing policies and procedures related to students, faculty, and the educational environment

Comments:

### Competency 7 – Engage in Scholarship

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<tr>
<td>1. Designs and implements scholarly activities in an established area of expertise</td>
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<tr>
<td>2. Disseminates nursing and teaching knowledge to a variety of audiences through various means</td>
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Comments:

### Competency 8 – Function within the Educational Environment

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<tr>
<td>1. Identifies how social, economic, political, and institutional forces influence higher education in general and nursing education in particular</td>
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<tr>
<td>2. Determines own professional goals within the context of academic nursing and the mission of the parent institution and nursing program</td>
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<tr>
<td>3. Integrates the values of respect, collegiality, professionalism, and caring to build an organizational climate that fosters the development of students and teachers</td>
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<tr>
<td>4. Incorporates the goals of the nursing program and the mission of the parent institution when proposing change or managing issues</td>
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</table>

Comments:

These competencies were adapted from the NLN’s Task Group on Nurse Educator Competencies
**OVERALL GRADE SUMMARY:** Please place an “X” that best evaluates the students overall performance.

- ____ Does not meet standards = 1
- ____ Inconsistently meets standards = 2
- ____ Meets standards = 3
- ____ Exceeds standards = 4

---

Printed Name of Preceptor

______________________________
Signature of Preceptor

______________________________
Date

Comments by Student:

---

Printed Name of Students

______________________________
Signature of Student

______________________________
Date of conference

Comments by Instructor:

---

Printed Name of Instructor

______________________________
Signature of Instructor

______________________________
Date

Additional sheets may be added as needed for comments.
GRADUATE NURSING CLINICAL DOCUMENTATION CHECKLIST

- All students are required to provide the necessary documentation requested below.

- **Students are required to submit this completed form to their clinical lab instructor at your first class.**

- Any student not having all items current and completed may be denied access to the clinical site by hospital/agency personnel in accordance with Affiliation Contracts and Agreements.

**Criminal Background Checks** are required by all students entering any nursing lab course. The initial criminal background check will be valid for three years unless an incident requires having it repeated or a clinical agency requires checking at a more frequent interval. The only criminal background check accepted is with www.certifiedbackground.com/package code wi21. By entering your initials you are certifying you have ordered a criminal background with www.certifiedbackground.com/within the past three years.

**Urine/Drug Screening** (THIS PORTION OF THE CHECKLIST FORM IS REQUIRED ONLY IF THE FACILITY WHERE YOUR CLINICAL TAKES PLACE REQUIRES A URINE/DRUG SCREENING)

Please see drug screening policy and procedures for Education and Administration tracks.

A mandatory initial urine drug screen is required by all nursing students prior to the beginning of the first semester in which a clinical laboratory takes place. Order package code Wi22 from http://www.certifiedbackground.com/. In 1 – 2 business days students should receive an e-mail from Support@FormFox.com. The subject may be: Form Fox Authorization For “your name” this will give you the location of the testing center nearest your address, print and bring the form to the sampling site with you. If you do not receive the e-mail check your spam folder. If it does not appear in a reasonable amount of time or you require a different testing site call Certified Background.com at the customer service telephone number available from their website. The lab will require a picture ID. The screening is required before your initial Clinical Clearance Form can be issued by the Health and Wellness Center.

Requests for urine drug screening will incur an additional fee payable by the student

**CPR: BLS for the Healthcare Provider (HCP)**: Students are required to maintain valid CPR certification throughout all clinical lab courses. The only acceptable certification is the American Heart Association’s (AHA) BLS for the Healthcare Provider. Enter the expiration date of your AHA CPR card and attach a photocopy to the back of this form.

**Health and Wellness Clearance**: All students need to be cleared through the end of the semester by the Health and Wellness Center. Enter the expiration date of your health and wellness clearance.

**Health Insurance Verification**: All nursing students in a clinical lab course are required to have health insurance. All students must provide documentation of health insurance coverage. Please complete the following appropriate statements:

- I have attached a photocopy of my health insurance ID.
- I do not have health insurance and understand that I will not be allowed in clinical. (Failure to do clinical will result in failure of the course)
You must supply the additional documentation and attach a photocopy:

- [ ] Nursing License  
  Exp. Date

- [ ] Malpractice cover sheet or certificate of professional liability insurance (NP track students require a nurse practitioner rider).
  Exp. Date

☐ Yes  Since completing your last clinical clearance checklist or criminal background check have you been arrested, charged or convicted of any crime or offense that you have not reported to the Graduate Nursing Department Director? (Minor traffic offenses, such as speeding or parking need not be provided but Motor Vehicle offenses such as driving while impaired or intoxicated must be disclosed.)

☐ No

I ___________________________ affirm that the above information, dates and attached copies are representations of true and valid documents necessary to comply with affiliate agencies of the Department of Nursing at William Paterson University. I understand it is my responsibility to keep all items valid and up to date or I may be removed from my clinical experience and risk failing all or part of my clinical experience course. Any misrepresentation of facts may be construed as a violation of the University's Academic Integrity Policy.

________________________________________  __________  ______________________________
Signature          Date                   Student ID #

Reviewed & approved by: ___________________________ Date: _____________

Faculty Instructor Signature

Rev 06/2015
## DOCUMENTATION OF CLINICAL EXPERIENCES LOG
### EDUCATION TRACK

<table>
<thead>
<tr>
<th>COURSE</th>
<th>NUR _____</th>
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<tbody>
<tr>
<td>STUDENT</td>
<td>__________</td>
</tr>
<tr>
<td>LOCATION</td>
<td>__________</td>
</tr>
<tr>
<td>PRECEPTOR</td>
<td>____________________________</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE</th>
<th>DESCRIPTION OF EXPERIENCE</th>
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Additional assignments: 

Hours this time period ___________ Cumulative number of hours ___________

Preceptor Signature ___________________________ Date _______________________

22
Direct Observation of Graduate Student Visit

Name of Student: ___________________________________________
Course: ________________________________________________
Clinical Preceptor: _________________________________________
Clinical Agency/Unit: _______________________________________
Address::________________________________________________

Please comment on the following:

I. Student performance/ experience:

II. Appropriateness of clinical placement:

III. Summary statement:

Faculty: ____________________________ Date: ________________

Approved November 28, 2007 Graduate Program Committee
### COURSE END EVALUATION OF CLINICAL SITE

**Practicum Site:** _____________________________________________________

**Preceptor’s Name:** _________________________________________________

**Course #:** ______________________  **Semester:** ______________________

Please complete by checking (✓) all that apply in each category.

**Type of site:**
- [ ] rural clinic
- [ ] private practice
- [ ] public health
- [ ] other ________________

**Experiences Available:**
- [ ] acute
- [ ] chronic
- [ ] in-hospital
- [ ] clinic

This evaluation is based on the course presented to students. **The practicum experience, itself is to be evaluated, not the faculty teaching the course.**

**Directions:** Place an “x” in the appropriate box for each question. Rate your **practicum experience** on each item using the following rating scale:

**RATING SCALE:**
- 9 = Not Applicable
- 5 = Strongly Agree
- 4 = Moderately Agree
- 3 = Agree
- 2 = Moderately Disagree
- 1 = Strongly Disagree

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<th>5</th>
<th>4</th>
<th>3</th>
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<tbody>
<tr>
<td>1. <strong>Institution/Agency offers learning experiences needed to fulfill the objectives of the course.</strong></td>
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<td>2. <strong>Agency provided an orientation to the policies and procedures.</strong></td>
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<td>3. <strong>I would recommend this agency for future practicum student’s placements.</strong></td>
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* **Include comments on reverse side of sheet*
COURSE END EVALUATION OF THE PRECEPTOR

Directions: Place an “x” in the appropriate box for each question. Rate your experience with your preceptor on each item using the following rating scale:

**RATING SCALE:**

- 9 = Not Applicable
- 5 = Strongly Agree
- 4 = Moderately Agree
- 3 = Agree
- 2 = Moderately Disagree
- 1 = Strongly Disagree

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<tbody>
<tr>
<td>1. Preceptor demonstrates the ability to function as an effective role model.</td>
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<td>2. Preceptor demonstrates knowledge of the role of the advanced practice nurse, nurse educator or nurse administrator.</td>
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<td>3. Preceptor provides availability for consultation, collaboration, and guidance.</td>
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<td>4. Preceptor demonstrates knowledge of the student’s own learning plan/objectives and course objectives.</td>
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<td>5. Preceptor and agency staff offer support in meeting clinical objectives.</td>
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<td>6. I would recommend this preceptor for future practicum student placements.</td>
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*Include comments on reverse side.*