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College of Nursing  
UNIVERSITY OF HOUSTON



# GRADUATE PRECEPTOR HANDBOOK





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# OVERVIEW



Preceptors are our partners in education by providing supervised clinical experiences that allow students to apply knowledge gained in the classroom to clinical practice. Preceptors provide an essential bridge linking students' previously learned behaviors to current professional nursing values. Students benefit from the individualized instruction that preceptors provide.

Preceptors also benefit from their experiences with UH nursing students. Preceptors discover that this role brings status, increased job satisfaction, advancement of practice, and recognition by faculty and other expert practitioners. Other benefits include invitations to College of Nursing functions and scholarship opportunities.

Click on the links below for information about the College of Nursing.

- [The Mission of the College of Nursing](#)
- [College of Nursing Goals](#)
- [Philosophy and Conceptual Framework](#)
- [Organizational Chart](#)

## About the Programs

- [Second Degree BSN](#)
- [Traditional BSN](#)
- [RN to BSN](#)
- [MSN](#)
- [Post Master's Certificates](#)
- [DNP](#)

## Student Policies

Each student is responsible for adhering to all university policies in the [University Student Handbook](#). In addition, students are responsible for adhering to all [College of Nursing policies](#).

- [Academic Honesty](#)

Responsibilities of preceptors, students, and faculty are outlined in College of Nursing policy S134.

- [S134 Preceptor Policy](#)
- [S136 Student Professional Conduct and Demeanor](#)



# FORMS

## Description of Forms

The Preceptor Agreement and Credentials form is required by the Commission on Collegiate Nursing Education (CCNE) and the Texas Board of Nursing (TBON) to document preceptor license and credentials

- On the first day of clinical, the Preceptor Agreement and Credentials form must be signed by the preceptor, student, and faculty. Upload the completed form into NPST.

NURS 6321: MSN Administration Clinical Hours Schedule/Documentation

- This form must be signed by the student, preceptor, and faculty at the end of the clinical rotation. Upload the completed form into NPST.

MSN Clinical/Practicum Hours Schedule/Documentation

- This form must be signed by the student, preceptor, and faculty at the end of the clinical rotation. Upload the completed form into NPST.

NURS 6312: MSN Education Measurement and Evaluation in Nursing Education

- This form must be signed by the student, preceptor, and faculty at the end of the clinical rotation. Upload the completed form into NPST.

MSN Family Nurse Practitioner (FNP) Clinical Hours Contract

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

MSN Family Nurse Practitioner (FNP) Learning Contract

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

Preceptor/Faculty Evaluation of MSN Education & Family Nurse Practitioner Student Clinical Performance

- At the end of the clinical rotation, the preceptor completes the form and the preceptor, student, and faculty sign the form. Upload the completed form into NPST.

Preceptor/Faculty Evaluation of MSN Administration Student Performance

- At the end of the clinical rotation, the preceptor completes the form and the preceptor, student, and faculty sign the form. Upload the completed form into NPST.

MSN Student Evaluation of Preceptor

- At the end of the clinical rotation, the student completes the form and the preceptor, student, and faculty sign the form. Upload the completed form into NPST.



**PRECEPTOR AGREEMENT AND CREDENTIALS**

Preceptor: Please fill out parts A and B of the Preceptor Agreement and Credentials form. Sign and return to student or requesting faculty member. Clinical affiliation agreement and Preceptor Agreement must be in place prior to the student being on site for clinical.

**PART A**

Preceptor Name: \_\_\_\_\_

Preceptor Mailing Address: \_\_\_\_\_

Name of Facility or Employer: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Clinical Specialty: \_\_\_\_\_

License # (required): \_\_\_\_\_ Certifications: \_\_\_\_\_

List All Degrees Held: Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_ Doctoral \_\_\_\_\_ Other \_\_\_\_\_

*If not an RN, please attach all appropriate credentials (resume and/or CV, certifications).*

**PART B**

I, \_\_\_\_\_, do agree to act as preceptor for \_\_\_\_\_  
*(Printed Preceptor Name)* *(Printed Student Name)*

in NURS \_\_\_\_\_, who will be completing clinical rotation at \_\_\_\_\_  
*(Course Number)* *(Location where Clinical Affiliation Agreement exists)*

**I hereby agree to abide by all rules and requirements set forth in the Preceptor Handbook:**

\_\_\_\_\_  
Preceptor Signature/Date

\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
Faculty Signature/Date

\_\_\_\_\_  
Other Approval (if applicable)/Date

**For College of Nursing Use ONLY:**

- TBON Verification (Date/Time/Initials) \_\_\_\_\_
- UH Clinical Affiliation Agreement Number: \_\_\_\_\_
- Justification for Preceptor Qualifications if Preceptor is not an RN: \_\_\_\_\_

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**NURS 6321: MSN ADMINISTRATION CLINICAL HOURS SCHEDULE/DOCUMENTATION**

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

Student Name: \_\_\_\_\_

Course Number/Semester and Name: \_\_\_\_\_

Clinical Site/Agency: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Date	Setting and Planned Activity	Time (Hours)	Preceptor Initials

\_\_\_\_\_  
Preceptor Signature/Date

\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
Faculty Signature/Date

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**MSN CLINICAL/PRACTICUM HOURS SCHEDULE/DOCUMENTATION**

Practicum dates and times shall be arranged with the assigned preceptor and approved by the course faculty prior to completion of hours. Hours not approved by the faculty will not be counted and will be considered in violation of the clinical affiliate access policy.

Student Name: \_\_\_\_\_

Course Number/Semester and Name: \_\_\_\_\_

Clinical Site/Agency: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Date	Setting and Planned Activity	Time (Hours)	Preceptor Initials

\_\_\_\_\_  
Preceptor Signature/Date

\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
Faculty Signature/Date

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

Student Name: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

Clinical Site/Agency: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

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

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

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

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

Student Comments	
Preceptor Comments	
Faculty Comments	

\_\_\_\_\_  
Preceptor Signature/Date

\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
Faculty Signature/Date



**MSN FAMILY NURSE PRACTITIONER (FNP) CLINICAL HOURS CONTRACT**

Student Name: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_ Preceptor Email: \_\_\_\_\_

Clinical Site/Agency: \_\_\_\_\_ Telephone: \_\_\_\_\_

Site Address: \_\_\_\_\_

Clinical Hours: To be negotiated prior to starting the experience and a copy submitted to the preceptor AND faculty. Students who are unable to go to the clinical site on any day scheduled are to call the preceptor prior to the start of the day AND also notify the supervising faculty.

<b>Month:</b>						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Month:</b>						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Month:</b>						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Month:</b>						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Total Hours Negotiated: \_\_\_\_\_

\_\_\_\_\_  
Preceptor Signature/Date

\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
Faculty Signature/Date

This page is intentionally left blank.



**MSN FAMILY NURSE PRACTITIONER (FNP) LEARNING CONTRACT**

Student Name: \_\_\_\_\_

Preceptor Name & Credentials: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Clinical Site/Agency: \_\_\_\_\_

Site Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Preceptor Email: \_\_\_\_\_

Each student and preceptor will negotiate a learning contract. This contract outlines expectations for the experience and will assist the preceptor in evaluating the student’s clinical progress. The contract is accomplished by determining the student’s learning objectives and interests, in collaboration with the preceptor’s assessment of the student’s skill, potential, and educational priorities.

**Course Objectives**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Setting Goals**

Student Goals: *(To be completed prior to the first day of the clinical experience)*

List the three most important goals you have for this clinical experience.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List specific strategies for accomplishing these goals:

\_\_\_\_\_  
Preceptor Signature/Date

\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
Faculty Signature/Date

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

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Clinical Site/Agency: \_\_\_\_\_

Site Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

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

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

<b>MANAGEMENT</b>	<b>S</b>	<b>U</b>	<b>N/A</b>
Formulates decisions with preceptor guidance			
Initiates obvious interventions with preceptor support			
Recognizes indicators for pharmaceutical management			
Includes patient in decision-making process			
Seeks preceptor guidance in new situations			
Schedules appropriate follow-up			
Makes appropriate referrals based on correctly stated rationale, protocols, and preceptor consultation			
<b>MONITORING AND EVALUATING THE QUALITY OF CARE</b>	<b>S</b>	<b>U</b>	<b>N/A</b>
Bases own practice on professional and legal standards			
Recognizes standards of practice			
Provides self-evaluation of own practice			
Presents a professional, competent image			
Seeks opportunities to increase knowledge base and clinical competencies			

<b>Student Strengths</b>
<b>Areas for Improvement/Development</b>

Additional Comments: *(Comments in this area are greatly appreciated)*

\_\_\_\_\_  
Preceptor Signature/Date

\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
Faculty Signature/Date

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

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Clinical Site/Agency: \_\_\_\_\_

Site Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Graduate students are expected to assume responsibility for their professional growth through practicums. Administrative practicums are negotiated with the preceptor in order to meet the student's learning objectives while facilitating application of management and leadership theories and concepts into practice. Students will be evaluated on their self-directed achievement of the following criteria at the conclusion of the administrative practicum:

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

<b>ATTITUDES AND INTERPERSONAL SKILLS</b>	<b>S</b>	<b>U</b>	<b>N/A</b>
Communicates effectively with management and leadership team (courteous and professional)			
Interacts effectively with office staff and other disciplines within the organization			
Accepts instructions well			
Asks for help when needed			
Demonstrates desire to improve performance			
Demonstrates self-direction, motivation, and autonomy			
<b>ASSESSMENT AND PLAN</b>	<b>S</b>	<b>U</b>	<b>N/A</b>
Performs an appropriate, focused background of the problem			
Retrieves subjective and objective data on the problem			
Collects data in an organized and timely manner			
Presents preliminary data to preceptor for input on legal, ethical, and financial aspects			
Provides anticipatory outcomes based on different options for resolution			
Correlates outcome measures with the chosen option			
<b>IMPLEMENTATION AND EVALUATION</b>	<b>S</b>	<b>U</b>	<b>N/A</b>
Develops an implementation plan with consideration to the operations of the organization			
Integrates literature and data into the plan			
Implements the plan and prepares accompanying handouts			
Evaluates the implementation plan and reports the evaluative measures			
<b>TRANSITION PRACTICUM PROJECT</b>	<b>S</b>	<b>U</b>	<b>N/A</b>
Prepares to handoff practicum project to preceptor or designated person			
Formulates a list/plan for project sustainability as student transitions the project			
<b>QUALITY OF CARE</b>	<b>S</b>	<b>U</b>	<b>N/A</b>
Bases own practice on professional and legal standards			
Recognizes standards of practice			
Provides self-evaluation of own practice			
Presents a professional, competent image			
Seeks opportunities to increase knowledge base and clinical competencies			

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

<b>MANAGEMENT</b>	<b>S</b>	<b>U</b>	<b>N/A</b>
Formulates decisions with preceptor guidance			
Initiates obvious interventions with preceptor support			
Recognizes the complexity of management and leadership decisions			
Identifies the need for Human Resources, Legal, Risk Management, and Financial team to be involved			
Seeks preceptor guidance in new situations			
Schedules appropriate follow-up			
Makes appropriate referrals based on correctly-stated rationale, protocols, and preceptor consultation			

**Date of Preceptorship:** From \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy)

<b>Student Strengths</b>
<b>Areas for Improvement/Development</b>
<b>Presentation Feedback (include areas of improvement)</b>

Additional Comments: *(Comments in this area are greatly appreciated)*

\_\_\_\_\_  
Preceptor Signature/Date

\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
Faculty Signature/Date

**MSN STUDENT EVALUATION OF PRECEPTOR**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Clinical Site/Agency: \_\_\_\_\_

Site Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Directions:** Please evaluate the experience with your preceptor by rating each of the items below. Your honesty and constructive criticism will be used to improve the preceptorship experience in the future.

**Key:** Satisfactory (S) = Always/Frequently; Unsatisfactory (U) = Rarely/Never; N/A = Not Applicable.

<b>MY PRECEPTOR AS A PRACTITIONER –</b>	<b>S</b>	<b>U</b>	<b>N/A</b>
Was acutely aware of the concerns of patients and their families			
Demonstrated an ease of communication with both patients and their families			
Was involved in community-oriented activities			
Respected different opinions			
Was up-to-date in general approach and treatment of medical problems			
Was up-to-date in approach and management of nursing problems			
Managed the clinical practice effectively			
Demonstrated an active interest in continuing medical and nursing education			
<b>MY PRECEPTOR –</b>	<b>S</b>	<b>U</b>	<b>N/A</b>
Was enthusiastic about teaching and having me as a student			
Was available to me			
Established a working relationship with me based on trust and respect			
Allowed me ample opportunity for practicing newly-learned technical skills, i.e., EKGs, physicals, and x-rays			
Stimulated my problem-solving capabilities by asking probing questions			
Maintained an approachable teaching atmosphere			
Explained to me the approach to problems that was used and the reasons decisions were made			
Elicited my perception of what I should learn			
Encouraged me to ask questions			
Provided me with positive feedback			
Encouraged independent learning by suggesting articles, books, and other resources			
Gave me the opportunity to offer opinions on patient problems and treatment			
Provided a model of the type of practitioner I would like to be			

Comments:

\_\_\_\_\_  
Preceptor Signature/Date

\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
Faculty Signature/Date