Dear Preceptor,

Thank you for your willingness to consider being a preceptor for one of our graduate nursing students. This packet compiles a list of your general responsibilities as a preceptor. A general overview of the student’s responsibilities and his/her instructor’s responsibilities are also provided. If you have questions or would like clarification, we would be happy to discuss these roles with you.

All currently enrolled CMU graduate students carry their own professional liability insurance. A copy of this is on file along with the Agency Affiliation Agreement in the Department of Health Sciences. After reviewing these responsibilities, if you agree to precept a student, please complete the Preceptor Agreement Form and the Abbreviated CV and return them with a copy of your certification and license to the course instructor. This can be mailed or sent as an email attachment to the email provided.

PLEASE NOTE: These forms must be on file before the student begins their clinical experience.

We appreciate your willingness to share your expertise with our students.

Sincerely,

CMU Graduate Nursing Faculty
CRITERIA FOR PRECEPTORS
1. MSN Nurse Educator: Master’s degree or higher; experienced in the substantive area (nursing education). Alternatively, the preceptor can be someone who lends expertise to the student’s Capstone project.
2. MSN/FNP and DNP/FNP: Licensed and nationally certified in the specialty area with experience and expertise in the area of specialization. Such clinicians may include physicians (MD, DO), nurse practitioners (NP), or physician assistants (PA-C).

PRECEPTOR RESPONSIBILITIES
1. Bridges the gap between theory and actual practice.
2. Orient student to clinical setting, organizational policies and key personnel.
3. Assists student in planning assignments based on course objectives and student’s articulated learning needs.
4. Provides supervision of student on a one-to-one basis until the student and preceptor deem direct supervision is no longer necessary.
5. Allows the student opportunity to assess, diagnose and form a treatment plan BEFORE providing feedback and suggestions. (nurse practitioner students only)
6. Provide frequent feedback to student.
7. Reviews all student documentation in clinical records and co-signs same.
8. Submits a Clinical Evaluation Tool (CET) to the course instructor at the end of the rotation. (nurse practitioner students only)
9. Serves as a role model to the student.
10. Maintains an open line of communication with student’s clinical faculty.

STUDENT RESPONSIBILITIES
1. Interviews the prospective preceptor as to goals/objectives for fulfilling clinical requirements.
2. Provides the preceptor with written objectives for the clinical experience, both general and specific.
3. Provides proof of nursing license and immunization status as necessary.
4. Submits the signed preceptor agreement to the course instructor by mail / fax prior to beginning the clinical rotation.
5. Reviews existing agency protocols CMU protocols with preceptor.
6. Documents all clinical encounters in the respective health records using an agreed upon format. All clinical encounters should be documented using Typhon Group software. See the course instructor if you do not have a Typhon account set up for this purpose.
7. Arrives at designated site on time and dressed professionally with CMU student nametag.

FACULTY RESPONSIBILITIES
1. Be available to discuss the program requirements and objectives with the preceptor.
2. Assess the adequacy of space and appropriateness of assignments for the student’s learning objectives and experiences.
3. Communicates with preceptor regarding the student’s progress.
4. Schedules on-site visits when deemed necessary by the faculty, student and/or preceptor.
**PRECEPTOR Abbreviated CV Form**
*Completed by Preceptor*

**Returning Preceptor** Yes ___ No__
*Please update CV or Resume annually with any changes to this form.*

**First Time Preceptor** Yes ___ No__
*First time preceptors: please complete & submit your certification along with your current license.*

**All Preceptors:** Please update this CV annually.

**NAME:** ______________________________________________________________________

**NAME OF PRACTICE SITE:** ______________________________________________________

**MAILING ADDRESS:** ____________________________________________________________

______________________________________________________________________________

**TELEPHONE NUMBER:** _________________________________________________________

**FAX NUMBER:** ________________________________________________________________

**E-MAIL ADDRESS:** _____________________________________________________________

**EDUCATIONAL DEGREES:** _____________________________________________________

**LICENSE(S)** _________________________________________________________________

**SPECIALTY CERTIFICATIONS** __________________________________________________

**YEARS IN CLINICAL PRACTICE** _______________________________________________

**PRACTICE TYPE:** _____________________________________________________________

**ADDITIONAL COMMENTS:** _____________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Colorado Mesa University
Moss School of Nursing
1100 North Ave.
Grand Junction, CO 81501
970-248-1840 office
970-248-1133 fax
PRECEPTOR AGREEMENT – GRADUATE NURSING PROGRAMS

Completed by Preceptor

I have reviewed the preceptor packet and I can provide the student with clinical experiences that meet the requirements as outlined in the material covered. I also agree to accept the responsibilities as outlined in the preceptor packet and understand that there will be no remuneration for this service. I will review the student’s learning activities and abilities and agree to submit the required evaluation to CMU.

I, ______________________________________________ agree to serve as a preceptor for: ______________________________________________

For course # ___________________

Semester/Year _________ for a total of ________ clinical hours.

____________________________________ ________________________
Printed Name      Signature

For the graduate nursing student,

________________________________________________
Printed Name

PLEASE FAX to 970-248-1133.

THANK YOU for serving as a preceptor for a graduate nursing student.

Sincerely,

CMU Graduate Nursing Faculty
CMU Moss School of Nursing Family Nurse Practitioner Clinical Evaluation Tool (CET)

Completed by FNP Student's Preceptor and Course Faculty

STUDENT: ___________________________ SITE: ___________________________

EVALUATOR: ___________________________ POSITION: ___________________________

SEMESTER: _________________ DATE OF EVALUATION: _________________ COURSE NAME & NUMBER: _________________

CHECK: Midterm: ___ FINAL: ___

This checklist is to be utilized in evaluation of nurse practitioner students in their clinical practice throughout the program. It is designed to highlight pieces of information that are of the greatest use to the student and the program. It is expected that the student will achieve Intermediate to High skill level in the areas of interviewing, history taking, physical examination, assessment and plan / implementation. A progression with continual improvement should be noted. Over the course of the program, the student will progress from basic skill level to intermediate or possibly to high skill level. The expected minimum level for this student is: _________________ on the total tool.

Please assess the skill level of this student by by placing an “X” in the box using the following scale:

N/O: = Not observed

1 point: Below skill level: Extensive help or supervision: consistently requires substantial assistance/supervision to perform tasks adequately.

2 points: Basic skill level: Much help or supervision; performs tasks with basic skill & moderate amount of assistance/supervision. Basic skill level implies an assessment that is relevant to the clinical data being presented by the client.

3 points: Intermediate skill level: Moderate help or supervision; performs tasks with skill & is able to interpret findings with some assistance/supervision.

4 points: High skill level: Minimal help or supervision; performs tasks with proficiency & skill, interprets findings & information with good judgment, using very minimal assistance/supervision.

5 points: Independent: Student would be safe to function in a setting with only consultation available. Independent level is not assumed in all areas of expertise but is included as a point of reference for the faculty / preceptor / student.

Minimum Student Performance to Pass the Clinical Course:
FIRST CLINICAL PRACTICUM: PASSING SCORE IS 80% OR GREATER
SECOND CLINICAL PRACTICUM: PASSING SCORE IS 80% OR GREATER
THIRD CLINICAL PRACTICUM: PASSING SCORE IS 85% OR GREATER
FOURTH CLINICAL PRACTICUM: PASSING SCORE IS 85% OR GREATER
PRECEPTORSHIP: PASSING SCORE IS 90% OR GREATER
### Interviewing/History Taking

<table>
<thead>
<tr>
<th>A. Establishes rapport or trust with patient</th>
<th>N/O</th>
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<tr>
<th>B. Interviews patient with respect &amp; skill</th>
<th>N/O</th>
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<th>Total</th>
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<tr>
<th>C. Accurate &amp; complete:</th>
<th>N/O</th>
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<th></th>
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<th>i. Identifies chief complaint or identifies a presenting problem</th>
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<td>ii. Performs symptom analysis of each presenting problem</td>
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<td>iii. Obtains past history</td>
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<td>iv. Obtains family history</td>
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<td>v. Evaluates review of systems</td>
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### Diagnosis

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<tr>
<th>A. Differentiate between normal, variations of normal &amp; abnormal findings.</th>
<th>N/O</th>
<th>1</th>
<th>2</th>
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<th>4</th>
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<th>Total</th>
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<tr>
<th>B. Performs a comprehensive physical exam in a timely manner</th>
<th>N/O</th>
<th>1</th>
<th>2</th>
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<th>Total</th>
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<tr>
<th>C. Identifies appropriate diagnostic testing</th>
<th>N/O</th>
<th>1</th>
<th>2</th>
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<th>Total</th>
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<tr>
<th>D. Demonstrates critical thinking in clinical decision making</th>
<th>N/O</th>
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<th>5</th>
<th>Total</th>
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<tr>
<th>E. Analyzes &amp; interprets history, physical finding &amp; diagnostic data to determine an appropriate differential diagnosis</th>
<th>N/O</th>
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<tr>
<th>F. Creates accurate &amp; comprehensive problem lists</th>
<th>N/O</th>
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<th>G. Demonstrates appropriate understanding of pathophysiology &amp; genetics when deemed relevant</th>
<th>N/O</th>
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Preceptor Handbook AY 2019_2020
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<tr>
<th>Plan</th>
<th>N/O</th>
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<tr>
<td>A. Formulates plan of care based on evidenced-based standards of care &amp; current practice guidelines</td>
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<td>B. Prescribes appropriate non-pharmacological strategies</td>
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<td>C. Recommends interventions with attention to safety, cost, simplicity, adherence, acceptability &amp; efficacy</td>
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<td>D. Develops relevant health promotion / disease prevention</td>
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<td>E. Provides anticipatory guidance &amp; counseling</td>
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<td>F. Appropriate follow up / referrals/ consultations</td>
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<td>G. Includes patient / family in decision-making</td>
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<td>H. Incorporates cultural preferences, traditional practices, &amp; health beliefs into the health care plan</td>
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<tr>
<th>Documentation</th>
<th>N/O</th>
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<tr>
<td>A. Patient information presented accurately &amp; succinctly</td>
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<td>B. Documentation uses appropriate terminology &amp; format (e.g. SOAP)</td>
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<th>General</th>
<th>N/O</th>
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<td>A. Utilizes available resources from the community in designing treatment plans</td>
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<td>B. Engages in self-evaluation concerning practice</td>
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<td>C. Assumes accountability for behavior in all nurse – patient relationships</td>
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<td>D. Seeks consultation with preceptor or other collaborators appropriately</td>
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E. Accounts for patient’s family situation in creating a plan of care:
   developmental level, health literacy, motivation for change & limitations
   including financial

F. Presents an appropriate professional demeanor for the clinical setting:
   appearance, dress, behavior, language

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<tr>
<th>Total Points Possible: ________</th>
<th>Total Points Earned: ________</th>
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<tr>
<td>Strengths:</td>
<td>Areas Needing Improvement:</td>
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Preceptor Signature: _________________________________________   Date: ______________
Student Signature: ___________________________________________  Date:_____________

For CMU Faculty Use Only:
TOTAL POINTS EXCLUDING NOT OBSERVED ITEMS: _______ - _______ =
NUMBER OF POINTS STUDENT RECEIVED: _______ = PERCENT: _______ PASS/FAIL FOR

FACULTY SIGNATURE: _________________________________________   Date: _______________________________
Family Nurse Practitioner Clinical Case Presentation Evaluation
Completed by FNP Student's Preceptor and Course Faculty

Student Name: ___________________________ Date: __________________

During the semester, the student will ask his/her preceptor to complete this evaluation tool. This is to be done at the midterm and at the final evaluation of the semester.

PRESENTATION CONTENT (Indicate Excellent, Satisfactory, or Needs improvement for each item)

1. Begins with clear, humanistic biographical vignette identification (name, gender, ethnicity, age).
2. States chief complaint onset by date and duration.
3. Follows up with further social, occupational, family role of client.
4. HPI: Presents pertinent positive information (Location, Duration, Exacerbating Factors, Relieving Factors, Related Symptoms, Current Medications, Allergies, Lifestyle Habits).
5. Presents pertinent negative information or past social/medical history.
6. Presents physical exam in logical order.
7. Concludes with clear problem list/differential.
8. Presents plan, giving evidence of patient involvement in the plan of care.
9. Knowledgeable about the topic. Information is up-to-date.
10. Presentation is appropriate for the clinical setting (e.g. ambulatory, long term, primary care).

PRESENTATION SKILLS

1. Voice quality and projection of voice audible and easily understood.
2. Demonstrates good memory and retrieval of data.
3. Uses precise, accurately pronounced terminology, in 3rd person thought.
4. Presents in a way that holds the preceptor’s/colleague’s attention.
5. Presents findings without equivocation or irrelevant description or distraction.
6. Presents data organized by relationship to an active problem or to a diagnostic hypothesis.
7. Brings presentation to an end and is aware of time management.
8. Adequately responds to questions and requests for clarification or additional information.
OVERALL ASSESSMENT per preceptor or other colleague P F

Comments:

Areas for Improvement:

EVALUATOR SIGNATURE: ________________________________
Graduate Nursing Student Clinical Placement Site Evaluation

Completed by MSN & DNP students

Agency: ____________________________________________________________
Academic Term: ____________________________________________________

Please respond in the column at right to each statement using the following scale:

1  2  3  4  5
Strongly Disagree Neutral Agree Strongly Agree

1. Clinical site is receptive to accepting students for precepted clinical placements _____
2. Clinical site provides the student with adequate orientation to the facility ______
3. Clinical site provides a sufficient quantity of high quality learning experiences ______
4. Patient volume is adequate to support a high quality learning experience ______
5. Adequate time is facilitated for high quality teaching/learning opportunities ______
6. Clinical site staff are receptive to and supportive of student learning experiences ______
7. Clinical practice resources promote high quality practice ______
8. Clinical site facilitates students performing independently including all phases of critical thinking as well as opportunities for documentation in electronic data bases ______
9. Patient records and documentation resources are available to students ______
10. Health care providers demonstrate excellent role modeling and professionalism ______
11. Patients at this facility receive excellent quality health care ______

Do you recommend continued use of this clinical site? Yes No

Comments:

Signed_________________________________________ Date__________________

Preceptor Handbook AY 2019_2020
**PRECEPTOR/AGENCY EVALUATION**  
*Completed by Course Faculty*

Please evaluate the clinic site(s) and preceptor(s) by completing the following questionnaire. Please indicate the extent to which you agree with the following statements listed below by circling your answer. Your feedback is confidential.

| KEY: Strongly Disagree / Slightly Disagree / Neutral / Agree / Strongly Agree |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1  | 2  | 3  | 4  | 5  |

1. The preceptor provides constructive feedback on the student’s progress.  
   1  2  3  4  5

2. The preceptor collaborates well with the student.  
   1  2  3  4  5

3. The preceptor follows evidenced-based standards of care.  
   1  2  3  4  5

4. The preceptor provides adequate information about the clinic & clinic resources prior to the clinical experience.  
   1  2  3  4  5

5. The clinic staff are approachable & supportive.  
   1  2  3  4  5

6. The opportunity to care for a variety of patients is present.  
   1  2  3  4  5

7. Patients are treated respectfully relative to culture & traditions.  
   1  2  3  4  5

8. The preceptor is open to educating graduate nursing students.  
   1  2  3  4  5

9. The preceptor welcomes questions & answers them with respect to the patient & student.  
   1  2  3  4  5

10. Please post additional comments here: