Department of Health Sciences
Moss School of Nursing

Graduate Nursing Program
Preceptor Handbook

2018-2019 Academic Year
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
ROLES & RESPONSIBILITIES

CRITERIA FOR PRECEPTORS
1. MSN: Master’s degree or higher; experienced in the substantive area (advanced nursing practice, nursing education, nursing administration). Alternatively, the preceptor can be someone who lends expertise to the student’s Capstone project.
2. 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 Doctor of Nursing Practice Clinical Evaluation Tool (CET)

Completed by DNP Student’s Preceptor or 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

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<td>A. Establishes rapport or trust with patient</td>
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<td>B. Interviews patient with respect &amp; skill</td>
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<td>C. Accurate &amp; complete:</td>
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<td>i. Identifies chief complaint or identifies a presenting problem</td>
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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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<td>A. Differentiate between normal, variations of normal &amp; abnormal findings.</td>
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<td>B. Performs a comprehensive physical exam in a timely manner</td>
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<td>C. Identifies appropriate diagnostic testing</td>
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<td>D. Demonstrates critical thinking in clinical decision making</td>
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<td>E. Analyzes &amp; interprets history, physical finding &amp; diagnostic data to determine an appropriate differential diagnosis</td>
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<td>F. Creates accurate &amp; comprehensive problem lists</td>
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<td>G. Demonstrates appropriate understanding of pathophysiology &amp; genetics when deemed relevant</td>
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### Plan

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<tr>
<td>A.</td>
<td>Formulates plan of care based on evidenced-based standards of care &amp; current practice guidelines</td>
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<td>B.</td>
<td>Prescribes appropriate non-pharmacological strategies</td>
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<td>C.</td>
<td>Recommends interventions with attention to safety, cost, simplicity, adherence, acceptability &amp; efficacy</td>
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<td>D.</td>
<td>Develops relevant health promotion / disease prevention</td>
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<td>E.</td>
<td>Provides anticipatory guidance &amp; counseling</td>
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<td>F.</td>
<td>Appropriate follow up / referrals/ consultations</td>
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<td>G.</td>
<td>Includes patient / family in decision-making</td>
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<td>H.</td>
<td>Incorporates cultural preferences, traditional practices, &amp; health beliefs into the health care plan</td>
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### Documentation

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<tbody>
<tr>
<td>A.</td>
<td>Patient information presented accurately &amp; succinctly</td>
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<td>B.</td>
<td>Documentation uses appropriate terminology &amp; format (e.g. SOAP)</td>
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### General

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<tbody>
<tr>
<td>A.</td>
<td>Utilizes available resources from the community in designing treatment plans</td>
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<td>B.</td>
<td>Engages in self-evaluation concerning practice</td>
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<td>C.</td>
<td>Assumes accountability for behavior in all nurse – patient relationships</td>
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<td>D.</td>
<td>Seeks consultation with preceptor or other collaborators appropriately</td>
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<tr>
<th>E. Accounts for patient’s family situation in creating a plan of care:</th>
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<tr>
<td>developmental level, health literacy, motivation for change &amp; limitations</td>
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<td>including financial</td>
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<tr>
<th>F. Presents an appropriate professional demeanor for the clinical setting:</th>
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<tr>
<td>appearance, dress, behavior, language</td>
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<th>Total Points Possible: ________</th>
<th>Total Points Earned: ________</th>
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**Strengths:**

**Areas Needing Improvement:**

---

**Preceptor Signature:** ____________________________  **Date:** _______________

**Student Signature:** ____________________________  **Date:** _______________

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**For CMU Faculty Use Only:**

TOTAL POINTS EXCLUDING NOT OBSERVED ITEMS: ________ - ________ = ________

NUMBER OF POINTS STUDENT RECEIVED: ________ = PERCENT: ________ PASS/FAIL FOR

______________________________

**FACULTY SIGNATURE:** ____________________________  **Date:** _______________
Doctor of Nursing Practice Clinical Case Presentation Evaluation

Completed by DNP Student’s Preceptor or 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: ____________________________________________________
MSN/DNP 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 
Disagree

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__________________

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**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.

<table>
<thead>
<tr>
<th>KEY: Strongly Disagree / Slightly Disagree / Neutral / Agree / Strongly Agree</th>
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<tbody>
<tr>
<td>1  2  3  4  5</td>
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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:

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