Preceptor Guidelines:
Executive Leadership Clinical Placement and Preceptor Selection
For BSN-DNP Students, and
MSN-DNP Students Who Do Not Have 500 Practicum Hours in Their Master’s Program

Note: MSN-DNP students, when admitted, will be asked by their advisor to get a formal letter from their MSN program specifying the total number of practicum hours the student completed in their master’s program. The student can send the master’s program the Verification of Graduate Practicum Hours (Appendix I). (All MSN students need 500 hours at the MSN level.) If a student’s total clinical hours were under 500 hours in their master’s program, students will need to complete Practicum Independent Studies for the rest of the master’s level hours needed. One independent study hour equals approximately 70 practicum hours. They will make arrangements for this with their advisor specifying the independent studies needed for completing the 500 hours on their Program of Study.

BSN-DNP students will need to complete 500 practicum hours in the first half of the DNP program.

The following Guidelines apply to both types of Executive Leadership students—BSN-DNP and MSN-DNP who do not have 500 practicum hours at the master’s level.

Preceptor Qualifications

- An administrator (usually a registered nurse) in a healthcare setting (approved by faculty)
- Master’s degree preparation with relevant experience
- It is preferred that the preceptor be at the next level of administration appropriate for the student’s career goals
- May not be the student’s supervisor, nor in the supervisor’s direct line of authority
- May or may not be at the student’s facility
- Willingness to provide guidance for student activities

Clinical Site Criteria

- Valid clinical contract with East Tennessee State University, College of Nursing
- Clinical sites must be approved by faculty
- If the practicum is out of state, the student must comply with the licensure regulations of that state

Process for Preceptor Selection and Approval

- The student will contact the professor to discuss what experience they would like to do, preferably at the end of the previous semester.
- Once the student and professor agree on the experience, the student will contact the potential preceptor to see if the preceptor is willing to precept the student for the semester(s). During this discussion, and if the person agrees to be the preceptor, the student determines what experiences might be possible during the semester.
- An ETSU contract must be in place with the preceptor’s facility. If this is not in place, the student will need to find out from the preceptor who to send an ETSU contract to in the preceptor’s facility. Student Services will then send the ETSU contract to the appropriate person.
- The student will need to complete the College of Nursing Student Health Requirements and submit them to Student Services.
Before the student begins the precepted experience, a Learning Plan (found on the D2L site) (Appendix II) must be completed and signed by preceptor, student, and faculty. The student will need to fill in the Learning Plan including the objectives, etc., and put a draft in the D2L Dropbox for faculty approval. The faculty may approve the Learning Plan, or make suggestions for changes, leaving comments in the D2L Dropbox. The student’s Learning Plan must be approved by the faculty before sending the Learning Plan to the preceptor for signature.

The student will take the approved Learning Plan to the preceptor for approval and signature, sign it, and bring the signed Learning Plan to the faculty for signature. The faculty will sign it and will give the student a pdf copy of the signed Learning Plan.

If the preceptor is new, the faculty will send the preceptor: 1) the Preceptor Guidelines for Executive Leadership students, 2) the Preceptor Profile form (Appendix III), 3) the preceptor orientation power point: Clinical Preceptorship: Shining the Light for the Future, and 4) the Preceptor Orientation Power Point For the Executive Leadership Program. (The two power point presentations can be found at: http://www.etsu.edu/nursing/graduateprograms/preceptor_orientation.aspx)

The preceptor will need to complete the Preceptor Profile form along with Preceptor Signature form at the end of the Preceptor Orientation Power Point for the Executive Leadership Program, to document completing the power point.

If the preceptor has precepted executive leadership students before, the preceptor will need to complete the Preceptor Profile form if it has not been updated within the last year.

The faculty will send the Preceptor Profile form, and the power point form, to Student Services where the RN license will be checked to make sure it is current and unencumbered.

The faculty will determine that the preceptor meets the requirements.

Once this has been accomplished, the student can start the precepted experience. At that time the student will give the preceptor: 1) a copy of the signed Learning Plan, 2) Responsibilities of Preceptor, Faculty and Student (Appendix IV), and 3) the Preceptor Evaluation of Graduate Student Progress form (Appendix V).

**Student Responsibilities**

- Follow the Process for Preceptor Selection and Approval as listed above in the Preceptor Guidelines.
- Make sure there is a contract in place between ETSU and the preceptor’s facility.
- If Clinical Health Requirements need to be met, submit necessary documentation to Student Services.
- After discussion with the faculty, meet with the preceptor to discuss the preceptor’s expectations of the precepted clinical experience.
- Provide practicum schedule to the preceptor and any other agency personnel required.
- Notify appropriate persons of any change in practicum schedule.
- Review Learning Plan objectives with the preceptor at the beginning of, and throughout, the experience.
- Carry out activities designed to meet objectives outlined in Learning Plan.
- Request feedback from the preceptor regarding practicum performance.
- Accept responsibility for the following: 1) expenses incurred during practicum, including travel expenses to and from the facility site, 2) neither the university nor the clinical agency are liable for injuries a student may sustain or the diagnoses or treatment of any illness a student may contract while in an agency for the practicum experience, 3) neither the university or the clinical agency are liable for the loss of personal property.
- Complete journal for significant events, regularly placing it in the D2L Dropbox.
- Communicate regularly with practicum faculty member, keeping faculty informed of practicum experiences and progress in meeting Learning Plan objectives.
- Follow guidelines of agency contract during clinical practicum.
- Notify the practicum faculty as early as possible of any difficulties experienced in the practicum.
Near the end of the practicum experience the student will set up an evaluation meeting or conference call with the preceptor, faculty, and student. Prior to this meeting, the preceptor must complete the Evaluation form, to be discussed in this meeting.

- Complete the **Evaluation of Preceptor** form (Appendix VII).
- Thank the preceptor for the time, support, and expertise shared during this experience.

**Preceptor Responsibilities**

- Read the Preceptor Guidelines, the Preceptor Orientation Power Points (available on the Preceptor page of the CON website) which will be provided electronically. Sign the Preceptor Signature form at the end of the **Preceptor Orientation Power Point For the Executive Leadership Program**, to document completion. Return the signed form to the faculty directly or via the student.
- Complete the Preceptor Professional Profile immediately (if you have not already done so for another student), or if it needs to be updated.
- Collaborate with student on development of learning plan, signing the final document.
- Arrange a schedule for the student to achieve the Learning Plan objectives; notify the student as far in advance if any changes need to be made.
- Orient student to the agency.
- The preceptor must initial student attendance on the **Documentation of Clinical Hours** form each time the student is at the agency for the practicum experience (Appendix V).
- Discuss experiences with the student.
- Collaborate with student on activities to fulfill learning plan objectives.
- Provide direct supervision to student as appropriate in practicum situations.
- Contact the practicum faculty if there are any practicum or professional problems or concerns.
- Collaborate with student and faculty adviser on evaluation of clinical practicum.

**Faculty Responsibilities**

- Follow the Process for Preceptor Selection and Approval as listed above in the Preceptor Guidelines. Assist students in choosing potential preceptors.
- Review, give suggestions to the student if necessary, and approve the Learning Plan with the student. Then when the student has obtained the preceptor signature, and signed the Learning Plan, the faculty will sign and make a pdf copy for the student.
- Make sure a contract is in place between ETSU and the preceptor’s facility.
- Be sure that Clinical Health Requirements with Student Services are met.
- Once the student selects a preceptor and has completed the Learning Plan, the faculty will send the preceptor: 1) the Preceptor Profile form—if this has not already been submitted (Appendix III), 2) the preceptor orientation power point: **Clinical Preceptorship: Shining the Light for the Future**, and 3) the **Preceptor Orientation Power Point For the Executive Leadership Program**.
- Review the Professional Profile form completed by the proposed preceptor. If the preceptor is new, contact the preceptor to answer questions, to clarify the preceptor role, and to thank them for agreeing to precept the student.
- Make sure the preceptor has signed the Preceptor Signature form at the end of the **Preceptor Orientation Power Point For the Executive Leadership Program**, to document completion.
- The faculty will send the Preceptor Profile form, and the power point form, to Student Services where the RN license will be checked to make sure it is current and unencumbered.
- Collaborate with preceptor and student on progress toward achievement of practicum objectives.
- Collaborate with preceptor on appropriateness of practicum experiences.
- Review student journals in D2L on a regular basis.
- Be available to preceptor and student for consultation related to clinical experiences.
• Collaborate with preceptor and student on evaluation of clinical practicum.
• Provide feedback to preceptor and clinical practicum.
• Faculty submits an evaluation for each preceptor and clinical site (Appendix VIII) to Student Services annually if they have had an executive leadership student.
• Faculty conducts the student’s final practicum performance evaluation and determines the course grade. The faculty is responsible for determining whether or not the student has met the practicum course objectives. In the case of extenuating circumstances, assignment of a grade of Incomplete and negotiation of additional practicum hours occur at the discretion of the faculty member, requiring preceptor agreement as applicable.
• The faculty will complete the Verification of Practicum Hours form (Appendix IX) for both the student and faculty to sign. Then the faculty will have this form placed in the student’s file in Student Services.
Appendix I

EAST TENNESSEE STATE UNIVERSITY
COLLEGE OF NURSING

Verification of Graduate Practicum Hours

(Please print or type)

Name ___________________________ Student ID ________________________
Last First MI

PROGRAM DIRECTOR: Please complete Items 1-6 and return this form to the student or fax it to the number below.

1. Name of University ____________________________________________________________
   Program Name ________________________________________________________________
   University Address ____________________________________________________________
   Street/Box Number City State Zip
   University Telephone __________________________________________________________

2. Type of Program Completed
   ____ Master of Science in Nursing Degree
   ____ Other Master’s Degree – Please specify ______________________________________
   ____ Post-Master’s Certificate Program

3. Area of Concentration _________________________________________________________

4. Date of Program Completion _________________________________________________

5. Total Number of Supervised Practicum Hours in Program _____________________ Clock Hours

6. Your signature on this form attests that the above named individual has completed the program indicated on this document.

   Program Director (Print Name) ________________________________________________
   Program Director Signature ____________________________ Date ________________

Upon completion, please return this form to the student or to:

ETSU College of Nursing
Office of Student Services
Fax: (423) 439-4522
Email: bowera@etsu.edu
Appendix I
EAST TENNESSEE STATE UNIVERSITY
COLLEGE OF NURSING
Doctorate in Nursing Practice Program
Nursing Administration Practicum

LEARNING PLAN

Name--Graduate Student
Address
Work and Home Phone

Name--Preceptor
Position
Address
Work Phone

Learning Plan Nursing Administration Practicum

This contract for a graduate level practicum in nursing administration provides for mutual agreement between ____________ (your name) ____________, graduate student at East Tennessee State University, College of Nursing; and ____________ (your preceptor) ____________ ____________, ____________ (position) ____________, at ____________ (organization) ____________. The purpose of this contact is to assist the graduate student in accomplishing the course objectives for the Nursing Administration Practicum in Executive Leadership. This contract is for the period beginning ______ (month, year) and ending ______ (month, year).

Section I: Learning Objectives

The purpose of this experience is to assist the student to:

(List your learning objectives here--what you hope to learn)

To meet these objectives the student will:

(List what you plan to do and specify that you will be spending 210 hours in this practicum experience through the semester.)
Section II: Evaluation

Student performance will be based on:

The student will be evaluated orally/in writing at the conclusion of the practicum experience. The preceptor will evaluate the student based on the student’s progress in meeting the contract objectives.

Section III: Additional Considerations

In the event of illness, or other unplanned events, the commitment will be rescheduled with the mutual consent of the above mentioned parties.

The graduate student is a professional registered nurse licensed in the state of (State where the preceptor is located) (License Number RN ______) and retains personal liability insurance through ______. Policy # _____________________________.

There will be no reimbursement for this experience.

The terms of this contract may be re-negotiated with the mutual consent of the undersigned parties.

Agency:

Organization Name

Address and Phone

______________________________________________

(Type preceptor’s name and position)

______________________________________________

Preceptor Signature (date)

Student:

Graduate Student (type your name)

Address and Phone

______________________________________________

Graduate Student Signature (date)

Faculty Advisor:

Dr. Janne Dunham-Taylor, Professor (date)
Graduate Nursing, College of Nursing
East Tennessee State University
Box 70629
Johnson City, TN 37614-1709
Room 2-303 Nicks Hall
Phone: 423-439-4494/Fax: 423-439-4100
Appendix III
EAST TENNESSEE STATE UNIVERSITY
COLLEGE OF NURSING

Preceptor Professional Profile Form
Nursing Administration

PRECEPTOR INFORMATION

First Name: ___________________ Middle Initial _____ Last Name ___________________

Preferred mode of contact: Email address ___________________________________________
Telephone __________________________________ Fax ________________________________

SITE INFORMATION

Site Name ____________________________

Street Address __________________________

City ___________________ State _______ Zip _______ County _____________________

EDUCATION/LICENSURE

Education: Degree ___________________ School ___________________ Year ______
Degree ___________________ School ___________________ Year ______
Degree ___________________ School ___________________ Year ______

Licensure: Professional License Number __________ State __________ Expiration Date __________
Professional License Number __________ State __________ Expiration Date __________

Certification: Professional Certification Number __________
State ___________________ Expiration Date __________
Professional Certification Number __________
State ___________________ Expiration Date __________

EXPERIENCE

Years of RN Experience: ________________ Years in an Appointed Leadership Position: ______
Current Title: _________________________ Years/months in current position: ________________
Facility Name: _________________________ Type of Organization: ____________________________

Brief description of current responsibilities:

Prior RN Experience (most current through the past 10 years):

<table>
<thead>
<tr>
<th>Title</th>
<th>Facility</th>
<th>Years/Months</th>
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</thead>
<tbody>
<tr>
<td>1) ____________________</td>
<td>__________</td>
<td>______________</td>
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<td>2) ____________________</td>
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<td>3) ____________________</td>
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<td>4) ____________________</td>
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<td>5) ____________________</td>
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</tbody>
</table>
Responsibilities of Preceptor, Faculty and Student

Responsibilities of Preceptor

- Orient student to agency.
- Collaborate with student on development of Learning Plan.
- Collaborate with student on activities to fulfill Learning Plan objectives.
- Collaborate with student and faculty adviser on evaluation of clinical practicum.
- Provide direct supervision to student as appropriate in clinical situation.

Responsibilities of Faculty

- Collaborate with preceptor and student on progress toward achievement of practicum objectives.
- Collaborate with preceptor on appropriateness of practicum experiences.
- Be available to preceptor and student for consultation related to clinical experiences.
- Collaborate with preceptor and student on evaluation of clinical practicum.
- Provide feedback to preceptor and clinical practicum.

Responsibilities of Student

- Write Learning Plan, approved by the faculty.
- Provide clinical schedule to preceptor and any other agency personnel required.
- Notify appropriate persons of any change in practicum schedule.
- Carry out activities designed to meet objectives outlined in Learning Plan.
- Follow guidelines of agency contract during clinical practicum.
- Provide feedback to clinical preceptor.
- Arrange schedule of evaluation meetings with preceptor and faculty.
Appendix V
EAST TENNESSEE STATE UNIVERSITY
COLLEGE OF NURSING
Doctorate in Nursing Practice Program
Nursing Administration Practicum

Preceptor Evaluation of Graduate Student Progress

Name of Student:

Date of Experience: From______________________To______________________

Name of Preceptor:

Position:

Please evaluate the graduate student’s progress in meeting contract objectives. In addition, comment on as many of the following factors as possible: ability to translate abstract concepts and ideas to practice; ability to communicate verbally and in writing; ability to work independently; commitment to nursing; leadership potential and research potential. Please use additional pages as necessary.

________________________________________________________________________
Preceptor Signature

Date

________________________________________________________________________
Student Signature

Date
Appendix VI
East Tennessee State University
College of Nursing
Executive Leadership Practicum

**Documentation of Practicum Hours**

<table>
<thead>
<tr>
<th>Date</th>
<th>Number of Practicum Hours</th>
<th>Preceptor Initials</th>
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</table>
**Appendix VII**

EAST TENNESSEE STATE UNIVERSITY
COLLEGE OF NURSING

**Evaluation of Preceptor**

Student Name: _________________________________________________________________

Preceptor Name: ________________________________________________________________

Site: _________________________________________________________________________

Total # of hours spend with this preceptor: _______________________________________

<table>
<thead>
<tr>
<th>Preceptor Responsibilities</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Preceptor worked with student to approve written time schedule of clinical hours.</td>
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<tr>
<td>2. Preceptor collaborated with student on development of learning plan.</td>
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<td>3. Preceptor arranged for orientation to the clinical site.</td>
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<td>4. Preceptor integrated the student into the work of the preceptor at an appropriate pace.</td>
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<tr>
<td>5. Preceptor collaborated with student on activities to fulfill the learning plan.</td>
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<td>6. Preceptor was knowledgeable in his/her area of expertise.</td>
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<tr>
<td>7. Preceptor had a good basic knowledge of nursing administration.</td>
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<td>8. Preceptor provided direct supervision to student as appropriate in the clinical situation.</td>
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<tr>
<td>9. Preceptor participated in the evaluation of student achievement of the learning plan. This was shared with the student and with the faculty member.</td>
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<tr>
<td>10. Preceptor worked with the student to identify a project.</td>
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<tr>
<td>11. I would recommend this preceptor and site for future clinical practica.</td>
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Please comment on the appropriateness of this site for this particular course.

______________________________________________________________________________
______________________________________________________________________________

Signature of Student or Faculty ______________________________ Date _______________
Appendix VIII
East Tennessee State University
College of Nursing

Faculty Evaluation of Executive Leadership Clinical Sites

Agency: ______________________________  Academic Term: ___________________

Faculty evaluator: ______________________________  Date: ___________

Type of Placement: _______________________________________________________

Please respond to each statement using the following scale:

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<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
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<tbody>
<tr>
<td>Strongly Agree</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>Agree</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>Agree</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>/</td>
<td>/</td>
<td>/</td>
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<td>/</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>Disagree</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>Disagree</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

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. Uses current technology ___
5. Clinical site organization and processes facilitate highest quality clinical practice ___
6. Clinical site staff are receptive to and supportive of student learning experiences ___
7. Leaders demonstrated collaboration ___
8. Administrative experiences met student’s learning objectives ___
9. Health care providers demonstrate excellent role modeling and professionalism ___

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

Comments:

9/20/12
Appendix IX
EAST TENNESSEE STATE UNIVERSITY
COLLEGE OF NURSING

Doctor of Nursing Practice
Verification of Practicum Hours

(Please print or type)

Name ____________________________ ____________________________

Last    First    MI

Student ID _________________________________________________

Course Number ______________________________________________

Course Name ________________________________________________

Semester/Year _______________________________________________

Area of Concentration _________________________________________

Total Number of Practicum Hours in this course ___________________

Experience(s) ________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Student Signature ____________________________ Date _____________

Faculty Signature ____________________________ Date _____________

Copies: Student
        Faculty
        Student Services (student file)