

**SUL ROSS STATE UNIVERSITY  
DEPARTMENT OF NURSING  
PRECEPTOR/STUDENT MANUAL**

*From Novice,  
To Advanced Beginner,  
To Competent,  
To Proficient,  
To Expert*

**Benner, 1984**

# ACKNOWLEDGMENT

Contributions made to the development of nursing students by preceptors and other health care staff is immeasurable. Aspiring students require guidance from a host of individuals to provide them with the foundation on which to build continued knowledge and skill to become an exceptional professional nurse. Clinical nursing staff who agree to be preceptors are assuming an important role to contribute to nursing educational principles. As preceptors, you are in the best position to impart not only knowledge and skill for patient management and leadership, but the opportunity to assist in the development of professional attributes required for continued success in the profession. For all of your time, energy, and guidance, we at Sul Ross State University THANK YOU! It takes a team to produce a great product. You are a major part of that TEAM!



## Thanks to Preceptors

**SUL ROSS STATE UNIVERSITY**  
**DEPARTMENT OF NURSING**  
**PRECEPTOR/STUDENT MANUAL**

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# Introduction

Clinical experience in nursing education is an opportunity to apply knowledge and skill gained throughout nursing educational courses to patient situations. Students enrolled in the pre-licensure BSN track and RN to BSN track will have opportunities to apply their knowledge obtained in nursing courses to care for patients in all age groups when enrolled in clinical courses. During the second year of the BSN track, clinical experiences will be guided by faculty members and selected preceptors in assigned clinical sites. Since students in the RN to BSN track have had past experience in an educational program in addition to some degree of employment opportunities, they will be given the opportunity to select a potential preceptor for their clinical experience. Experience with an advanced practice nurse provides insight into professional nursing roles related to master's level nursing education.

Each nursing student enters into the educational program as a unique individual with characteristics obtained from:

- individual values and beliefs.
- attributes obtained from parents and environmental factors;
- information gained from elementary and secondary education;
- personal reasons for becoming a professional nurse;
- knowledge and skill derived from prerequisites and a pre-licensure nursing program;
- knowledge and experience compiled as a nursing student or registered nurse; and
- personal /professional goals that remain a driving force.

The above factors must be considered when each student is linked with a preceptor to guide clinical experiences within designated courses. Baccalaureate level clinical nursing education builds on individual potential to place knowledge attained in previous courses in the program into practice. Baccalaureate education incorporates clear focus on leadership, management, and community health while delivering direct care to individual patients. Guidelines from the Texas Board of Nursing will be followed when preceptors are chosen to assist with baccalaureate clinical learning experiences.

Baccalaureate nursing education is the transition from technical nursing education to professional expectations as a lifelong nurse. Through a guided learning experience with selected preceptors, clinical and academic growth continues. During this experience, students are encouraged to begin serious planning for their future patient population as well as their overall potential role with the selected population. Guidelines provided in this document reflect the beliefs that administrators and faculty for Sul Ross State University Department of Nursing hold regarding the role, significant contributions, and expectations of preceptors working with nursing students. In addition, the role and expectations of students in the clinical area are delineated and consistent with information provided in the nursing course syllabus. Agreement forms from agencies, individual preceptors and comprehensive evaluation forms to be completed at the end of the clinical learning experience are included in this manual.

## PRECEPTOR/STUDENT POLICY

TO: BSN Students, Preceptors, and Clinical Faculty  
FROM: Faculty Members, Department of Nursing, Sul Ross State University

The Sul Ross State University Department of Nursing Preceptor/Student Manual contains documents that establish the Preceptor-Student-University relationship while the student is enrolled in courses with designated clinical experience. This relationship provides baccalaureate nursing students with an opportunity to apply their newly acquired knowledge and practice skills under the guidance of expert professionals. Position descriptions and role responsibilities for each member of the educational team are presented in documents which address roles, responsibilities, expectations, and evaluation.

Preceptor/Student documents in the Preceptor/Student Manual reflect the Texas Board of Nursing (TBON) regulations Disseminated Educational Competencies, (DEC's), BSN Essentials established by the American Association of Colleges of Nursing and professional standards. The content contained in this version should be used for students enrolled in clinical courses for Summer 2021 through Spring 2023. Students must read this manual in preparation for clinical experience with focus on evaluation forms which will provide specific information regarding expectations that flow from the course objectives. Nursing Faculty and Preceptors will utilize these documents as a reference during the clinical experience. Documents include an affiliation agreement which must be signed **BEFORE the student is scheduled to begin clinical experience**

The selection of a clinical site for student experience and the designated preceptor are instrumental to designing an excellent clinical experience that will allow students to meet their course and personal learning objectives. Students will work directly with clinical faculty as they negotiate and finalize their agreement. Students should schedule their clinical days with preceptors throughout the designated semester, thereby avoiding large blocks of clinical experiences in the beginning or the end of the semester. When clinical days are scheduled throughout the semester, each student will have an opportunity to apply the content learned in the didactic component of semester courses to the clinical setting. If students require an exception to designated guidelines, the student must discuss alternative arrangements with the course faculty of record and/or the Department of Nursing Chairperson as soon as special needs are identified.

**It is not recommended that students complete the clinical portion of this course at a facility or agency where the student is employed. Additionally, students will not obtain preceptor agreements with family members.**

## **PREPARATION FOR THE PRECEPTED CLINICAL EXPERIENCE**

To obtain the maximum benefit from clinical experience with selected preceptors, it is required that all baccalaureate nursing students read the current Texas Board of Nursing (TBON) Guidelines for baccalaureate clinical experience with preceptors included in Appendix A. A document authored by Dr. Janice I. Hooper, PhD, RN, FRE elaborates on the TBON guidelines by defining quality indicators for Baccalaureate Degree Nursing (BSN) education as indicated in the DEC's which is included in Appendix B

Each BSN student will make the transition from Faculty guided clinical learning experiences to a combination of preceptor and faculty guided clinical learning during the final year of the educational program. The integrated curriculum approach provides clinical opportunities for students to be assigned to conditions which are linked to advanced concepts across the life span included in curriculum courses.

As RN to BSN educational programs across the country were planned and implemented without clinical practice, several documents were published which focused on the importance and need for clinical practice and provided a host of potential clinical experiences which could benefit students expanding their academic goals to the BSN level. The AACN White Paper, "Expectations for Practice Experiences in the RN to Baccalaureate Curriculum" was published in 2012 which clearly provides rationale for clinical practice. (See Appendix C) RN to BSN students are encouraged to play a major role in selecting a clinical site and preceptor as well as completing preceptor agreements with guidance and assistance from the clinical faculty for the course. The clinical site should provide students with opportunities that provide satisfactory completion of course and personal objectives and progression in their development as a professional nurse.

## **AFFILIATION AGREEMENT WITH AGENCY**

Prior to making final arrangements with nursing staff, it must be determined that an Affiliation Agreement between the agency and Sul Ross State University has been signed with attention to current dates. This activity is completed between the two agencies for a two-year period. A copy of an affiliation agreement is included in Appendix D.

# **STUDENT RESPONSIBILITIES FOR CLINICAL EXPERIENCE**

The following paragraphs contain student responsibilities and detailed information related to expectations for students in each baccalaureate track:

## **I. Designated Courses Requiring Preceptors**

Curriculum in the Department of Nursing BSN and RN to BSN tracks has clinical courses which require guidance and supervision from selected preceptors in addition to assigned nursing faculty. In the BSN track, NUR 4542 Competencies for Patient Centered Care II and NUR 4544 Competencies for Patient Centered Care III are two clinical courses in the senior year where nursing students will be scheduled to rotate through departments and agencies which complete their integrated clinical experiences assigned to preceptors. In the RN to BSN track, NURS 4313 Clinical Nursing Practice is the clinical capstone course which will finalize the nursing education sequence to complete requirements for the baccalaureate degree.

## **II. Preceptor Selection**

Clinical courses in the senior year for BSN students are structured to promote the development of advanced knowledge and skill sets required for nursing management of higher acuity patients related to expectations delineated in the course objectives. The key focus is to increase comprehensive assessment skills and obtain increased information related to diagnostic data including laboratory findings which are reflected in the individualized patient plan of care. Students in the BSN track during the final year will follow the schedule developed by nursing faculty members which provides learning opportunities in various settings. In the senior year, each student will have opportunities to work in designated clinical areas across the life span. Preceptors selected by agency administrators will be linked to assigned students.

Students enrolled in the RN to BSN track will select an age group and clinical practice area which concurs with their future goals and will enhance their potential. Since most students have been employed in their selected areas, they have had the opportunity to work with primary care providers who could serve as their clinical preceptor. Clinical faculty and students will communicate with the potential preceptor and their administrator to determine the feasibility to link the student with the preceptor. After agreements have been signed, students and preceptors will establish a schedule which is amendable to both parties.

## **III. Meeting/Interview with the Potential Preceptor(s)**

A planning meeting between the agency administrator, preceptors, director of the Department of Nursing, clinical faculty, and students will provide the opportunity to



clarify issues related to the learning process. Since learning activities are different for BSN and RN to BSN students, separate meetings may be advisable. The number of students present at the meeting will be determined by the scheduled number assigned to the facility. Required documents to be signed by both parties to facilitate the clinical activities will be presented, discussed, and finalized at the meeting. Forms to be signed by the clinical agency and the university are provided in Appendix e. All students will present a personal biography which includes a summary of past clinical experiences and a list of personal learning objectives linked to course objectives.

Students should use this opportunity to demonstrate commitment to their course work, knowledge of program content, ethical responsibilities (confidentiality), and willingness to adapt to policies and procedures followed in the health care facility. As active participants in this meeting/interview, students have the opportunity to impart their interest and commitment to this learning opportunity. Discussion and planning can begin to blend student schedules to the preceptor's practice.

This meeting/interview will enable the preceptor to assess if the student would be a "good fit" for the preceptor teaching style, clinical setting, and the patient population. During the meeting, the preceptor will determine if the setting provides appropriate learning opportunities for the student to meet the course learning objectives. At the end of the meeting, the preceptor may wish to meet with clinical faculty to clarify any issues related to clinical experience that will assist the student to expand their clinical potential. The interview will also give the preceptor insight into the students' level, ability, and personality.

#### IV. Agreement Forms

The faculty & student will have a Preceptor Agreement Packet available at the meeting in the event the Preceptor accepts the challenge to precept the student. All papers should be signed by the student and faculty as needed and the packet provided to the preceptor for review and signing. The faculty of record must approve the preceptor agreement before students plan and schedule clinical hours. **The faculty member has final authority over the appropriateness of a clinical site and preceptor arrangement.**

The Preceptor Agreement Packet includes the following documents:

1. Checklist  
The checklist must be included as the first page of the agreement and is a listing of the required documents that must be submitted.
2. Preceptor Agreement (3-page form)
  - A separate agreement (and packet) must be completed for each preceptor.
  - The dates of the agreement period start at the beginning of the semester and end when the semester ends. If for some reason a student is scheduled for clinical dates beyond the end of the semester, the agreement must be modified.

- The preceptor agreement must be signed by the clinical faculty, students, and preceptor.
  - If the preceptor practices at more than one location and the student will be traveling to multiple clinics with the preceptor, each site should be listed individually on the third page of the agreement.
  - Since local clinical facilities are utilized for different clinical experiences, an affiliation agreement may be in place. It is important to note that: **Students will not be allowed to start clinical experience until the affiliation agreement and Preceptor Agreement are signed.**
3. Preceptor License Verification  
Preceptors must hold a valid, un-encumbered license from the State of Texas.
  4. Curriculum Vitae (CV)  
A copy of the CV must be obtained for each preceptor and kept on file with the Department of Nursing. Information on the CV must be updated each year..
  5. Preceptor Contact Information  
The preceptor must provide information and complete this document including a mobile phone number.
  6. Preceptor/Student Clinical Information/Schedule  
After the preceptor has provided their working schedule, the student identifies the dates and time they will be available to work with the preceptor. Mobile phone numbers will be included on the schedule for convenient access in case there is a change in the schedule. This form is included in Appendix E.

## V. Verification of Student Compliance with Agency Requirements

For both BSN and RN to BSN students, a record of the current background check, drug screen, CPR, health insurance, liability insurance, and immunizations, as specified in the Nursing Student Handbook, must be provided to the clinical agency. If any of the stated items expire during the course of the semester, the student will not be allowed in the clinical area until current information is provided. For RN to BSN students, the list of required items includes a current, un-encumbered nursing license

## VI. Scheduling of Clinical Hours

Students and preceptors should agree on the days and times that the student will be in the clinical agency before starting the clinical experience. A schedule of the clinical hours must be given to the clinical faculty for approval as a part of the Preceptor Agreement packet before the start of the clinical experience. Clinical faculty must be available to students and preceptors by phone during the student's clinical hours. Clinical hours are to be scheduled at the convenience and availability of the preceptor. Students are not to request preceptors to conform to a schedule that meets their personal or employment needs. **The student's personal and work schedules are expected to accommodate participation in the required number of clinical hours in the course requirements.** Unless otherwise stated in the syllabus, students are expected to begin the clinical

component of a course when the course starts to ensure adequate time to complete assignments. Students must not begin clinical until they have received clearance to begin clinical by their assigned clinical faculty or the faculty of record.

## **VII. Professional Dress and Behavior**

1. Students are representatives of Sul Ross State University Department of Nursing and must present themselves as ambassadors of this program. They are expected to be respectful to preceptors, faculty, staff, patients, and their families. Reports of unprofessional behavior will result in the student being counseled for the first time by the clinical faculty member. Further incidence of non-professional behavior will result in more severe action in keeping with guidelines in the Nursing Student Handbook.
2. Students should be professionally dressed and wear an ID badge that announces them as a BSN student or a student in the RN to BSN track in the Sul Ross State University Department of Nursing. These badges should only be worn by the student when the student is in the clinical setting in a nursing student role. The appropriate use of uniforms or lab coats should be determined through the preceptor/student/faculty interview. Students are expected to conform to the dress of the clinical site where the course work is completed.
3. Preceptors volunteer to help teach students and often agree to do so because they enjoy learning, teaching, and interacting with students. Students should remember to express their appreciation individually to their preceptors for their dedication, mentoring, and teaching at the end of the clinical experience. It is important to leave preceptors a copy of the summary of learning experience for their records since some preceptors receive continuing education credit for preceptor activities.

## **VIII. Preparation for Clinical Laboratory Experience**

The clinical experience extends the learning environment for the didactic portion included in the clinical course and previous courses to integrate theoretical concepts with clinical practice. Students should prepare for the clinical experience by developing individual learning objectives associated with the course. Course learning activities are designed to prepare students for their clinical experiences along with practice opportunities to sharpen assessment skills and knowledge of diagnostic data utilize to prepare a patient plan of care. Another important component of the course is developing communication skills to obtain comprehensive assessment information related to bio-psycho-socio-cultural information from the patient that enhances holistic data obtained. This assessment process is key and requisite to assure proper care and treatment modalities. Therefore, students are expected to remain engaged in the course, prepare for

clinical by completing required readings and assignments, and review additional relevant material that will ensure appropriate practice in the selected clinical setting.

Since the preceptor has clear understanding of her patient population, he/she may recommend materials and topics for review, prior to the first clinical day and later as patient care occurs. Students involved in care delivery should review the common clinical problems relevant to the clinical site population. Follow-up reading of current reference material following the clinical day provides the student with the opportunity to increase the breadth of scientific and clinical knowledge gained through clinical experience.

Guidelines for expectations and preparation include:

1. Students will provide a current biographical sketch for each preceptor.
2. Students are expected to have full knowledge of entrance requirements for clinical, including credentials, dress, location, timing, etc., before scheduling the first clinical day at the clinical agency.
3. It is imperative that the student demonstrate professional behavior and be accountable for his/her own actions while in the clinical setting
4. Students are responsible for ensuring they are in compliance with agency requirements for the student learning experience. Students must have confirmation from clinical faculty that these requirements are met before entering the clinical setting.
5. Whenever possible, discussion with other students who have had the same or similar placements may be beneficial.
6. Orientation to the site and environmental guidelines may occur before the first day of clinical. This information should be determined at the preceptor/student/faculty meeting held earlier. Procedures for eating, parking arrangements, and communication with other disciplines should be determined.
7. Learn something about the preceptor, when possible, in order to acknowledge the preceptor's background and allow for a fuller educational experience.
8. Students employed in the agency they have selected for a clinical experience must not combine work activities with course activities. It is illegal to access patient information associated with learning experiences using the student's employee identification or password. Each student must complete course requirements from the student role identified as a student.
9. The student must determine from agency personnel and/or the preceptor, the degree of access to patient documentation systems and utilization of equipment.
10. The amount of involvement the preceptor may provide to the student is determined over time as the preceptor and student become knowledge about each other. Since students are RN's in the State of Texas, the role that students play related to patient care delivery is determined by the faculty and preceptor which will be conveyed during clinical situations.
11. Students are expected to perform within the educational preparation standards set forth by the Nursing Program and the Board of Nurse Examiners for the State of

Texas regarding the practice of nursing. It may be necessary for the student to review guidelines in the TBON Rules and Regulations for Nursing Practice.

12. At all times, the student must respect the confidential nature of all information obtained during clinical experience with the preceptor according to HIPAA requirements.

## **IX. Student Attendance**

Performance of clinical hours at the negotiated times and days with the preceptor is required. Careful attention to attend clinical on the days which the preceptor can accommodate the student is important. It is the student's responsibility to monitor the number of hours completed, and plan on completing the required number of hours for the term. The student is responsible for adjusting his/her personal and employment commitments so that the required number of clinical hours can be completed. If the student does not complete the required clinical hours for the term **he/she cannot expect the preceptor** to continue the relationship after the term has ended. Extension of the clinical period with the preceptor cannot be assumed but is granted only by agreement between the preceptor and Department of Nursing faculty. Exceptions related to unexpected illness of the student/family and or preceptor should be discussed with course faculty and the parties involved.

When the student cannot attend clinical on a day that is scheduled, the student **must immediately notify the preceptor and clinical faculty.** The student should obtain a telephone number and discuss the procedure of notifying the preceptor and faculty for unexpected absences. Failure to notify the preceptor as negotiated, prior to the beginning of the scheduled clinical day, is unacceptable and may place the student and clinical placement in jeopardy. The student should notify the course faculty as per the course guidelines. The student should then present the faculty with a plan to complete the lost clinical time.

## **X. Evaluation Process**

All data that reflects clinical experience activity required in the clinical course must be submitted to the clinical faculty at the completion of clinical hours. It is the responsibility of the student to actively seek input into the evaluation process and participate in self-evaluation of strengths and identify areas for professional growth with the preceptor and clinical faculty. The student is expected to complete all evaluations forms during and at the end of the clinical experience. All evaluation forms related to the preceptor clinical experience are included in Appendix F.

## **XI. Acknowledgement for the Clinical Experience**

Students that have benefited from clinical experience with the selected preceptor must acknowledge the value of the clinical rotation. Both students and clinical faculty are guests at the clinical site which is frequently provided out of courtesy and concern for the advancement of nursing education. A simple, sincere THANK YOU to the preceptor and

staff is a great beginning, followed with a hand-written note and acknowledgement of their contributions to promotion of the student's professional growth.

Another form of "Thank You" to preceptors is referred to as the Texas Administrative Code, presented in 2008 and re-adopted in 2012, to provide funds for preceptors and their children to continue their education in a Texas University. A maximum of \$500. is provided for each semester tuition while the preceptor is active in the role of preceptor and also applies to their children. Papers are signed by the Director of the Nursing Program where students are assisted in their education by preceptors and further signed by the Administrator of the clinical agency. This paper is then presented to the finance office at the time tuition is paid for the semester. This exemption program for clinical preceptors and their children is provided through grant and scholarship programs led by the Texas Higher Education Coordinating Board. A copy of the Texas Administrative Code and associated papers are included in Appendix G.

## **PRECEPTOR RESPONSIBILITIES FOR CLINICAL EXPERIENCE**

The clinical preceptor is a critical part of the educational team guiding students in their next step of professional growth at the baccalaureate level. They are the role model for practice in the clinical setting the student has selected to meet their clinical requirements and potential future practice area. Preceptors, in varied areas of practice including acute care, emergent care, oncology care, departmental areas such as obstetrics, pediatrics, medical, surgical, etc. community clinic services, hospice care, and many others, are experts in their unique service arena that requires a focused body of knowledge and skill. It would be impossible for a college or university to hire one or several faculty members with a level of expertise in the many areas of clinical practice the baccalaureate student can select as a graduate. As an expert in their area, preceptors help students identify key factors in each setting to frame clinical and/or operational decisions. Since preceptors are also familiar with community availabilities for their patient population, preceptors will make a great contribution to the community component of baccalaureate education for the nursing student.

The minimal requirements for preceptors as delineated by the Texas BON included in Appendix A. The basic requirement for the baccalaureate student is a preceptor that holds a BSN. Academic and clinical potential for preceptors may increase to a MSN, DNP, or PhD. as may be the case, but not required. Along with the BSN requirement, clinical, management, leadership, and community knowledge and skill will assist the baccalaureate student to grow professionally and thus provide a role model for the future BSN graduate. For clinical students in the RN to BSN track, Nurse Practitioners or other Advanced Practice Nurses have excellent potential for preceptors. Not only does their advanced role exemplify a professional goal sought by the student, but their day to day experience with patient's provide excellent opportunities to advance assessment knowledge and skill. Exposure to how diagnostic data from patients is utilized in the individualized plan of care extends understanding of selected nursing management.

## **I. Preceptor Qualifications**

1. Current unencumbered Texas RN license
2. Minimum of one-year RN experience in the practice area
3. Current BLS certification
4. Knowledge of competencies to be followed at the clinical agency
5. Recommendation from a supervisor if appropriate

## **II. General Responsibilities for the Preceptor**

1. Satisfactorily complete the SRSU preceptor training course. This course is currently in preparation as an on-line program.
2. Acknowledge that they are agreeable to precept the BSN student.
3. Supervise one student at a time and no more than 2 students per semester.
4. Assist student with time management and leadership principles.
5. Contribute to the evaluation of the student's clinical skills as delineated in the clinical objectives.
6. Communicate needs, difficulties, and student issues to the clinical faculty.
7. Demonstrate a philosophy of health care congruent with the agency and participating school.
8. Role model humanistic, holistic nursing care practice, critical reasoning behaviors, and use of evidence-based nursing practice.
9. Directs use of accepted agency guidelines and standards of care.
10. Uses appropriate teaching methods to help the student meet his/her learning objectives and allows each student to experiment with newly learned skills that will build confidence in his/her abilities.
11. Understand the legal liability of the preceptor role with an RN.

## **III. Preceptor Responsibilities to Students**

Being a preceptor for the BSN student is an added responsibility that is above and beyond expectations that occur in day to day activities. In an area of Texas that is essentially an underserved health care population, the needs of individuals seeking health care in any facility are significant and, in and of itself, places significant responsibility on the preceptor. Serving as a preceptor for students is a commendable and appreciated role and varies from day to day based on patient and student needs. The experiences selected are to be appropriate to the student nurse's educational needs and progression. Following is a general list of responsibilities the preceptor has to the student:

1. Negotiate a clinical schedule with the student.
2. Communicate specific guidelines to be used in preceptor/student interactions.
3. Review procedures, and practice management policies and protocols specific to the setting.
4. Review expectations for documentation.
5. Review student previous learning experiences and current clinical objectives.
6. Discuss overall plan for progression of current clinical objectives.
7. Communication with the office staff or institutional departments about the scheduling of patients, the availability of exam room space, and specific

procedures that would enhance learning with a minimal disruption of the office routine for students in providing clinical care to patients.

8. Supervise students in the clinical setting.
9. Communicates with the administrators of departments that will provide resources or administrative experiences to students involved in leadership roles.
10. Involve student in assessment, validation, and decision making about learning strategies to be employed.
11. Directly supervise the student in the performance of certain aspects of patient care.
12. Provide the student with formative and summative evaluations using the available Clinical Performance Evaluation.
13. Schedule regular student meetings to discuss specific learning objectives and experiences.

#### **IV. Preceptor Responsibilities to Clinical Faculty**

1. Notify clinical faculty when student is at risk for failing or when minimally acceptable performance is demonstrated consistently by the student.
2. Immediately report to the clinical faculty any student behaviors that influence or threaten the safety of patient's or place the clinical site at risk.
3. Provide completed evaluation forms to the clinical faculty.
4. Contribute to summative evaluations as requested by the faculty.

#### **V. Clinical Faculty Responsibilities to the Preceptor**

Prior to and during the student's clinical experience, clinical faculty will:

1. Ensure that a current contract/affiliation agreement exists between the clinical agency and the Nursing Program.
2. Provide the preceptor with course descriptions, clinical objectives, and the number of clinical hours required for the clinical experience.
3. Provide the preceptor with a copy of the Preceptor/Student Manual & address any questions.
4. Encourage the preceptor to utilize library resource information (CINAHL) that can be a benefit to the student and assist with specific information related to patient diagnosis.
5. Provide information about the best times to reach the clinical faculty member and phone numbers and e-mail addresses for key faculty members and the Director of the Program.
6. Inform clinical agency of names of the student and clinical instructor, including contact information.
7. Orient the student to electronic submission of the clinical preceptor/student schedule.
8. Assure student compliance with standards on immunization, BCLS, health insurance and current liability insurance.
9. Consult on student problems that affect student progression in clinical experience.
10. Guide preceptor in the student evaluation process.
11. Provide feedback on performance of the preceptor.



12. Provide regular on-site visits at least 1 visit per month per student.
13. Be available via telephone, pager, or e-mail
14. Provide recognition to individual preceptors who facilitated clinical experiences for the student during the semester.
15. Provide general feedback to the agency regarding student progression issues.

**VI. Agency Responsibility to the Preceptor/Student**

The education and clinical agency will allow the student to perform the activities appropriate to their clinical roles, under the supervision of their assigned preceptors. The educational agency will assure adequate resources for educational instruction and online access to resources that will promote the knowledge base for the student and preceptor. It is expected that nursing leaders and agency administrators would utilize information from the preceptor to recruit graduates into the clinical agency.

## **EVALUATION OF PRECEPTED CLINICAL EXPERIENCE**

In addition to completing all course evaluation requirements while enrolled in clinical courses with preceptor guidance, designated forms and evaluation tools must be completed by team members contributing to clinical learning activities. Beginning with the student biography form to be submitted to each new preceptor assigned to students, the value of a preceptor checklist, preceptor agreement, preceptor affiliation agreement, preceptor contact information, student/preceptor schedule and documentation of clinical performance in TYPHON all lead to a logical progression toward evaluation, beginning with the weekly evaluation tool recorded in TYPHON. Course evaluation tools for BSN and RN to BSN students enrolled in courses with preceptor guidance must be completed in the time specified in each syllabus. Preceptors will provide major contributions to the summative evaluation with completion of the weekly evaluation tool in addition to holding evaluation conferences with the faculty of record and clinical faculty as requested. Evaluation of the clinical site and the student's evaluation of their assigned preceptor have significant importance toward future planning and clinical assignments. Each of the forms utilized for evaluating the student/preceptor clinical experience are included in Appendix F

# **APPENDIX A**

**TEXAS BOARD OF NURSING**  
**3.8.3.a. EDUCATION GUIDELINE**  
**Precepted Clinical Learning Experiences**

Revised 07/10/2020

As described in Rules 214.10(h) and 215.10(h) many nursing education programs use preceptors to enhance clinical learning experiences after a student has received clinical and didactic instructions in all basic areas of nursing content. This plan not only serves to provide a faculty extender but also allows the student to experience following a practicing nurse and to participate in patient care for a case load.

There are two preceptor models identified in the Board rules. One model allows the clinical group to be expanded to 12 students with two students rotated from their regular patient care to spend a shift with the identified preceptor. In the second model, the entire clinical group of up to 24 students is precepted by assigned preceptors. In both models, the faculty is responsible for the clinical experience and for the final evaluation of students.

Rules 214 and 215 define a clinical preceptor as a licensed nurse (for vocational nursing programs) and a registered nurse (for professional nursing programs) who meets the minimum requirements in the rule, who is not employed as a faculty member by the nursing program, and who directly supervises clinical learning experiences for no more than two students. A clinical preceptor assists in the evaluation of the student during the experiences and in acclimating the student to the role of the nurse. A clinical preceptor facilitates student learning in a manner prescribed by a signed written agreement between the educational institution, preceptor, and affiliating agency (as applicable). A preceptor is a licensed nurse who has agreed to serve in this role either in a short term (one or two days) basis with one or two students as described in the first model, or as a long-term (for the clinical rotation) mentor for no more than two students as described in the second model.

There are differences in the students' clinical assignments when the faculty is supervising the total experience and when preceptors are used:

- When no preceptors are being used, a student may be assigned to a patient or a group of patients under the supervision of the faculty member and in collaboration with the patient or patients' assigned primary (staff) nurse. The student nurse is learning to provide competent, safe care for the assigned patients based upon information from their assessment (whether focused or comprehensive) and clinical reasoning.
- When the student is assigned to a preceptor, the student is learning the nurse's role in providing all aspects of nursing care to one or more patients. The faculty member is accountable for the learning experiences but the preceptor collaborates in the supervision and evaluation of the student's clinical performance.

Clinical affiliating agencies may select nurses to serve as preceptors for nursing students and may provide an orientation for nurses serving as preceptors. Nursing programs who use

preceptors should also provide a preceptor orientation to familiarize the preceptor with the program objectives and curriculum, as well as the program's expectations of the preceptor.

To assure a positive precepting experience, faculty develop written criteria for the selection of preceptors and establish written agreements that delineate the functions and responsibilities of the program, clinical preceptor and/or affiliating agency parties [Rules 214.10(i)(1-2) and 215.10(j)(1-2)]. Board rules state that:

- 1) Even though the preceptor may supervise the students without the physical presence of the faculty member in the affiliating agency or clinical practice setting, faculty shall be readily available during the clinical learning experiences.
- 2) The designated faculty shall meet periodically with the preceptors and students to monitor and evaluate the experience.
- 3) Clinical preceptors shall have the following qualifications:
  - a) Competence in designated areas of practice;
  - b) Philosophy of health care congruent with that of the nursing program; and
  - c) Current licensure or privilege to practice as a licensed nurse in the State of Texas. The license must be a registered nurse license for professional nursing education programs.

In 2013, a Board-appointed Task Force prepared the following suggestions for the responsibilities for the nursing education program, the preceptor, the agency, and the student:

#### Nursing Education Program/Faculty Responsibilities:

1. Ensure that preceptors meet qualifications in Rule 214.10 or Rule 215.10, as appropriate. It is recommended that the preceptor has been licensed and in practice for at least one year.
2. Ensure that there are written agreements which delineate the functions and responsibilities of the affiliating agency, clinical preceptor, nursing program, and student.
3. Ensure that clinical experiences using preceptors should usually occur only after the student has received applicable theory and clinical experiences necessary to safely provide care to clients (within course or curriculum), as appropriate.
4. Inform the preceptor of the skill level of the student to guide the preceptor's expectations of the student.
5. Orient both the student and the preceptor to the clinical experience.
6. Provide an orientation for the preceptor outlining the philosophy, curriculum, course, and clinical objectives of the nursing education program. Discuss student expectations, skills performance, student guidelines for performance of procedures, and methods of evaluation.
7. Approve the scheduling arrangement for the student and preceptor to assure availability of the faculty member when needed during the precepting experience.
8. Assume overall responsibility for teaching and evaluation of the student

9. Assure student compliance with standards on immunization, screening, OSHA standards, CPR, and current liability insurance coverage, as appropriate.
10. Collaborate with the preceptor to ensure student learning needs are met through appropriate student assignments and clinical experiences.
11. Communicate assignments and other essential information to the agencies.
12. Meet regularly with the clinical preceptor and the student in order to monitor and evaluate the learning experience.
13. Monitor student progress through rounds, student clinical seminars, student-faculty-preceptor conferences and review of student clinical assignments.
14. Be readily available, e.g., telephone, pager or email for consultation when students are in the clinical area.
15. Receive feedback from the preceptor regarding student performance.
16. Provide feedback to preceptor regarding performance as preceptor and the clinical learning experience.
17. Provide recognition to the preceptor for participation as a preceptor. Ex: adjunct faculty plaque, certificate.

#### Preceptor Responsibilities:

1. Participate in a preceptor orientation.
2. Function as a role model in the clinical setting.
3. Facilitate learning activities for no more than two students during the clinical session.
4. Orient the student(s) to the clinical agency.
5. Guide, facilitate, supervise, and monitor the student in achieving the clinical objectives. Supervise the student's performance of skills and other nursing activities to assure safe practice.
6. Collaborate with faculty to review the progress of the student toward meeting clinical learning objectives.
7. Provide direct feedback to the student regarding clinical performance.
8. Contact the faculty if assistance is needed or if any problem with student performance occurs.
9. Collaborate with the student and faculty to formulate a clinical schedule.
10. Discuss with faculty/student arrangements for appropriate coverage for supervision of the student should the preceptor be absent.
11. Give feedback to the nursing program regarding clinical experiences for students and suggestions for program development.

#### Agency Responsibilities:

1. Retain ultimate responsibility for the care of clients.
2. Retain responsibility for preceptor's salary, benefits, and liability.
3. Provide basic information about the agency's expectation of the preceptor experience to the program and nurses.
4. Interpret the preceptor program and expectations of students to other agency personnel who are not directly involved with preceptorship.

#### Student Responsibilities:

1. Coordinate personal schedule with the preceptor's work schedule to avoid any conflicts.
2. Maintain open communications with the preceptor and faculty.
3. Maintain accountability for own learning activities.
4. Prepare for each clinical experience as needed.
5. Be accountable for own nursing actions while in the clinical setting.
6. Arrange for preceptor's supervision when performing procedures, as appropriate.
7. Contact faculty by telephone, pager or email if faculty assistance is necessary.
8. Respect the confidential nature of all information obtained during the clinical experience.
9. Adhere to safety principles and legal standards in the performance of nursing care.

#### Some Factors to be Considered in Selecting Precepted Experiences:

1. The preceptor's nursing responsibilities that might impact his/her teaching time with the students.
2. The location and accessibility of the facility for the student.
3. Safety measures taken into account.
4. The diversity of population served.
5. Willingness to accommodate nursing students.
6. Number of other programs/students using the same setting.
7. The interdisciplinary nature of the setting.
8. Current trends in health care delivery in the setting.
9. Appropriateness of the precepted experience for the level of educational preparation for the student.

# **APPENDIX B**

**Texas Board of Nursing  
Education Guideline 3.7.5.a.  
Defining Quality Indicators for Baccalaureate Degree Nursing (BSN) Education**

**As Indicated in the Differentiated Essential Competencies (DECs) of  
Graduates of Texas Nursing Programs  
September 24, 2012**

Janice I. Hooper, PhD, RN, FRE

**Overview:**

Consistent with the Institute of Medicine's (IOM) Future of Nursing recommendation, the Board of Nursing (BON) commends registered nurses (RNs) who are actively engaged in advancing their education by enrolling in RN-to-BSN programs. The BON also commends nursing programs that are expanding their RN-to-BSN programs and offering educational opportunities to accommodate the work schedules and personal responsibilities of working diploma and associate degree prepared RNs. The achievement of the BSN by practicing nurses serves to enhance nursing care to individuals, families, populations, and communities. As such, the IOM established a target of 80% BSN-prepared RNs by 2020.

The pressure to meet the challenge to raise the educational preparation of diploma and associate degree prepared RNs to the baccalaureate degree level has resulted in innovative RN-to-BSN nursing programs delivered in accelerated models using online and other delivery options. This guideline has been developed to promote:

18. equivalent high quality education for all RNs entering BSN education, and
19. assurance that the BSN programs for RNs are designed to effectively bridge the gap between Associate Degree(ADN)/Diploma nursing competencies and BSN competencies.

This document focuses on the identified differences in expected competencies between ADN/Diploma and BSN graduates as described in the *Differentiated Essential Competencies of Graduates of Texas Nursing Programs (2010)*. The higher level competencies are classified under major content areas and define the "giant step" taken when graduates from ADN/Diploma nursing programs advance their education by completing a BSN program.

**Introduction:**

The expected outcomes for graduates from the different types of pre-licensure professional nursing programs directly relate to the educational preparation in each of the program types. Though the graduates from Diploma, Associate Degree, and Baccalaureate Degree programs are all eligible to take the same NCLEX-RN® examination for entry into practice as registered nurses, the BSN education includes additional coursework in nursing and a broader range of studies in other disciplines. An analysis of the differentiated competencies in the DECs for BSN graduates reveals that their educational preparation and expected outcomes are more advanced. Differences in abilities between graduates from the various programs may not be evident in the early stages of nursing practice, but will become more pronounced as nurses gain experience and confidence in the clinical area. After a time of transition into practice, the effects of the educational preparation begin to surface as BSN graduates draw upon their broad-based



education for a more comprehensive approach to patient care. BSN graduates will usually have greater opportunities and responsibilities in their career paths.

Didactic instruction in BSN education provides an extensive base of support courses in the sciences and liberal arts, equipping graduates with a broad range of theories on which to base their understanding of the psychosocial and physiological behaviors of their clients. A background in the sciences and liberal arts is essential for students being educated for the BSN scope of practice and decision-making.

Because of current emphasis on BSN education, an increasing number of registered nurses prepared at the diploma or associate degree level are enrolling in RN-to-BSN programs. RN-to-BSN programs should therefore provide a curriculum that enriches the nurses' repertoire in their current practice, and expands their clinical expertise as they apply new principles and concepts in courses and assigned clinical learning experiences. RN-to-BSN education builds upon previous nursing education, but the commonly identified content areas associated with BSN education (e.g. expanding the focus of care to include families, populations, and communities; and adding expertise in research, community health, evidence-based practice, and leadership) are only a portion of the additional knowledge gained by RN-to-BSN students. BSN education for RN-to-BSN students moves the practice of professional nursing to a higher level where the nurse can apply a wider theoretical framework for reflection, critical thinking, and clinical decision-making.

With the proliferation of new programs and the focus on achieving the BSN degree in an expedient manner, several concerns have been identified related to RN-to-BSN education including the following:

- The BSN degree is a university degree and implies that the additional courses beyond the associate degree are at the upper division level. As university level courses are increasingly being reduced towards a target of 1 academic year (30 credits), care must be taken to assure RN-to-BSN students receive an equivalent amount of upper division content as that received by traditional prelicensure students
  - Recommendation: While avoiding duplication of courses/content provided at the associate degree level, provide DEC-related BSN content in courses at the upper division level.
- Students who enter an RN-to-BSN program have been educated for practice at the Diploma/ADN level. BSN role-related content typically provided in clinical courses in a BSN pre-licensure program will need to be provided. As such, RN-to-BSN programs may reasonably need to extend program length beyond the number of credit hours required to produce a pre-licensure BSN graduate.
  - Recommendation: Include a transition course or content in RN-to-BSN programs
- A background in science and liberal arts is an essential element in BSN practice. Though the seasoned ADN nurse may have perfected practice skills, preparation to make decisions from the perspective of the BSN education requires exposure to a full array of liberal arts courses and opportunities to apply new concepts into practice.

- Recommendation: RN-to-BSN programs should be designed to assure exposure to content in science and liberal arts as well as opportunities to apply new concepts to practice at the level of the BSN-prepared nurse.

The DEC's distinguish between the levels of education, provide a comprehensive description of practice competencies based on educational level, and outline the knowledge areas necessary to develop the competencies. The didactic content in RN-to-BSN programs should be designed to broaden the educational foundation to enable the BSN graduate to synthesize information from various disciplines, think logically, analyze critically, and communicate effectively with patients and other health care professionals. The American Association of Colleges of Nursing (2008) stated that the baccalaureate graduate uses research findings and other evidence in designing and implementing care that is multi-dimensional, high quality, and cost-effective. BSN graduates are expected to demonstrate all the competencies of the preceding levels of education, but with greater depth and breadth of application and synthesis.

The curricula in RN-to-BSN programs are often designed with the assumption that the student has gained experience in clinical practice and may not need the same clinical learning experiences required for students in traditional BSN programs. The challenges for RN-to-BSN programs include assessing the experiential level of each student and providing an educational experience for each student to achieve the same outcome competencies. Student assignments and clinical-based learning experiences may vary for individual students, but they should challenge each student to assure the student develops BSN level competencies.

### **Identifying Quality Indicators in the DEC's for BSN Education:**

This document was written in response to questions about quality indicators for RN-to-BSN programs to ensure that graduates are provided the skills to practice at the BSN level. The DEC is a comprehensive guideline describing the knowledge base and competencies that define the expected outcomes of BSN education. The document contains information related to:

- a description of the distinctions between expectations of Diploma/ADN graduates and BSN graduates
- differences in client groups that may be served by BSN graduates
- a listing of types of theories, models, and principles specifically indicated for BSN education included in the DEC's (classified under topics: leadership and management; population and communities; research; and interdisciplinary)
- global goals for BSN education
- skill sets to be attained by the BSN graduate
- a detailed list of BSN competencies that focuses on the use of foundational BSN education in nursing practice with a variety of clients in a variety of settings

RN-to-BSN programs should find this information helpful for benchmarking their programs against outcome measures in the DEC's and for assuring their graduates are prepared for their full potential as nurse leaders and providers of care.

Distinctions in educational preparation (the level of education reflected in the didactic content and course objectives) among the types of pre-licensure professional nursing programs account

for the differences in the expected level of performance after graduation. Students in RN-to-BSN programs should be provided educational opportunities to ensure graduates will possess the same competencies as described in the DEC's for graduates from a traditional BSN program.

Registered nurses who complete an RN-to-BSN degree program should be able to demonstrate a difference in their decision-making abilities and provision of care to all patient types in a variety of settings. These distinctions in competencies are expressed in the DEC's and may be categorized under several broad based headings:

- leadership and management
- populations and communities
- research
- interdisciplinary practice

**The goals for BSN education are more global in nature than those for Diploma/ADN education and pertain to:**

- population risk reduction
- community risk reduction
- improving the delivery system
- legislative advocacy
- policy development
- financial accountability
- interdisciplinary teams
- staff development

**Client groups** for Diploma/ADN graduates are: patients and their families.

**Client groups for BSN graduates are expanded further to include:**

- populations
- communities
- vulnerable populations

**BSN graduates have an expanded approach to nursing practice related to:**

- A broad knowledge base from the liberal arts, humanities, and natural, social, and behavioral sciences as they apply to planning care and reducing risks for patients, families, populations, and communities
- Multiple theoretical perspectives from many disciplines (stress and crisis, change, conflict management, human resource management, teaching and learning, organizational behavior, information systems management, etc.) that may be applied to the health care system
- A historical perspective of health care and providers
- Knowledge and skills in:
  - Administration
  - Research process and clinical reasoning models
  - Research findings as a basis for decision-making and comprehensive patient care
  - Legislative advocacy process to influence public policy

- Processes for developing and evaluating standards of care using evidence-based practice
- Communication skills for writing, speaking, and presenting information to further the profession of nursing and to disseminate knowledge
- Nursing frameworks, theories, and models that relate to managing and evaluating health care delivery
- Collaboration with individuals inside and outside health care delivery systems to provide comprehensive care
- Safe environmental management and a culture of safety
- Comprehensive assessment of community and population, synthesis of data, analysis of community needs, and a comprehensive approach to meeting health needs
- Comprehensive nursing care in a variety of settings

## **Knowledge Base**

**BSN students are provided with a broader knowledge base as listed below. The location of each knowledge area in the DEC's is indicated for reference. Some areas may be repetitious but their application is to a different client group or context, as noted below.**

### Theories, Models, and Foundational Areas:

- legal principles and practice theories and principles relative to health care. I.B.2.b. knowledge
- role theory, change theory, management and leadership theory. IV.A.3.a. knowledge
- theories of leadership, organization, and group dynamics. IV.A.3.c. knowledge
- theories of evaluation of organizational behavior. IV.G.1. knowledge
- theories of leadership and management, including critical thinking, change theory, assertiveness, conflict management, budgeting, principles of delegation, supervision, collaboration and performance appraisal. IV.D.2. knowledge
- theories and models of therapeutic and non-therapeutic communications. II.E.2. knowledge
- communication theories
  - and their impact on nursing practice. II.C.2. knowledge
  - as applied to populations and communities. IV.D.1. knowledge
  - and group process. IV.G.2. knowledge
- theories and strategies of effective communication and collaboration including assertiveness, negotiation, conflict resolution, and delegation. IV.A.2. knowledge
- theories of disease prevention, health promotion, education, and rehabilitation. II.C.3.a. knowledge
- theory and principles of case management, population characteristics, and epidemiology. IV.C.2. knowledge
- theories of leadership I.C.5.b. knowledge
- change theory, change agent role, and methods for evaluating the effectiveness of change. II.H.7. knowledge
- change theory and conflict resolutions strategies for effective and efficient resource management. IV.D.4 knowledge

- motivation theory and research/evaluation outcome measures to evaluate efficacy and effectiveness of care II.F.3. knowledge and IV.F.4.c. knowledge
- theoretical models of epidemiology and communicable disease prevention and control for populations and communities. III.C.1.a. knowledge
- systematic processes (research, epidemiology, psychosocial, management). II.B.1.b. knowledge
- models for health care delivery in organizations and communities. II.D.2.b. knowledge
- models of care delivery including integrated care. IV.A.1.c. knowledge
- systematic approach based on the liberal arts, sciences, and research studies. II.A.1.a. knowledge
- advanced sciences (such as epidemiology, pathophysiology, genomics, neurobiology, pharmacology, chemistry, etc.), and the humanities. II.A.1.a. knowledge and II.F.2. knowledge
- ethics and logical and ethical reasoning. II.B.4. knowledge
- code of ethics, ethical practices, current issues, and patient's rights in the health care delivery system. II.D.8. knowledge
- nursing frameworks, theories, and models that relate to managing and evaluating health care delivery with consideration of related costs of patients, families populations, and communities. II.A.1.c. knowledge
- links between nursing history, and medical, social, political, religious and cultural influences. I.C.1. knowledge
- past, present, and future issues affecting health care policies. IV.C.7. knowledge
- economic and political factors that influence health care delivery for populations and communities. IV.B.1.b. knowledge
- family systems theory. IV.C.3.b. knowledge
- models for understanding the dynamics of functional and dysfunctional relationships. II.C.1.b. knowledge
- health behavior change strategies. II.E.1.c. knowledge

#### Leadership and Management:

- management of group processes to facilitate meeting patient goals. IV.D.3. knowledge
- management and systems theory. IV.F.2.f. knowledge
- models and theories of stress, crisis response, and conflict management. II.D.7. knowledge
- organizational theories/principles of organizational behavior. II.H.2. knowledge
- organizational structure including various health care delivery systems. IV.G.4.b. knowledge
- management and communication within an organization. II.H.5.a. knowledge
- leadership and management theory, practice, and skills. II.H.5.b. knowledge
- workplace unit budgeting and workforce resource management. II.H.4.a. knowledge
- safe environmental management and promoting a culture of safety. II.H.3.b. knowledge
- evolving leadership roles in the advancement of the nursing profession; distinction of roles and scopes of practice among nursing and other health care professions. I.C.5.a. knowledge
- processes for developing standards of nursing practice and care. I.B.1.b. knowledge

- processes of continuous quality improvement and application of quality improvement data. IV.A.5.d. knowledge
- quality improvement, environmental management, and risk management with a focus on patient safety. III.B.1.b. knowledge
- health policy. IV.F.2.a. knowledge
- health care policies and regulations related to public safety and welfare, mandatory reporting, and development of the future workforce. IV.B.4. knowledge
- role modeling to maintain professional boundaries. I.B.7.c. knowledge
- formal and informal sources of power and negotiation processes. IV.b.3.b. knowledge
- historical development of professional advocacy groups and the growth of consumer advocacy. IV.B.3.c. knowledge
- principles and task of quality improvement and outcome measurement in systems of care delivery. I.B.8. knowledge
- utilization of health care delivery system resources. II.E.10. knowledge
- role of committees in developing health care policies, procedures. I.B.6.c. knowledge
- systems of nursing care delivery. II.D.4.c. knowledge
- integration of comprehensive patient needs into health care system. II.B.5. knowledge
- a variety of systematic approaches for problem-solving and decision-making for prioritizing and evaluating the plan of care. II.C.6. knowledge
- systematic processes to assess methods for evaluating patient outcomes, including reliability and validity of evaluation tools. II.F.1. knowledge
- cost factors in multiple settings. II.C.5. knowledge
- decision-making models. II.D.5.b. knowledge
- human resource management and performance evaluation processes. I.B.5.b. knowledge
- models of priority setting and organization management. II.D.3.c. knowledge
- resource management and organizational behavior. II.D.1.f. knowledge
- information and communication systems for managing population-based data. IV.E.1.a. knowledge
- information management-
  - in the delivery of safe patient care. II.B.10. knowledge
  - for health care systems. IV.E.1.c. knowledge
- inquiry, analysis, and information approaches to address practice issues I.C.2.b. knowledge
- principles of staff development and learner behaviors I.B.4.b.
- communication skills in the areas of writing, speaking, and presenting as required to function in a leadership position. I.B.6.d. knowledge
- legislative processes related to health care. IV.A.4.b. knowledge
- strategies to influence legislative action processes and public policy. I.C.5.c. knowledge

#### Populations and Communities:

- evidence-based risk reduction. III.C.1.b. knowledge
- epidemic and pandemic prevention and control. III.C.1.c. knowledge
- disaster preparedness, response, and recovery. III.C.1.d. knowledge
- international standards and guidelines for infection control. III.C.2. knowledge
- leadership role in organizational committees involved with improving the quality of health for populations and communities. IV.B.3.a. knowledge

- role of the nurse as advocate for populations and communities. IV.B.2.b. knowledge
- research and theories related to advocacy for access to health care for patients, families populations, and communities. IV.B.2.c. knowledge
- methods for improving access to health care for populations and communities. IV.C.5. knowledge
- implications of demographic, epidemiological, and genetics data on the changing needs for health care resources and services. IV.C.6.b. knowledge
- components of comprehensive databases and methods for data collection, health screening, and case finding. II.B.3.c. knowledge
- analysis of nursing research, epidemiological, and social data to draw inferences and conclusions about the health of populations and communities. II.B.2. knowledge
- systematic approach to performing a community assessment. II.B.1.c. knowledge
- political, economic, and societal forces affecting health care for population intervention and solutions. II.B.11. knowledge
- techniques for assessment of community health literacy, learning needs, and factors affecting quality of life and health care II.G.1.c. knowledge
- learning theories and best practices for evaluating methods, strategies, and outcomes of learning and teaching. II.G.2.b. knowledge
- health care for populations and global communities. II.B.12. knowledge
- methods for advocating for population and community health. II.G.3.b. knowledge
- social, economic, and political processes impacting access to and delivery of health care in communities. IV.A1.b. knowledge
- state and federal referral resources. IV.C.1. knowledge
- federal and global resources for risk reduction, and health promotion, maintenance, and restoration. IV.C.8. knowledge
- characteristics, concepts, and processes related to communities, including epidemiology, risk factors, and preventive health practices and their implications for vulnerable populations, resources and resource assessment techniques, environmental factors, and social organizations. II.B.6. knowledge

#### Research:

- research studies. II.A.1.a.
- research utilization and evidence-based practice. II.A.3.a. knowledge
- analysis of reliability, validity, and limitations of quality of evidence. II.A.3.b. knowledge
- informed consent for participation in research. II.A.3.c. knowledge
- research and evaluation methodologies. II.A.4.b. knowledge
- research related to organizational and societal change. I.C.3.b. knowledge
- evidence-based practice and research findings related to health care. IV.A.5.a. knowledge
- process of translating current evidence into practice. IV.A.5.b. knowledge
- clinical reasoning models and research process. II.A.2.b. knowledge

#### Interdisciplinary Practice:

- evolving leadership roles in the advancement of the nursing profession; distinction of roles and scopes of practice among nursing and other health care professionals I.C.5.a. knowledge
- nursing theories, research findings, and interdisciplinary roles to guide nursing practice. II.B.8. knowledge

- interdisciplinary interventions including nursing care across all settings. II.C.4.b. knowledge

## **Judgments and Behaviors**

**BSN graduates are prepared for more advanced nursing behaviors as outlined in the DEC's competencies. These behaviors demonstrate the use of a wide range of theories and perspectives in clinical decision-making and in providing safe, competent nursing care. They also describe the BSN-prepared nurse's ability to assume leadership roles in the health care setting and in the community. The competencies include the following:**

### Leadership and Management:

- using management, leadership, team building, and administrative skills; organizing, managing, and evaluating the functioning of groups of individuals and staff. II.H.4.b. behaviors
- using leadership skills to provide staff education to members of the health care team to promote safe care. IV.G.1.a. behaviors
- evaluating the effectiveness of the process for staff development. IV.G.1.b. behaviors
- using leadership skills to promote team building and team work. IV.F.2.b. behaviors
- planning and managing activities to develop competency levels of team members. IV.F.3.b. behaviors
- supervising others in nursing care by using best practices of management, leadership, and evaluation. IV.G. core
- demonstrating a leadership role in achieving population, community, and management goals. II.H.5.b. behaviors
- developing new policies and procedures. IV.G.1.c. behaviors
- participate in designing systems that support quality nursing practice. I.B.5.d. behaviors
- communicating and managing information using technology to support decision-making to improve patient care and delivery systems. IV.E. core
- identifying, collecting, processing, and managing data in support of administration and research. IV.E.1.a. behaviors
- applying concepts and skills from management theory to assigning and delegating nursing care in a variety of settings. II.d.4. behaviors
- assisting in the development of clinical practice guidelines using evidence-based practice and research findings. II.C.3.b. behaviors
- analyzing patient data and using research findings and a variety of systematic processes to compare expected and achieved outcomes for patient behaviors. II.F.2.b. behaviors
- participating in designing, conducting, and evaluating quality improvement studies. IV.E.1.d. behaviors
- using current technology and informatics to enhance all aspects of care in delivery systems. IV.E.3.a. behaviors
- assigning and/or delegating care based upon an analysis of patient or organizational need. IV.F. core
- participating in committees that promote quality, safety, and risk management. III.E.4.a. behaviors



- collaborating in the development of standards of care based on evidence-based practice congruent with organizational structure and goals. II.H.6.b. behaviors
- developing and using evidence-based clinical practice guidelines to guide critical team communications during transitions in care between providers. IV.D.4. behaviors
- assessing the management structure and nursing care delivery system within a health care organization and recommending changes for improvement. II.H.1.b. behaviors
- designing and implementing strategies to respond to the need for corrective action to promote a safe work environment. II.H.2.b. behaviors
- using change theory and strategies in the work environment for effective and efficient resource management and improvement of patient care. IV.D.7. behaviors
- managing quality improvement processes for safe patient care. III.A.5.b. behaviors
- collaborating with others inside and outside the health care industry to promote nursing. I.C.3.b. behaviors
- synthesizing links between nursing history and medical, social, political, religious, and cultural influences to promote professional nursing practice. I.C.1.a. behaviors
- using scholarly resources to address ethical and legal concerns. II.E.8. behaviors
- interpreting and guiding others toward safe and legal clinical practice. III.E.4.b. behaviors
- identifying systems issues that impact nursing practice. III.E.4.c. behaviors
- analyzing the impact of professional organizations and regulation upon the nursing profession and the roles of nurses. I.C.4. behaviors
- advocating for standards of practice using professional and legislative processes. I.B.2.c. behaviors

#### Populations and Communities:

- providing direct and indirect care-
  - to patients and families in disease prevention and health promotion and/or restoration. II.E.13.a. behaviors
  - in community-based programs. II.E.13.b. behaviors
  - in community-based programs whose primary goals are disease prevention and health promotion and/or restoration. II.E.13. behaviors
- developing, implementing, and evaluating teaching plans for populations and communities to address health promotion, maintenance, restoration, and population risk reduction. II.G. core
- assessing learning needs of populations and communities related to health promotion, maintenance, and restoration. II.G.1.a. behaviors
- assessing the adequacy of the support systems for populations and communities. IV.C.1.a. behaviors
- using models of health care delivery to plan and improve health care for families, families, populations, and communities. IV.A.1.b. behaviors
- promoting and providing leadership in the effective coordination of services to patients, families, populations, and communities. IV.A.2.b. behaviors
- working with family and community resources to develop and strengthen support systems for patients, families, populations, and communities. IV.C.1.b. behaviors
- identifying providers and national and community resources to meet the needs of patients, families, populations, and communities. IV.C.1.c. behaviors

- developing, implementing, and modifying teaching plans and strategies for health promotion, maintenance, and restoration, and risk reduction of populations and communities. II.G.2.b. and II.G.3. behaviors
- teaching populations and communities about access to reliable and valid sources of information and resources including health information. IV.B.3.c. behaviors
- referring populations and communities to resources. IV.B.5.a. behaviors
- evaluating learning outcomes of comprehensive teaching plans for populations and communities. II.G.4. behaviors
- developing teaching plans with special considerations for vulnerable populations. II.G.5.b. behaviors
- teaching health promotion and maintenance and self-care to groups based upon teaching needs. II.G.5.c. behaviors
- providing populations and communities with information needed to make choices regarding health. II.G.6.a. behaviors
- anticipating risks for exposure to infectious pathogens in populations and communities. III.C.2.b. behaviors
- assisting in developing policies and procedures to prevent exposure to infectious pathogens, communicable conditions, and other occupational hazards. III.C.3.a. behaviors
- participating in programs and systems to address safety of populations and communities in the event of emergency or disaster. III.C.3.b. behaviors
- implementing risk reduction strategies to address social and public health issues. II.G.6.b. behaviors
- using theoretical analysis of available data to formulate goals and outcomes to reduce the risk of health care associated infections. III.C.1. behaviors
- using epidemiologic process to manage and reduce risks related to medication and treatment administration and modifying techniques in a variety of settings. III.B.3.c. behaviors
- promoting and managing a safe, effective environment for populations and communities. III.B.1. behaviors
- formulating goals and outcomes using an evidence-based and theoretical analysis of available data to reduce community risks. III.C. core
- participating in organizational initiatives that enhance a culture of safety for families, populations, and communities. III.B.6.b. behaviors
- advocating-
  - for health education, healthy lifestyles, and early detection and treatment of disease, targeting vulnerable populations. II.G.7. behaviors
  - on behalf of populations and communities with other members of the interdisciplinary health care team by implementing strategies for improving health care delivery systems. IV.B.3.b. behaviors
  - for public policies to support health care access for vulnerable populations. IV.C.3.c. behaviors
- applying case management and population based service models for coordinating delivery of health care services across levels of care in the community. IV.D.2.b. behaviors

- assisting vulnerable populations to communicate needs to their support systems and other health care professionals. IV.C.3.b. behaviors
- serving as a member of the health care and community team to provide services to communities with unmet needs. IV.B.5.b. behaviors
- initiating and participating in community partnerships and coalitions to provide health care to targeted, diverse populations. IV.B.5.c. behaviors
- using multiple referral resources for patients, families, populations, and communities, considering cost; confidentiality; effectiveness and efficiency of care; continuity and continuum of care; and health promotion, maintenance, and restoration. IV.C. core
- applying legal and ethical principles to advocate for human and societal well being and preferences. IV.B.1.b. behaviors
- identifying unmet needs of populations and communities from a holistic perspective. IV.B.2.a. behaviors
- assessing genetic, protective, and predictive factors that influence the learning needs of patients, families, populations, and communities, related to risk reduction, and health promotion, maintenance, and restoration. II.G.1.b. behaviors
- evaluating and reporting family, population, and community outcomes and responses to therapeutic interventions in comparison to benchmarks from research findings. II.F. core
- evaluating evidence-based data for use in providing comprehensive, efficient, cost effective care to diverse patients, families populations, and communities. II.F.6.b. behaviors
- coordinating human, information, and materiel management resources in providing care for populations and communities. II.H. core
- using informatics to promote health care delivery and reduce risks in populations and communities. IV.E.3.c. behaviors
- analyzing demographic and epidemiological data on the changing needs for health care resources and services. IV.C.4.b. behaviors
- participating in meetings/organizations addressing past, present, and future issues affecting public/government/private health care services, programs, and cost to patients, families, populations, and communities. IV.C.4.c. behaviors
- interpreting and analyzing health data of populations and communities, including pathophysiology, genomics, and epidemiological considerations. II.B.7. behaviors
- examining populations at risk from epidemiological, social, and environment perspectives. II.B.9.b. behaviors
- using epidemiological, social, and environmental data to draw inferences about the health status of populations and communities. II.B10. behaviors
- synthesizing theory and research-based knowledge from arts, humanities and sciences for delivery of safe and compassionate care to patients including populations and communities. II.C.1. behaviors
- implementing plans of care to assist communities and vulnerable populations to meet comprehensive physical and mental health care needs in multiple settings. II.E.1. behaviors
- performing comprehensive assessments and monitoring changes to include factors impacting health status and health needs of populations and communities II.B.2. behaviors

- communicating with state legislators and representatives of other regulatory agencies to promote a competent nursing workforce and protection of the public's safety and welfare. I.C.3.d. behaviors
- applying communication theory and techniques in maintaining professional relationships with populations and communities. II.E.9.b. behaviors
- evaluating evidence supporting traditional and complementary health care practices used by populations and communities. II.B.3.b. behaviors

#### Research Based Care:

- providing nursing interventions safely and effectively using current research findings and evidence-based outcomes. II.E.12.b. behaviors
- modifying plan of care based on research findings and evaluation data. II.F.4. behaviors
- using evidence-based findings to initiate accident prevention measures for patients and implementing measures to prevent risk of patient harm resulting from errors and preventable occurrences. III.B.8. behaviors
- identifying links between physical and mental health, lifestyle, prevention, and cost and access to health care. II.B.6. behaviors
- analyzing patient data using research findings, evidence-based practice guidelines, and a variety of systematic processes to compare expected and achieved outcomes of care. II.F.2.b. behaviors
- expanding and modifying data collection tools using evidence-based practice. II.B.1.b. behaviors
- using research findings to help explain deviations from plan of care and revise plan of care with interdisciplinary health care team. II.F.3.b. behaviors
- applying research findings and principles of research to enhance evidence-based practice. I.B.5.e. behaviors

#### Interdisciplinary Practice:

- facilitating communication among clients and interdisciplinary team to use institutional or community resources to meet health care needs. IV.C.2.a. behaviors
- collaborating with-
  - the interdisciplinary health care team to use human and materiel resources that are optimal, legal, and cost-efficient to achieve patient-centered outcomes, meet organizational goals, and promote health in the community. II.H.3. behaviors
  - interdisciplinary team and using knowledge of financial resources to demonstrate fiscal accountability for health care of populations and communities. II.C.6. behaviors
  - the interdisciplinary team on principles and tools of quality improvement and outcome measurement in systems of care delivery. I.B.9. behaviors
- advocating with members of the interdisciplinary health care team and community resources on behalf of vulnerable populations to procure resources for care. IV.C.3.a. behaviors
- using evidence-based findings to develop interdisciplinary policies and procedures related to a safe environment including safe disposal of medications and hazardous materials. III.B.7. behaviors
- providing leadership in collaboration with the interdisciplinary health care team. I.C.2. behaviors

- applying leadership and management concepts with skills in collaboration with the interdisciplinary health care team to implement quality patient care. I.B.4. c. behaviors
- involving populations and communities in collaboration with interdisciplinary health care team members for planning health care delivery to improve the quality of care across the lifespan. IV.A.1.a. behaviors
- using leadership and role modeling skills to promote professional boundaries among the members of interdisciplinary team. I.B.7.b. behaviors
- using leadership skills in-
  - interdisciplinary team meetings. IV.D.6.b. behaviors
  - creating processes that facilitate joint decision-making with the interdisciplinary health care team. IV.D.1.c. behaviors
- applying leadership and management concepts in assisting the interdisciplinary health care team to implement quality, goal-directed patient care. IV.D.3.a. behaviors

The Board of Nursing thanks Mary E. Mancini, PhD, RN, NE-BC, FAHA, ANEF, FAAN for her contributions to this document.

Recommended Reading:

McEwen, M., & Pullis, B. R. (2012). National survey of RN-to-BSN programs. *Journal of Nursing Education*, 51(7), 373-380.

# APPENDIX C

## Expectations for Practice Experiences in the RN to Baccalaureate Curriculum

### Background

The movement to increase the number of baccalaureate-prepared nurses in the workforce is accelerating following the release of landmark reports from the Institute of Medicine (2011) and the Carnegie Foundation for the Advancement of Teaching (2009), which clearly link nursing education level to enhanced patient outcomes. Calls for facilitating academic progression also are growing louder within the profession as evidenced by the Tri-Council for Nursing policy statement on the Educational Advancement of Registered Nurses (2010) and recent adopted Joint Statement on Academic Progression for Nursing Students and Graduates (2012), which was endorsed by national leaders representing both community college- and university-based registered nursing (RN) programs. Finally, employers, too, are showing a preference in their hiring practices with 39% of hospitals and other healthcare settings requiring new RNs to have a baccalaureate degree in nursing and 77% expressing a strong preference for nurses educated at this level (AACN, 2012).

Fortunately, an increasing number of registered nurses are recognizing the need to advance their education, and many employers are providing funding and support to facilitate academic progression. Enrollment in Bachelor of Science in Nursing (BSN) degree completion programs (RN to BSN) has increased every year for the last 9 years with enrollment growing from 31,215 students in 2003 to 89,975 students in 2011, a 288% increase (AACN, 2004; AACN, 2012). To accommodate the growing demand, the number of RN to BSN programs also has increased dramatically over the last decade with 646 programs available, including more than 400 programs that are offered at least partially online. Given the dramatic increase in the number of RN to BSN programs and enrolling students, the need to maintain academic rigor in these programs is growing in importance, including the need for quality practice experiences.

### Practice Experiences in RN to BSN Programs

Nursing is a practice discipline that includes both direct and indirect care activities that impact health outcomes. Baccalaureate programs provide rich and varied opportunities for practice experiences designed to assist graduates to achieve *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008). Practice experiences are embedded in baccalaureate nursing programs to prepare students to care for a variety of patients across the lifespan and across the continuum of care.

Experiential learning for this practice discipline is frequently called practice experiences, clinical experiences, clinical learning opportunities, clinical strategies, and clinical activities. The term practice experiences will be consistently used in this document to refer to experiential learning in any setting where health care is delivered or health is influenced that allow for and require the student to integrate new practice related knowledge and skills. Practice experiences may be augmented by simulation and laboratory experiences.

In May 2012, the AACN Board of Directors created the RN-BSN Task Force to develop a statement clarifying the expectations for academic clinical and practice experiences for students enrolled in RN to BSN programs. As noted in the *Essentials*, all baccalaureate nursing students, regardless of program type, are required to complete clinical training experiences as part of their work to acquire the degree. The task force was asked to delineate the specific clinical training experiences that will transition a nursing student's role behaviors from the Associate Degree or diploma to the baccalaureate level of proficiency.

## **Task Force Recommendations**

Task Force Recommendations should be considered in their entirety.

- All baccalaureate programs, including RN to BSN programs, must provide practice experiences for all students.
- Practice experiences include activities that support health and/or provide care, interacting with a variety of providers and/or with patients and cannot be completed solely by a student in isolation. Patients throughout this document are defined as individuals, families, groups, communities, or populations.
- Practice experiences, including those completed in the student's work setting, shall include specific objectives, expected outcomes and competencies, and an evaluation provided by a faculty member.
- Practice experiences to transition the nursing student's competencies to the baccalaureate level of proficiency include organization/systems understanding, leadership development, evidence-based practice, information management and integration of technologies into practice, interprofessional collaboration and communication, clinical prevention and population health, comprehensive assessment, and quality improvement strategies. Didactic and practice experiences should be provided to all baccalaureate students, including those in RN to BSN programs, in order for the student to achieve these expected skills and knowledge and to integrate them into one's practice.
- Practice experiences should be developed to assure that students upon graduation have attained all end-of-program competencies delineated in the *Baccalaureate Essentials*. These expectations include the advancement of clinical reasoning and proficiency in performing psychomotor skills. Psychomotor skill development for the RN to BSN student must be differentiated from the expectations for the entry-level student. This should not be interpreted to mean development of the skills already acquired in an associate degree or diploma nursing program but instead references the development of higher level skills or proficiency. For example, the RN to BSN student's ability to conduct a comprehensive assessment (Essential IX, outcome 1) is an expected outcome that encompasses all three domains of learning, including psychomotor skills.
- Oversight and evaluation of the practice experience is the responsibility of faculty. Faculty oversight includes responsibility for identifying objectives for the practice experience, assessing



whether the objectives are met, communicating with the student on a regular basis, and evaluating the learning experience.

- Preceptors, if used, should be oriented to the learning objectives of the practice experience, may provide input regarding faculty evaluation of students, and should consult regularly with the faculty providing oversight for the student's practice experience. Preceptors should engage the student in achieving the identified objectives and integrating the new learning into his/her practice.
- Practice experiences in the RN to BSN program involve a variety of activities that include direct care and indirect care experiences. *Direct care* refers to nursing care activities provided at the point of care to patients or working with other healthcare providers that are intended to achieve specific health goals or achieve selected health outcomes. Direct care may be provided in a wide range of settings, including acute and critical care, long term care, home health, community-based settings, and education settings (Suby, 2009; Upenieks, Akhavan, Kolterman, et al., 2007).

Examples of direct care experiences include provision of nursing care directly to patients, which are defined as individuals, families, groups, communities, or populations; but also may include:

- Working with other providers in any setting where health care is delivered, including the community, to identify gaps in care and implement a quality improvement strategy;
- Collaborating with nursing staff to implement a new procedure or nursing practice that is evidence-based;
- Working with an interprofessional team to evaluate the outcomes of a new practice guideline and implement recommended changes; or
- Designing and implementing a coordinated, patient-centered plan of care with an interprofessional team.

*Indirect care* refers to nursing decisions, actions, or interventions that are provided through or on behalf of patients. These decisions or interventions create the conditions under which nursing care or self-care may occur. Nurses might use administrative decisions, population or aggregate health planning, or policy development to affect health outcomes in this way. (Suby, 2009; Upenieks, Akhavan, Kotlerman, et al., 2007)

Examples of indirect care experiences include:

- Educating other healthcare providers regarding the safe and effective use of new technology;
- Writing a policy and working with other stakeholders to have the policy approved by the state board of nursing;
- Working with community leaders to develop a disaster/emergency preparedness plan for a specific population in a community;
- Collaborating with the facility information technology staff to design or implement an electronic health record;
- Working with staff to write an administrative policy that will improve communication among the units in the facility.

The task force does not recommend identifying a specific number of practice hours that must be included in an RN to BSN program or any baccalaureate nursing program. The task force also does not support a recommendation that every course in the curriculum must include practice experiences. The goal is to allow programs to develop meaningful practice experiences and assess student attainment of expected outcomes.

## Summary

Nursing is a practice discipline that includes both direct and indirect care activities that impact health outcomes. Baccalaureate programs provide opportunities for practice experiences designed to assist graduates to achieve *The Essentials of Baccalaureate Education for Professional Nursing Practice*. All baccalaureate programs, including RN to BSN programs, must provide practice experiences for students to bridge to baccalaureate-level professional nursing practice.

## Definitions

The following definitions, which are derived from current AACN position statements and *Essentials* series, have been highlighted and are used in this report:

*Practice experience:* Experiential learning in nursing is frequently called practice experiences, clinical experiences, clinical learning opportunities, clinical strategies, and clinical activities. The term practice experiences is used in this document to refer to experiential learning in any setting where health care is delivered or health is influenced that allow for and require the student to integrate new practice related knowledge and skills.

*Patient:* The recipient of nursing care or services, patients may be individuals, families, groups, communities, or populations. Further, patients may function in independent, interdependent, or dependent roles, and may seek or receive nursing interventions related to disease prevention, health promotion, or health maintenance, as well as illness and end-of-life care. Depending on the context or setting, patients may at times be termed clients, consumers, or customers of nursing services.

*Nursing practice:* The term *practice*, specifically *nursing practice*, refers to any form of nursing intervention that influences health care outcomes for patients, including direct and indirect care, administration of nursing and health care organizations, and the development and implementation of health policy. Practice may occur in any setting where health care is delivered or health is influenced.

### *Direct Care/Indirect Care:*

*Direct care* refers to nursing care activities provided at the point of care to patients or working with other healthcare providers that are intended to achieve specific health goals or achieve selected health outcomes. Direct care may be provided in a wide range of settings, including acute and critical care, long term care, home health, community-based settings, and education settings (Suby, 2009; Upenieks, Akhavan, Kolterman, et al., 2007).

*Indirect care* refers to nursing decisions, actions, or interventions that are provided through or on behalf of patients. These decisions or interventions create the conditions under which nursing care or self-care may occur. Nurses might use administrative decisions, population or aggregate health planning, or policy development to affect health outcomes in this way. (Suby, 2009; Upenieks, Akhavan, Kolterman, et al., 2007)

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*Approved by the AACN Board of Directors October 2012*

## **Appendix A:**

### **Examples of Practice Experiences in an RN to BSN Program**

All RN to BSN programs must include practice experiences, which are essential for students to evolve their practice as a baccalaureate-prepared professional nurse. Simulation experiences are one type of experiential learning that may be used to augment the practice experiences described above. Examples of practice experiences that may be useful in an RN to BSN program are listed below. All Baccalaureate Essentials are not included in each of the practice experiences described here, but practice experiences often integrate multiple Essentials. Note that the following examples are not required experiences for all RN to BSN programs.

#### **Examples from the AACN *Baccalaureate Essentials* Tool Kit**

The following have been identified from the AACN *Baccalaureate Essentials* Tool Kit as examples of practice experiences that would provide opportunities for students to develop baccalaureate level competencies.

- Participate in interprofessional performance improvement team currently working on implementation/evaluation of national patient safety goals.
- Conduct a mock root cause analysis on a near miss and share results with staff or shared governance council or participate in an actual Root Cause Analysis (RCA) and/or Failure Mode Effects Analysis (FMEA).
- Teach vulnerable populations about avoiding environmental risks.
- Collaborate with institutions, such as a day care center or a homeless shelter, to develop and implement policies to minimize transmission of communicable diseases.
- Construct a genetic pedigree by collecting family history information to identify a risk profile. Develop and implement a plan of care, including patient education and appropriate referral.
- Using an actual care team in a microsystem of care, evaluate and make decisions about the organization, prioritization, and appropriate delegation of care.
- Consult with other professionals to improve transitions of elderly patients across care settings. Develop and implement a plan for an older patient to transition from one level of care to another within the same facility and from one facility to another.

#### **Examples of Practice Experience Assignments**

##### *Evaluate Effectiveness and Efficiency of Continuity of Care*

The student will evaluate the effectiveness of continuity of care by assessing the needs of an individual patient and family and then reviewing the discharge, referral, and case management processes and plans for that patient. Student will identify a patient/family in the in-patient setting; ideally the patient would be a geriatric patient and/or one with co-morbidities that will require transfer to another healthcare facility and ongoing coordination of care. The student will follow that patient/family

throughout the trajectory of care, discharge procedures, transfer to next healthcare level and setting(s), and ongoing health monitoring and coordination of services.

The student should identify disease processes, treatments, and referral needs; observe and study patient needs (both for the individual and for the general population of that type of patient); identify stages and types of holistic health needs, including cultural, ethnic, gender and geographic related needs, of the patient and family; review the Continuity of Care plan and implementation of it; identify members of the interprofessional care team involved and the effectiveness of communications; review use of electronic health record (EHR), patient satisfaction, and patient health outcomes; and study health policy and financing regarding healthcare facility and community-based services. Student will report areas of concern, suggestions for solutions which show application of the problem-solving process and evaluation of evidence on the topic, and present final report to the organizations involved.

#### *Implement a Community Health and Population-Focused Health Promotion Activity*

Each student will use a community assessment model, e.g. Community as Partner, to do an abbreviated community assessment, which must include data collection and a windshield survey, of their own community. The student will analyze data looking for trends showing strengths, weaknesses, and conditions and develops one or two community health problems which identify a particular aggregate at-need or at-risk. The student will then collaborate with a community agency to plan and implement a health promotion project to address the problems and needs of the aggregate, and create or gather materials for the project. The student in collaboration with the community agency will implement the Health Promotion Activity. The student should include in the project a scheme for how the plan will be evaluated and will conduct the evaluation if the semester length permits. The entire process requires study and interpretation of Community Health course content; specific attention to review the evidence, and study of the identified aggregate; integration of knowledge and creativity in developing content and delivery of health promotion materials to the aggregate; inter-professional communication with the community agency; problem-based learning, problem solving, decision making, leadership skills, critical thinking, and policy development.

#### *Develop a Management Proposal to Address a Quality Care or Patient Safety Issue*

The student will identify a quality care or patient safety problem/issue that exists on an inpatient unit or in an outpatient setting and create a business proposal complete with goals, objectives, and strategies to address the identified issue. The student should be instructed on how to choose an issue; for example, the student might be allowed to identify any quality issue or may be required to choose one specifically connected to patient safety or included in the National Data Nursing Quality Indicators (NDNQI). The student will integrate and demonstrate management and leadership qualities by thoroughly considering the identified issue, accurately identifying the problem, and investigating the topic through on-site data collection, research review, and interprofessional communication. In developing the proposal the student will apply the functions of a nurse manager, including organizing, planning, directing, controlling, and budgeting; and must integrate each of these functions into the proposal. Thus the student will consider the identified issue and proposed solution from the perspective of how it impacts the organization and mission, how a plan/proposal is created; how that proposal affects staffing, scheduling, staff development, and staff satisfaction; what it will cost to implement the proposal; and how quality will be affected, measured, and evaluated. The student will coordinate and communicate with the unit or agency nurse manager and other organization departments, such as, quality, finance, human resources, nursing councils, medical department, and others as determined by the identified issue. The final proposal will be presented to administration and other appropriate entities, for example, nursing councils, for consideration.

## Examples of Student Practice Projects/Outcomes

### *Intentional Rounds:*

One student worked with the quality improvement department of her hospital to implement an Intentional Rounds initiative (also known as bedside rounds, hourly rounds, etc.). She completed the initial training then served as a coach to others who were implementing this on several floors. She developed a second round of training materials including videotaped exemplary rounds. Her written paper described the need for and benefits of Intentional Rounds using evidence-based literature. She also discussed the barriers and resistance she met and how she worked to overcome these. In her professional reflections she noted the importance of coaching and mentoring in nursing.

*School Health Parent Education:* In one practice experience, a student developed teaching materials for parents and teachers using current national asthma guidelines, an asthma action plan, and related information to the role of the school nurse. The parent information included questions to ask the primary provider, the importance of having reliever medication at school, and a tool for parent-provider-nurse communication. For teachers the information included observations of the child and when to contact the school nurse. The information was given to parents and teachers who provided feedback on its usefulness.

*Infection Prevention:* A student became interested in a new evidence-based ventilator associated pneumonia (VAP) protocol being implemented. The student understood that evidence must now be gathered to verify that expected outcomes are demonstrated. The student, in collaboration with several nurse managers and the Infection Preventionist, helped develop, implement, and coordinate a process for monitoring outcomes and providing focus for revisions in the protocol.

*Evidence-based Protocol:* A student wished to develop a protocol for use of Kangaroo Care (placing baby skin-to-skin after birth) on a busy mother-baby unit. The evidence supported its use to maintain temperature, increase breastfeeding and bonding. In addition, studies showed the use of Kangaroo Care also decreased crying in newborns. The student worked with the nurse manager to draft the protocol, link to evidence, and develop a temperature monitoring plan to assure that the newborn did not become hypothermic. Then the student worked to get staff feedback and initiated the approval process by taking it through the hospital clinical review committee. Throughout this process she acquired both the skills and communication techniques to effectively implement change.

*Community-Based Activity:* In one community-based experience, a student worked with a volunteer organization to create a database for its referrals and follow up plans. This led to creation of an evaluation plan that was later used as part of a grant proposal for the agency. The student provided a key service and collaboration with the agency that furthered its mission and outreach. In addition, patient follow-up was more effective with fewer dropped referrals.

## **RN-BSN Education Task Force**

Daisy Cruz-Richman, PhD, RN (*Chair*)  
Dean, SUNY Downstate Medical Center  
College of Nursing  
Brooklyn, NY

Derryl Block, PhD, MPH, RN  
Dean, College of Health and Human Sciences  
Northern Illinois University  
DeKalb, IL

Ellen B. Buckner, DSN, RN, CNE  
Professor, University of South Alabama  
College of Nursing  
Mobile, AL

Mary S. Collins, PhD, RN, FAAN (*CCNE Liaison*)  
Glover-Crask Professor of Nursing  
Wegmans School of Nursing, St. John Fisher College  
Rochester, NY

Rajamma George, EdD  
Associate Professor  
Marymount University  
Arlington, VA

Jan Jones-Schenk, MNA, RN, NE-BC  
Director, Western Governors University  
Salt Lake City, UT

Pat Martin, PhD, RN, FAAN (*BE Task Force Liaison*)  
Dean Emeritus & Professor Emeritus  
Wright State University  
Dayton, OH

Teri A. Murray, PhD, APHN-BC, RN, FAAN (*AACN Board Liaison*)  
Dean, Saint Louis University  
School of Nursing  
St. Louis, MO

Catherine Tredway, MBA, MSN, RN  
Program Director, College of Nursing  
University of Illinois at Chicago  
Moline, IL

Joan M. Stanley, PhD, CRNP, FAAN, FAANP (*AACN Staff Liaison*)  
Senior Director of Education Policy  
American Association of Colleges of Nursing  
Washington, DC

Horacio Oliveira  
Program Coordinator  
American Association of Colleges of Nursing  
Washington, DC

# APPENDIX D



# **SUL ROSS STATE UNIVERSITY**

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

## **BACHELOR OF SCIENCE IN NURSING PROGRAM AFFILIATION AGREEMENT**

This agreement is made by and entered into between VAL VERDE RURAL HEALTH CLINIC, hereafter called “CLINIC” and SUL ROSS STATE UNIVERSITY, on behalf of the BACHELOR OF SCIENCE IN NURSING PROGRAM, Alpine, Texas, hereafter called “UNIVERSITY.”

**WHEREAS, CLINIC** operates accredited or licensed facilities at del rio, texas, and **WHEREAS, UNIVERSITY** operates an approved School of Nursing at Alpine, Texas, and **WHEREAS**, the parties desire to advance nursing education and aid in meeting the ever-increasing demand in the locality, state, and nation for trained health professionals, and to make available better health service to patients, and

**WHEREAS**, it is deemed advised and in the best interest of the Parties to establish an affiliation for the purpose of carrying out these objectives:

**NOW, THEREFORE**, for and in consideration of the foregoing and in further consideration of the mutual benefits, the Parties hereto agree as follows:

### **ARTICLE I**

#### **ORIGINAL TERM, RENEWAL, AND TERMINATION**

The original term of the agreement starts 03/15/21 and shall continue in full force and effect for 8 weeks until 05/15/21 unless thirty (30) days written notice to terminate the agreement is given by either party to the agreement. Notice of termination is to be sent via certified mail to the President of Sul Ross State University and to Mr. Jorge Juardo, the Senior Clinic Administrator of Val Verde Rural Health Clinic. If either party terminates this agreement, the CLINIC will allow students assigned to the CLINIC before the termination date to complete their internship at the CLINIC, even if the internship extends beyond the termination date.

### **ARTICLE II**

#### **RESPONSIBILITIES OF THE PARTIES**

CLINIC WILL:

1. provide adequate clinic facilities, equipment, and resources for appropriate clinical experience and clinical conferences;
2. provide access for faculty and students to patients and patient medical records at its facilities as part of the students’ clinical experience requirement;

3. allow clinical experience and instruction with the following services as approved by patients:
  - A. Care of Families
  - B. Care of Obstetric Patients & Infants
  - C. Care of Pediatric Patients
  - D. Care of Adolescent Patients
  - E. Care of Adult Patients
  - F. Care of Geriatric Patients
4. provide clinical-staff supervision by currently licensed professionals in the field of nursing to assist faculty members with clinical supervision and evaluation of University student's;
5. participate in Precepted Clinical Learning Experiences during the clinical semester of nursing education described by the Texas Board of Nursing as follows, with commitments to:
  - A. select an RN in good standing with the State of Texas for the BSN students or approves the nurse practitioner chosen by an RN to BSN student who professes a desire and willingness to work with students in the clinical area,
  - B. ensure that each preceptor will have at least one year of experience in the designated clinical area,
  - C. retain responsibility for preceptor's salary, benefits, and liability,
  - D. provide time for selected nurses who meet the Texas Board of Nursing requirements to obtain information needed for precepting assigned students to receive the information necessary for the role and general expectations and logistics related to the educational process, with this information provided by UNIVERSITY during a scheduled time agreeable to the preceptor,
  - E. provide the preceptor's work schedule to the faculty member so that students can be assigned in advance to the clinical area,
  - F. retain ultimate responsibility for the care of patients assigned to students,
  - G. explain the preceptor program and expectations of students to other agency personnel and physicians who are not directly involved with preceptorship, and
  - H. collaborate with faculty to provide weekly evaluations and goal-setting activities.;
6. ensure that CLINIC Administration and Leaders who select nursing staff to serve as preceptors for students will do so with careful attention to the following factors when selecting and approving those preceptors:
  - A. Role of the nurse in the setting,
  - B. Location and accessibility of the setting,
  - C. Safety of patients and students,

- D. Diversity of population served,
  - E. Willingness of nurse to accommodate nursing students,
  - F. Number of other programs/students using the setting,
  - G. Interdisciplinary nature of the setting, and
  - H. Current trends in health care delivery;
7. explain to selected preceptors that their responsibilities include the following activities:
    - A. Participating in a preceptor orientation,
    - B. Functioning as a role model in the clinical setting,
    - C. Facilitating learning activities for one assigned student,
    - D. Orienting the student and faculty to the clinical agency and interdisciplinary team members,
    - E. Guiding, facilitating, supervising, and monitoring the student in achieving clinical objectives,
    - F. Collaborating with faculty member to review progress of the student toward meeting clinical-learning objectives,
    - G. Providing feedback to the student regarding clinical performance, and
    - H. Collaborating with faculty members in the preparation of the mid-term and final evaluation for assigned student;
  8. periodically, review the specific programmatic efforts and number of students assigned to participate at its facilities, both factors subject to mutual agreement of both Parties prior to the beginning of the clinical experience;
  9. maintain responsibility for the policies, procedures, and administrative guidelines to be used in the operation of its facility;
  10. provide copies for computer access to all clinic forms, policies, procedures, and patient records that pertain to students' performance in the clinical setting;
  11. officially notify the Director of Nursing Education of any change that will affect students or student affair's;
  12. communicate with faculty member and/or Director of the Nursing Program as issues arise or preceptor has questions that need to be addressed;
  13. provide feedback regarding student performance to the faculty member, addressing topics provided on the designated University Student Evaluation Form;
  14. notify UNIVERSITY in the event that the assigned preceptor requests that the student leave the clinical site due to incorrect clinical practice deemed unsafe or dangerous to a patient. The faculty member must be notified regarding the decision made by the preceptor and the incident place in writing and provided to the faculty member;
  15. encourage nursing staff members to participate in planned educational activities of SRSU;
  16. participate, when requested by UNIVERSITY, in any annual program review at SRSU which is directed toward continuing program improvement;

17. collaborate with UNIVERSITY if a change in preceptor and/or student assignment is necessary; and
18. participate in post-conference activity with students as desired and as time allows.

University Program will:

1. maintain the authority and responsibility for educational programs and activities for its students which may be conducted within CLINIC facilities;
2. provide a faculty member, assigned to students scheduled to attend the CLINIC who will serve as a resource to preceptors and students; provide a registered nurse with preparation in nursing education and clinical practice to instruct, monitor, and supervise UNIVERSITY students in the classroom laboratories, and post-conference activity;
3. consider for clinical and/or part-time faculty appointment those members of CLINIC nursing staff who contribute significantly to the academic program, subject to academic standards and rank used by UNIVERSITY;
4. inform its faculty and students of the requirement to comply with CLINIC policies and procedures when in attendance at CLINIC's facilities and of the patient-confidentiality requirements, only insofar as there is no conflict with the policies, rules, and regulations of UNIVERSITY or the laws and Constitution of the State of Texas;
5. make certain that UNIVERSITY faculty members and program facilitators assume the following nursing educational program/faculty responsibilities for those clinical units using trained preceptors:
  - A. Ensuring that the preceptors meet qualifications specified in the TBON regulations for Rule 214.10, Rule 215.10, or Rule 219.10 as appropriate,
  - B. Ensuring that there are written agreements which delineate the functions and responsibilities of the affiliating agency, clinical preceptor, and nursing program as deemed necessary by the clinical affiliating agency (See Preceptor Handbook),
  - C. Ensuring that clinical experiences using preceptors that occur during the last two semesters of the BSN program or during the clinical semester for the RN to BSN program will occur only after the student has received applicable theory and clinical experiences necessary to safely provide care to patients (within course or curriculum), as appropriate,
  - D. Providing the preceptor with a copy of the philosophy, student handbook, curriculum, course, and clinical objectives of the nursing education program,
  - E. Discussing student expectations and skills performance, student guidelines for performance of procedures, and methods of evaluation,
  - F. Assuming overall responsibility for teaching and evaluation of the student,

- G. Informing students of the requirement to comply with standards on immunizations, screening, OSHA standards, HIPAA, CPR, and current health and liability insurance coverage,
  - H. Providing material and guidance to the preceptors with information related to concept-based learning and clinical course objectives,
  - I. Working collaboratively with the preceptor and the CLINIC to determine student learning needs and appropriate assignments,
  - J. Communicating assignments and other essential information to the CLINIC,
  - K. Arranging a time to meet with preceptors weekly and at the end of each student rotation to acquire information regarding student performance,
  - L. Monitoring student progress through student rounds, student clinical seminars, student-faculty-preceptor conferences, and review of student clinical assignments and progress.
  - M. Being readily available, e.g., by telephone, pager or e-mail, for consultation when students are in the CLINIC facility,
  - N. Providing a tentative schedule to each preceptor regarding the faculty member's personal visit to CLINIC,
  - O. Receiving feedback from the preceptor regarding student performance.
  - P. Providing feedback to preceptor regarding performance as preceptor and the clinical learning experience,
  - Q. Providing recognition to the preceptor for participation in the nursing education program, and
6. Educate the students from the University Program on the following responsibilities when the student is assigned to a clinical unit utilizing preceptors:
- A. Maintaining open communication with the assigned preceptor and faculty member,
  - B. Submitting a personal biography to each preceptor assigned on the first day of clinical experience,
  - C. Specifying clinical schedule and sharing with preceptor and faculty member,
  - D. Maintaining accountability for own learning activities and nursing actions guided by clinical objectives,
  - E. Preparing for each clinical experience as required by each BSN Program and faculty of record for assigned course,
  - F. Following policies and procedures for the CLINIC,
  - G. Arranging for preceptor's supervision when performing procedures, as appropriate and as specified by preceptor,
  - H. Utilizing weekly goals to increase knowledge and skills as established between student and preceptor,

- I. Contacting faculty member by telephone, pager, or e-mail if faculty assistance is necessary, and
- J. Respecting the confidential nature of all information obtained during clinical experience as specified by HIPAA;
- 7. require students to follow the semester clinical rotation schedule for University students through the special services provided in the CLINIC;
- 8. instruct students to document and maintain suitable records of clinical experience and performance;
- 9. provide or require students to provide evidence of education and/or documentation for the following prior to th clinical experience:
  - A. Universal precautions concerning body fluid and blood borne pathogens,
  - B. Complete background check,
  - C. Appropriate drug screen,
  - D. Current health insurance,
  - E. Professional liability insurance, and
  - F. Current immunizations and certifications as required by the CLINIC, such as hepatitis vaccination, TB skin test, BCLS, and certifications required on designated units; and
- 10. inform students that they are not employees of CLINIC and have no claim against CLINIC for any employment benefits, including Worker's Compensation.

### **ARTICLE III SEVERABILITY**

If any term or provision of this agreement is held to be invalid for any reason, the invalidity of that section shall not affect the validity of any other section of this agreement provided that any invalid provision is not material to the overall purpose and operations of this agreement. The remaining provisions of this agreement shall continue in full force and effect and shall in no way be affected, impaired, or invalidated.

### **ARTICLE IV AMENDMENT**

This agreement may be amended in writing to include any provisions that are agreed to by the contracting Parties.

## **ARTICLE V VENUE**

This agreement and all claims arising from this Agreement shall be interpreted and construed in accordance with the laws of the State of Texas, without regard to its conflict of laws principles. Any judicial action or proceeding between the parties relating to this agreement and all claims arising from this agreement shall be brought in the federal or state courts serving Brewster County in the State of Texas.

## **ARTICLE VI ASSIGNMENT**

Neither party shall have the right to assign or transfer their rights to any third parties under the agreement without the prior written consent of the other party.

## **ARTICLE VII INDEPENDENT CONTRACTOR STATUS**

Nothing in this agreement is intended nor shall be construed to create an employer/employee relationship between contracting parties.

## **ARTICLE VIII NON-DISCRIMINATION STATEMENT**

In their execution of this agreement the parties and others acting by or through them shall comply with all federal and state laws prohibiting discrimination, harassment, and sexual misconduct. The parties agree not to discriminate on the basis of race, color, national origin, age, sex, religion, disability, veterans' status, sexual orientation, gender identity or gender expression. Any breach of this covenant may result in termination of this agreement.

## **ARTICLE IX SOVEREIGN IMMUNITY**

Notwithstanding any provision of this agreement, nothing herein shall be construed as a waiver by UNIVERSITY of its constitutional statutory or common law rights, privileges, immunities or defenses. To the extent the terms of this paragraph conflicts with any other provision in this agreement, the terms of this paragraph shall control.

**IN WITNESS WHEREOF**, the undersigned parties do hereby bind themselves to the faithful performance of this contract:

VAL VERDE RURAL HEALTH  
CLINIC  
DEL RIO, TEXAS

SUL ROSS STATE UNIVERSITY  
BACHELOR OF SCIENCE IN  
NURSING  
ALPINE, TEXAS

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

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Date

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Date

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Date



# **APPENDIX E**

SUL ROSS STATE UNIVERSITY  
DEPARTMENT OF NURSING

PRECEPTOR CHECKLIST

Preceptors will submit a complete Preceptor Agreement Packet, including.

- ☐ 1. Preceptor Agreement
- ☐ 2. Preceptor Affiliation Agreement
- ☐ 3. Preceptor License Verification
- ☐ 4. Curriculum Vitae (CV)
- ☐ 5. Preceptor Contact Information
- ☐ 6. Student Clinical Information/Schedule

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

Preceptor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SUL ROSS STATE UNIVERSITY  
DEPARTMENT OF NURSING

PRECEPTOR AGREEMENT

I, \_\_\_\_\_, agree to be a preceptor for Sul Ross State University nursing students for the term \_\_\_\_\_.

As a preceptor, I agree to the following:

1. Complete the Preceptor Education Training program as arranged with my Nurse Manager.
2. Abide by the guidelines provided by the Texas Board of Nursing, philosophy and objectives of the Department of Nursing.
3. Supervise and evaluate students according to their specific course objectives and evaluation methodologies.
4. Communicate issues with nursing faculty regarding student progress and/or problems as they arise, and
5. Role model holistic, caring, nursing practice, critical thinking skills and the use of evidence based nursing practice.

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

\_\_\_\_\_  
Preceptor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Hospital

\_\_\_\_\_  
Name of CNO

\_\_\_\_\_  
Signature of CNO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Chairperson  
Department of Nursing

\_\_\_\_\_  
Signature of Chairperson  
Department of Nursing

\_\_\_\_\_  
Date

SUL ROSS STATE UNIVERSITY  
DEPARTMENT OF NURSING  
PRECEPTOR AGREEMENT

This document is a supplement to the Affiliation Agreement that contains specific information regarding the responsibilities of \_\_\_\_\_ Hospital and \Sul Ross State University Department of Nursing. The Chief Nursing Operator and the Director of the Department of Nursing are both voluntarily entering into a precepting relationship, which we expect will benefit both the health care organization and the educational facility. Ultimately, the profession of nursing will benefit by having nursing graduates enter the field of nursing with greater strength and understanding of the nursing role. This will be achieved when the BSN student works closely with members of the nursing staff selected by nursing administration. The RN to BSN students will select a preceptor who practices in a role they plan to follow. The Hospital CNO or Clinic Proprietor will assist with planning for the clinical experience. This arrangement is planned to be a rewarding experience with most of the time spent on orientation, competency activities, nursing assessment and competency based nursing interventions. We have mutually agreed upon the following:

1. The precepting relationship will last for the time designated in the Affiliation Agreement After an initial period, the relationship will be evaluated and mutually agreed to end or to continue for additional periods for the BSN students.
2. The two nursing departments will meet every six months to discuss the agreement and plan for future experiences. Although unforeseen circumstances may alter this plan, meeting times will be planned when representation from each institution can be present to discuss key issues.
3. Each meeting will last a minimum of thirty minutes but no more than one hour.
4. Between meetings, nursing representatives will contact each other by telephone or e-mail. In-depth issues will be addressed during a planned face-to-face meeting.
5. We agree that the role of the preceptor and preceptee will follow the guidelines set forth by the Texas Board of Nursing (TBON). Changes made by the TBON in future years will be incorporated in the Affiliation Agreement between the two institutions.
6. The preceptor agrees to be honest and provide constructive feedback to the preceptee and the preceptee agrees to be open to feedback and attempt to incorporate suggestions into his or her behavior. Both will communicate with the faculty of record and the Director of the nursing program as necessary to enhance the dual roles.
7. We agree to a “no-fault conclusion” of this relationship, if appropriate. Specifically, either member can end the relationship if the process is believed to be no longer productive to work together without fault attributed to either institution.

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Signature - CNO “Hospital”	Date
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Director of Department of Nursing Program	Date
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Preceptor	Date
-----------	------

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Preceptee	Date
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**SUL ROSS STATE UNIVERSITY  
DEPARTMENT OF NURSING**

**PRECEPTOR CONTACT INFORMATION**

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

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

City/State: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Hospital Facility: \_\_\_\_\_

Department: \_\_\_\_\_

Day/Night Shift: \_\_\_\_\_

SUL ROSS STATE UNIVERSITY  
DEPARTMENT OF NURSING  
Preceptee Biography

Students Name \_\_\_\_\_

Preceptor's Name \_\_\_\_\_

Student's Age \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Back-up Phone Number \_\_\_\_\_

E-Mail \_\_\_\_\_

Year Preceptee Graduated as RN \_\_\_\_\_

Name of School \_\_\_\_\_

Areas and Years Employed after Graduation:

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

Describe your best mode of learning: \_\_\_\_\_

What is your personal communication style: \_\_\_\_\_

Describe the type of feedback you would prefer (i.e., verbal, written, or both)

What questions do you have about your preceptee?

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

Identify your strengths: \_\_\_\_\_

Identify your weaknesses: \_\_\_\_\_

What do you see as your greatest challenge in your new role? \_\_\_\_\_

What do you hope to gain from this precepting relationship? \_\_\_\_\_

**SUL ROSS STATE UNIVERSITY  
DEPARTMENT OF NURSING**

**STUDENT/PRECEPTOR SCHEDULE**

Preceptor:

Student:

Week 1 Unit/Shift:

Date							
Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Preceptor Schedule							
Student Schedule							

Week 2 Unit/Shift:

Date							
Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Preceptor Schedule							
Student Schedule							

Week 3 Unit/Shift:

Date							
Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Preceptor Schedule							
Student Schedule							

Week 4 Unit/Shift:

Date							
Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Preceptor Schedule							
Student Schedule							

Week 5 Unit/Shift:

Date							
Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Preceptor Schedule							
Student Schedule							

# APPENDIX F



**SUL ROSS STATE UNIVERSITY  
DEPARTMENT OF NURSING  
COURSE EVALUATION BY STUDENT**

**Course Name & Number:**

**Term & Year:**

**Faculty:**

**In order to provide high quality education experiences, your instructors are interested in your perceptions of this course. This form includes statements related to both didactic and clinical components (as applicable) of the course as well as faculty instruction. If there was no clinical in your course, please check “*Not Applicable*.” You are encouraged to offer specific advice and constructive appraisal of your learning experiences as you answer the open-ended questions at the end of the form. Thank you for providing feedback to improve the course.**

<b>Evaluation of Theory and Didactic Course</b>	<b>Strongly Agree 5</b>	<b>Agree 4</b>	<b>Uncertain 3</b>	<b>Disagree 2</b>	<b>Strongly Disagree 1</b>	<b>Not Applicable 0</b>
The course orientation provided helpful information about expectations for successful completion of the course.						
The introduction to Black Board, online learning, weekly learning activities and computer competency was for your learning needs.						
The course syllabus was well organized.						
Course materials were provided in sufficient time to allow you to prepare adequately for assignments.						
Assignments were helpful in acquiring a better understanding of course content.						
The use of Black Board Discussions was helpful to accomplish the course requirements.						
The course provided ample opportunities to collaborate and learn from other students in synchronous and asynchronous assignments.						
Student responsibilities (being prepared, participation, group projects, communication etc.) were well defined in this course.						
The frequency of student & instructor interaction was adequate.						
Grading criteria and rubrics were clearly stated in the syllabus & consistent with methods used to assign grades.						
Assignment grades and/or test results were provided.						
Tests (if applicable) were directly related to assignments, Black Board discussions, and other planned activities.						
Appropriate technical assistance was readily available.						
The quality of online instruction using synchronous and asynchronous methods was excellent.						
Adequate online library resources were provided.						
Course assignments were related to the focus of the course and related to the level of the program.						

<b>Evaluation of Clinical Learning Activities and Experiences if Applicable</b>	<b>Strongly Agree 5</b>	<b>Agree 4</b>	<b>Uncertain 3</b>	<b>Disagree 2</b>	<b>Strongly Disagree 1</b>	<b>Not Applicable 0</b>
Students were encouraged to identify their individual clinical objectives that reflected areas of need.						
Students were encouraged to select a patient population for their clinical experience.						
Students were provided weekly guidelines for developing physical assessment skills						
Guidelines were provided for development of a population Data Base						
Students were encouraged to suggest areas that would provide clinical experience for their patient population						
Students were an integral part in planning clinical time with their clinical preceptors						
Clinical experience was directed toward development of skill with physical assessment, relating diagnostic data to identified patient diagnoses, and linking management prescribed by the primary provider to patient needs.						
Students were encouraged to identify areas of need to enhance clinical leadership and management						
Evaluation of physical assessment techniques was a meaningful learning experience						
Clinical activities were appropriate and directed to development of nursing knowledge and skill for a selected patient population						
Weekly discussion topics were relevant and stimulated identification of appropriate discussion areas						

<b>Evaluation of Instructor</b>	<b>Strongly Agree 5</b>	<b>Agree 4</b>	<b>Uncertain 3</b>	<b>Disagree 2</b>	<b>Strongly Disagree 1</b>	<b>Not Applicable 0</b>
The instructor's teaching stimulated my interest in the subject.						
The instructor expressed ideas clearly.						
The instructor encouraged students to feel free to ask questions.						
The instructor thoughtfully answered all questions raised by students.						
The instructor provided relevant & timely feedback regarding my work in this course.						
The instructor treated students with respect.						
The instructor seemed genuinely interested in my learning.						
The instructor was readily available for consultation with students online, by email and phone.						
The instructor used teaching methods that helped me understand the practical application of the course content.						
The instructor effectively used online learning systems (e.g. Blackboard) to promote learning.						
If I had academic difficulty or personal issues affecting my performance, the instructor advised me of my status and options.						

**General evaluation of the Course:**

**Rate the amount of work you did:**

☐ Less than assigned ☐ What was assigned ☐ More than what was assigned

**Rate the level of your involvement in the activities of this course:**

☐ Limited involvement ☐ Somewhat involved ☐ Highly involved

**How much practical knowledge have you gained from this course?**

☐ Minimum ☐ Some practical knowledge ☐ A great deal

**General Evaluation of the Course when compared to other courses you have taken:**

☐ Poor ☐ Very poor ☐ Average ☐ Good ☐ Excellent

**What are the major strengths of this course?**

**What are the major weaknesses of this course?**

**What would you suggest for improvement of this course?**

**SUL ROSS STATE UNIVERSITY  
DEPARTMENT OF NURSING  
STUDENT EVALUATION OF CLINICAL PRECEPTOR**

Facility/Site: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

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

Dates of Clinical Experience: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

	ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	N/A
During my clinical experience, my preceptor:					
1. Was available for initial planning for clinical					
2. Provided an orientation to unit and staff					
3. Introduced student to professional culture of the unit					
4. Served as a role model for professional growth					
5. Planned experiences to meet clinical objectives					
6. Developed a plan based on learning needs					
7. Provided learning opportunities commensurate with patient availability					
8. Discussed learning outcomes on a regular basis					
9. Encouraged development of critical thinking/clinical reasoning skills					
10. Provided opportunities for skills/techniques					
11. Provided an environment conducive for learning					
12. Incorporated clinical informatics/technology competencies into learning experience					
13. Demonstrated professionalism and peer respect					
14. Incorporated current changes occurring in health care delivery					
15. Provided constructive evaluation of clinical performance					

Comments:

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SUL ROSS STATE UNIVERSITY  
DEPARTMENT OF NURSING  
STUDENT EVALUATION OF CLINICAL SITE**

Facility/Site: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Dates of Clinical Experience: \_\_\_\_\_

Student Evaluator: \_\_\_\_\_

	ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	N/A
<b>The clinical learning environment provided:</b>					
1. Orientation which lead to adequate preparation for the clinical rotation					
2. Clinical learning experiences that supported achievement of course objectives					
3. Staff members were supportive of students learning					
4. Clarity of student's function and responsibility					
5. Adequate availability of patients					
6. Diversity of types of patients to meet objectives					
7. Staff members who were willing to address learning needs					
8. Protocols/practice guidelines					
9. Positive communication/collaboration with multidisciplinary staff					
10. Appropriate internet/intranet informatics/EBP tools					
11. An overall environment conducive for professional growth					
<b>Physical Location</b>					
1. Secure availability for personal items storage such as purse/backpack/food storage					
2. Adequate space for private counseling					
3. Adequate parking					
4. Adequate availability and condition of hospital equipment					

Comments:

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SUL ROSS STATE UNIVERSITY  
DEPARTMENT OF NURSING**

**End of Semester Preceptor Self-Assessment**

Student: \_\_\_\_\_  
Preceptor: \_\_\_\_\_  
Semester: \_\_\_\_\_

Hospital/Unit: \_\_\_\_\_  
Healthcare Agency: \_\_\_\_\_

A. Circle the number on the scale which best describes your response in relation to your student.

To what extent did I:

	Never	On Occasion	Some-times	Frequently	Always
1. Discuss my student's clinical objectives with him/her?	1	2	3	4	5
2. Incorporate experiences relevant to his/her learning objectives?	1	2	3	4	5
3. Help my student identify realistic learning goals?	1	2	3	4	5
4. Encourage my student to be part of the team?	1	2	3	4	5
5. Discuss a patient's care with him/her?	1	2	3	4	5
6. Encourage my student to participate as a professional?	1	2	3	4	5
7. Encourage my student to think independently?	1	2	3	4	5
8. Help him/her use critical thinking skills?	1	2	3	4	5
9. Encourage my student to ask questions?	1	2	3	4	5
10. Acknowledge his/her viewpoint?	1	2	3	4	5
11. Give critical feedback on his/her work?	1	2	3	4	5
12. Acknowledge when he/she did good work?	1	2	3	4	5
13. Have time to work with my student?	1	2	3	4	5
14. Help my student learn time management?	1	2	3	4	5
15. Serve as a role model for my student?	1	2	3	4	5

B. Indicate the extent to which

	Low			High	
1. Instructor orientated you to your role as preceptor	1	2	3	4	5
2. Student kept you informed of week's learning objective	1	2	3	4	5
3. The preceptor training course was helpful	1	2	3	4	5
4. Information on handheld computer was useful	1	2	3	4	5

Note: check here if you did not use the PDA \_\_\_\_\_

C. What would help me to provide clinical instruction to my student (check any that apply)

- \_\_\_\_\_ 1. Skill list of what students can do in clinical  
\_\_\_\_\_ 2. Topic outline of what student is learning each week  
\_\_\_\_\_ 3. Frequent interaction with instructor. Choice is by: email \_\_\_\_\_ phone \_\_\_\_\_ in person \_\_\_\_\_  
\_\_\_\_\_ 4. Other (specify) \_\_\_\_\_

D. In your opinion, the preceptor model for nurse education is a good way to

1. provide clinical instruction to nursing students Yes \_\_\_\_\_ No \_\_\_\_\_  
2. prepare future nurses Yes \_\_\_\_\_ No \_\_\_\_\_

E. General Comment: \_\_\_\_\_

**SUL ROSS STATE UNIVERSITY  
DEPARTMENT OF NURSING  
PRECEPTOR EVALUATION OF STUDENT**

Student \_\_\_\_\_

Date \_\_\_\_\_

Evaluator \_\_\_\_\_

Course \_\_\_\_\_

Semester/Year \_\_\_\_\_

*Please rate the student's performance using the following scale:*

Maximum                      Minimum                      Unsafe                      Not Observed  
4                      3                      2                      1                      0

		4	3	2	1	0	COMMENTS
A.	<b><u>CLINICAL APPROACH</u></b>						
	1. Proceeds in a professional and Unhurried manner.						
	2. Responds to verbal and nonverbal clues of client and family.						
	3. Utilizes appropriate style and level of communication.						
B.	<b><u>CLINICAL ASSESSMENT</u></b>						
	4. Obtains a complete health history in a systematic manner.						
	5. Adequately investigates the chief complaint.						
	6. Evaluates and critically analyzes a health history.						
	7. Performs a complete physical examination in an organized manner.						
	8. Performs a focused physical examination as it relates to chief complaint.						
	9. Suggests appropriate laboratory tests.						
	10. Performs accurately a developmental evaluation and or mental status examination.						
	11. Identifies and describes patterns of behavior associated with developmental processes, lifestyles, and family relationships.						
C.	<b><u>ANALYSIS AND DECISION MAKING</u></b>						
	12. Establishes a diagnosis by discriminating between normal and abnormal findings in the history and physical examination.						

	13. Presents and explains data in systematic manner.						
	14. Exercises clinical judgments in differentiating between situations which the nurse practitioner can manage and those which require consultation and/or referral.						
D.	<b><u>CLINICAL MANAGEMENT</u></b> 15. Provides preventative healthcare and health promotion instruction for a given group of clients.						
	16. Instructs clients and their families about the growth and development, life crises, common illnesses, risk factors and accidents.						
	17. Manages common self-limiting, episodic health problems in consultation with preceptor.						
	18. Manages stabilized chronic illness problems in consultation with preceptor and other healthcare providers.						
	19. Assists clients assume greater responsibility for their own health maintenance by providing instruction, counseling and guidance.						
	20. Utilizes supportive learning materials when needed (e.g. audiovisuals, written demonstrations, etc.)						
	21. Arranges referrals for clients with health problems who need further evaluation and/or additional services.						
	22. Plans the therapeutic regimen so that it is appropriate to the developmental and functional status of the client and/or family.						
E.	<b><u>EVALUATIONS</u></b> 23. Collects systematic data for evaluating response of the clients and families to the therapeutic regiment.						
	24. Modifies the plan of care according to the response of the client.						
	25. Evaluates need and or time for follow-up						



---

**General Comments and Overall Impression of Student (Strengths and Weaknesses)**

Evaluator \_\_\_\_\_  
*Signature*

Date \_\_\_\_\_

Student \_\_\_\_\_

Date \_\_\_\_\_

Reviewed by Clinical Faculty \_\_\_\_\_

Date \_\_\_\_\_

**SUL ROSS STATE UNIVERSITY**  
**DEPARTMENT OF NURSING**  
**WEEKLY EVALUATION TOOL**

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

Clinical Precepted Date: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

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

Hospital: \_\_\_\_\_ Health Care Agency \_\_\_\_\_

Complete this Tool After Each Week of Clinical Practice

	No	Yes	
1. Was on time	1	2	If no, Arrival Time _____
2. Was dressed according to policy	1	2	
3. Maintains confidentiality of patient	1	2	
4. Safely administers medications	1	2	

1-Unsatisfactory 2-Needs Improvement 3-Average 4-Good 5- Excellent

MEMBER OF THE PROFESSION:

5. Communicates in a goal-directed manner	1	2	3	4	5
6. Demonstrates ability to think critically	1	2	3	4	5
7. Seeks constructive feedback regarding practice	1	2	3	4	5
8. Seeks knowledge/skill appropriate to course	1	2	3	4	5

PROVIDER OF PATIENT-CENTERED CARE

9. Accurately interprets the meaning of lab values	1	2	3	4	5
10. Obtains significant data from patient/family/records	1	2	3	4	5
11. Is sensitive to socio-cultural aspects of patient/family	1	2	3	4	5
12. Determines nursing diagnoses appropriate to patient data	1	2	3	4	5
13. Recognizes priority care problems	1	2	3	4	5
14. Discusses pathology related to problem statement	1	2	3	4	5
15. Goal criteria are realistic	1	2	3	4	5
16. Nursing interventions are safely completed	1	2	3	4	5
17. Interventions are individualized to patient/family	1	2	3	4	5
18. Supports interventions with scientific principles	1	2	3	4	5
19. Demonstrates initiative with scientific principles	1	2	3	4	5
20. Demonstrates initiative in performing patient care	1	2	3	4	5
21. Demonstrates basic knowledge of medications	1	2	3	4	5
22. Determines if goal is achieved	1	2	3	4	5
23. Modifies nursing interventions appropriately, if needed	1	2	3	4	5

PATIENT SAFETY ADVOCATE

24. Safely performs patient care	1	2	3	4	5
25. Considers wishes of patient when providing care	1	2	3	4	5

MEMBER OF THE HEALTH CARE TEAM

26. Reports changes in patient conditions to preceptor/staff	1	2	3	4	5
27. Establishes a collaborative relationship with others	1	2	3	4	5
28. Charting meets the guidelines of the institution	1	2	3	4	5

Comments: \_\_\_\_\_

\_\_\_\_\_

Preceptor's Signature \_\_\_\_\_

Student's Signature \_\_\_\_\_

SUL ROSS STATE UNIVERSITY  
DEPARTMENT OF NURSING

STUDENT SUMMATIVE CLINICAL EVALUATION

Student's Name \_\_\_\_\_ # of Hours Completed: \_\_\_\_\_

Preceptor's Name \_\_\_\_\_ Date \_\_\_\_\_

Course \_\_\_\_\_ Semester/Year \_\_\_\_\_

<b>Evaluation of Clinical Student</b>	<b>Guidance Needed</b>	<b>No Guidance Needed</b>	<b>Comments</b>
1. Obtained comprehensive and/or problem focused health histories utilizing therapeutic communication skills.			
2. Performed organized comprehensive and/or problem focused physical examinations.			
3. Differentiated normal, variations of normal and abnormal assessment findings.			
4. Analyzed and interpreted histories, including presenting symptoms, physical findings, and diagnostic information to develop appropriate prioritization of health problems.			
5. Employed appropriate diagnostic and therapeutic interventions and regimens with attention to safety, cost, invasiveness, simplicity, acceptability, adherence, and efficacy.			
6. Formulated an action plan based on scientific rationale, evidence-based standards of care and practice guidelines.			
7. Provided guidance and counseling regarding management of the health/illness condition.			
8. Initiated appropriate consultation and/or referrals.			
9. Incorporated cultural preferences, health beliefs and behaviors, and traditional practices into the management plan.			

Patient genders, ages, chief complaints, and diagnoses that were seen with student:

Student's identified strengths (derived from SOAP notes, Typhon and participation in clinical discussion group):

Student's identified weaknesses:

Plan:

Additional Comments:

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

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

**\*STUDENTS: Please send this attachment back and note in your email that you have read the evaluation (signing this evaluation indicates that you have received and read the evaluation, not that you agree with the evaluation).**

## APPENDIX G

# Texas Administrative Code

**TITLE 19****EDUCATION****PART 1****TEXAS HIGHER EDUCATION  
COORDINATING BOARD****CHAPTER 22****GRANT AND SCHOLARSHIP PROGRAMS****SUBCHAPTER  
P****EXEMPTION PROGRAM FOR CLINICAL  
PRECEPTORS AND THEIR CHILDREN****RULE §22.302 Authority and Purpose**

(a) Authority. Authority for this subchapter is provided in the Texas Education Code, §54.356 (previously §54.222), Preceptors for Professional Nursing Education Programs. These rules establish procedures to administer this exemption program.

(b) Purpose. The purpose of this program is to provide partial exemptions from the payment of tuition to eligible persons employed as clinical preceptors and to their children in order to encourage the preceptors to continue their employment and induce others to seek such employment in the state of Texas.

**Source Note:** The provisions of this §22.302 adopted to be effective November 28, 2005, 30 TexReg 7872; amended to be effective February 28, 2012, 37 TexReg 1336

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**TITLE 19**

EDUCATION

**PART 1**

TEXAS HIGHER EDUCATION  
COORDINATING BOARD

**CHAPTER 22**

GRANT AND SCHOLARSHIP PROGRAMS

**SUBCHAPTER  
P**

EXEMPTION PROGRAM FOR CLINICAL  
PRECEPTORS AND THEIR CHILDREN

**RULE §22.303 Definitions**

---

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

- (1) Board--the Texas Higher Education Coordinating Board.
- (2) Child--a child 25 years of age or younger, including an adopted child.
- (3) Clinical preceptor or preceptor--a registered nurse or other license health professional who meets the requirements below, not paid as a faculty member by the governing board of an institution of higher education, but who directly supervises a nursing student's clinical learning experience in a manner prescribed by a signed written agreement between the educational institution, preceptor and affiliating agency. A clinical preceptor has the following qualifications:
  - (A) competence in designated areas of practice,
  - (B) a philosophy of health care congruent with that of the nursing program,
  - (C) current licensure or privilege as a registered nurse in the State of Texas, and
  - (D) if not a registered nurse, holds a current license in Texas as a health care professional with a minimum of a bachelor's degree in that field.



(4) Commissioner--the Commissioner of Higher Education, the Chief Executive Officer of the Board.

(5) Institution of Higher Education or Institution--any public technical institute, public junior college, public senior college or university, medical or dental unit or other agency of higher education as defined in Texas Education Code, §61.003(8).

(6) Program--the Exemption Program for Clinical Preceptors and Their Children.

(7) Resident of Texas--a resident of the State of Texas as determined in accordance with Chapter 21, Subchapter B of this title (relating to Determination of Resident Status). Nonresident students who are eligible to pay resident tuition rates are not residents of Texas.

(8) Tuition--includes statutory tuition, designated tuition and Board-authorized tuition.

(9) Undergraduate professional nursing program--a public educational program for preparing students for initial licensure as registered nurses.

---

**Source Note:** The provisions of this §22.303 adopted to be effective November 28, 2005, 30 TexReg 7872; amended to be effective August 25, 2008, 33 TexReg 6818; amended to be effective February 28, 2012, 37 TexReg 1336

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## **RULE §22.304 Tuition Exemption**

---

Each institution of higher education shall exempt all eligible persons from the payment of up to \$500 of tuition per term or semester.

---

**Source Note:** The provisions of this §22.304 adopted to be effective November 28, 2005, 30 TexReg 7872; amended to be effective May 16, 2006, 31 TexReg 3873

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**RULE §22.305 Eligible Preceptors**

---

To receive an exemption under this program, a preceptor must:

- (1) be a resident of Texas,
  - (2) be a registered nurse,
  - (3) serve, on an average, at least one day per week under a written preceptor agreement with an undergraduate professional nursing program as a clinical preceptor for students enrolled in the program for:
    - (A) the time period the program conducts clinicals during the semester or other academic term for which the exemption is sought; or
    - (B) the time period the program conducts clinicals during a semester or other academic term that ended less than one year prior to the beginning of the semester or term in which the exemption is to be used; and
  - (4) have a statement on file with the institution of higher education indicating the student is registered with the Selective Service System as required by federal law or is exempt from selective service registration under federal law.
-

**Source Note:** The provisions of this §22.305 adopted to be effective November 28, 2005, 30 TexReg 7872; amended to be effective August 16, 2007, 32 TexReg 4984; amended to be effective August 25, 2008, 33 TexReg 6818

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**RULE §22.306 Eligible Children**

---

To receive an exemption under this program, a child must:

- (1) be a resident of Texas;
  - (2) be the child of a clinical preceptor as described in §22.305(1) - (3) of this title (relating to Eligible Preceptors) whether or not the preceptor is receiving or has received an exemption based on the same period of service;
  - (3) be enrolled as an undergraduate student; and
  - (4) have a statement on file with the institution of higher education indicating the student is registered with the Selective Service System as required by federal law or is exempt from selective service registration under federal law.
- 

**Source Note:** The provisions of this §22.306 adopted to be effective November 28, 2005, 30 TexReg 7872; amended to be effective May 16, 2006, 31 TexReg 3873; amended to be effective August 16, 2007, 32 TexReg 4984; amended to be effective August 25, 2008, 33 TexReg 6818

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P****EXEMPTION PROGRAM FOR CLINICAL  
PRECEPTORS AND THEIR CHILDREN****RULE §22.307    Discontinuation of Eligibility**

---

(a) A person who is otherwise eligible for the program under §22.306 of this title (regarding Eligible Children) shall be considered ineligible if the person has:

(1) previously received exemptions under this subchapter for 10 semesters or summer sessions at any institution or institutions or higher education, or

(2) received a baccalaureate degree.

(b) For the purposes of this program, a summer session that is less than nine weeks in duration is considered one-half of a summer session.

---

**Source Note:** The provisions of this §22.307 adopted to be effective November 28, 2005, 30 TexReg 7872; amended to be effective May 16, 2006, 31 TexReg 3873

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## **RULE §22.308 Value of the Exemption**

---

The value of an exemption granted under this program is equal to \$500 or the student's tuition, whichever is less.

---

**Source Note:** The provisions of this §22.308 adopted to be effective November 28, 2005, 30 TexReg 7872

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**RULE §22.309 Application Process**

---

To apply for an exemption under this program, a student shall complete the Clinical Preceptor Exemption Application, developed by the Board and distributed and processed by participating institutions.

---

**Source Note:** The provisions of this §22.309 adopted to be effective November 28, 2005, 30 TexReg 7872

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**TITLE 22 EXAMINING BOARDS**

**PART 11 TEXAS BOARD OF NURSING**

**CHAPTER 215 PROFESSIONAL NURSING EDUCATION**

**RULE §215.10 Clinical Learning Experiences**

---

(a) Faculty shall be responsible and accountable for managing clinical learning experiences and observation experiences of students.

(b) Faculty shall develop criteria for the selection of affiliating agencies/clinical facilities or clinical practice settings which address safety and the need for students to achieve the program outcomes (goals) and course objectives through the practice of nursing care or observation experiences. Consideration of selection of a clinical site shall include:

(1) client census in sufficient numbers to meet the clinical objectives/outcomes of the program/courses; and

(2) evidence of collaborative arrangements for scheduling clinical rotations with those facilities that support multiple nursing programs.

(c) Faculty shall select and evaluate affiliating agencies/clinical facilities or clinical practice settings which provide students with opportunities to achieve the goals of the program.

(1) Written agreements between the program and the affiliating agencies shall be in place before clinical learning experiences begin and shall specify the responsibilities of the program to the agency and the responsibilities of the agency to the program.

(2) Agreements shall be reviewed periodically and include provisions for adequate notice of termination and a withdrawal of participation clause indicating a minimum period of time to be given for notice of such withdrawal.

(3) Affiliation agreements are optional for those clinical experiences which are observation only.

(d) The faculty member shall be responsible for the supervision of students in clinical learning experiences and for scheduling of student time and clinical rotations.

(e) Clinical learning experiences shall include the administration of medications, health promotion and preventive aspects, nursing care of persons throughout the life span with acute and chronic illnesses, and rehabilitative care.

(1) Students shall participate in instructor supervised patient teaching.

(2) Students shall also be provided opportunities for participation in clinical conferences.

(3) Simulated laboratory experiences may also be utilized as a teaching strategy in classroom and clinical settings to meet objectives and may be counted as either classroom or clinical hours for the purpose of calculating the hours in the curriculum.

(f) Faculty shall be responsible for student clinical practice evaluations. Clinical evaluation tools shall be correlated with level and/or course objectives and shall include a minimum of a formative and a summative evaluation for each clinical in the curriculum.

(g) The following ratios only apply to clinical learning experiences involving direct patient care:

(1) When a faculty member is the only person officially responsible for a clinical group, the group shall total no more than ten (10) students.

(2) Patient safety shall be a priority and may mandate lower ratios, as appropriate.

(3) The faculty member shall supervise that group in only one (1) facility at a time, unless some portion or all of the clinical group are assigned to observation experiences in additional settings.

(4) Direct faculty supervision is not required for an observation experience.

(h) Clinical preceptors may be used to enhance clinical learning experiences after a student has received clinical and didactic instruction in all basic areas of nursing, or after a student has received clinical and didactic instruction in the basic areas of nursing for the related course or specific learning experience.

(1) In courses which use clinical preceptors for a portion of clinical learning experiences, faculty shall have no more than twelve (12) students in a clinical group.

(2) In a course which uses clinical preceptors as the sole method of student instruction and supervision in clinical settings, faculty shall coordinate the preceptorship for no more than twenty-four (24) students.

(3) The preceptor may supervise student clinical learning experiences without the physical presence of the faculty member in the affiliating agency or clinical practice setting.

(4) The preceptor shall be responsible for the clinical learning experiences of no more than two (2) students at a time per clinical group.

(i) Clinical teaching assistants may assist qualified, experienced faculty with clinical learning experiences.

(1) In clinical learning experiences where a faculty member is supported by a clinical teaching assistant, the ratio of faculty to students shall not exceed two (2) to fifteen (15).

(2) Clinical teaching assistants shall supervise student clinical learning experiences only when the qualified and experienced faculty member is physically present in the affiliating agency or alternative practice setting.

(j) When faculty use clinical preceptors or clinical teaching assistants to enhance clinical learning experiences and to assist faculty in the clinical supervision of students the following applies:

(1) Faculty shall develop written criteria for the selection of clinical preceptors and clinical teaching assistants.

(2) When clinical preceptors or clinical teaching assistants are used, written agreements between the

professional nursing education program, clinical preceptor or clinical teaching assistant, and the affiliating agency, when applicable, shall delineate the functions and responsibilities of the parties involved.

(a) Faculty shall be readily available to students and clinical preceptors or clinical teaching assistants during clinical learning experiences.

(b) The designated faculty member shall meet periodically with the clinical preceptors or clinical teaching assistants and student(s) for the purpose of monitoring and evaluating learning experiences.

(c) Written clinical objectives shall be shared with the clinical preceptors or clinical teaching assistants prior to or concurrent with the experience.

(d) Clinical preceptors shall have the following qualifications:

- (1) competence in designated areas of practice;
- (2) philosophy of health care congruent with that of the nursing program; and
- (3) current licensure or privilege to practice as a registered nurse in the State of Texas.

(e) When acting as a clinical teaching assistant, the registered nurse shall not be responsible for other staff duties, such as supervising other personnel and/or patient care.

(f) Clinical teaching assistants shall meet the following criteria:

- (1) hold a current license or privilege to practice as a registered nurse in the State of Texas; and
- (2) have the clinical expertise to function effectively and safely in the designated area of teaching.

---

**Source Note:** The provisions of this §215.10 adopted to be effective January 9, 2005, 29 TexReg 12190; amended to be effective May 2, 2007, 32 TexReg 2361; amended to be effective October 19, 2008, 33 TexReg 8509; amended to be effective October 23, 2012, 37 TexReg 8304

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# Application for an Exemption through the Exemption Program for Clinical Preceptors and their Children

<p><b>Name</b> (Last, First, Middle initial) _____</p> <p><b>Social Security Number</b> _____</p> <p><b>Exemption Term</b> (must run concurrently with the employment as a preceptor, or start within 1 year of the end of the period of such employment) _____/_____ fall, spring, or summer      year</p>	<p><b>Which condition applies to you?</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <input style="width: 30px; height: 30px; margin-right: 10px;" type="checkbox"/> <span>clinical preceptor</span> </div> <div style="display: flex; align-items: center;"> <input style="width: 30px; height: 30px; margin-right: 10px;" type="checkbox"/> <span>child of clinical preceptor</span> </div> <p><i>If you are the child of a preceptor, provide the following information:</i></p> <p><b>Preceptor's Name</b> _____</p> <p><b>Preceptor's SSN</b> _____</p>																								
<p><i>Provide the following information regarding the agreement under which the preceptor will be/is employed:</i></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>Name of educational institution</b> _____</p> <p><b>Name of affiliating agency</b> _____</p> </div> <div style="width: 50%; border: 1px solid black; padding: 5px; font-style: italic;"> <p>Attach a copy of the agreement to this application before submitting the application to your institution.</p> </div> </div>																									
<p><i>If you have previously received an exemption through this program, please list the terms and years below:</i></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #f2f2f2;"> <th style="width: 25%;">Term</th> <th style="width: 25%;">Year</th> <th style="width: 25%;">Term</th> <th style="width: 25%;">Year</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Term	Year	Term	Year																				
Term	Year	Term	Year																						
<p><b>Do you hold a baccalaureate (bachelor's) degree?</b> [   ] Yes [   ] No</p> <p><b>Are you currently classified as a resident by this institution?</b> [   ] Yes [   ] No</p>																									
<div style="border: 1px solid black; padding: 5px; font-style: italic;"> <p><b>NOTE:</b> An award recipient must have a statement on file with the institution indicating he or she is registered with the selective service system as required by federal law or is exempt from selective service registration under federal law.</p> </div> <p><b>I hereby certify that the information I have provided in this application is true and correct.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>_____ Signature</p> </div> <div style="width: 30%;"> <p>_____ Printed Name</p> </div> <div style="width: 20%;"> <p>_____ Date</p> </div> </div>																									