



DEPARTMENT OF NURSING

**Southwest Minnesota State University
RN to BSN
Preceptor Handbook**



Southwest Minnesota State University
RN to BSN
Preceptor Handbook

We are delighted that you are interested in being a preceptor for our SMSU RN to BSN students. Your role in the student's education is a key component to the success of our program. We have put together some information in this preceptor handbook to help you with becoming and being a preceptor. The Preceptor Handbook provides you with resources to prepare you for the very important role of being a preceptor as a community/public health nurse.

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Please know that you are always welcome to get in touch with our course faculty for assistance. Once again, thank you for all that you do for our students and for the profession of nursing!

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Chair/Professor

Dr. Lindsay Rohlik, DNP, MS, RN, PHN
Course Faculty
Director of RN to BSN/Assistant Professor

The RN to BSN Program has the following resources available for you to prepare to precept public health nursing students. These resources are **not mandatory** but highly recommended. These resources have been developed by Bethel nursing faculty and are designed to meet continuing education requirements -

<https://www.bethel.edu/undergrad/academics/nursing/professional-development/preceptor-training>

Please note these online continuing education courses consist of 3 modules and are completely optional. Please view each of the modules in order. You may print out handouts that accompany the course from this website. You may also visit the websites on the reference slides for more information. Videos are hosted on an educational resources website and will open a new page. Three CEUs are available for completing the 3 modules of each course. [See instructions for CEUs](#)

Module 1

Preparing Public Health Nurses to Precept Public Health Nursing Students

Presented by Linda J.W. Anderson, DNP, MPH, RN, PHN

This is a 3 module online continuing education program developed for the Henry Street Consortium to prepare Public Health Nurses to be preceptors for public health nursing students.

Each module will take approximately 50 minutes to complete. Please see the Guide for Using Henry Street Tools (pdf)

Videos:

- Module 1: [Core Functions and Cornerstones of Public Health Nursing Practice](#)
- Module 2: [Public Health Intervention Wheel](#)
- Module 3: [Precepting Public Health Nursing Students Using the Henry Street Entry-level Competencies](#)
- [Module 1 Handout \(pdf\)](#)
- [Module 2 Handout \(pdf\)](#)
- [Module 3 Handout \(pdf\)](#)
- [See the Intervention Wheel](#) from the MN State Health website.

Resources:

- [Guidelines for Role Expectations \(pdf\)](#)
- [Glossary of Key Terms \(pdf\)](#)
- [Adult Learning Principles for Preceptors Working With Nursing Students \(pdf\)](#)
- [Henry Street Consortium Population-Focused Student Project Examples \(pdf\)](#)
- [Henry Street Consortium Entry-level Population-Based Public Health Nursing Competencies \(pdf\)](#)
- [Interactive Public Health Intervention Wheel](#) via University of Minnesota

Note: The first time you access the web site, you will be asked to register and provide a login and password. After that, you can login at any time. When you scroll to the intervention, the definition appears. You can scroll to individual, community, and systems for specific examples at these levels of practice

- [Omaha System](#)

The Omaha System is a research-based, comprehensive practice and documentation standardized taxonomy designed to describe client care. The Omaha System includes an assessment component (Problem Classification Scheme), a care plan/services component (Intervention Scheme), and an evaluation component (Problem Rating Scale for Outcomes). The Omaha system is embedded in PHDoc, Carefacts, and Champ, the 3 main electronic health records used by PHNs in Local Public

Health departments in MN. For agencies that use the Omaha System standardized language for assessment, interventions, and evaluation, the Omaha System Community of Practice offers a web site with a variety of introductory tutorials and videos. For case studies to use in the education of public health nursing students and PHNs on the Omaha System, scroll down the "Learning about the Omaha System" page to near the bottom under Education. There you will find tuberculosis and obesity examples that apply Omaha System language along with examples of Omaha System charting. Tutorials, quizzes, and related resources provide nurse educators and students with learning opportunities.

Module 2

Preparing Faith Community Nurses to Precept Public Health Nursing Students

Presented by Linda J.W. Anderson, DNP, MPH, RN, PHN

This is a 3 module online continuing education program developed for the Faith Community Nurse Network of the Greater Twin Cities to prepare Faith Community Nurses to be preceptors for public health nursing students.

Videos:

- Module 1: [Cornerstones of Public Health Nursing Applied to Faith Community Nursing Practice](#)
- Module 2: [Public Health Nursing Intervention Wheel Applied to Faith Community Nurse Practice](#)
- Module 3: [Precepting Students in the Faith Community Setting](#)
- [See the Intervention Wheel](#) from the MN State Health website

Documents:

- [Module 1 PowerPoint handout \(pdf\)](#)
- [Module 2 PowerPoint handout \(pdf\)](#)
- [Module 3 PowerPoint handout \(pdf\)](#)
- [Public Health Nursing Faith Community Interventions Grid \(pdf\)](#)
- [Faith Community Nursing Novice Public Health Nurse Clinical Menu \(pdf\)](#)

Module 3

Preparing Specialty Public Health Nurses to Precept Public Health Nursing Students

Presented by Linda J.W. Anderson, DNP, MPH, RN, PHN

This is a 3 module online continuing education program developed for the Henry Street Consortium to prepare Public Health Nurses working in the specialty areas of school and corrections to be preceptors for public health nursing students.

Videos:

- Module 1: [Cornerstones of Public Health Nursing Applied to Licensed School and Correctional Nursing Practice](#)
- Module 2: [Public Health Intervention Wheel Applied to Licensed School and correctional Nursing Practice](#)
- Module 3: [Precepting Students in School and Correctional Settings](#)
- [See the Intervention Wheel](#) from the MN State Health website

Documents:

- [Module 1 PowerPoint handout \(pdf\)](#)
- [Module 2 PowerPoint handout \(pdf\)](#)
- [Module 3 PowerPoint handout \(pdf\)](#)
- [Specialty Role Public Health Intervention \(pdf\)](#)
- [Licensed School Nurse-Corrections Nurse Clinical Menu \(doc\)](#)

Southwest Minnesota State University RN to BSN Preceptor Qualifications

Qualifications of Preceptor

1. Current licensure as a registered nurse in the state where experiential experience(s) will be completed.
2. A minimum of 3 years of experience as a registered nurse preferred.
3. A baccalaureate (BSN) or higher degree in nursing.
4. Currently working in a community/public health role.

Preceptorships

A preceptor is a health care professional who is recognized as a clinical expert in his/her field. This individual voluntarily assumes the role of teacher, supervisor, facilitator, role model, and evaluator for a selected BSN nursing student studying a nursing role that is different from the one in which he or she is currently employed. The student and preceptor enter into a contractual agreement that further defines the boundaries and objectives of the preceptorships. Students will have a current CPR certification, RN License, Background Study, and a Health History form with current immunizations on file prior to being placed in the 24-hour preceptorship. A preceptor is a BSN nurse employed in a public/community health clinical setting who serves as a role model and clinical resource person for a specific period of time to an individual enrolled in an approved nursing education program. The preceptor has four fundamental roles, as described below.

Role Model - As a role model, the preceptor demonstrates effective leadership and interpersonal skills, is clinically competent, is skilled in the use of the nursing process, and demonstrates the ability to engage the critical thinking process in both routine and complex nursing situations. Decision-making by The preceptor is based on scientific and behavioral principles. The preceptor, as a role model, demonstrates the application of evidence-based practice skills. Clinical expertise also includes patient/client teaching, knowledge and use of resources, and expertise in both basic and advanced nursing skills.

Educator - As an educator, the preceptor must be familiar with principles of adult learning. Integration of these principles into the educational process helps meet the needs of the learner. The preceptor, course instructor, and student will collaborate to design experiential learning experiences to meet individual learning goals and objectives and the course learning outcomes listed in the syllabus. Ideally, the experiential learning assignments should reflect the content of the course at that point in time. The preceptor also shares expertise and experience with the nursing student, develops the student's abilities and confidence, encourages the student to reflect on the learning experiences, and encourages questions and discussion.

Facilitator - As a facilitator, the preceptor is in a supportive role. The preceptor provides support by creating an environment to facilitate a sense of psychological safety, removing obstacles so that learning opportunities are enhanced, and helping the student integrate into the work setting. The student is guided toward self-direction using the strategies of collaborative goal setting. The preceptor facilitates the social and professional transition of the student into the role of the professional nurse.

Evaluator - As an evaluator, the preceptor is to provide formal and informal feedback to the learner that is objective and based on the achievement of course learning outcomes. The preceptor participates in the evaluation process, providing feedback that motivates learning by validating that the student is achieving the expected outcomes or by identifying additional needed knowledge or skills. Post-conferences should be held after each experiential learning shift/session to help the student evaluate the experience and progress toward course outcomes and individual learning objectives. Evaluation conferences are arranged as needed and at the end of the 24-hour experiential learning experience. Together the preceptor and student must review the completed evaluation form prior to the evaluative conference at the end of the experience. The forms will be maintained in the student's academic file within the clinical course. All clinical forms must be submitted on or before the due date set by the course instructor. The preceptor may make written recommendations for future learning experiences and will be asked to voluntarily evaluate the preceptor experience.

Responsibility of Public/Community Health Preceptor:

- To be familiar with experiential learning course outcomes.
- To ensure that the student is properly oriented to the public/community health agency.
- To be responsible for orienting faculty and student(s) to agency policy and procedures.
- Help identify a variety of population-based and community -based learning opportunities for the student's experience.
- Provide feedback regarding student's performance.
- To maintain a liaison with SMSU faculty regarding student progress.
- To facilitate the solution of problems that arise in the placement.
- To review the final feedback form with the student.

Responsibility of SMSU RN to BSN course faculty:

- Communicate with agency and preceptor to determine that Memorandum of Agreement between agency and School of Nursing is in place, if applicable.
- Provide course outcomes and experiential learning experience expectations to the preceptor, as necessary.
- Assure ongoing and as needed communication with preceptor and student.
- Provide support and feedback to the preceptor and student.

Responsibility of the SMSU RN to BSN Student:

- To spend 24 hours during the semester in the performance of assigned public/community health. clinical agency functions.
- Be present and active in experiential nursing learning experiences.
- To be responsible for meeting the course and outcomes that pertain to the public/community health experiences, activities, and placement.
- To read and comply with all pertinent agency policies, protocols, and procedures.
- To be accountable to the preceptor in the performance of functions.
- To maintain a professional relationship with agency personnel.
- To maintain feedback with the preceptor and faculty regarding progress in public/community health experiences and placement.

- Ensure ongoing communication related to learning needs and/or concerns or problems with the preceptor and faculty member in a timely manner.
- If unable to make a scheduled meeting or activity, contact preceptor and faculty member at least 24 hours in advance.

Strategies for Effective Learning

Nursing is a practice discipline. This is carried out by either a predictable or unpredictable practice. Schön and Kolb's works continue to apply to adult learning in practice settings. Schön described practice in two ways in his book, *Educating the Reflective Practitioner*. One aspect of practice is "knowing-in-action" in which the person responds spontaneously, as a patterned routine, or habit. The second aspect of practice is "reflection-in-action." This practice involves rethinking the "knowing-in-action" and could include experimentation as part of the development of the practice. Kolb described this type of learning in his book entitled *Experiential Learning*. Learning connects the learner's interests, the need for knowing, their beliefs, their previous experiences and their theory base. In order to make the learning meaningful, the learner needs to do something and not just hear or read about it. It's reasonable then to believe that the preceptorship and the preceptor are highly significant for the student's learning about the practice of nursing. The preceptorship provides the opportunity for experiential learning and the preceptor helps to link these new experiences with the student's prior knowledge and experiences. One of the strengths of the preceptorship is the individual attention that the students receive for their specific learning needs. This means that an important role of the preceptor is the teacher role.

For the student, gaining self-confidence as a nurse is one of the most significant aspects of the student's experiential learning experiences. It is known that students need to feel confident in their ability to function in order for them to provide effective and comprehensive nursing care. As students "try out" new skills in their role, they will master them, and success will help them to overcome their feeling of incompetence. *Here are some suggestions that promote effective learning and help increase a student's self-confidence.*

- **Immediate feedback regarding performance is essential.** Positive feedback reinforces an action or behavior. Absence of feedback is usually interpreted as negative feedback. Based on this, it is not surprising that most students believe that their self-confidence is hindered when they receive no feedback or negative feedback from an instructor or if they are confronted in front of staff or patients. On the other hand, when they receive feedback, students appreciate specific information about their performance...telling them what was good about what they did and what could be improved (Bush, Peel, & McCracken, 2004; DeYoung, S., 2003). Brief verbal or written comments as appropriate will add to the student's understanding and increase the relationship's effectiveness.
- **Students indicate that they find verbal exchanges with the preceptor helpful when they are able to draw on their knowledge base to solve problems.** They believe this type of interaction also helps them to answer their own questions (Bush et al., 2004; DeYoung, S., 2003). Time set aside each day for preceptor-student interaction is highly valuable. A period of 10-15 minutes each day will encourage the student to reflect on the significance of the day's experience and questions related to the activities with the

guidance of the preceptor. This is also an opportunity to get to know one another better as professionals.

- **Learning is facilitated when students sense a general awareness that the preceptor is friendly, understanding, and supportive of them** (Bush et al., 2004; DeYoung, S., 2003). Such qualities in a preceptor allow the student to be more honest about their learning needs and less concerned about being a perfect student. Shared experiences, opinions and observations enhance learning and communication.
- **Students believe that an effective teacher is one who** (1) does not let his/her anxiety influence a situation; (2) recognizes their limitations; (3) demonstrates understanding in being available whenever the student needs help in a situation; (4) gives understandable explanations; (5) stimulates the student to want to learn; (6) demonstrates apparent general knowledge and professional competence; (7) encourages students to think; and (8) exhibits enthusiasm about their work (Bush et al., 2004; DeYoung, 2003). Those attributes also model professional practice standards.
- **From a student's perspective, the ideal preceptor role models what the student hopes to develop in terms of skills, attitudes and values** (Myrick, & Yonge, 2002). This means that students look beyond the preceptor's actions to see them as a whole person.
- **Students need assurance that the selection of appropriate experiences will meet their learning needs.** They also want their preceptors to respect them, display confidence in their ability to function as a professional nurse and be realistic about their expectations of them (Bush et al., 2004; DeYoung, 2003). This means that students need more time to accomplish activities, even for procedures they've done previously. They need time to think about each step of the process so that it fits into their prior learning mode.
- **Preceptors help to develop the student's self-confidence by reinforcing the idea that the student will be successful.** When the teacher believes that the student will be successful, they have created a positive learning environment where students will more likely succeed. This approach wraps around all of the effective strategies for learning.

Barriers to Learning

One of the greatest learning barriers for basic nursing students is anxiety. The highest level of anxiety for students is their fear of making mistakes and the fear of being late. Other anxiety producing situations are clinical procedures, hospital equipment, and talking to physicians. Anxiety for the RN student also centers around the uncertainty of being able to fit in experiential learning experiences and hours with their work and family responsibilities, the unfamiliarity with a different practice setting, and feelings of incompetence.

Overcoming Barriers

The first step toward decreasing the basic nursing student's anxiety is to give him/her time to become familiar with the equipment used in your institution or agency. Creating a mock situation before they are required to use the equipment with a patient can do this. In a hospital setting, equipment such as electric beds, call lights, IV pumps, oxygen and feeding supplies could be included in the mock setup for students. In community-based settings, this might include equipment used for screening procedures or home care.

The second thing a preceptor can do prior to the student experiential learning experience is to discuss with the student the possibility of making a mistake, how a mistake should be corrected and what the student can learn from them. An open discussion with the student will be helpful. If the preceptor acknowledges the student's anxiety about making a mistake, then the student will feel supported and realize that the preceptor will help him/her if he/she does make a mistake. Most basic nursing students experience a high level of anxiety about being late. If the student is late, the best thing to do is to direct them to a quiet place and encourage them to stop and collect their thoughts. Then the preceptor can help them plan and prioritize their day before continuing with patient care. It is unrealistic to believe that the suggested strategies will relieve anxiety for all students. However, if anxiety is reduced to a moderate or lower level, then learning is more apt to occur.

Another thing a preceptor can do to help decrease student anxiety is to role model an interaction with a physician. Then afterwards, discuss what happened during the interaction. Also, the preceptor could initiate a student-physician interaction by introducing the student to the physician and supporting the student during the interaction. During the interaction, the preceptor could point out one or two points of personal interest about both the student and the physician. This will help to decrease anxiety by bringing a personal touch to the student's view of physicians.

One of the most helpful things that a preceptor can do for an RN student is to encourage them to discuss what is creating their anxiety. Once the student verbalizes the specific fear, he/she will probably gain a different perspective on the expectations they have placed on themselves.

References

- Bush, K., Peel, D., & McCracken, B. (2004). Empowered learning on the inside, an externship experience. *Nursing Education Perspectives*, 25 (6), 284-291.
- DeYoung, S. (2003). *Teaching strategies for nurse educators*. Person Prentice Hall.
- Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development* (Vol. 1). Prentice-Hall.
- Myrick, F., & Yonge, O. (2002). Preceptor behaviors integral to the promotion of student critical thinking. *Journal for Nurses in Staff Development*, 18(3), 127-133.
- Schön, D. A. (1987). *Educating the reflective practitioner: Toward a new design for teaching and learning in the professions*.

Southwest Minnesota State University
RN to BSN Program
Public/Community Health Experiential Nursing Learning Seminar
NURS 410 (1 credit)

Course Description

Students will work with the course faculty to determine public/community health clinical experiences. Students will collaborate with community partners and health agencies to assess populations, develop health promotion projects, provide health education, and assist vulnerable populations within communities to maintain optimal health. Pre-requisite: Admission to the RN to BSN Program is required. The Department of Nursing reserves the right to remove students from the course who do not meet the course requirements and prerequisites. This course must be successfully completed prior to taking NURS 450.

Student Learning Outcomes

1. Plan interprofessional collaboration activities with public/community health nursing leaders and community partners/liaisons to meet the health-related needs of individuals, families, aggregates, communities, and populations for the upcoming clinical experience.
2. Analyze evidence-based community health nursing actions to guide health promotion and prevention activities, including self-care practices for self and others.
3. Prepare for the upcoming experiential nursing learning experience through the application of contemporary population-based health knowledge, attitudes, and leadership skills to provide holistic care with the community as the client.

End of Program Student Learning Outcome (EOPSLO)

EOPSLO #10: Demonstrate interprofessional collaboration with community health stakeholders and team members.

EOPSLO #11: Combine the knowledge, skills, and attitudes of the BSN nurse through community health leadership.

Southwest Minnesota State University
Department of Nursing
Public/Community Health Experiential Nursing Learning Course
NURS 450
(3 credits)

Course Description: Students in this public/community health experiential nursing learning course study the baccalaureate nursing leadership role in population health settings. Students partner with community agencies to apply and evaluate the population-focused nursing process. Students consider disease prevention and practice levels, community assessment, and interprofessional collaboration in various community settings to promote optimal health. Students explore a variety of community-based settings that promote and advocate for healthy outcomes for individuals, families, communities, and populations. Prerequisite: Admission to the RN to BSN Program. Completion of NURS 400 and NURS 410. The Department of Nursing

reserves the right to remove students from the course who do not meet the course requirements and prerequisites.

Student Learning Outcomes:

1. Take part in ethical caring behaviors with a focus on the value of autonomy by respecting the patient's right to self-determination.
2. Develop skills of critical thinking, communication, assessment, quality improvement, safety, and population-based interventions to improve health outcomes of diverse populations.
3. Participate in interprofessional collaboration, and public health interventions, including health promotion, health education, teaching, screening, illness prevention, and follow-up.
4. Use management/leadership and quality improvement skills to meet the needs of the population served in the public/community health experiential nursing learning environment.
5. Evaluate social determinants of health, culturally appropriate health promotion practices, and disease-prevention strategies for self and others.
6. Evaluate lifelong learning, informatics/technology, and research evidence to promote population health and nursing actions to guide health promotion, prevention, maintenance, and restoration activities.
7. Function as a nurse leader and change agent using the Scope and Standards of Public Health Nursing to advocate for policy changes that promote population-based health.

End of Program Student Learning Outcomes (EOPSLOs):

- EOPSLO #1: Examine the Scope and Standards of Practice and the Nursing Code of Ethics.
- EOPSLO #2: Construct an appreciation of cultural diversity through a comprehensive cultural health assessment.
- EOPSLO #3: Demonstrate skills and knowledge of health assessment through a comprehensive health assessment.
- EOPSLO #4: Integrate data related to health and illness in rural and urban settings for nursing process application to meet diverse and unique needs of individuals, families, local/global communities, and populations.
- EOPSLO #5: Utilize evidence-based resources in the community assessment process and propose person-centered health interventions.
- EOPSLO #6: Analyze evidence to promote health, safety, and quality outcomes.
- EOPSLO #7: Integrate informatics and technology to inform nursing practice.
- EOPSLO #8: Apply theory, while critically evaluating the context of rural and urban healthcare settings and influences on health disparities to improve health outcomes.
- EOPSLO #9: Apply theory, interprofessional collaboration, evidence, and clinical reasoning to address common situations in quality care and healthcare system leadership.
- EOPSLO #10: Demonstrate interprofessional collaboration with community health stakeholders and team members.
- EOPSLO #11: Combine the knowledge, skills, and attitudes of the BSN nurse through community health leadership.

SMSU LEP Student Learning Outcome: Be critical thinkers who evaluate information wisely and examine how assumptions and positions are shaped.

**Southwest Minnesota State University
RN to BSN Program
NURS 450 Public/Community Health Experiential Nursing Learning Course**

STUDENT/PRECEPTOR/FACULTY COMMUNICATION AGREEMENT

This agreement is to provide an acceptable 24-hours precepted learning environment for the education of a Southwest Minnesota State University RN to BSN nursing student enrolled in the NURS 450 Public/Community Health Experiential Nursing Learning course. The learning agreement is mutually beneficial and is therefore agreed to by Southwest Minnesota State University RN to BSN faculty, the BSN nurse preceptor, and the RN to BSN student.

This AGREEMENT entered as of _____, 20____ by, and between, the RN to BSN Program at Southwest Minnesota State University, Marshall, MN.

STUDENT

Name and Title _____

Address _____

City, State, Zip _____

Telephone _____

Email _____

STUDENT
SIGNATURE _____ **Date** _____

PRECEPTOR

Name, Title, and Clinical Site _____

Address _____

City, State,
Zip _____

Telephone _____

Email _____

I have received the Preceptor Handbook and understand it is my responsibility to read and be responsible for the contents of the Preceptor Handbook and understand its contents.

No Yes (Circle One)

All practicum experiences are to be conducted in accordance with Title IX with regard to discrimination against any person based on age, sex, race, or creed.

PRECEPTOR

SIGNATURE _____ **Date** _____

SECOND PRECEPTOR (if applicable)

Name, Title, and Clinical Site _____

Address _____

City, State, Zip _____

Telephone _____

Email _____

I have received the Preceptor Handbook and understand it is my responsibility to read and be responsible for the contents of the Preceptor Handbook and understand its contents.

No Yes (Circle One)

All practicum experiences are to be conducted in accordance with Title IX with regard to discrimination against any person based on age, sex, race, or creed.

PRECEPTOR

SIGNATURE _____ **Date** _____

SMSU FACULTY

Name and Title: Dr. Lindsay Rohlik, DNP MS, RN, PHN

Director/Assistant Professor of Nursing

Address: 1501 State Street, ST 255

City, State, Zip: Marshall, MN 56258

Telephone: 507-537-7385 & cell: 507-401-7060

Email: lindsay.rohlik@smsu.edu

FACULTY

SIGNATURE **Date**

Southwest Minnesota State University
RN to BSN Program
NURS 450
Public/Community Health Experiential Nursing Learning
Precepted and Assignment Hours Log sheet

STUDENT NAME: _____

PRECEPTOR(S) NAME:

[illegible]

**Add more rows as needed						

**Southwest Minnesota State University
RN to BSN Program
PRECEPTOR FEEDBACK of STUDENT PERFORMANCE**

Course: NURS 450 – Public/Community Health Experiential Nursing Learning

Date: _____

Semester: _____

Name of Preceptor:

Agency/Organization:

Name of Student:

Preceptor:

Please review this form with the student. The student must submit the completed form to the faculty who assigns a final grade. Without this form, the student cannot pass the course.

Please rate the student's performance in each of the following areas on a scale of "1" to "10," with "1" representing the lowest levels of performance and "10" the highest.

Rating (1 to 10)

1. Professional appearance/manner/demeanor _____
2. Motivation _____
3. Self-directed resourcefulness _____
4. Value of the contributions to the agency _____
5. Reliability/adherence to promised schedules _____
6. Function as a member of a collaborative interprofessional team _____
(EOPSLO 9 & 10)
7. Take part in ethical caring behaviors with a focus on the value of _____
autonomy by respecting the patient's right to self-determination
(Student Learning Outcome 1 and EOPSLO 1)
8. Develop skills of critical thinking, communication, assessment, _____
quality improvement, safety, and population-based interventions to
improve health outcomes of diverse populations.
(Student Learning Outcome 2 & EOPSLO 5)
9. Participate in interprofessional collaboration, public health interventions, _____
including health promotion, health education, teaching, screening,
illness prevention, and follow-up. (Student Learning Outcome 3 & (EOPSLO 9 & 10)
10. Use management/leadership and quality improvement skills to _____

meet the needs of the population served in the public/community
health clinical experience. (Student Learning Outcome 4 & EOPSLO 11)

11. Overall Performance _____

Total number of Agency clinical hours completed: _____

Preceptor's comments on particular areas of student growth and performance:

Signature of Agency Preceptor

Date

Student Comments:

Signature of Student

Date

Southwest Minnesota State University

RN to BSN Program
NURS 450 Public/Community Health Experiential Nursing Learning

Student Preceptor and Site Evaluation

DIRECTIONS: Please evaluate your preceptor(s) and 24-hour experiential learning (clinical) experiences by circling one letter or writing a short phrase. For items 1-10 circle the letter that best describes your feelings using the following scale.

Student Name: _____

SA (Strongly agree) A (Agree) D (Disagree) SD (Strongly Disagree) NA (Not applicable/Don't Know)

1. SA A D SD NA My Preceptor demonstrated competence in the clinical area.
2. SA A D SD NA My Preceptor allowed me to be independent yet was available as needed.
3. SA A D SD NA My Preceptor facilitated learning so that I would get the best experiences possible.
4. SA A D SD NA If my Preceptor was not available, a suitable substitute helped with my learning.
5. SA A D SD NA My Preceptor communicated well and frequently provided performance feedback.
6. SA A D SD NA If I had a question or concern, I felt comfortable asking my Preceptor for assistance.
7. SA A D SD NA My Preceptor provided a suitable orientation and helped me to feel comfortable.
8. SA A D SD NA My Preceptor demonstrated professional nursing.
9. SA A D SD NA My Preceptor had previous experience working with students.
10. SA A D SD NA The public/community health clinical site met or exceeded my expectations for learning experiences.
11. The three most valuable things about the experiential nursing learning experience were:

12. I wish that....
13. Describe the Preceptor's ability to facilitate your learning:
14. Would you recommend a similar experience to a prospective RN to BSN student?
- a. I highly recommend this Preceptor and public/community health clinical site.
- b. I recommend this Preceptor and clinical site but suggest these changes:
- c. I do not recommend this Preceptor and clinical site.
15. Overall, on a scale of 1 to 5, how would you rate this experience? Please circle the appropriate number.

Satisfactory 5 4 3 2 1 **Unsatisfactory**

16. Other comments:
17. Clinical site for your experience:
18. Name of organization:
19. Preceptor's Name:

Student's Signature

Date

Southwest Minnesota State University
Department of Nursing
Nursing Preceptor Survey

Please select the choice that best matches your opinion.

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Does Not Apply
I received a thorough orientation from the clinical nursing instructor.						
The preceptor handbook was useful to me.						
The clinical nursing instructor communicated with me throughout the semester.						
The clinical nursing instructor addressed my concerns.						
The clinical nursing instructor provided helpful information.						
The clinical nursing instructor answered my questions.						
Communication method was helpful.						
The nursing student was well prepared for this experience.						
The nursing student was provided with a valuable learning experience.						

Number of times I have been a preceptor for a nursing student:

_____ 1 _____ 1-3 _____ 4-5 _____ More than 5 _____ unsure

Preferred method of contact with faculty: _____

What additional comments or suggestions do you have? If you have special concerns, and would like to be contacted by the Course Instructor, or SMSU Director of Nursing, please provide your contact information.

Bloodborne Pathogens Policy: SMSU nursing students are responsible for immediately reporting all sharps injuries and suspected exposures to bloodborne pathogens and/or other potentially infectious materials during their clinical experiences to their preceptor, and subsequently to their course instructor. The student will be assessed and treated following the clinical agency policy. The cost of health care for injuries or illnesses sustained or contracted during clinical learning experiences is not covered by either the University or the clinical agency; such costs are the responsibility of the student.

Chemical Use and/or Abuse Policy:

SMSU nursing students are expected to attend clinical experiences free from the influence of alcohol or illegal drugs. If student is taking medically authorized drugs or other substances, during their clinical experience, that may alter clinical judgment or performance, it is the student's responsibility to notify the clinical instructor and course instructor of this information prior to the clinical experience. If, during clinical experiences, reasonable suspicion arises surrounding a student's use or abuse of alcohol or illegal drugs, the nursing student should be assessed and treated following the clinical agency policy. The clinical agency will contact the clinical instructor and inform of the situation. If the assessment verifies alcohol or illegal drug use, the student will no longer be eligible to continue the clinical experience. Future course plan actions for the student will be determined by the Department of Nursing and state regulations for reporting of chemical use and abuse for nursing practice will be followed. The cost of assessment and treatment for the suspected alcohol or illegal drug use is not covered by either the University or the clinical agency; such costs are the responsibility of the student.

Updated 7.1.21

Updated 4/28/23

SMSU Policy – Internship/Professional Practicum Policy

Code: A-008

Date: April 29, 1977

Approved: Catherine Tisinger

Revised: January 29, 2007

Approved: David C. Danahar

Revised: April 20, 2015

Approved: Connie J. Gores

SOUTHWEST MINNESOTA STATE UNIVERSITY INTERNSHIP/PROFESSIONAL PRACTICUM POLICY

An Internship/Professional Practicum is a credit-generating educational experience, in which the student applies skills and knowledge from the classroom in a supervised setting.

1. Each Department/Program shall determine and maintain written guidelines, procedures (including assessments) and any required forms for their Internship/Professional Practicum program(s). These will be available in the respective Department office.
2. Each Department shall post the written Internship/Professional Practicum guidelines and procedures on the Department website. Copies shall be provided to the Internship supervisor(s)/employer.
3. General Internship/Professional Practicum Parameters: Typically, Internships are at least 1 credit hour to a maximum of 12 credit hours. Exceptions to these guidelines will be considered through the curricular process. Refer to Policy A-049: Credit Hour Assignment.
4. Internship/Professional Practicum guidelines and procedures shall be reviewed at least every five years as part of Program Reviews.
5. Internship/Professional Practicum sites must be informed in writing that all internships are to be conducted in accordance with Title IX with regard to discrimination against any person on the basis on age, sex, race, or creed.

Liability coverage: The Minnesota Attorney General's Office advises all students on internship to purchase their own professional liability insurance or receive a written certificate of coverage from the intern's employer stating that coverage is being provided by the employer.