Policy 433

UNIVERSITY OF PITTSBURGH
SCHOOL OF NURSING

ADMINISTRATIVE POLICIES AFFECTING THE
SCHOOL OF NURSING

TITLE OF POLICY: CLINICAL PRECEPTORS FOR GRADUATE STUDENTS

ORIGINAL DATE: June, 2008

LAST REVIEWED/REVISED: October 2019

POLICY: Master’s/DNP students will be required to complete precepted experiences in selected practicum courses, under the direction of qualified preceptors. Consistent with Pennsylvania State Board of Nursing Regulations, a preceptor can supervise a maximum of two nurse practitioner students if not also managing a caseload of patients and a maximum of one student if also managing a patient caseload. Consistent with University guidelines, work experiences cannot be counted for clinical credits. Students cannot complete clinical requirements in a site (e.g., office, clinic, unit or community setting) where they are currently employed.

PROCEDURE:

Preceptor Selection and Responsibilities
1. Preceptors must meet the criteria consistent with the requirements of the approved entity.
2. Preceptors are responsible for facilitating student learning and providing a safe place for students to practice. Preceptors will also complete a student evaluation at the end of the precepted experience.

Faculty Responsibilities
1. The faculty will:
   • Provide an orientation packet to each preceptor prior to the beginning of the precepted experience that includes, but is not limited, to the following:
     o The name of the students(s) assigned to the preceptor
     o A list of course objectives
     o A copy of the evaluation tool
     o Contact information for the assigned students and faculty
     o School of Nursing web site link.
   • Be available by telephone or pager anytime a student is working with a preceptor and may share the teaching of students with qualified preceptors.
   • Assure that Preceptors are oriented to major/area of concentration/subspecialty requirements and expectations for oversight and evaluation of students.
   • Assure that clinical settings used are diverse and sufficient in number to ensure that the student will meet major/area of concentration/subspecialty core curriculum guidelines and goals.
   • Request student self-evaluation
   • Assure completion of student performance evaluation tool.
   • Request preceptor evaluation by the student.
   • Retains responsibility for the student’s learning and performance
   • Retains responsibility for ultimate evaluation of the student with input from the student and the preceptor(s).
   • Conduct site visits, as required by professional standards of each major, and document as per School of Nursing form entitled “Clinical Site and Preceptor Evaluation.”

Reviewed by Dean’s Council: 08-16
University of Pittsburgh
School of Nursing
Clinical Site and Preceptor Evaluation

To be completed by faculty for precepted student clinical experiences to evaluate the clinical site (e.g., clinic, unit or community setting) and preceptor*

Degree/Certification Program: __________________________________________________________

Course: ____________________________________________________________________________

Term: _____________________________________________________________________________

Clinical Site and, if applicable, Unit: ______________________________________________________

____________________________________________________________________________________

Preceptor: __________________________________________________________________________

Faculty member completing form: _______________________________________________________

Preceptor qualifications:

  Specialty: __________________________________________________________________________

  Highest degree: ______________________________________________________________________

  Certification(s): _____________________________________________________________________

  Experience in current setting: ____________ years or ____________ months

  License: ___________________________________________________________________________

How was the preceptor oriented (check all that apply):

  Mailed orientation packet: ____________

  Face-to-face orientation: ____________

  Completion of preceptor modules: ____________
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Yes</th>
<th>No</th>
<th>Unable to Evaluate</th>
<th>Comments</th>
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<tbody>
<tr>
<td>The clinical environment (e.g. unit, OR, Clinic, office) appeared to be adequate to support student learning.</td>
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<td>Observed interactions between the preceptor and student were effective and appropriate for student learning.</td>
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<td>The range of experiences available to the student were adequate to enable students to integrate new knowledge into practice,</td>
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<tr>
<td>The range of experiences (e.g. types of patients, skills practiced) available to the student was adequate for the student to demonstrate attainment of course objectives.</td>
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<td>Based on discussions with the preceptor, his/her expectations of the student are consistent with the course objectives and Pitt faculty expectations.</td>
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<td>During interactions, the preceptor appeared willing and able to answer faculty questions about the student’s progress.</td>
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<td>If there were issues related to the student’s performance, the preceptor informed you in a timely manner.</td>
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<td>Educational resources (e.g., technology resources, reference books, policies/procedures, or library access) were adequate to support student learning.</td>
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<td>Do you have any concerns about the site as an effective learning environment for students?</td>
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</table>
Please rate the overall effectiveness of the site for students using the following scale:


Please rate the overall effectiveness of the preceptor using the following scale:


Other comments (if you rated either the clinical site or preceptor fair or poor, please provide a brief explanation and plans to the current or future students):

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Submit a copy of the completed evaluation to the School of Nursing Evaluation Specialist.

*Required for accreditation: CCNE Key Elements: II-E, III-E and III-H

10/04/16