Bachelor of Science Nursing Program

PRECEPTING BINDER
FOR PRECEPTORS, STUDENTS & FACULTY

Spring
2015

Angelo State University
Department of Nursing
# Preceptor Binder Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASU Preceptor Greeting Letter</td>
<td>1</td>
</tr>
<tr>
<td>ASU Contact Information</td>
<td>2</td>
</tr>
<tr>
<td>Student Information Sheet</td>
<td>3</td>
</tr>
<tr>
<td>Preceptor Profile</td>
<td>4</td>
</tr>
<tr>
<td>Preceptor Contract Agreement</td>
<td>6</td>
</tr>
<tr>
<td>Precepting Handbook</td>
<td>7</td>
</tr>
<tr>
<td>Mission &amp; Philosophy</td>
<td>8</td>
</tr>
<tr>
<td>BSN Program Outcomes</td>
<td>9</td>
</tr>
<tr>
<td>Course Objectives</td>
<td>9</td>
</tr>
<tr>
<td>Date Range for Precepted Clinical</td>
<td>10</td>
</tr>
<tr>
<td>Preceptor Criteria</td>
<td>10</td>
</tr>
<tr>
<td>Preceptor Benefits</td>
<td>11</td>
</tr>
<tr>
<td>Responsibilities Within Preceptorship</td>
<td>11</td>
</tr>
<tr>
<td>Clinical Performance</td>
<td>14</td>
</tr>
<tr>
<td>Professional Conduct</td>
<td>15</td>
</tr>
<tr>
<td>Dress Code</td>
<td>16</td>
</tr>
<tr>
<td>Resources &amp; Links</td>
<td>19</td>
</tr>
<tr>
<td>Clinical Grading Explanation</td>
<td>20</td>
</tr>
<tr>
<td>Practicum Hour Documentation Sheet (Example)</td>
<td>23</td>
</tr>
<tr>
<td>Residency Clinical Skills Sheet (Example)</td>
<td>24</td>
</tr>
<tr>
<td>THECB-Texas Higher Education Coordinating Board Tuition Waiver Information</td>
<td>27</td>
</tr>
<tr>
<td>THECB Waiver-Application for Exemption</td>
<td>30</td>
</tr>
<tr>
<td>Examples of Daily Goals</td>
<td>31</td>
</tr>
<tr>
<td>Stipend-Preceptor Payment Information and Forms</td>
<td>32</td>
</tr>
</tbody>
</table>
Dear Preceptor,

Thank you for agreeing to precept a student in the Angelo State University Bachelor of Science in Nursing program. Your expert guidance in providing students the opportunity to apply their clinical skills and knowledge is critical in assisting to prepare them. As a busy professional with numerous demands and responsibilities, your commitment to this process demonstrates personal dedication to the continuing quality development of the nursing profession. The student will gain confidence and validation as you provide teaching, coaching, and role modeling opportunities. It is difficult to imagine successfully preparing these individuals without the collaboration of our colleagues in the community.

Please review the mission statement of the Bachelor of Science in Nursing program at Angelo State University enclosed in this packet. The student and/or course instructor will supply you with a copy of the course syllabus communicating course and clinical objectives. In addition, the student is required to formulate both semester and daily objectives, subject to approval of the faculty member and the preceptor. You and the student should review and refine these objectives which are specific to the student’s goals for the experience and the opportunities available in the clinical setting. Review the objectives occasionally for those accomplished and not yet attained. Copies of the Student Clinical Evaluation forms to be filled out by you for the course will be provided by the student. Please complete the following forms (included in this packet) before the student begins the experience and give to student and/or faculty for submission:

- Preceptor Profile (Biographical Data Sheet) indicating professional preparation and licensure is required for all preceptors. (Many preceptors submit a current curriculum vitae or résumé to satisfy this requirement).
- Preceptor Agreement acknowledging your willingness to serve as a preceptor for the specified student.

The Angelo State University nursing faculty values your service as a preceptor and welcomes your recommendations for making the preceptor role more effective and satisfying. Please feel free to contact me or the course instructor if you have any questions or concerns. Thank you for your service on behalf of continuing excellence in the clinical education of professional nurses.

Sincerely,

Wrennah Gabbert, PhD, RN, CPNP, FNP-BC
Graduate & Undergraduate Program Director
Chair, Department of Nursing
Course Faculty:
Paul Osmanski, MSN, RN
Work: 325-486-6858
Cell: 325-656-3773
Fax: 325-942-2236
Email: paul.osmanski@angelo.edu

Martha Tafoya, MSN, RN
Work: 325-486-6859
Cell: 325-212-7716
Fax: 325-942-2236
Email: martha.tafoya@angelo.edu

Susan Wilkinson, Ph.D., RN, CNS
Work: 325-486-6606
Cell: 325-374-7336
Fax: 325-942-2236
Email: susan.wilkinson@angelo.edu

Clinical Coordinator:
Martha Tafoya, MSN, RN
Work: 325-486-6859
Cell: 325-212-7716
Fax: 325-942-2236
Email: martha.tafoya@angelo.edu

Nursing Program Chair/Director:
Wrennah Gabbert, PhD, RN
Phone: 325-942-2224
Email: wrennah.gabbert@angelo.edu

Nursing Department-General Contact:
Secretary: Amanda Gibson
Phone: 325-942-2224
Email: amanda.gibson@angelo.edu
Complete the following information, so your preceptors can get to know you better.

Name:

Primary Phone number: Secondary Phone number:

Email address:

Why did you choose nursing as a profession?

What concerns you the most about the capstone residency?

What do you wish to gain from this preceptor/residency experience?

What qualities in a preceptor will help you succeed the most?

Where do you see yourself in five years after nursing school?

Pertaining to clinical, what methods help you learn the best?
ANGELO STATE UNIVERSITY
DEPARTMENT OF NURSING-UNDERGRADUATE
Preceptor Profile and Resume/CV

*This form is only required annually—if you have completed it within the last 12 months—you do not need to complete it again.*

**Course:** NUR 4404 SENIOR RESIDENCY CLINICAL  
**Semester:** ____________________

### PRECEPTOR INFORMATION

<table>
<thead>
<tr>
<th>Preceptor Name</th>
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<tbody>
<tr>
<td>Title/Position</td>
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<tr>
<td>Place of Employment</td>
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<tr>
<td>Employer’s Address</td>
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<td>Employer’s Phone Number</td>
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<tr>
<td>Manager’s Name &amp; Phone Number</td>
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### CONTACT INFORMATION

(please provide a phone number that faculty and students can reach you during the residency)

(please provide an email that you check often or daily)

(please circle or indicate)  

<table>
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<tr>
<th>Phone</th>
<th>Email</th>
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### LICENSURE & CERTIFICATIONS

<table>
<thead>
<tr>
<th>REGISTERED NURSE LICENSE # /STATE</th>
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<tbody>
<tr>
<td>Date of Expiration</td>
<td></td>
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<tr>
<td>Other Certifications or Professional Organizations</td>
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EDUCATION

<table>
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<tr>
<th>Degree</th>
<th>Year</th>
<th>School/Program</th>
<th>Address</th>
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WORK EXPERIENCE

**WORK EXPERIENCE (Please include all related experience):**

*Total years of experience as a Registered Nurse:______________*

*Years of Experience as: _____ Staff Nurse; _____ Charge Nurse; _____ Team Leader; _____ Nurse Manager; _____ Other Leadership Role;*

*Years of Experience in Nursing Specialty: _____ Med-Surg; _____ Telemetry; _____ Critical Care; _____ L&D; _____ Pediatrics; _____ Intensive Care Nursery; _____ Other (specify)__________________*

<table>
<thead>
<tr>
<th>Date</th>
<th>Position Held</th>
<th>Employer’s Name and Address</th>
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By signing, I agree the above information is true to the best of my knowledge

This material is kept secured at the ASU Department of Nursing and remains Confidential.
ASU Student Contact Information

Student Name________________________Course #__NUR 4404____Semester and Year____________________

Mobile Telephone: _____________________ Email Address: _______________________

The purpose of this agreement is to permit students in the nursing program at Angelo State University to participate in a clinical internship within your agency.

Conditions of Preceptorship:
1. I, the preceptor, agree to precept a student for 108 clock hours during the preceptorship scheduled dates for the course NUR 4404 Residency.
2. The student will be under the supervision of the preceptor acting as preceptor; the preceptor will retain ultimate responsibility for the care of patients.
3. The student will work with the preceptor in accomplishing daily and semester objectives identified by the student and faculty that are in accordance with course objectives and program objectives.
4. I understand that the faculty member will have primary responsibility for the student’s clinical learning experience and will serve as liaison between the Department of Nursing and agency.
5. I have read, understand and agree with the responsibilities, policies, and nursing education philosophy noted in the following: the Preceptor Orientation Binder & Handbook, and the Contract of Association/Affiliation Agreement.
6. The Nursing Student Handbook is available at http://www.angelo.edu/dept/nursing/handbook/
7. By signing this, I validate I have the criteria set forth to be a preceptor within the preceptor handbook.

*This form is kept confidential in the nursing department

Preceptor Information

Name: (Please Print Clearly):________________________________________________________
License #:_________________State: _________ Expires:_______________________________
Specialty: ___________________ Agency/Unit Name: _____________________________
Facility Address: _______________ City: ______________ State: _______ Zip: __________
Preferred Contact Telephone #: __________________ Please Circle: Cell  Work  Home
Preferred Email: _________________________________
(this email will be the one used to contact you for correspondence, student issues and stipend/payment information)

Preceptor’s Signature:__________________________________________________ Date: _____________

Faculty Member’s Name: (Please Print)_________________________________________
Faculty’s Signature:_______________________________________________________ Date: _____________

PLEASE RETURN TO: 325-942-2236 (Fax) For college use only (date & initial)-

OR
MAIL: Department of Nursing
ATTN: (NUR 4404-Faculty )
ASU Station # 10902
San Angelo, TX 76909-0902

Contract with agency/site____________________
Copy mailed to preceptor/site____________________
Signed and filed____________________
Preceptor biography on file____________________
Bachelor of Science in Nursing Program

PRECEPTORING ORIENTATION HANDBOOK

Angelo State University

Spring 2015
Mission

The nursing program supports the overall Mission of Angelo State University by offering graduate and undergraduate nursing programs that produce professionals committed to improving the health of individuals, groups and communities both locally and globally. As practitioners and educators, our graduates effectively lead and advocate for safe, high-quality healthcare that respects diversity and is responsive to a dynamic and technologically complex society.

Vision

We will be recognized as visionary leaders committed to delivering innovative nursing education that promotes optimal patient outcomes.

Philosophy

We believe nursing is a unique, caring, scientific and practice discipline built upon a solid foundation of knowledge in the liberal arts and sciences. Each level of nursing education expands upon prior knowledge and competency through the integration of research-based evidence. Our programs produce compassionate and skilled nurses prepared to meet the healthcare needs of a global society.

We believe the nurse delivers person-centered care as a member of the inter-professional team utilizing therapeutic partnerships and patient advocacy that emphasizes health promotion, health restoration and disease prevention.

We believe in student-centered, adult learning principles and provide a supportive, engaging educational environment facilitating personal and professional growth for leadership and lifelong learning.

We believe lifelong learning is nurtured in an environment of mutual respect and shared responsibility for the development of clinical reasoning, ethical conduct and personal accountability.
BSN PROGRAM OUTCOMES

Upon completion of the program of study for the Generic BSN and RN-BSN programs, the graduate will be prepared to:

1. Integrate nursing and related theories into the planning and/or delivery of safe nursing care.
2. Engage leadership concepts, skills and decision-making in the planning and/or implementation of patient safety and quality improvement initiatives.
3. Identify and appraise best research evidence to improve and promote quality patient outcomes.
4. Utilize technology to access information, evaluate patient data and/or document care.
5. Participate in political/legislative processes to influence healthcare policy.
6. Engage in effective collaboration and communication within interdisciplinary teams.
7. Design and/or implement health promotion & disease prevention strategies for culturally competent care.
8. Demonstrate standards of professional, ethical and legal conduct.
9. Practice and/or coordinate, at the level of the baccalaureate prepared nurse, to plan and/or implement patient centered care.

COURSE OBJECTIVES FOR RESIDENCY

1. Perform, synthesize, prioritize, and document nursing assessments and patient care using a variety of appropriate resources for multiple patients with complex health deviations.
2. Integrate principles of safety and quality utilizing evidence-based interventions for multiple patients with acute and complex problems.
3. Deliver and coordinate compassionate, culturally, ethnically and patient-centered care based on evidence, guidelines, standards, and legal statutes/regulations.
4. Provide and accurately document effective health teaching addressing risk reduction, health promotion, preventive care and discharge planning for patients experiencing health deviations.
5. Refine leadership skills through effective communication, patient advocacy, and good stewardship of resources to enhance system-wide improvements.
6. Collaborate with peers, colleagues and inter-professional health team members to facilitate positive patient outcomes, identify patient resources, and promote professional clinical environment.
7. Exhibit behaviors and attitudes that reflect nursing standards of moral, ethical, professional and legal conduct at all times and successfully complete the nursing jurisprudence exam.
Spring 2015 DATE RANGE FOR PRECEPTED CLINICAL

March 23, 2015 - May 1, 2015 (6 weeks)

Students will spend a total of 9 scheduled shifts with preceptor—totaling a minimum of 108 clinical hours.

Students cannot work more than 40 hours (3 Shifts) in a 7 day period without written permission from faculty, or at least 24 hours off between shifts if they fall over a weekend (example—the student cannot do a Thursday, Friday, Saturday, Sunday rotation). Students are advised not to do more than 36-40 hours of clinical per week.

PRECEPTOR CRITERIA

Competence in designated area of practice as defined by:

1. Competence in designated area of practice as defined by:
   a. Minimum of 1 year of practice as a Registered Nurse*
   b. Minimum of 1 year of practice in precepted area (unit/floor) that preceptorship will occur in
   c. Baccalaureate prepared preceptor preferred, but not required
   d. A Registered Nurse who takes a patient load during the preceptorship—Must not be assigned to charge more than 2-4 shifts without providing direct nursing care services

2. Nursing and healthcare philosophy congruent with Angelo State University’s Nursing Program

3. Current unencumbered licensure as a Registered Nurse in the State of Texas

4. Cannot have long-term scheduled time off during preceptorship (i.e. vacation, release time—must be able to be scheduled for student to achieve required hours over the assigned timeframe)
PRECEPTOR BENEFITS

Stipend
$500.00 for completion of all assigned number of shifts or hours, paid at the end of the course.

THECB Tuition
$500 Tuition exemption for preceptor or preceptor’s child to any state funded college/university in Texas seeking undergraduate degree—waiver through the Texas Higher Education Coordinating Board Program—this is good for 1 year from end of preceptorship; ongoing preceptorship makes waiver eligible to be used up to 10 terms

Personal Gain
Advanced professional knowledge, professional service (resume) to the Preceptor certificate from ASU Nursing Department

RESPONSIBILITIES WITHIN THE PRECEPTORSHIP

Preceptor Responsibilities
The preceptor will guide the nursing student through the learning process, serve as a role model and mentor and provide constructive feedback. In addition, the preceptor will also promote role socialization and adoption of nursing standards of practice.

The Preceptor should:

Orientation (Pre-Clinical Start)
1. Provide good contact information for faculty and student to be able to reach preceptor-phone and email—Faculty will communicate with the preceptor prior to student assignments.
2. The student will also arrange to meet with preceptor for orientation prior to the actual clinical experience.
3. Review and sign all required preceptor agreement and contractual forms including validation of preceptor qualifications.
4. Review recommended preceptor resources offered by Angelo State University
5. Review the ASU Preceptor handbook that lists the responsibilities of the Preceptor, Student, & Faculty
6. Negotiate a clinical schedule for the start of the residency rotation with the student and give student copy of scheduled preceptor days.
   a. Share schedule as unit/floor schedules are released with student.

During initial orientation to the clinical setting, the preceptor should:

i. Orient student to clinical setting/unit, organizational policies and key personnel.
Communicate general guidelines to be used for preceptor/student interactions and for
review and feedback of student performance.

- iii. Review/discuss policies and protocols specific to the setting.
- iv. Review preceptor, agency and student expectations regarding documentation.
- v. Discuss overall plan for student learning opportunities.
- vi. Review student’s previous learning experiences and course objectives to be accomplished.
- vii. Encourage student to identify strengths and area for continued professional growth.
- viii. Involve student in assessment/validation/decisions about learning strategies to be
employee

**Practicum Supervision and Teaching**

1. Directly supervise student clinical experience and facilitate student learning.
2. Take a patient load daily; charge no more than 2-3 shifts during rotation.
3. Serve as a clinical facilitator by maintaining an environment conducive to teaching and learning.
4. Review daily clinical goals and objectives with the student facilitating achievement of them.
5. Review student progress following each clinical experience and provide feedback about their
performance.
6. Communicate with student’s assigned faculty via phone, email, or in person regarding student’s
performance.
7. Contact faculty immediately if there are questions or concerns about a student.
8. Utilize the weekly evaluation tool provided to evaluation.
9. Provide an evaluation of the preceptor experience (anonymous survey will be provided).
10. Sign clinical hour logs and skills sheet during and at the end of clinical experience.

**Student Responsibilities**

Students are responsible for being self-directed in identifying initial and ongoing learning needs based
on course objectives, for seeking learning opportunities to meet identified needs, and for being
accountable for their performance during clinical experiences.

The student should:

1. Utilize the preceptor as a role model.
2. Based on course objectives, prior to clinical day, create short and long term goals for clinical
experiences and review daily with preceptor—Bring objectives daily
3. Successfully achieve the clinical objectives and any goals set by the preceptor, student, or
faculty.
4. Assume responsibility for individual learning needs, recognizing own limitations and strengths
while complying with professional standards, clinical site policies, and nursing protocols.
5. Demonstrate professional role behaviors, demeanor, and confidentiality at all times.
6. Demonstrate accountability for thoroughness and timeliness in completing assigned
responsibilities and tasks by preceptor or faculty through active learning.
7. Demonstrate progressive independence and competency in the BSN role.
8. Develop a collaborative relationship with preceptor.
9. Maintain a clinical log and skills checklist according to course requirements.
10. Take the initiative for personal growth and participate in self-evaluation of strengths and weaknesses.
11. Notify preceptor and faculty immediately when unable to meet as scheduled or unable to arrive at clinical during scheduled shift.
12. Complete all required evaluations at the end of the clinical experience.
13. Contact faculty by telephone or email as needed.
14. Maintain liability insurance with educational institution, immunizations, and CPR during clinical rotations according to departmental policies.

**Faculty Responsibilities**

Faculty identify clinical learning objectives specific to the program, course, and learning needs of the student. Faculty facilitates student achievement of the objectives through provision of didactic instruction, identification of clinical facilities and preceptors, observation and evaluation of students in the clinical setting, and establishment of close working relationships with preceptors.

The faculty should:

1. Identify and evaluate clinical sites for appropriateness of learning experiences in collaboration with clinical coordinator.
2. The faculty will communicate with the preceptors, unit managers and/or education directors about orientation prior to the actual practicum experience.
3. Provide the preceptor with the Preceptor Handbook and specific objectives (syllabus) for the clinical experience at least 2 weeks prior to start of practicum.
4. Obtain documentation of preceptor qualifications-Valid RN license and CV/Resume or profile.
5. Communicate the expectations for the students, the preceptor, and the faculty with the preceptor and pertinent personnel from the facility/agency.
6. Communicate with preceptor and student information about clinical evaluation tools and student learning needs with preceptor at beginning of experience.
7. Assure establishment of affiliation or preceptor agreements prior to initiation of clinical experience.
8. Review the policies of the agency or affiliation agreement to be followed by faculty and assigned students.
9. Act as counselor, consultant, and teacher; and is responsible for providing immediate consultation and/or support of the preceptor when needs or problems are reported.
10. Serve as role model to demonstrate effective communication, leadership and clinical expertise.
11. Seek preceptor input regarding student’s performance and other clinical related activities.
12. Maintain open and ongoing communication with the preceptor/facility/agency as needed.
13. Make site visits as scheduled and as needed.
14. Encourage student to verbalize and demonstrate the use of theoretical frameworks and the application of relevant research and evidence-based guidelines related to nursing education.
15. Document the student’s progress using course clinical objectives, and assign a pass/fail grade by the completion of the course.
16. Maintain the primary responsibility for determining the course grade based on overall student achievement of objectives with input from the preceptor.

All Parties will exchange contact information a minimum of 2 weeks prior to starting scheduled clinical experience

**CLINICAL PERFORMANCE**

Satisfactory Clinical Performance—the student will be considered “Satisfactory” in the clinical setting when student performance on clinical assignments meet course objectives and behaviors.

Unsatisfactory Clinical Performance—A student will be considered “Unsatisfactory” if clinical performance, assignments, appearance, or behaviors do not meet course objectives or professional requirements. This can be from negative performance, lack of preparation, or absence.

   a. A student with unsatisfactory clinical preparation/performance may be removed from the clinical site and sent to the department’s learning resource lab for further study and preparation, or they may be kept at the hospital with a specific assignment at the discretion of the instructor.

   b. A student with demonstrated behaviors that are in violation of Professional Nursing Education, Rule 215.8 will receive an unsatisfactory and may be removed from the clinical site and earn an absence for that clinical day or receive a failing grade for the course and dismissal from the program.

   c. Inability to calculate medication dosages can result in remediation.

   d. A pattern of more than two clinical “unsatisfactory” ratings may result in the student failing the clinical portion of the course, and as a result, receiving a failing grade for the course.

   e. A student with excessive clinical absences (as determined by the faculty team) will be considered unsatisfactory and will result in failure of the clinical portion of the course.
PROFESSIONAL CONDUCT

Students in the Nursing Program are expected to conduct themselves in a professional manner at all times, not only in interaction with clients and hospital staff, but also with peers, faculty, and university staff. Students represent the Angelo State University Nursing Program and the nursing profession, so students must maintain/demonstrate specific ethical obligations, standards and commitments to patients and society. These professional ethical standards are delineated in the Code of Ethics for Nurses, American Nurses’ Association (ANA), 2011. The statements of the code and their interpretation provide guidance for nurses’ behavior in relation to carrying out nursing responsibilities within the framework of ethical decision-making.

Preceptors should notify faculty immediately if any of the following occurs:

Student demonstration of the following:
(1) Evidence of actual or potential harm to patients, clients, or the public;
(2) Criminal behavior whether violent or non-violent, directed against persons, property or public order and decency;
(3) Intemperate use, abuse of drugs or alcohol, or diagnosis of or treatment for chemical dependency, mental illness, or diminished mental capacity; and
(4) the lack of good professional character as evidenced by a single incident or an integrated pattern of personal, academic, and/or occupational behaviors which indicates that an individual is unable to consistently conform his or her conduct to the requirements of the Nursing Practice Act, the Board’s rules and regulations, and generally accepted standards of nursing practice including, but not limited to: behaviors indicating honesty, accountability, trustworthiness, reliability, and integrity. (links to NPA and Unprofessional conduction Rules are linked below)
Dress Code

Pre-Licensure Students

Projecting a professional image is a responsibility of all students and faculty. Appearance reflects not only upon the individual, but also upon the Angelo State University Nursing Program and the nursing profession. The following are guidelines for clinical attire. Individual agencies may determine further dress code requirements at their discretion. If a student appears at a clinical agency inappropriately attired, it will be the clinical instructor’s or agency representative’s prerogative to ask the student to correct the situation.

In addition to the Dress Code for ASU students, as defined by the University, the following is the dress code for students in the Pre-Licensure Nursing Program.

Uniform Requirements

Pre-Licensure students will wear a “pressed,” clean ASU uniform and/or ASU lab coat as designated by agency policy. GBSN uniforms are royal blue and must have the required “ASU” logo. The lab coat will be white with the required “ASU” logo. The uniforms and lab coats can be purchased at the ASU bookstore or other designated businesses.

1. Uniforms should be washed after each wearing due to the exposure to pathogens.
2. If t-shirts are worn under the uniform, they must be white.
3. For the male student, no visible chest hair should show above the uniform (this can be addressed by wearing a white undershirt as needed).
4. Nursing student uniforms are not to be worn when at a place of employment. This includes the wearing of the name badge. The uniform is to be worn only during Angelo State University Nursing Program activities.

Name Badges- Photo ID Badges

The name badge is a required part of the nursing student uniform. Nursing student name badges are to be worn in the clinical areas and/or for activities with the Nursing Program.

1. The name badge will be supplied to the student from the nursing program: white background with a photo of the student; first name; and school and program affiliation on the second line.
2. Example: Jim, RN ASU B.S.N. Student
3. No other degrees, credentials, certifications or other information can appear on the name badge.
4. The name badge will not be worn in any other activity that is not related to the students’ assignment or in any other working capacity. This is strictly prohibited. Identifying oneself as an on-duty ASU nursing student outside of specific ASU-sanctioned clinical experiences warrants immediate course failure and permanent removal for the nursing program.

Lab Coats

A basic white lab coat will be worn as designated by individual clinical faculty, the agency, or specific requirements of the clinical setting. Some clinical areas may require a full, traditional nurse uniform; others may require scrub clothes, etc. All clothing should be clean and project an image of a professional nurse.
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<th>Personal Appearance</th>
<th>Acceptable</th>
<th>Not Acceptable</th>
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<tr>
<td><strong>Overall Clothing</strong></td>
<td>ASU uniform and/or ASU lab coat. Must be clean, neatly pressed, in good repair and appropriate size.</td>
<td>Soiled, wrinkled, torn, noticeably worn, too tight or too loose fitting. The color of undergarments must not be visible through the uniform.</td>
</tr>
<tr>
<td><strong>Name Badges</strong></td>
<td>Required part of the nursing student uniform. Must be worn in an easily visible spot above the waistline and follow the proper format.</td>
<td>No name badge, turned around with back showing, or in a difficult place to read.</td>
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<td><strong>Hair</strong></td>
<td>Neat, clean, professional appearance. Must not hang freely in the face or down the back. Men: Beards, mustaches and sideburns must be neat and trimmed.</td>
<td>Extreme styles and/or hair color, unnatural appearance, extreme hair accessories. Men: unkempt facial hair.</td>
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<tr>
<td><strong>Fingernails</strong></td>
<td>Clean and trimmed nails.</td>
<td>No nail polish or artificial nails of any kind may be worn.</td>
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<td><strong>Perfume, Cologne, Deodorant, Hygiene</strong></td>
<td>Good hygiene required and use of deodorant recommended. The use of makeup is at personal discretion.</td>
<td>No excessive perfume, cologne or after-shave. Must not have the smell of tobacco products, smoke or other strong odors on body or clothing. No excessive use of makeup.</td>
</tr>
<tr>
<td><strong>Jewelry</strong></td>
<td>None of any kind is to be worn except wedding bands and engagement rings.</td>
<td>No facial jewelry (including tongue jewelry) allowed.</td>
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<tr>
<td><strong>Body Piecing, Tattoos</strong></td>
<td>If ears are pierced, one pair of small, stud earrings (one in each ear only)</td>
<td>Visible body piercings or tattoos.</td>
</tr>
<tr>
<td><strong>Shoes</strong></td>
<td>Shoes must be white, either “nurses shoes” or tennis shoes (sneakers). Shoes must be clean and must cover the toes. White socks should be worn.</td>
<td>Dirty, unpolished shoes. No shoes other than “nurse shoes” or all white tennis shoes.</td>
</tr>
<tr>
<td><strong>Hosiery, socks</strong></td>
<td>White hosiery or socks must be worn.</td>
<td>Dirty, torn or any color except white.</td>
</tr>
<tr>
<td><strong>Dresses, Blouses, Shirts</strong></td>
<td>Professional</td>
<td>Spaghetti straps, Open Backs, Strapless</td>
</tr>
<tr>
<td><strong>Dress, Skirt Length</strong></td>
<td>Must be professional in length</td>
<td>Anything less than 3-4 inches above the knee.</td>
</tr>
<tr>
<td><strong>Slacks, Pants</strong></td>
<td>Professional</td>
<td>Denim Jeans (soiled, wrinkles, torn, noticeably worn, too tight/loose fitting)</td>
</tr>
</tbody>
</table>
Dress Code Requirements for Clinical Rotation

Nursing students checking clinical assignments prior to the educational experience are to wear the complete uniform or a clean, pressed white laboratory coat over appropriate street clothes.

1. The name badge is to be worn on the laboratory coat.
2. Blue jeans, sweat pants, shorts, cut-offs, extremely short dresses, tank tops, etc., are not appropriate clothes to enter into a clinical agency or facility.
3. Chewing gum when in uniform is not permissible.
4. Excessive perfumes, aftershave lotion, tobacco products, smoke, and other strong odors can be respiratory triggers for some patients. Students may not wear excessive perfume or aftershave lotion and may not have the smell of tobacco products, smoke, or other strong odors on the body or clothing while in the clinical setting. Therefore, students are not allowed to use tobacco products or smoke during clinical hours.

Nursing students representing Angelo State University Nursing Program at career days, college nights, etc., will be expected to wear the appropriate uniform for clinical experiences, unless otherwise informed.
RESOURCES & LINKS

“How to be a Good Preceptor” - link to a FREE website for great information and modules for students and preceptors.— http://www.preceptor.ca/

Links to Preceptor Tuition Exemption (Texas Higher Education Coordinating Board)

http://www.statutes.legis.state.tx.us/Docs/ED/htm/ED.54.htm#54.356

http://www.thecb.state.tx.us/index.cfm?objectid=6470CCE1-ACB8-AE0B-27F43639CFD2A13A

Texas Board of Nursing Rule 217.11 –STANDARDS OF NURSING PRACTICE

Texas Board of Nursing Rule 217.12—UNPROFESSIONAL
Angelo State University
NUR 4404 Clinical Grading Explanation

TOTAL HOURS NEEDED TO COMPLETE COURSE: 108

Student clinical experience performances are graded using formative weekly evaluations and summative midterm/final evaluations based on a numerical scale from "0-4".

There are 5 Rankings in the clinical evaluations for the course—this document provides a summary table (Part I) and a narrative (Part II) to describe and provide examples for ranking a student to help with consistency and interrater reliability.

**PART I**

Table Summary:

<table>
<thead>
<tr>
<th>Scale/Score</th>
<th>General Behaviors</th>
<th>Performance Quality</th>
<th>Level of Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 – Competent</td>
<td>SAFE/ACCURATE</td>
<td>Efficient, coordinated, confident. Reasonable use of time. Competently skilled.</td>
<td>Supervised, with occasional physical or verbal direction from preceptor/faculty</td>
</tr>
<tr>
<td>2 – Developing</td>
<td>SAFE BUT NOT ALWAYS ACCURATE</td>
<td>Partial demonstration of skills. Inefficient or uncoordinated. Delayed time expenditure.</td>
<td>Assisted, Frequent verbal and/or physical direction from preceptor/faculty</td>
</tr>
<tr>
<td>1 – Beginning/Novice and/or QUESTIONABLE ACCURACY</td>
<td>QUESTIONABLE SAFE</td>
<td>Unskilled and inefficient. Considerable and prolonged time expenditure.</td>
<td>Marginal, Requires continuous verbal and/or physical direction from preceptor/faculty</td>
</tr>
<tr>
<td>0 – Dependent/ Deficient</td>
<td>UNSAFE/INACCURATE</td>
<td>Unable to demonstrate procedures. Lacks confidence, coordination, and/or efficiency. Potential harm to self or patient.</td>
<td>Dependent, continuous verbal and/or physical direction from preceptor/faculty</td>
</tr>
</tbody>
</table>

**PART II**

The following behavioral criteria are used to determine the numerical grade for individual elements of the evaluation. Below the narrative is a summary table for quick reference.

I. The faculty/preceptor will assign a score of "4 " for any behavior where the student is performing at an “accomplished" level that far exceeds the expected level. The student must demonstrate evidence of exceptional behavior and nursing care in a highly skilled manner using a thorough knowledge base to receive a score of “4".

Examples include:

A. Assessment data is consistently thorough, appropriate and accurate
B. Implementations are consistently above the expected proficiency level
C. Evaluations of expected outcomes are done consistently
D. Documentation is consistently thorough and in-depth, accurate, timely
E. Behavior is consistently professional, accountable, and responsible
F. Critical thinking is used to solve problems and to establish priorities.
G. Realistically evaluates own strengths and weaknesses
H. Consistently seeks additional learning experiences and enrichment
I. Performs safely and independently with minimal to no supervision

II. The faculty/preceptor will assign a score of “3” for any behavior where the student is performing that behavior at a “competent/safe” level using a competent knowledge base.

Examples include:

A. Assessment data is thorough, appropriate, and accurate
B. Implementations are at the expected proficiency level
C. Evaluations of expected outcomes are performed most of the time
D. Documentation is thorough and in-depth and accurate, timely
E. Behavior is professional, accountable, and responsible.
F. Critical thinking is increasingly used to solve problems and to establish priorities
G. Is increasingly aware of own strengths and weaknesses
H. Seeks additional learning experiences.
I. Recognizes when faculty/preceptor supervision is required and requests it appropriately as needed—supervision is occasional.

III. The faculty/preceptor will assign a score of “2” for any behavior where the student is performing that behavior at a safe level for the “developing” learner using an average knowledge base.

Examples include:

A. Assessment data is appropriate and accurate but lacks depth or organization
B. Implementations are at the expected developing level.
C. Evaluations of expected outcomes are performed some of the time.
D. Documentation is adequate, but requires frequent feedback.
E. Behavior is accountable and responsible most of the time.
F. Critical thinking is beginning to be developed.
G. Is beginning to develop independent learning, needs redirecting sometimes.
H. Needs faculty/preceptor to structure learning experiences and supervision is frequent.

IV. The faculty/preceptor will assign a score of “1” for any behavior where the student is performing that behavior at a “Beginning-Marginal/Novice” level using an inadequate knowledge base.

Examples include:

A. Exhibits a beginning understanding of expectations as outlined above but student shows evidence of need to improve in specified areas before reaching passing criteria; requires extensive redirecting, direct supervision.
B. Cannot perform nursing assessment without frequent redirection/supervision
C. Behavior is inconsistent with policy, requiring redirection constantly
D. Documentation is minimal, is not timely, or accurate, requiring revisions
E. Critical thinking abilities are lacking, unable to make connections among data, lack decision making skills.
F. Faculty/preceptor *supervision is constant*, requiring frequent redirection.

V. The faculty/preceptor will assign a **score of “0”** for any behavior where the student’s performance or knowledge base poses a “serious threat” to patients, the profession, the facility, or the program, for example:

A. Data lacks depth, appropriateness or accuracy.
B. Behavior is unaccountable or lacks consistency which may place the patient in jeopardy.
C. Student is not gaining awareness of own strengths and weaknesses in specified areas.
D. Has difficulty adapting to change or is easily distracted from commitment to competent clinical performance.
E. Documentation is superficial, does not flow, and leaves pertinent data out.
F. Lacks motivation to seek learning experiences and continually needs faculty to guide experiences.
G. Unexcused absences, failure to complete work timely, unprofessional behavior.

**NOTE:** If at any time a student performs in an “unsafe” manner which jeopardizes client safety, the instructor has the authority to remove the student at that time from the facility and request a meeting with the Coordinator/Director to discuss with the student immediate feedback (verbal/written) regarding the specific behavior in question and plan of action to occur. The evaluation tool, along with a written description of the incidents will be signed by the student and faculty member and placed in the student’s file.

*On the Weekly Evaluations, Items with asterisk-if scored at a level 1 or 0—can be a potential clinical unsatisfactory and require written counsel and/or faculty to be contacted.—See handbook regarding clinical unsatisfactories.*

**INSTRUCTIONS FOR USE/GUIDELINES FOR GRADE COMPUTATION:**

1. Each clinical week, the faculty/preceptor evaluates the student using the numbers “0-4” as defined in this document.
2. A detailed explanation/comment will be given to the student for every “0-2” in order for learning to occur.
3. At Midterm and at Final-the weekly evaluation points will be computed into the midterm/final clinical course evaluation by faculty for a score. *The final score is derived from calculation of the week after midterm (or approximately 50% of completed clinical hours) through the final clinical week. A student must achieve a 70% of total points in EACH section (all four sections) of the evaluation to pass the course.*
4. When total points are below the expected level (failure to show progression), the student will be counseled by the faculty/preceptor regarding the area/s needing improvement.
5. The expectation is a student should progress, most likely falling in the average range of Developing “2” until about midterm; but should show progression to “3” competent-“4” accomplished between midterm and final weeks of clinical. Students who are still in a developing level after midterm should be remediated and are at risk for failing to meet course objectives resulting in course failure.
Practicum Hour Documentation Sheet

It is mandatory to keep an accurate record of hours spent in direct patient clinical. These hours count toward clinical hour attainment for eligibility to apply for RN licensure with the Board of Nursing after program completion.

| Student Name: ________________________________ | Course: ______________ |
| Clinical Facility/Location: ______________________ | Semester: ______________ |

<table>
<thead>
<tr>
<th>Shift</th>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
<th>Preceptor Followed</th>
<th>Activity*</th>
<th>Comments</th>
<th>Preceptor Initials (must be initialed daily)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>12</td>
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</tr>
</tbody>
</table>

Signatures:

Student: ________________________________ Date: _____ Faculty: ________________________________ Date: _____

Preceptor 1: ________________________________ Date: _____ Preceptor 2: ________________________________ Date: _____

*Activity-Unit/Floor worked on, average # of patients assigned, etc.

This form must be completed and signed and returned to assigned faculty by the end of the preceptorship-see due dates in blackboard.
*Students are not required to meet a minimum number of skills for the course

**Skills Check-Sheet for Residency Clinical Rotation**

Student is responsible for maintaining and updating this skill list during the rotation. Sheet must be signed and returned to faculty by the due date.

<table>
<thead>
<tr>
<th>Skills</th>
<th>Successfully performed with preceptor</th>
<th>Date Performed and Initialed</th>
<th>Date Performed and Initialed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sterile dressing change (dry, wet-dry, central line, etc)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Straight Urinary Catheter (In/Out)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foley cath removal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foley cath insertion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meds via NG/Peg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition via NG/G-tube, J-tube or small-bore feeding tube</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NG insertion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NG removal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV insertion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV removal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IM injection</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>SQ injection</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>TD injection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enema</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Ostomy pouch change</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>PO meds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topic</td>
<td>Details</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topical/Ophthalmic/Otic Meds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wound care/Irrigation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bladder Irrigation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV Medications (Push, Primary, Secondary)</td>
<td>- denote which type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterile/Aseptic Technique</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventilator Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCA Administration/Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest Tube Drainage Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tracheostomy Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suctioning-various methods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closed (In-line) suction catheter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Narrative Documentation (Physical Assessment, Ongoing assessment, nurses notes)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lab Interpretation</td>
<td>CBC WITH DIFF, CMP/BMP [CHEMISTRY], HGA1C, URINE [UA], THYROID/ENDOCRINE PANELS, HEPATIC PANEL/LFTS, PANCREATIC ENZYMES, CARDIAC ENZYME PANELS, COAGULATION, CSF, TOXICOLOGY, ACID/BASE INTERPRETATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traction and Orthopedic appliances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurovascular Assessments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task</td>
<td>Student</td>
<td>Date</td>
<td>Preceptor</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>---------</td>
<td>------</td>
<td>-----------</td>
</tr>
<tr>
<td>Neurological Assessments/mental status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain Assessments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPE/Sterile field</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen collection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic ADLs (mobility, hygiene, feeding, skin care, linens)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antiembolic stockings/compression devices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxygen therapies (cannulas, masks, SVNs)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student Signature: ___________________________ Date: __________

Preceptor Signature: ___________________________ Date: __________

Faculty Reviewed: ___________________________ Date: __________
22.302. Authority and Purpose.

(a) Authority. Authority for this subchapter is provided in the Texas Education Code, Section 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 the preceptors to continue their employment and induce others to seek such employment in the state of Texas.

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, Section 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.

22.304. Tuition Exemption.

22.305. Eligible Preceptors.

(1) be a resident of Texas,
(2) be a registered nurse,

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

registered with the Selective Service System as required by federal law or is exempt from Selective Service registration under federal law.
22.306. Eligible Children.

(1) be a resident of Texas; 

Preceptors) whether or not the preceptor is receiving or has received an exemption based on the same period of service; 

Selective Service System as required by federal law or is exempt from Selective Service registration under federal law.

22.307. Discontinuation of Eligibility.

(a) A person who is otherwise eligible for the program under Section 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.

one-half of a summer session.

22.308. Value of the Exemption.

less.

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

<table>
<thead>
<tr>
<th>Name (Last, First, Middle initial)</th>
<th>Which condition applies to you?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>clinical preceptor</td>
</tr>
<tr>
<td></td>
<td>child of clinical preceptor</td>
</tr>
</tbody>
</table>

Exemption Term (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

If you are the child of a preceptor, provide the following information:

Preceptor’s Name
Preceptor’s SSN

Provide the following information regarding the agreement under which the preceptor will be/is employed:

Name of educational institution

Name of affiliating agency

If you have previously received an exemption through this program, please list the terms and years below:

<table>
<thead>
<tr>
<th>Term</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Term</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you hold a baccalaureate (bachelor’s) degree? [ ] Yes [ ] No

Are you currently classified as a resident by this institution? [ ] Yes [ ] No

I hereby certify that the information I have provided in this application is true and correct.

Signature

Printed Name

Date

This document can be printed/copied and taken to the registrar’s office of the university you/your dependent will enroll into.
Clinical Goals That Work

Students should bring 2-3 goals each day of the preceptorship

These below are just some examples:

- Demonstrate effective therapeutic communication skills with the patient, family, physicians and other peers through both written and verbal/nonverbal means.
- Develop an effective and trusting relationship with patients cared for, my preceptor, instructor and other members of the health care team.
- Prioritize and provide client care for at least 4 patients during one shift, using effective time management strategies.
- Interpret/analyze lab data (and EKG strips) and determine possible rationales for why the changes have occurred.
- Demonstrate critical thinking in nursing care of clients, anticipating nursing interventions and physician orders for each client under my care, and providing rationales for each.
- Perform assessments of all my patients, and correctly document in a timely manner.
- Perform continuous and comprehensive assessments; anticipate and meet clients’ needs as they arise; and document care accordingly.
- Demonstrate confidence and proficiency with all technical nursing skills including:
  - Correctly interpret patient health history information and lab values for use in providing intelligent patient care and in planning appropriate interventions, and provide rationales for each.
  - Complete patient admissions and discharges without assistance.
  - Advocate for my patient by talking to other members of the health care team including social worker, dietician, occupational and physical therapists and physicians.
  - Provide culturally appropriate nursing care on at least 3 patients.
  - Administer medications safely using the 6 rights—and explain the significance, indications and evaluation of each.
  - Perform patient education based on current level of knowledge in preparation for discharge.
  - Incorporate professionalism and personal accountability in regards to timeliness, appearance and integrity.
  - Verbalize pathophysiology of patient disorders and anticipate orders with rationales.
  - Receive, interpret orders to Kardex/EMR and MAR and implement in a timely manner.
Name: ____________________________________________________________

Mailing Address: _________________________________________________

Phone (home): _________________________________________________

Phone (work): _________________________________________________

E-mail (home): _________________________________________________

E-mail (work): _________________________________________________

Social Security #: _____________________________________________

Dates of Service: Spring Semester 2015
  Start Date: March 23, 2015
  End Date: May 1, 2015

**Please send the W9 and this form back in the Self-Addressed Stamped Envelope provided—delay in return can cause a delay in payment. Thank You

Email: nancy.grafa@angelo.edu

Phone: (325) 486-6873

Fax: (325) 942-2631
Request for Taxpayer Identification Number and Certification

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor  ☐ C Corporation  ☐ S Corporation  ☐ Partnership  ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)

☐ Other (see instructions)*

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

List account number(s) here (optional)

Part I  Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

Employer identification number

Part II  Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and

3. I am a U.S. citizen or other U.S. person (defined below), and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

Signature of U.S. person*  Date*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners’ share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester’s form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

• An individual who is a U.S. citizen or U.S. resident alien,

• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,

• An estate (other than a foreign estate), or

• A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners’ share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

* See the instructions for specific information.