



College of Nursing
UNIVERSITY OF HOUSTON



DNP GRADUATE PRECEPTOR HANDBOOK





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OVERVIEW



Preceptors are our partners in education by providing supervised clinical experiences that allow students to apply knowledge gained in the classroom to clinical practice. Preceptors provide an essential bridge linking students' previously learned behaviors to current professional nursing values. Students benefit from the individualized instruction that preceptors provide.

Preceptors also benefit from their experiences with UH nursing students. Preceptors discover that this role brings status, increased job satisfaction, advancement of practice, and recognition by faculty and other expert practitioners. Other benefits include invitations to College of Nursing functions and scholarship opportunities.

Click on the links below for information about the College of Nursing.

- [The Mission of the College of Nursing](#)
- [College of Nursing Goals](#)
- [Philosophy and Conceptual Framework](#)
- [Organizational Chart](#)

About the Programs

- [Second Degree BSN](#)
- [Traditional BSN](#)
- [RN to BSN](#)
- [MSN](#)
- [Post Master's Certificates](#)
- [DNP](#)

Student Policies

Each student is responsible for adhering to all university policies in the [University Student Handbook](#). In addition, students are responsible for adhering to all [College of Nursing policies](#).

- [Academic Honesty](#)

Responsibilities of preceptors, students, and faculty are outlined in College of Nursing policy S134.

- [S134 Preceptor Policy](#)
- [S136 Student Professional Conduct and Demeanor](#)



FORMS

Description of Forms

The ***Preceptor Agreement and Credentials*** form is required by the Commission on Collegiate Nursing Education (CCNE) and the Texas Board of Nursing (TBON) to document preceptor license and credentials.

- On the first day of clinical, the Preceptor Agreement and Credentials form must be signed by the preceptor, student, and faculty. Upload the completed form into NPST.

Doctorate of Nursing Practice (DNP) Graduate Clinical Hours Contract

- This form must be signed by the student, preceptor, and faculty at the beginning of the clinical rotation. Upload the completed form into NPST.

Doctorate of Nursing Practice (DNP) Graduate Clinical Learning Contract

- This form must be signed by the student, preceptor, and faculty at the beginning of the clinical rotation. Upload the completed form into NPST.

Doctorate of Nursing Practice (DNP) Clinical Hours Verification

- This form must be signed by the student, preceptor, and faculty at the end of the clinical rotation. Upload the completed form into NPST.

Preceptor/Faculty Evaluation of Doctorate of Nursing Practice (DNP) Graduate Student Performance

- At the end of the clinical rotation, the preceptor completes the form and the preceptor, student, and faculty sign the form. Upload the completed form into NPST.

Doctorate of Nursing Practice (DNP) Student Evaluation of Preceptor

- At the end of the clinical rotation, the student completes the form and the preceptor, student, and faculty sign the form. Upload the completed form into NPST.

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PRECEPTOR AGREEMENT AND CREDENTIALS

Preceptor: Please fill out parts A and B of the Preceptor Agreement and Credentials form. Sign and return to student or requesting faculty member. Clinical affiliation agreement and Preceptor Agreement must be in place prior to the student being on site for clinical.

PART A

Preceptor Name: _____

Preceptor Mailing Address: _____

Name of Facility or Employer: _____

Facility Address: _____

Telephone: _____ Email: _____

Clinical Specialty: _____

License # (required): _____ Certifications: _____

List All Degrees Held: Undergraduate _____ Graduate _____ Doctoral _____ Other _____

If not an RN, please attach all appropriate credentials (resume and/or CV, certifications).

PART B

I, _____, do agree to act as preceptor for _____
(Printed Preceptor Name) (Printed Student Name)

in NURS _____, who will be completing clinical rotation at _____
(Course Number) (Location where Clinical Affiliation Agreement exists)

I hereby agree to abide by all rules and requirements set forth in the Preceptor Handbook:

Preceptor Signature/Date

Student Signature/Date

Faculty Signature/Date

Other Approval (if applicable)/Date

For College of Nursing Use ONLY:

- TBON Verification (Date/Time/Initials) _____
- UH Clinical Affiliation Agreement Number: _____
- Justification for Preceptor Qualifications if Preceptor is not an RN: _____

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DNP GRADUATE CLINICAL HOURS CONTRACT

Student Name: _____ **Course Name:** _____

Preceptor Name: _____ Preceptor Email: _____

Clinical Site/Agency: _____ Telephone: _____

Site Address: _____

Clinical Hours: To be negotiated prior to starting the experience and a copy submitted to the preceptor AND faculty. Students who are unable to go to the clinical site on any day scheduled are to call the preceptor prior to the start of the day AND also notify the supervising faculty.

Month:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Month:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Month:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Month:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Total Hours Negotiated: _____

Preceptor Signature/Date

Student Signature/Date

Faculty Signature/Date

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DNP CLINICAL LEARNING CONTRACT

Student Name: _____ Course Name: _____
Preceptor Name & Credentials: _____
Contact Person: _____
Clinical Site/Agency: _____
Site Address: _____
Telephone: _____ Preceptor Email: _____

Each student and preceptor will negotiate a learning contract. This contract outlines expectations for the experience and will assist the preceptor in evaluating the student's clinical progress.

Setting Goals

A. Student Goals: (To be completed prior to the first day of the clinical experience)

List the three most important goals you have for this clinical experience.

- 1. _____
2. _____
3. _____

List specific strategies for accomplishing these goals:

B. Preceptor Goals: (To be completed by the end of the first week)

List the three most important areas on which the student should focus.

- 1. _____
2. _____
3. _____

List strategies for addressing these areas:

Preceptor Signature/Date _____ Student Signature/Date _____
Faculty Signature/Date _____

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DNP CLINICAL HOURS VERIFICATION

Practicum dates and times shall be arranged with the assigned preceptor and approved by the course faculty prior to completion of hours. Hours not approved by the faculty will not be counted and will be considered in violation of the clinical affiliate access policy.

Student Name: _____

Course Number and Name: _____

Clinical Site/Agency: _____

Preceptor Name: _____

Date	Setting and Planned Activity	Time (Hours)	Preceptor Initials

Preceptor Signature/Date

Student Signature/Date

Faculty Signature/Date

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PRECEPTOR/FACULTY EVALUATION OF DNP ADMINISTRATION STUDENT PERFORMANCE

Student Name: _____ Date: _____

Preceptor Name: _____

Clinical Site/Agency: _____

Site Address: _____

Telephone: _____ Fax: _____

Graduate students are expected to assume responsibility for their professional growth through practicums. Administrative practicums are negotiated with the preceptor in order to meet the student's learning objectives while facilitating application of management and leadership theories and concepts into practice. Students will be evaluated on their self-directed achievement of the following criteria at the conclusion of the administrative practicum:

Key: Satisfactory (S) = Minimal or no assistance needed; Unsatisfactory (U) = Considerable assistance needed; N/A = Not applicable.

ATTITUDES AND INTERPERSONAL SKILLS	S	U	N/A
Communicates effectively with management and leadership team (courteous and professional)			
Interacts effectively with office staff and other disciplines within the organization			
Accepts instructions well			
Asks for help when needed			
Demonstrates desire to improve performance			
Demonstrates self-direction, motivation, and autonomy			
ASSESSMENT AND PLAN	S	U	N/A
Performs an appropriate, focused background of the problem			
Retrieves subjective and objective data on the problem			
Collects data in an organized and timely manner			
Presents preliminary data to preceptor for input on legal, ethical, and financial aspects			
Provides anticipatory outcomes based on different options for resolution			
Correlates outcome measures with the chosen option			
IMPLEMENTATION AND EVALUATION	S	U	N/A
Develops an implementation plan with consideration to the operations of the organization			
Integrates literature and data into the plan			
Implements the plan and prepares accompanying handouts			
Evaluates the implementation plan and reports the evaluative measures			
TRANSITION PRACTICUM PROJECT	S	U	N/A
Prepares to handoff practicum project to preceptor or designated person			
Formulates a list/plan for project sustainability as student transitions the project			
QUALITY OF CARE	S	U	N/A

Bases own practice on professional and legal standards			
Recognizes standards of practice			
Provides self-evaluation of own practice			
Presents a professional, competent image			
Seeks opportunities to increase knowledge base and clinical competencies			

PRECEPTOR/FACULTY EVALUATION OF MSN ADMINISTRATION STUDENT PERFORMANCE (Cont'd)

MANAGEMENT	S	U	N/A
Formulates decisions with preceptor guidance			
Initiates obvious interventions with preceptor support			
Recognizes the complexity of management and leadership decisions			
Identifies the need for Human Resources, Legal, Risk Management, and Financial team to be involved			
Seeks preceptor guidance in new situations			
Schedules appropriate follow-up			
Makes appropriate referrals based on correctly-stated rationale, protocols, and preceptor consultation			

Date of Preceptorship: From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)

Student Strengths
Areas for Improvement/Development
Presentation Feedback (include areas of improvement)

Additional Comments: *(Comments in this area are greatly appreciated)*

Preceptor Signature/Date

Student Signature/Date

Faculty Signature/Date

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DNP STUDENT EVALUATION OF PRECEPTOR

Student Name: _____ Date: _____

Preceptor Name: _____

Clinical Site/Agency: _____

Site Address: _____

Telephone: _____ Fax: _____

Directions: Please evaluate the experience with your preceptor by rating each of the items below. Your honesty and constructive criticism will be used to improve the preceptorship experience in the future.

Key: Satisfactory (S) = Always/Frequently; Unsatisfactory (U) = Rarely/Never; N/A = Not Applicable.

MY PRECEPTOR AS A PRACTITIONER –	S	U	N/A
Was acutely aware of the concerns of patients and their families			
Demonstrated an ease of communication with both patients and their families			
Was involved in community-oriented activities			
Respected different opinions			
Was up-to-date in general approach and treatment of medical problems			
Was up-to-date in approach and management of nursing problems			
Managed the clinical practice effectively			
Demonstrated an active interest in continuing medical and nursing education			
MY PRECEPTOR –	S	U	N/A
Was enthusiastic about teaching and having me as a student			
Was available to me			
Established a working relationship with me based on trust and respect			
Allowed me ample opportunity for practicing newly-learned technical skills, i.e., EKGs, physicals, and x-rays			
Stimulated my problem-solving capabilities by asking probing questions			
Maintained an approachable teaching atmosphere			
Explained to me the approach to problems that was used and the reasons decisions were made			
Elicited my perception of what I should learn			
Encouraged me to ask questions			
Provided me with positive feedback			
Encouraged independent learning by suggesting articles, books, and other resources			
Gave me the opportunity to offer opinions on patient problems and treatment			
Provided a model of the type of practitioner I would like to be			

Comments:

Preceptor Signature/Date

Student Signature/Date

Faculty Signature/Date