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Chapter I: Clinical Teaching Associate (Preceptor) Selection And Roles
Clinical Teaching Associate (Preceptor) Selection Process

In the NURS 475 Integrated Experiential Learning IV course, where a preceptorship clinical teaching model is used, Clinical Teaching Associates (Preceptors) will be selected according to the school's Clinical Teaching Associate (Preceptor) Selection Criteria.

Purpose
To provide guidelines for coordinating the Clinical Teaching Associate (Preceptor) partnership with the supervising faculty in teaching and evaluating students.

Definition of a Clinical Teaching Associate
A Clinical Teaching Associate (Preceptor) is a registered nurse who has undergone specific education/training to serve as a role model, resource and coach for nursing students. The Clinical Teaching Associate (Preceptor) functions under the direction of the nurse educator or Nurse Educator Associate (adjunct faculty). (From Oregon State Board of Nursing, Oregon Administrative Rules, Division 21 Standards for the Approval of Education Programs in Nursing Preparing Candidates for Licensure as Practical or Registered Nurses, 2010.)

The NURS 475 Integrated Experiential Learning IV course, which requires the use of Clinical Teaching Associates (Preceptors) will follow procedures developed by faculty:

1. The Nurse Manager/Desigee of the unit/agency will recommend appropriate Clinical Teaching Associates (Preceptors) for students placed in that unit/agency based on the Clinical Teaching Associate (Preceptor) selection criteria.

2. The supervising faculty will discuss with the Clinical Teaching Associate (Preceptor) the Clinical Teaching Associate (Preceptor) selection criteria and the roles of the Clinical Teaching Associate (Preceptor), student and supervising faculty.

3. The supervising faculty will return the signed Clinical Teaching Associate (Preceptor) Selection Criteria form in the Clinical Teaching Associate (Preceptor) Manual to the School of Nursing Clinical Facilities Administrator for filing and inclusion in the Clinical Teaching Associate (Preceptor) database.

4. The Integrated Experiential Learning Coordinator will provide a copy of the course syllabus and the Linfield-Good Samaritan School of Nursing Clinical Teaching Associate (Preceptor) Manual to the Clinical Teaching Associate (Preceptor).
Clinical Teaching Associate (Preceptor) Selection Criteria

Clinical Teaching Associate (Preceptor) selection will be based on the recommendation of the Nurse Manager/Designee regarding professionalism and organizational/leadership skills based on competencies listed below:

1. Current unencumbered registered nurse license in the state where the clinical agency is located.
2. Has the equivalent of at least two years of full-time experience as a registered nurse.
3. Bachelor’s Degree in Nursing preferred.
4. Demonstrates knowledge and expertise in providing nursing care to diverse populations, implementing standards of conduct, performance and ethics.
5. Demonstrates effective communication skills in written and verbal forms, and is comfortable delivering constructive feedback.
6. Demonstrates an interest in sharing knowledge with students and staff through role modeling and teaching. Is proficient in clinical teaching, and provides support without rescuing, finds the "teachable moment," and believes in the individual's potential.
7. Demonstrates effective interpersonal skills and aids in the professional socialization of others.
8. Demonstrates strong organizational skills and ability to prioritize patient care.
9. Demonstrates commitment to own professional development and to the role of Clinical Teaching Associate (preceptor).
10. Demonstrates knowledge of leadership principles such as coaching, reinforcing and encouraging initiative.
11. Demonstrates knowledge of the use of evidence based practice in the clinical area.
12. Demonstrates sensitivity to individuals and teams, and skill in conflict resolution. Perceives and is aware of needs, feelings and concerns of others and reacts appropriately.
Clinical Teaching Associate (Preceptor), Student, And Faculty Roles

Clinical Teaching Associate (Preceptor) Role

1. Provides faculty and the student with a copy of the Clinical Teaching Associate’s (Preceptor’s) work schedule to assist in scheduling the student’s clinical days.
2.Coordinates the student’s orientation to the facility, including staff roles and client expectations.
3. Ensures the student is identified as a student while in the clinical area and is not regarded as staff for the clinical site.
4. Fosters the student’s integration into the workplace culture and the health care team by involving the student in meetings related to client care and other appropriate professional matters.
5. Arranges for a substitute Clinical Teaching Associate (Preceptor) when absent.
6. Facilitates learner centered education through collaborative identification of the student’s learning needs, open communication, informing the student about learning resources, and mutual assessment of the student’s learning outcomes.
7. Serves as a role model for the student, demonstrating professional values and behaviors such as caring, integrity, effective interpersonal communication, critical thinking, and conflict management.
8. Provides appropriate support and encouragement to assist the student to cope with stress and reduce anxiety associated with clinical practice.
9. Assists the student in learning the process of prioritization that ensures safe and effective nursing care.
10. Discusses, facilitates and supervises student learning activities and outcomes.
11. Monitors the student’s provision of nursing care to ensure client safety, and provides a safe learning environment for the student.
12. Recommends appropriate clients for the student to provide nursing care, and assists with accessing agency information.
13. Provides instruction to the student concerning the realities of the professional world of nursing practice.
14. Stimulates development of the student’s clinical judgment and critical thinking ability through reflective practice and the application of evidence based practice.
15. Provides regular constructive feedback to the student regarding progress toward meeting clinical outcomes.
16. Collaborates with faculty to determine the student’s readiness to perform skills independently.
17. Consults with faculty regularly regarding the student’s progress toward meeting the clinical outcomes, including suggestions, problems, and concerns.
18. Completes a written clinical performance evaluation of the student assessing the attainment of clinical outcomes (as requested).
**Student Role**

1. Negotiates with the Clinical Teaching Associate (Preceptor) and faculty to schedule clinical days.
2. Participates in orientation per agency policy/ Clinical Teaching Associate (Preceptor) instructions, and complies with agency policies, standards, procedures, rules and regulations.
3. Notifies Clinical Teaching Associate (Preceptor) and faculty of absences per course syllabus and negotiates makeup hours.
4. Provides written learning outcomes to the Clinical Teaching Associate (Preceptor) and faculty, and discusses strategies for meeting clinical outcomes.
5. Demonstrates motivation, initiative, and a willingness to learn in the clinical setting.
6. Assumes responsibility for learning by asking pertinent questions and being prepared for clinical experiences.
7. Demonstrates stewardship by acting with integrity in an accountable and responsible way to ensure professional nursing care is provided to clients.
8. Keeps faculty informed about clinical experiences, including any concerns regarding the student’s role, client or student safety, or standards of conduct, performance and ethics.
9. Requests appropriate assistance when doing a new skill or if uncertain about how to perform a skill.
10. Only provides nursing care to the level taught and determined competent by the Clinical Teaching Associate (Preceptor) and faculty.
11. When administering medications, the student reviews information about the drugs and knows the contraindications, actions, interactions, side effects, and age specific considerations of the drugs. The student knows why the clients are receiving the medications, and performs any indicated assessment.
12. Assesses own progress toward meeting clinical outcomes, and communicates learning needs to faculty and the Clinical Teaching Associate (Preceptor).
13. Is open to constructive criticism from faculty and the Clinical Teaching Associate (Preceptor), and uses feedback to improve nursing practice.
14. Meets clinical outcomes as stated in the course syllabus.
15. Completes a written clinical performance self-evaluation assessing the attainment of clinical outcomes.

**Faculty Role**

1. Notifies the student of the Clinical Teaching Associate’s (Preceptor’s) name and phone number, and facilitates scheduling of the student’s clinical days.
2. Orients the student to the course; including clinical outcomes and requirements of the course, as well as role expectations of the student, faculty, and the Clinical Teaching Associate (Preceptor).
3. Orients the Clinical Teaching Associate (Preceptor) to the nursing curriculum; the course, including clinical outcomes, requirements of the course, and evaluation methods; and role expectations of the Clinical Teaching Associate (Preceptor), faculty and the student.
4. Ensures the student has completed the School of Nursing Health Passport requirements and additional clinical site requirements.

5. Complies with agency policies, standards, procedures, rules and regulations.

6. If the student is employed by the clinical agency, faculty coaches the student about the differences between the student’s role as employee and as student. Faculty ensures that the student wears the student name badge. The Clinical Teaching Associate (Preceptor) must not have any line of authority to the student related to the student’s employment.

7. Communicates weekly with the student on an individual basis or in group praxis seminars to monitor progress toward meeting clinical outcomes.

8. Demonstrates commitment to the partnership between faculty and the Clinical Teaching Associate (Preceptor) in facilitating the student’s application of theoretical knowledge to practice and socialization into nursing practice.

9. Ongoing communication with the Clinical Teaching Associate (Preceptor) in the clinical area or by telephone/email contact for information about student progress in meeting clinical outcomes, and to provide guidance to the Clinical Teaching Associate (Preceptor) with regard to teaching and evaluating the student.

10. Provides constructive feedback to Clinical Teaching Associate (Preceptor) to facilitate development of the Clinical Teaching Associate’s (Preceptor’s) teaching and evaluation skills with students.

11. Available by telephone/email to the student and the Clinical Teaching Associate (Preceptor) for problem solving or other relevant matters during all clinical hours.

12. Assists the student and the Clinical Teaching Associate (Preceptor) with the evaluation process; and is responsible for the final clinical evaluation of the student.

References


Overview Of The Linfield-Good Samaritan School Of Nursing Program

The Vision, Mission and Philosophy of the School of Nursing is derived from the College Mission Statement and provides a foundation upon which the curriculum is structured. The curriculum is designed to be applicable to both generic students with no previous preparation in nursing and the returning registered nurse seeking a baccalaureate degree.

The School of Nursing provides a quality education derived from a liberal arts foundation and nursing theory and research, supplemented by content from other disciplines. The School prepares graduates to act as providers of care, designers/managers/coordinators of care and members of the nursing profession to meet the health needs of multidimensional individuals and families, groups and communities in a diverse and multicultural society. Analytical, critical, and creative thinking, as well as intuitive processes are developed as a basis for independent and collaborative decision making in the application of clinical judgment, which includes the nursing process. The curriculum is designed to expose the student to a variety of factors that contribute to the development of a professional worldview. Among these factors are an awareness of the historical and legal context of nursing, diverse professional and cultural values, social issues, and ethical concepts. Experiences are selected to motivate students toward understanding the needs of others, making creative and constructive contributions to society, and lifelong learning.

Scholarly activity is promoted to prepare students for graduate study in nursing. Graduates are expected to be accountable in the practice of nursing and provide leadership in implementing changes necessary to meet the health needs of a complex and evolving society.

The organization and internal consistency of the curriculum are demonstrated in the “Linfield College Mission Statement”, “Vision/Mission/Philosophy Statement of the School of Nursing”, “Curricular Themes, Modes of Inquiry and Curriculum Conceptual Organization”, and “Program Outcomes”. The “Linfield-Good Samaritan School of Nursing Theoretical Model for Community-Based Nursing Education” provides a visual organizational structure for the curriculum.

The nursing program uses the following professional nursing standards and guidelines:

- AACN The Essentials of Baccalaureate Education for Professional Nursing Practice, which can be found at the following Web site: http://www.aacn.nche.edu/Education/bacessn.htm.
- ANA Code of Ethics for Nurses with Interpretive Statements that describes the ethical obligations and duties of professional nurses and nursing students. It can be found at the following Web site: http://nursingworld.org/codeofethics
- ANA Standards of Practice
- OSBN Nurse Practice Act
The Essentials Of Baccalaureate Education For Professional Nursing Practice

“The following nine Essentials address the key stakeholders’ recommendations and landmark documents such as the Institute of Medicine’s recommendations for the core knowledge required of all healthcare professionals. The Essentials emphasize such concepts as patient-centered care, interprofessional teams, evidence-based practice, quality improvement, patient safety, informatics, clinical reasoning/critical thinking, genetics and genomics, cultural sensitivity, professionalism, and practice across the lifespan in an ever-changing and complex healthcare environment.

Essentials I-IX delineate the outcomes expected of graduates of baccalaureate nursing programs. Achievement of these outcomes will enable graduates to practice within complex healthcare systems and assume the roles: provider of care; designer/manager/coordinator of care/ and member of a profession. Essential IX describes generalist nursing practice at the completion of baccalaureate nursing education. This Essential includes practice-focused outcomes that integrate the knowledge, skills, and attitudes delineated in Essentials I-VIII.

The nine Essentials are:

**Essential I: Liberal Education For Baccalaureate Generalist Nursing Practice**

A solid base in liberal education provides the cornerstone for the practice and education of nurses.

**Essential II: Basic Organizational And Systems Leadership For Quality Care And Patient Safety**

Knowledge and skills in leadership, quality improvement, and patient safety are necessary to provide high quality health care.

**Essential III: Scholarship For Evidence Based Practice**

Professional nursing practice is grounded in the translation of current evidence into one’s practice.

**Essential IV: Information Management And Application Of Patient Care Technology**

Knowledge and skills in information management and patient care technology are critical in the delivery of quality patient care.
Essential V:  **Health Care Policy, Finance, And Regulatory Environments**

Healthcare policies, including financial and regulatory, directly and indirectly influence the nature and functioning of the healthcare system and thereby are important considerations in professional nursing practice.

Essential VI:  **Interprofessional Communication And Collaboration For Improving Patient Health Outcomes**

Communication and collaboration among healthcare professionals are critical to delivering high quality and safe patient care.

Essential VII:  **Clinical Prevention And Population Health**

Health promotion and disease prevention at the individual and population level are necessary to improve population health and are important components of baccalaureate generalist nursing practice.

Essential VIII:  **Professionalism And Professional Values**

Professionalism and the inherent values of altruism, autonomy, human dignity, integrity, and social justice are fundamental to the discipline of nursing.

Essential IX:  **Baccalaureate Generalist Nursing Practice**

The baccalaureate-graduate nurse is prepared to practice with patients, including individuals, families, groups, communities, and populations across the lifespan and across the continuum of healthcare environments.

The baccalaureate graduate understands and respects the variations of care, the increased complexity, and the increased use of healthcare resources inherent in caring for patients.

Learning opportunities, including direct clinical experiences, must be sufficient in breadth and depth to ensure the baccalaureate graduate attains the practice-focused outcomes and integrates the delineated knowledge and skills into the graduate’s professional nursing practice. Clinical learning is focused on developing and refining the knowledge and skills necessary to manage care as part of an interprofessional team. Simulation experiences augment clinical learning and are complementary to direct care opportunities essential to assuming the role of the professional nurse. A clinical immersion experience provides opportunities for building clinical reasoning, management, and evaluation skills.” (AACN, The Essentials of Baccalaureate Education for Professional Nursing Practice, 2008.)
Code Of Ethics For Nurses

Provision 1: The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

Provision 2: The nurse’s primary commitment is to the patient, whether an individual, family, group or community.

Provision 3: The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

Provision 4: The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care.

Provision 5: The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.

Provision 6: The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

Provision 7: The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.

Provision 8: The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.

Provision 9: The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

(ANA Code of Ethics for Nurses with Interpretive Statements, 2001.)
Standards Of Practice

Standard 1. Assessment
The registered nurse collects comprehensive data pertinent to the healthcare consumer’s health or the situation.

Standard 2. Diagnosis
The registered nurse analyzes the assessment data to determine the diagnoses or issues.

Standard 3. Outcome Identification
The registered nurse identifies expected outcomes for a plan individualized to the healthcare consumer or the situation.

Standard 4. Planning
The registered nurse develops a plan of care that prescribes strategies and interventions to attain expected outcomes.

Standard 5. Implementation
The nurse implements the interventions identified in the plan.

   Standard 5A. Coordination of Care  
   Standard 5B. Health Teaching and Health Promotion

Standard 6. Evaluation
The registered nurse evaluates progress toward attainment of outcomes.

Standard 7. Ethics
The registered nurse practices ethically.

Standard 8. Education
The registered nurse attains knowledge and competence that reflects current nursing practice.

Standard 9. Evidence-Based Practice and Research
The registered nurse integrates evidence and research findings into practice.

Standard 10. Quality of Practice
The registered nurse contributes to quality nursing practice.

Standard 11. Communication
The registered nurse communicates effectively in a variety of formats in all areas of practice.

Standard 12. Leadership
The registered nurse demonstrates leadership in the professional practice setting and the profession.
**Standard 13. Collaboration**
The registered nurse collaborates with the healthcare consumer, family and others in the conduct of nursing practice.

**Standard 14. Professional Practice Evaluation**
The registered nurse evaluates her or his own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules and regulations.

**Standard 15. Resource Utilization**
The registered nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective and financially responsible.

**Standard 16. Environmental Health**
The registered nurse practices in an environmentally safe and healthy manner.

(ANA Scope and Standards of Nursing Practice, 2010)
Overview Of Curriculum

Linfield College Mission Statement
Adopted: 05/04/02

Linfield College advances a vision of learning, life, and community that:
• promotes intellectual challenge and creativity,
• values both theoretical and practical knowledge,
• engages thoughtful dialogue in a climate of mutual respect,
• honors the rich texture of diverse cultures and varied ways of understanding,
• piques curiosity for a lifetime of inquiry,
• and inspires the courage to live by moral and spiritual principle and to defend freedom of conscience.

Linfield-Good Samaritan School of Nursing Vision/Mission/Philosophy Statement
Approved: 04/06/09

Vision
Linfield-Good Samaritan School of Nursing educates professional nurses for health stewardship of the complex global society.

Mission
The mission of Linfield-Good Samaritan School of Nursing is to create an inclusive community of learning grounded in the liberal arts values of social justice and life-long learning. The program prepares caring nurses who are committed to the profession and responsive to the needs of the global community in an ever-changing healthcare environment. Evidence based practice and research guide student learning within a culture that promotes professional excellence and scholarship.

Philosophy
We believe that healthcare is a fundamental right that takes place within and among diverse and intersecting communities. Our diverse and inclusive learning environment fosters a commitment to social justice. Respect for multiple perspectives guides students and faculty to provide effective intercultural care, contribute to local and global efforts to eliminate health disparities, and advocate for vulnerable populations. Understanding that health and illness result from complex interrelated factors, nurses assume a leadership role in creating healthy communities by promoting health and healing, preventing disease, and influencing healthcare policy. Nurses develop collaborative partnerships with clients, healthcare providers, and other stakeholders to achieve healthcare goals in a variety of settings.

Consistent with the foundational education principles of Linfield College, the School of Nursing promotes integrated learning, global/multicultural awareness, and experiential learning that fosters reflective practice essential for professional nurses in the 21st century. We believe that learning centered education is best achieved within a supportive community that values individual learning styles and builds on previous knowledge and practical experience. Our curriculum is designed to facilitate the development of theory acquisition, clinical skill
development, and socialization into the profession of nursing. The Linfield-Good Samaritan School of Nursing Curriculum Model provides a visual organizational structure for the curriculum.

Learning centered education is best achieved within a supportive community that values individual learning styles and builds on previous knowledge and practical experience. Our curriculum is designed to facilitate the development of theory acquisition, clinical skill development, and socialization into the profession of nursing. The Linfield-Good Samaritan School of Nursing Curriculum Model provides a visual organizational structure for the curriculum.

**Linfield-Good Samaritan School of Nursing Program Outcomes**
The graduate of Linfield-Good Samaritan School of Nursing:

1. Builds a professional practice informed by the mission of Linfield College and the vision, mission, and philosophy of the School of Nursing as well as the standards and values of the nursing profession.
2. Applies sound clinical reasoning, reflective practice, and evidence-based practice in the provision of holistic nursing care.
3. Communicates effectively and collaboratively in a professional practice.
4. Uses a range of information and clinical technologies to achieve health care outcomes for clients.
5. Provides effective nursing care that incorporates diverse values, cultures, perspectives and health practices.
6. Engages in ethical reasoning and actions that demonstrate caring and commitment to social justice in the delivery of healthcare to clients in the community.
7. Applies principles of stewardship and leadership skills to support quality and safety within complex organizational systems.
8. Integrates knowledge of healthcare policy, populations, finance and regulatory environments that influence system level change within professional nursing practice.
9. Incorporates a liberal arts based understanding of local and global healthcare issues to health promotion, risk reduction, disease and illness prevention and disease and health care management.

**Courses**

- 300 Level, Semester 1: Foundations for Community-Based Nursing Education  
  - NURS 305: Foundations of Community-Based Nursing Practice  
  - NURS 309: Transition to Professional Practice (RN students)  
  - NURS 315: Professional Communication in Diverse Communities  
  - NURS 320: Scholarship of Nursing  
  - NURS 335: Integrated Experiential Learning I
300 Level, Semester 2: Chronic Health
NURS 355: Nursing Care of Children, Adults, and Older Adults with Chronic Conditions
NURS 365: Clinical Pathophysiology and Pharmacology for Nursing Practice I
NURS 375: Integrated Experiential Learning II
NURS 395: Mental Health and Illness Across the Lifespan

400 Level, Semester 3: Acute Health
NURS 425: Transitions and Decisions: Pregnancy, Birth and End of Life Care
NURS 435: Integrated Experiential Learning III
NURS 445: Clinical Pathophysiology and Pharmacology for Nursing Practice II
NURS 455: Nursing Care of Children, Adults and Older Adults with Acute Conditions

400 Level, Semester 4: Stewardship for Health
NURS 460: Population-Based Nursing in a Multicultural and Global Society
NURS 470: Leading and Managing in Nursing
NURS 475: Integrated Experiential Learning IV

NURS 475: Integrated Experiential Learning IV (Course Outcomes)

1. Uses ethical reasoning to provide healthcare for diverse clients and populations.
2. Integrates appropriate information and technologies to achieve effective healthcare outcomes.
3. Communicates effectively and collaboratively to provide client-centered nursing care in health care communities.
4. Applies principles of stewardship, management and leadership to support healthcare quality and safety within complex organizational systems.
5. Provides nursing care that incorporates diverse values and perspectives.
6. Integrates knowledge from the liberal arts and sciences to inform nursing practice across the lifespan.
7. Employs evidence-based strategies and reflective practice to provide holistic nursing care.
8. Integrates knowledge of policies, finance, and regulatory environments to influence health care.
Linfield-Good Samaritan School Of Nursing Curricular Themes, Modes Of Inquiry, And Curriculum Conceptual Organization

Curricular Themes:

Communication
Community
Diversity
Ethics
Health
Stewardship

Modes of Inquiry:

Evidence Based Practice/Scholarship
Reflective Practice
Praxis

Curriculum Conceptual Organization:

Each semester is organized around a central theme:

• 100 and 200 levels: Liberal Arts Support Courses
• 300 level
  Semester 1: Foundations for Community-Based Nursing Practice
  Semester 2: Chronic Health
• 400 level
  Semester 3: Acute Health
  Semester 4: Stewardship for Health

Curricular themes and modes of inquiry weave through all the courses becoming more complex and building on previous knowledge and skills. A cohesive clinical experience each semester builds on skills and knowledge and integrates the theory included in concurrently taught courses.

Progressive learning from semester 1 to semester 4:

• Basic clinical skills to complex/invasive to synthesis
• More supervision to more independence
• Increasing complexity among and within curricular themes
• Increasing facility with the modes of inquiry
• Increasing engagement and competence with implementing the clinical reasoning model
• Increasing progression towards program outcomes
Linfield-Good Samaritan School Of Nursing Theoretical Model For Community-Based Nursing Education

The Linfield-Good Samaritan School of Nursing Theoretical Model for Community-Based Nursing Education provides a visual organizational structure for the curriculum. The model reflects the dynamic relationship between global and local communities and the community of learning. Central to this community of learning is a focus on learner centered education, which engages students in the practice of health promotion, illness prevention and treatment and reflects the value of social justice. The curriculum is grounded in a liberal arts education that includes integrative learning, inclusive excellence, and experiential learning. The curricular themes of communication, community, diversity, ethics, health, and stewardship provide a foundation for the program’s design and are developed throughout the program. Professional education includes nursing knowledge (what the student needs to know), clinical skills (what the student needs to do) and socialization into nursing practice (the student’s “being” as a professional nurse). The ways in which the student engages in a process of inquiry include evidence based practice, praxis, and reflective practice.
Linfield-Good Samaritan School Of Nursing Theoretical Model For Community-Based Nursing Education

Approved: 05/18/09
Chapter III: Preceptorship
Student/Clinical Teaching Associate (Preceptor’s) Responsibilities

- The student is not working under the Clinical Teaching Associate’s (Preceptor’s) license. No one works on another’s license.

- Students have the right by law to practice as a part of the learning process. The standard of care must be the same as that rendered by a registered nurse. Everyone has the right to expect competent nursing care, even if rendered by a student as part of clinical training. The standard is measured against conduct of other reasonably prudent RN’s with similar knowledge and experience under the same circumstances.

- The Clinical Teaching Associate (Preceptor) has the responsibility to delegate according to the subordinate’s abilities and to supply adequate supervision.

- A Clinical Teaching Associate (Preceptor) could be seen as negligent for ignoring that the student is not competent, and not supervising a procedure if the student is inexperienced or requires close supervision in carrying out a function.

- The student is liable for carrying out a function beyond his/her capabilities, or for not refusing to perform the function without supervision.

The Value of Preceptorships

The American Association of Colleges of Nursing (2003) endorsed the use of a preceptorship model as an innovative means to provide a quality clinical experience for students.

As partners in clinical education, both Clinical Teaching Associates (preceptors) and faculty are instrumental in facilitating the professional development of students. Preceptorships are valuable in preparing students for clinical practice. Positive outcomes for students include enhanced socialization into the nursing profession, refinement of critical thinking ability and interpersonal communication skills in practice, improved clinical skill and knowledge development, increased self-confidence, and reduced anxiety and stress during clinical experiences.

Reference

Chapter IV: Teaching Strategies
Seven Ways To Help A Student Nurse

By: Christine C. Grulke, RN, MS

Passing along what you've learned can give a novice nurse the edge on doing the job right.

You may not realize it, but you’re a role model, mentor, and resource to nursing students—even if they aren’t assigned to you. The way you talk to them, listen to them, and work with them plays a part in how they’ll make decisions and handle many kinds of situations.

If you think you could never leave your mark on posterity in such a short time, think again. Here are seven simple but important ways you can help students during their clinical rotations.

**Share your personal experiences.**

Every nurse has moments of panic, fear, and — when tense situations resolve — relief. Recognizing these emotions and showing the students how you deal effectively with them teaches them that such feelings are normal. The students learn by your example how to channel these feelings into positive growth and adaptation. And when they realize it’s okay for them to be human, they’ll be able to personalize the care they give others.

**Tell it like it should be said.**

Students are listening to you — to how you talk with other nurses, physicians, patients. They learn how and what can be said. They learn how to deal with ethical issues, such as patient confidentiality, and everyday situations that can turn ugly if mishandled. For example, several students overheard a staff member helping a frustrated family member; the staff member’s tone was calm, her words were polite and straightforward, and she offered help where she could. The students said later that hearing this interaction made them less afraid of meeting a similar situation.

Listen and talk to the students during their report. As their mentor, you’ll be giving importance to what they have to say, and they’ll think twice about making quick, inconclusive statements. Comments such as “Yeah, he’s okay” don’t promote the exchange of professional clinical assessments.

**Understand the student’s position.**

We were all nursing students once and remember the “good” and “bad” nurses. Each of us is privileged to play a role in molding the student into a caring professional. Don’t be impatient. Be a role model, a mentor, and enjoy the challenge of nurturing a future nurse.

**Document clearly.**

Legible, descriptive, and time-sequenced charting gives the student a model to guide her future documentation. She learns the “flow” of documenting clinical data and how to group body systems logically. At the beginning of her shift, she can review each patient’s condition and become familiar with the appropriate signs and symptoms to look for during rounds. She can also read what was important to assess — especially after an emergency — and what helped that particular patient. This helps her set the course of her clinical day and lays the groundwork for understanding the legal issues surrounding documentation.

**Evaluate the student’s performance.**

Positive and negative feedback communicated to the student, instructor, or both encourages growth and learning. Concise, descriptive comments help the student see what areas were well done and what areas need development. Remarks such as “The way you talked that patient through the procedure helped calm him” validate the performance and carry great weight.

**Notice your nonverbal communication.**

Your words may say “talk to me” but your body language may say “I’m too tired to listen.” Take time to stop and listen. Find a private area to talk, maintain eye contact, smile, nod — these things signal that what the student is saying is important to you.

**Take time to recruit.**

The staff nurse/student interaction, in a sense, is practice for future employment. Staff professionalism, level of enthusiasm, camaraderie, and patient feedback on nursing care are all sources of information. Students are shopping for postgraduate employment each clinical day, so be a good advertisement for your unit and your hospital.

Educating the student for clinical competence is challenging. As a staff nurse, you’re a valuable part of the process. Your interaction with any student goes far beyond that clinical day — it becomes a permanent part of a future nurse.

The following 25 tips for preceptors are compiled from expert preceptors at El Camino Hospital in Mountain View, California.

1. Remember how you felt the last time you started a new job, focusing on the feelings, worries, and incompetencies you felt. Did you feel alone? Were you scared and insecure? If you can remember how overwhelming everything is when you are a new employee, you will be better able to understand your new co-worker or student.

2. Make your preceptee feel welcome by introducing him or her to other staff members, doctors, etc.

3. Listen to the preceptee. Listen to what the preceptee wants or needs to learn, and don’t present only material that you want to teach.

4. Take time at the outset to explain explicitly what will be expected of the preceptee. This decreases anxiety and helps both parties know what to expect of one another.

5. Remember that every individual is unique and that you must tailor the learning to the individual.

6. Get to know the preceptee’s strengths and weaknesses as soon as possible, and then help him or her find experiences to address any weaknesses.

7. Learn from your preceptee’s experiences and skills. They usually bring a wealth of information with them.

8. Be patient and understanding.

9. Give the preceptee some independence. Don’t do too much for him or her.

10. Don’t rush the teaching.

11. Communicate.

12. Be open and honest.

13. Encourage the preceptee to either ask for advice or consult with any member of the staff if unsure of his or her own assessment of a patient.

14. Let people make mistakes-as long as it doesn’t jeopardize patient safety. This is an excellent way for learning to have an impact.

15. Encourage questions, and let the preceptees believe that no question is “stupid.”

16. Don’t neglect to take 10 or 15 minutes at the end of the day to review what was learned, answer questions, and set goals for the next day.

17. Go step by step. New people, and particularly new graduates (or students), cannot be taught shortcuts. They first need to learn things the long way.

18. Build on previously gained knowledge.

19. Create a nonthreatening environment that is friendly, because learning can be stressful.

20. Give feedback all along the way. Find positive points of the day and share them. Don’t wait to “drop the bomb” regarding problem areas at evaluation time.

21. Keep a brief outline of what was covered each day. Better still, have the orientee (or student) do this!

22. Set clear goals with time for feedback in both directions.

23. Be open and available to the new hire (or student) after the new training (orientation) time has ended.

24. Have fun. Laughter can be included while learning.

25. Remember, everyone has a contribution!
Linfield-Good Samaritan School Of Nursing Clinical Reasoning Model

Nursing faculty adopted a Clinical Reasoning Model as a tool to help students think systematically about their clients and their client’s stories, as well as the issues clients share.
Clinical Reasoning Model

- Reflection
  - Judgment
    - Actions
      - Nursing
      - Collaborative
      - Risk for...
  - Client State
    - Expected Outcome State
    - Present State
  - Reasoning
    - Primary Issue(s)
      1. 
      2. 
      3. 
      4. 
  - Client Story
    - Filters:
      - Age
      - Gender
      - Family
      - Culture
      - Beliefs
      - Medical Diagnosis
      - Environment
      - Illness/Health Trajectory

Adapted from: Outcome Present State Test (OPT) Model, © Pesut & Herman, 1999
Client Story

In this section, the student should jot down the relevant facts of the story. This is the opportunity to describe the uniqueness of the person; it will include some details of the medical condition and the nursing care needs that can be determined from an analysis of that condition. It should give the reader a vivid picture of the client and his/her current situation.

This is the starting point for the clinical reasoning process. It gathers the subjective and objective data that will be used in all the other steps. Data are collected from a variety of sources besides from the client, such as client records, lab reports, x-rays, or nursing notes. In calling it a story it humanizes the process beyond “data collection” and emphasizes that the client is a unique human being.

Filters (age, gender, family, culture, beliefs, medical diagnosis, environment, illness/health trajectory): The filters are specific known areas that impact how a student thinks about the client story. By filtering the story through these different aspects the student begins to group the data into categories or by criteria that helps to streamline the student’s thinking about that client. For example, if the client story is a person with a broken femur, the student begins to think about that client situation differently if the client is a 2-year old, 8-year old, 25-year old, or an 85-year old person with a broken femur. The student may think about child abuse in the case of a 2-year old with a fractured femur, a motor vehicle/bicycle accident as the cause for a broken femur in an 8-year old, or a fall in the 85-year old with a fractured femur. Another example would be that the client is someone who is a diabetic. What the student thinks about the needs of the client may be different if the client is a newly diagnosed diabetic or a DM Type 2 that is not being managed well on oral agents and now needs insulin, or someone with an insulin pump.

Reasoning

Here is where the student simplifies the complex client story into primary issues. The student needs to cluster the data in the client story into meaningful groups or patterns. The student does not list each individual piece of data. The idea of clustering data is to help the student see the big picture of the data and how the data relate to one another in a group and how that group of information relates to another group of data.

Using nursing diagnostic statements for each cluster of data helps to focus on the nursing needs of the client and will later drive the outcome and actions the student takes to help clients. The student is encouraged to use a NANDA format when formulating the nursing diagnostic
statements. The NANDA format includes: (1) problem statement; (2) what the problem is related to; and (3) the evidence that leads to determine the problem.

Clinical Reasoning Web: This is a visual way to represent the issues specific to the client. It is a pictorial representation of the functional relationships among the clusters of data. Start with the clusters and then show the relationship between the clusters with arrows. As the student draws the lines, the student reflects to himself/herself the reasons for connecting these clusters. The cluster with the most arrows is the primary issue with the highest priority for care. Determine the top three primary issues confronting the client and note them utilizing a nursing diagnosis format.

It is often helpful to place the client in the center of the Clinical Reasoning Web. This picture will help guide the student to think about different aspects of the whole client in a health context. It may be easier to put the medical diagnosis in the middle with the client as that is usually the initial focus for coming into contact with client.

Primary Issues: The number one primary issue is the issue that if and when solved will affect many of the other issues confronting the client. It should be stated in a nursing diagnostic statement in the NANDA format. Most nurses do not only focus on the number one primary issue but think about several issues simultaneously.

Client State

Present State: These are succinct statements that outline the major evidence that contributes to the primary issue of the client. For each statement of evidence in the present state there needs to be a corresponding expected outcome statement.

Expected Outcome State: For each primary present state, there should be an outcome statement. The outcome statement needs to be stated positively and in measurable terms. This is to be the end result of the student’s nursing care. Where do the student and the client want the client to be if the student’s interventions are successful? Examples include:

1. Body temperature will decline at least one degree within the next eight hours (note specific date and time).
2. Client will verbalize increased satisfaction with rest and sleep pattern within one week (note specific date).
3. Client will report increase in energy level within next three days (note specific date).
4. Intake will equal output within the next twenty-four hours (note specific date and time).
5. No evidence of postural hypotension during ambulation.
6. Client will report pain at two out of a scale of ten which is the client’s acceptable level.

7. Client will report waking up less frequently during the night in the next week.

8. Client will report an increased appetite and eat at least three-fourths of his meals within one week (note specific date).

9. Client will drink at least 1500 ml of fluid over the next eight hours (note specific date).

*Testing*: A test is the process of juxtaposing the present state and the expected outcome state. During testing the nurse determines how well this gap between present state and outcome state has been filled. This is the application of comparative analysis. The evidence you gather is the test. A test must be something that provides a measure. At times a test may also be the intervention. For example: Daily weights and calorie count fit the definition of a test and also intervention. An intervention is a planned activity done by a nurse to achieve an expected and predictable outcome. So a calorie count is something we might choose to do as an intervention for our client. The resulting value of the calorie count is the test, because it provides the evidence that filled the gap between present state and the outcome state.

**Actions**

An intervention is a planned activity conducted by the student to achieve an expected and predictable outcome. This is the selection of interventions and actions that move the client from the present state to the outcome state. This must be client specific and should not be stated in general terms. For example, providing distraction is an intervention, but the specific intervention is to have a family member assist the client off the unit for a wheelchair ride to the hospital coffee shop.

*Nursing Actions*: Are autonomous interventions that the student implements in his/her practice that are knowledge based, evidence based, and theory driven.

*Collaborative Actions*: Are interventions that the student initiates in conjunction with an advanced health care provider (physician, nurse practitioner, or physician’s assistant) in response to specific client needs.

*Risk For ...*: Are specific conditions that clients are at high risk for occurrence based on the client story and other data. Therefore, the student implements plans of action to monitor for the risk concern or to decrease the likelihood the condition will occur for this client.
**Judgment**

The student evaluates the client’s progress towards the expected outcome(s) in this step of the clinical reasoning model. The student asks himself/herself a series of questions:

- Is the outcome met, partially met or not met?
- Is the change in the client an improvement or is the client better?
- Is the client worse?
- Is the client the same as before the interventions?
- Is the client improving quickly enough for this situation?
- Are these the correct interventions for this problem?
- Are other interventions needed to help the client improve faster?
- Who do I need to notify of the change in the client status?
- Do I need to seek additional help? If so, who and when?
- If the outcome has been met or the client is improving, when do I need to enter this thought process about this client again?

**Reflection**

Reflection occurs on several different levels of thinking. The student should be a reflective practitioner. Therefore, the student hones the ability to reflect or compare what is currently happening with the client and what should be happening based on what is known about similar clients the student has cared for. This type of reflective thinking allows the student to change his/her conceptual thinking and clinical reasoning about a client in the moment that results in a different action and is called reflection-in-action. It takes much skill and experience for the student to reflect-in-action. To build a high level of reflective thinking to a competent or expert level, a nurse practices reflective thinking by reflection-on-action. Using the evaluation questions in the above judgment section, the student purposively thinks about or reflects on the client’s expected outcomes. If at any point in time the expected outcome is not being met or not being met quickly enough, the student re-enters the client story to see what has changed in the story, what data might have been missed in the story or think about the client differently.

**Later Reflection:** Is a time to reflect and think back on this specific case and begin to cluster it into the student’s personal library of clients that appear similar to this one:

- What was learned from this case?
• What was missed in this case?

• What was similar or different from the similar cases?

This type of reflection will expand the student’s growth and knowledge base of signs and symptoms as he/she experiences more and more clinical encounters. The student will add to his/her bank of interventions as the student applies theoretical knowledge to actual client situations and as the student interacts with expert nurses.
Evidence-Based Practice

Evidence-based practice is an approach to clinical practice with individuals, family, groups, and communities that integrates:

1. A systematic search for and critical appraisal of the most relevant evidence to answer a clinical question
   - Research (systemic reviews)
   - Evidence-based theories
   - Opinion leaders/expert panels (clinical practice guidelines)

2. One’s own clinical expertise
   - Evidence from clinical expertise
   - Assessment of client’s condition through subjective history taking and objective clinical examination findings and laboratory reports
   - Assessment of available health care resources

3. Client preferences and values
   - Values are what the client “lives for”
   - Preferences are what the client desires, including but not limited to treatment options

Adapted from:
<table>
<thead>
<tr>
<th>ASSESS</th>
<th>NOVICE</th>
<th>ADVANCED BEGINNER</th>
<th>COMPETENT</th>
<th>PROFICIENT</th>
<th>EXPERT</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPERVISE</td>
<td>Requires close supervision in the clinical setting.</td>
<td>Requires mentoring support to use recently gained clinical knowledge and skills. Needs frequent assistance from more experienced colleagues to respond to ethical concerns.</td>
<td>Needs mentoring to make nursing practice more client centered.</td>
<td>Acts as a mentor and supervises other nurses.</td>
<td>Trains other nurses to be mentors.</td>
</tr>
</tbody>
</table>

Adapted from:

Factors That Influence Student Learning

1. Students learn when they believe they need to know something new or different (Zembke and Zembke, 1995). Motivation to learn in the clinical setting is influenced by open communication, mutual trust, and a supportive relationship between the Clinical Teaching Associate (preceptor) and the student (Carlson, Wann-Hansson, and Pilhammar, 2008).

2. Students have different learning styles (auditory, visual, and kinesthetic). While most have a style preference, the majority of students best process information through multiple senses (Pike, 1989).

Over a three-day period of time, learning retention happens with:

10 percent of what the student reads

20 percent of what the student hears

30 percent of what the student sees

50 percent of what the student sees and hears

Role modeling by the clinical Teaching Associate/Preceptor, that includes the preceptor “thinking out loud” to analyze the preceptor’s clinical judgments, can assist students to gain insight and formulate thought questions (Lasater, 2010).

70 percent of what the student says

90 percent of what the student says and does

Student demonstration of psychomotor skills, clinical judgment, formation of professional identity, as well as, reflection and self-evaluation improves learning (Lasater, 2010).

3. Students learn best in a clinical environment that is safe and respectful.

The student needs to feel welcomed.

It must be safe to make mistakes – the student needs to feel support, rather than judge.

Mutual respect and recognition of individuality is essential.
Student Readiness For Increased Clinical Responsibilities

The Clinical Teaching associate (preceptor) must develop a balance between providing the student with adequate “hand on” experience and not pressing the student into doing things too soon.

1. **Strategies to assist students to learn in the clinical setting:**

   Create an environment to decrease anxiety and enhance learning (e.g., give positive feedback to the student; reassure the student that the Clinical Teaching Associate (preceptor) is ultimately responsible for the client’s care, reinforce the student’s sense of competency by reminding the student of his/her nursing experience to date.

   Role model for the students (e.g., demonstrate components of a physical exam, engage in joining discharge planning with a patient).

   Use charting to teach.

   Use pre- and post-conferences as appropriate

   Assign readings for specialty areas

   Use detailed, guided questions with the student that help him/her focus and given rational for actions taken.

2. **Indicators of student readiness for increased clinical responsibilities:**

   There is a mutual increase in comfort, almost intuitive.

   Trust is built between the Clinical Teaching Associate (preceptor) and the student; that helps the student to not get in over his/her head, and to be responsible for his/her own actions and decisions.

   The student proves he/she will not miss anything important.

   There is no longer a need for the student to review every detail with the Clinical Teaching Associate (preceptor)

   The student has demonstrated physical assessment skills.

   The student gives accurate clinical presentation of significant positives and negatives.

   Data presented by the student proves that he/she covered all bases with the patient.

   The student shows the ability to tie-in past experience with new skills and apply them to new scenarios.
The student recognizes limits of knowledge and admits to weaknesses.

The student asks appropriate questions.

The student becomes a self-starter and can cope with an unstructured setting or a change in schedule.

The student asks for more challenging experiences and exhibits confidence.

Excerpts from:
Constructive Feedback

Constructive feedback from the Clinical Teaching Associate (Preceptor) is crucial to the student’s professional development, satisfaction in the preceptor/student relationship, and motivation to improve clinical performance.

Constructive feedback can be given using the following steps:

1. State the topic to be discussed with the student and why it is important. Provide the specifics of what you personally observed. Avoid “need to” or “yes, but” phrases. With positive feedback, express appreciation. With negative feedback, express concern. Provide a balance between the amount of positive and negative feedback you give the student.

2. Describe observations of the student’s clinical performance and not interpretations, assumptions or judgments. When describing observations, note when and where the clinical incident happened, who was involved, and the positive or negative consequences. Note your reaction to the incident. Avoid terms like “right or wrong” or “good or bad”. Focus on the student’s behavior and not the personal qualities of the student.

3. Give constructive feedback to the student as close as possible to when the clinical performance incident occurred. Feedback needs to be given to the student on a frequent basis. Avoid feedback overload by focusing on two or three points at a time.

4. Give the student an opportunity to respond to the constructive feedback. If the student is hesitant, ask an open ended question to elicit a response (e.g., Tell me, what you are thinking?).

5. Offer specific suggestions to assist the student to improve clinical performance.

6. Summarize the discussion. If positive feedback was given to the student, emphasize the significant points you wanted to convey. If negative feedback was given, stress the main things the student could do differently. The summary should convey your desire to help the student be successful in improving his/her clinical performance.

Source:
Conflict Resolution

When potential conflict is resolved between the Clinical Teaching Associate (Preceptor) and the student, personal and professional growth can result. Conflict resolution leads to goal achievement, increased mutual respect, and enhanced ability to work together.

Conflicts can be resolved using the following steps:

1. Remain calm and try to build mutual respect by being courteous and engaging in positive feedback with the student. Listen to the student with empathy and understanding. Use “I” and “we” messages instead of “you” messages. Clarify feelings expressed by the student. If helpful, allow the student to vent his/her feelings to relieve frustration and encourage problem solving.

2. Listen carefully to the student, and accurately identify the issues clearly and concisely from both of your viewpoints. Understand how the student’s motivation and goals have resulted in him/her adopting a particular position. Recognize how the conflict is affecting the work relationship between you and the student. Express respect for the student’s opinion and the need for his/her cooperation to solve the problem.

3. Separate the problem from the personhood of the student so that real issues can be discussed without damaging the working relationship. Listen to where the student is coming from. Identify the root cause of the problem using neutral words, and analyze the opportunity for improvement. Discuss the situation in a non-confrontational way until both of you agree as to what the problem is.

4. Explore solutions to resolve the problem. Allow the student a fair amount of input in generating solutions. Be open to all ideas, including ones not considered before. Arrive at a workable solution and action plan that is acceptable to both you and the student.

5. Implement the action plan and determine its effectiveness in resolving the conflict.

Source:
Chapter V: Required Form
Clinical Teaching Associate (Preceptor) Selection Criteria

Clinical Teaching Associate (Preceptor) selection will be based on the recommendation of the Nurse Manager/Designee regarding professionalism and organizational/leadership skills based on competencies listed below:

1. Current unencumbered registered nurse license in the state where the clinical agency is located.
2. Has the equivalent of at least two years of full-time experience as a registered nurse.
3. Bachelor’s Degree in Nursing preferred.
4. Demonstrates knowledge and expertise in providing nursing care to diverse populations, implementing standards of conduct, performance and ethics.
5. Demonstrates effective communication skills in written and verbal forms, and is comfortable delivering constructive feedback.
6. Demonstrates an interest in sharing knowledge with students and staff through role modeling and teaching. Is proficient in clinical teaching, and provides support without rescuing, finds the "teachable moment," and believes in the individual's potential.
7. Demonstrates effective interpersonal skills and aids in the professional socialization of others.
8. Demonstrates strong organizational skills and ability to prioritize patient care.
9. Demonstrates commitment to own professional development and to the role of preceptor.
10. Demonstrates knowledge of leadership principles such as coaching, reinforcing and encouraging initiative.
11. Demonstrates knowledge of the use of evidence based practice in the clinical area.
12. Demonstrates sensitivity to individuals and teams, and skill in conflict resolution. Perceives and is aware of needs, feelings and concerns of others and reacts appropriately.

Agency ___________________________  Academic Year ___________________________

Clinical Teaching Associate (Preceptor) ___________________________  Faculty Signature ___________________________

Signature ____________________________________________

Print Name ___________________________  Print Name ___________________________

Highest Nursing Degree Earned ___________________________

Number of Years in Clinical Practice ___________________________

Date ___________________________  Date ___________________________

Unit ___________________________  Course ___________________________

Chapter VI: Evaluations
Linfield-Good Samaritan School Of Nursing
Clinical Teaching Associate (Preceptor) Evaluation Of School Of Nursing Support
05/02/12

Evaluation Form Is Available On Survey Monkey

Please complete this survey to evaluate the effectiveness of support from Linfield-Good Samaritan School of Nursing, in the performance of your role as a Clinical Teaching Associate (Preceptor). Your feedback is greatly appreciated.

Name of Clinical Teaching Associate (Preceptor) and Credentials

Clinical Agency

Dates of Clinical Experience

Number of times you have served as a Clinical Teaching Associate (Preceptor) either for Linfield-Good Samaritan School of Nursing or another institution: _______________

On the following evaluation, 5 is the highest score and 1 is the lowest. Please circle a rank score for each category. It would be particularly helpful, if you could note any suggestions you might have for improvement.

1. Overall, how satisfied were you with the orientation you received from faculty concerning the nursing curriculum?

  1  2  3  4  5

  Suggestions for Improvement:
2. Overall, how satisfied were you with the orientation you received from faculty concerning the course, including course outcomes, requirements of the course, and evaluation methods?

1 2 3 4 5

Suggestions for Improvement:

3. Overall, how satisfied were you with the orientation you received from faculty concerning the expectations of your role as Clinical Teaching Associate (Preceptor), as well as, the role expectations of faculty and the student?

1 2 3 4 5

Suggestions for Improvement:

4. Was the School of Nursing “Clinical Teaching Associate (Preceptor) Manual” helpful to you in your role as Clinical Teaching Associate (Preceptor)?

1 2 3 4 5

Suggestions for Improvement of Information in the Manual:

5. Did the faculty demonstrate a commitment to the partnership with you in facilitating the student’s application of theoretical knowledge to practice and socialization into the nursing practice?

1 2 3 4 5

Suggestions for Improvement of the Relationship Between Faculty and You as the Clinical Teaching Associate (Preceptor):
6. How often did the faculty member contact you? __________

Was the contact between you and the faculty member sufficient to share information about student progress in meeting clinical outcomes, as well as, to discuss other relevant matters?

1 2 3 4 5

Suggestions for Improvement:

7. Did the faculty member provide you with adequate guidance in teaching and evaluating the student?

1 2 3 4 5

Suggestions for Improvement:

8. Please share any final comments that you feel would be beneficial in enhancing the support Linfield-Good Samaritan School of Nursing is providing Clinical Teaching Associates (Preceptors).

--Thank You For Completing This Evaluation Survey--
Linfield-Good Samaritan School Of Nursing Clinical Teaching Associate (Preceptor) Evaluation By Faculty
Approved: 04/04/11; Last Revised: 01/26/12

Please complete this survey to evaluate the effectiveness of a Clinical Teaching Associate (Preceptor). If you have more than one Clinical Teaching Associate (Preceptor), complete this survey again for each individual. This survey should take no more than 3-4 minutes. The data will be used for internal review. (Evaluation form available on Survey Monkey.)

Name of Clinical Teaching Associate (Preceptor):

Name of Clinical Faculty Completing Survey:

Course Number and Course Title:

Clinical Agency:

Semester/Year:

Rate Clinical Teaching Associate (Preceptor) on the following scale:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Met</th>
<th>Not Met</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provided faculty and student with a copy of the Clinical Teaching Associate’s (Preceptor’s) work schedule to assist in scheduling student clinical days.</td>
<td></td>
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<tr>
<td>2. Coordinated student’s orientation to facility, including staff roles and client expectations.</td>
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<tr>
<td>3. Ensured student identified as a student while in clinical area and not regarded as staff.</td>
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<tr>
<td>4. Fostered student’s integration into workplace culture and health care team by involving student in meetings related to client care and other appropriate professional matters.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5. Arranged for substitute Clinical Teaching Associate (Preceptor) when absent.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Criteria</td>
<td>Met</td>
<td>Not Met</td>
<td>N/A</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
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<td>-----</td>
</tr>
<tr>
<td>6. Facilitated learner centered education through collaborative identification of student learning needs, open communication, informing student about learning resources, and mutual assessment of student learning outcomes.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>7. Served as role model for student, demonstrating professional values and behaviors such as caring, integrity, effective interpersonal communication, critical thinking, and conflict management.</td>
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<tr>
<td>8. Provided appropriate support and encouragement to assist student to cope with stress and reduce anxiety associated with clinical practice.</td>
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<tr>
<td>9. Assisted student in learning process of prioritization that ensures safe and effective nursing care.</td>
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<tr>
<td>10. Discussed, facilitated and supervised student learning activities and outcomes.</td>
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<tr>
<td>11. Monitored student provision of nursing care to ensure client safety, and provided a safe learning environment for student.</td>
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</tr>
<tr>
<td>12. Recommended appropriate clients for student to provide nursing care, and assisted with accessing agency information.</td>
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</tr>
<tr>
<td>13. Provided instruction to student concerning realities of professional world of nursing practice.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>14. Stimulated development of student clinical judgment and critical thinking ability through reflective practice and application of evidence based practice.</td>
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<tr>
<td>15. Provided regular constructive feedback to student regarding progress toward meeting clinical outcomes.</td>
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<tr>
<td>16. Collaborated with faculty to determine student readiness to perform skills independently.</td>
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<tr>
<td>17. Consulted with faculty regularly regarding student progress toward meeting clinical outcomes, including suggestions, problems, and concerns.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Criteria</td>
<td>Met</td>
<td>Not Met</td>
<td>N/A</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----</td>
<td>---------</td>
<td>-----</td>
</tr>
<tr>
<td>18. Completed written clinical performance evaluation of student assessing attainment of clinical outcomes (as requested).</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Would you recommend this professional nurse continue in the role of Clinical Teaching Associate (Preceptor) for this course?

_____ Yes

_____ No

_____ Questionable

Please make any additional comments about the Clinical Teaching Associate (Preceptor).
Please use this form to evaluate your Clinical Teaching Associate (Preceptor). This should take less than 4 minutes to complete. Results of these evaluations will be reviewed to determine future Clinical Teaching Associate (Preceptor) assignments. Thank you for taking the time to complete this. Your course grade will not be affected by any of your answers. Completion of this evaluation is required for all students. (Evaluation form available on Survey Monkey.)

Name of Clinical Teaching Associate (Preceptor):

Course Number and Course Title:

Clinical Agency:

Semester/Year:

Number of times worked with Clinical Teaching Associate (Preceptor):

05 times
05-10 times
10 times

Rate Clinical Teaching Associate (Preceptor) on the following scale:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assists me to apply theoretical base to clinical practice.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Contributes to my ability to problem solve.</td>
<td></td>
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<tr>
<td>3. Demonstrates enthusiasm for clinical practice.</td>
<td></td>
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<tr>
<td>4. Shows respect towards me in my viewpoints.</td>
<td></td>
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<tr>
<td>5. Facilitates critical, analytical &amp; creative thinking.</td>
<td></td>
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</tr>
<tr>
<td>Criteria</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Neutral</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
<td>N/A</td>
</tr>
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<td>-------------------------------------------------------------------------</td>
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<tr>
<td>6. Demonstrates flexibility in working with me.</td>
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<tr>
<td>7. Inspires me to do my best in clinical.</td>
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<tr>
<td>8. Encourages me to seek help when needed.</td>
<td></td>
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<tr>
<td>9. Provides ongoing feedback about my nursing practice.</td>
<td></td>
<td></td>
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<tr>
<td>10. Maintains high standards for my performance in the clinical setting.</td>
<td></td>
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<tr>
<td>11. Is available to provide assistance.</td>
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<tr>
<td>12. Provides learning opportunities when available.</td>
<td></td>
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<tr>
<td>13. Overall, this Clinical Teaching Associate (Preceptor) taught well.</td>
<td></td>
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<tr>
<td>14. Overall this clinical was a valuable learning experience.</td>
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</tr>
</tbody>
</table>

Would you recommend this professional nurse continue in the role of Clinical Teaching Associate (Preceptor) for this course?

_____ Yes
_____ No
_____ Questionable

Please make any additional comments about your Clinical Teaching Associate (Preceptor).
# Clinical Teaching Associate Evaluation of Student

## Linfield-Good Samaritan School of Nursing
### NURS 475: Integrated Experiential Learning IV Clinical Evaluation
#### Leading and Managing Clinical Experience

## Clinical Teaching Associate Evaluation of Student

<table>
<thead>
<tr>
<th>Student:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Year:</td>
<td></td>
</tr>
<tr>
<td>Semester Course:</td>
<td>Fall:</td>
</tr>
<tr>
<td>GRADE:</td>
<td></td>
</tr>
</tbody>
</table>

**ALL course outcomes must be met to pass clinical performance for this clinical rotation**

### Clinical Agency Sites:

### Clinical Teaching Associate:

### Directions:
Faculty will evaluate the student and indicate below if the student met each course outcome for this rotation by placing a √ or x in the appropriate box. Please include comments to support rating for each outcome.

### Note:
All course outcomes must be met to pass clinical performance.

### Course Outcomes:

<table>
<thead>
<tr>
<th>Course Outcomes</th>
<th>Met</th>
<th>Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Use ethical reasoning to provide healthcare for diverse clients and populations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Discusses ethical issues that may be associated with organizational decisions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Integrate appropriate information and technologies to achieve effective healthcare outcomes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Uses healthcare information data bases and technologies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Communicate effectively and collaboratively to provide client-centered nursing care in health care communities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Communicates professionally with leader/manager, faculty, other students, and members of the organization</td>
<td></td>
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<tr>
<td>- Maintains confidentiality</td>
<td></td>
<td></td>
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<tr>
<td>- Describes effective approaches to conflict resolution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Course Outcomes:

<table>
<thead>
<tr>
<th>Course Outcome</th>
<th>Met</th>
<th>Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Apply principles of stewardship, management and leadership to support healthcare quality and safety within complex organizational systems.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Acts professionally by arriving on time, using time effectively, being self-directed in learning, and dressing and behaving appropriate to role</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Discusses leadership styles and management techniques and their effects on both individuals and work groups</td>
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<td></td>
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<tr>
<td>- Discusses major principles and purposes of CQI</td>
<td></td>
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<tr>
<td>- Discusses the processes for budgeting, staffing and scheduling and managing personnel issues within the organizational system</td>
<td></td>
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<tr>
<td>- Explains the purpose of an organization’s mission, vision, and philosophy statements</td>
<td></td>
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<tr>
<td>- Demonstrates a habit of reflective practice on role development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 5. Provide nursing care that incorporates diverse values and perspectives |     |         |
| - Discusses the role of staff nurses in leading and managing a diverse client population |     |         |
| - Shows respect for diversity in the workplace |     |         |
| Comments:                                                                     |     |         |

| 6. Integrate the knowledge from the liberal arts and sciences to inform nursing practice across the lifespan. |     |         |
| - Draws both broadly and specifically from liberal education in nursing role |     |         |
| Comments:                                                                     |     |         |

| 7. Employ evidence-based strategies and reflective practice to provide holistic nursing care. |     |         |
| - Identifies systems that the organization uses to implement and update evidence based client care strategies |     |         |
| - Describes systems that the organization uses for evaluating holistic nursing care |     |         |
| Comments:                                                                     |     |         |

| 8. Integrate knowledge of policies, finance, and regulatory environments to influence health care. |     |         |
| - Explains organizational change and its effect on staff, clients and nurse leaders/managers |     |         |
| - Describes how reimbursement policies affect organizations |     |         |
| - Engages in conversation with leader/manager about current political agendas for healthcare |     |         |
| Comments:                                                                     |     |         |
Narrative Reflection

What strengths have you observed in this student’s nursing practice?

What area(s) of nursing practice does the student need to improve?

What are your recommendations to facilitate the student’s growth in nursing practice?

Date: ________________________________

Signature of CTA: ________________________________

CTA’s Printed Name: ________________________________

Signature of Student: ________________________________

Student’s Printed Name: ________________________________

Note: Clinical evaluations will be filed for six years after graduation, at which time they will be shredded. The nursing faculty recommends that students keep a copy of all clinical evaluations in their individual professional file.
# Clinical Teaching Associate Evaluation of Student

**Linfield-Good Samaritan School of Nursing**  
**NURS 475: Integrated Experiential Learning IV Clinical Evaluation**  
*Direct Care Clinical Experience*

## Clinical Teaching Associate Evaluation of Student

<table>
<thead>
<tr>
<th>Student:</th>
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<tr>
<td>Year:</td>
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</tr>
<tr>
<td>Semester Course:</td>
<td><strong>Fall:</strong></td>
<td><strong>Spring:</strong></td>
<td><strong>Summer:</strong></td>
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<tr>
<td>GRADE:</td>
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</tbody>
</table>

**ALL course outcomes must be met to pass clinical performance for this clinical rotation**

**Clinical Agency Sites:**

**Clinical Teaching Associate:**

### Directions:
Faculty will evaluate the student and indicate below if the student met each course outcome for this rotation by placing a √ or x in the appropriate box. Please include comments to support the rating for each outcome.

### Note:
All course outcomes must be met to pass clinical performance.

### Course Outcomes:

<table>
<thead>
<tr>
<th>Course Outcomes:</th>
<th>Met</th>
<th>Not Met</th>
</tr>
</thead>
</table>
| 1. Use ethical reasoning to provide healthcare for diverse clients and populations.  
  - Discusses ethical issues that may be associated with client care  
  - Upholds the code of ethics when providing nursing care  
  Comments: | | |
| 2. Integrate appropriate information and technologies to achieve effective healthcare outcomes.  
  - Uses healthcare information data bases and technologies  
  - Applies theoretical knowledge from nursing and liberal education in planning and providing care  
  Comments: | | |
| 3. Communicate effectively and collaboratively to provide client-centered nursing care in health care communities.  
  - Communicates professionally in all interactions  
  - Demonstrates competency and accountability in verbal and written communication of care  
  - Maintains confidentiality  
  - Describes effective approaches to conflict resolution  
  Comments: | | |
### Course Outcomes:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>Apply principles of stewardship, management and leadership to support healthcare quality and safety within complex organizational systems.</td>
<td>Met</td>
</tr>
<tr>
<td></td>
<td>- Acts professionally by arriving on time, using time effectively, being self-directed in learning, and dressing and behaving appropriate to role</td>
<td></td>
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<tr>
<td></td>
<td>- Demonstrates competence and accountability in the roles of planner, coordinator, and provider of care</td>
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<td></td>
<td>- Manages care of multiple clients during a shift or manages care of one critically ill client during a shift</td>
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<tr>
<td></td>
<td>- Uses critical thinking as a basis for clinical reasoning during client care</td>
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<tr>
<td></td>
<td>- Implements nursing skills during client care in an accurate, safe and consistent manner</td>
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<tr>
<td></td>
<td>- Identifies client care situations that may require referral to CQI team</td>
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<tr>
<td></td>
<td>- Demonstrates a habit of reflective practice on role development and client care</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Provide nursing care that incorporates diverse values and perspectives</td>
<td></td>
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<tr>
<td></td>
<td>- Provides nursing care that supports the strengths of individuals and their families and community</td>
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<td></td>
<td>- Demonstrates behaviors during client care that support cultural values</td>
<td></td>
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<tr>
<td></td>
<td>- Discusses the role of staff nurses in leading and managing a diverse client population</td>
<td></td>
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<tr>
<td></td>
<td>- Provides nursing care that incorporates a global health perspective</td>
<td></td>
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<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Integrate the knowledge from the liberal arts and sciences to inform nursing practice across the lifespan.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Draws both broadly and specifically from liberal education in nursing role</td>
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<tr>
<td></td>
<td>- Identifies and discuss healthcare issues in the context of world health issues and concerns</td>
<td></td>
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<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Employ evidence-based strategies and reflective practice to provide holistic nursing care.</td>
<td></td>
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<tr>
<td></td>
<td>- Demonstrates collaborative decision-making with nursing and other disciplines in providing holistic nursing care</td>
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<tr>
<td></td>
<td>- Demonstrates self-reflection on goal development with preceptor, faculty, and in praxis seminar</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Presents/discusses research findings with preceptor, faculty and in praxis seminars</td>
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<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Integrate knowledge of policies, finance, and regulatory environments to influence health care.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Applies legal and regulatory standards when providing nursing care</td>
<td></td>
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<tr>
<td></td>
<td>- Demonstrates approaches in nursing practice to reduce healthcare</td>
<td></td>
</tr>
<tr>
<td>Course Outcomes:</td>
<td>Met</td>
<td>Not Met</td>
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<tr>
<td>costs</td>
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</table>

Comments:
NURS 475: Integrated Experiential Learning IV Clinical Evaluation
CLINICAL TEACHING ASSOCIATE EVALUATION OF STUDENT (continued)
Direct Care Clinical Experience
Narrative Reflection

What strengths have you observed in this student's nursing practice?

What area(s) of nursing practice does the student need to improve?

What are your recommendations to facilitate the student's growth in nursing practice?

Date: ____________________________________________

Signature of CTA: __________________________________________________________

CTA’s Printed Name _________________________________________________________

Signature of Student: _______________________________________________________

Student’s Printed Name _____________________________________________________

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