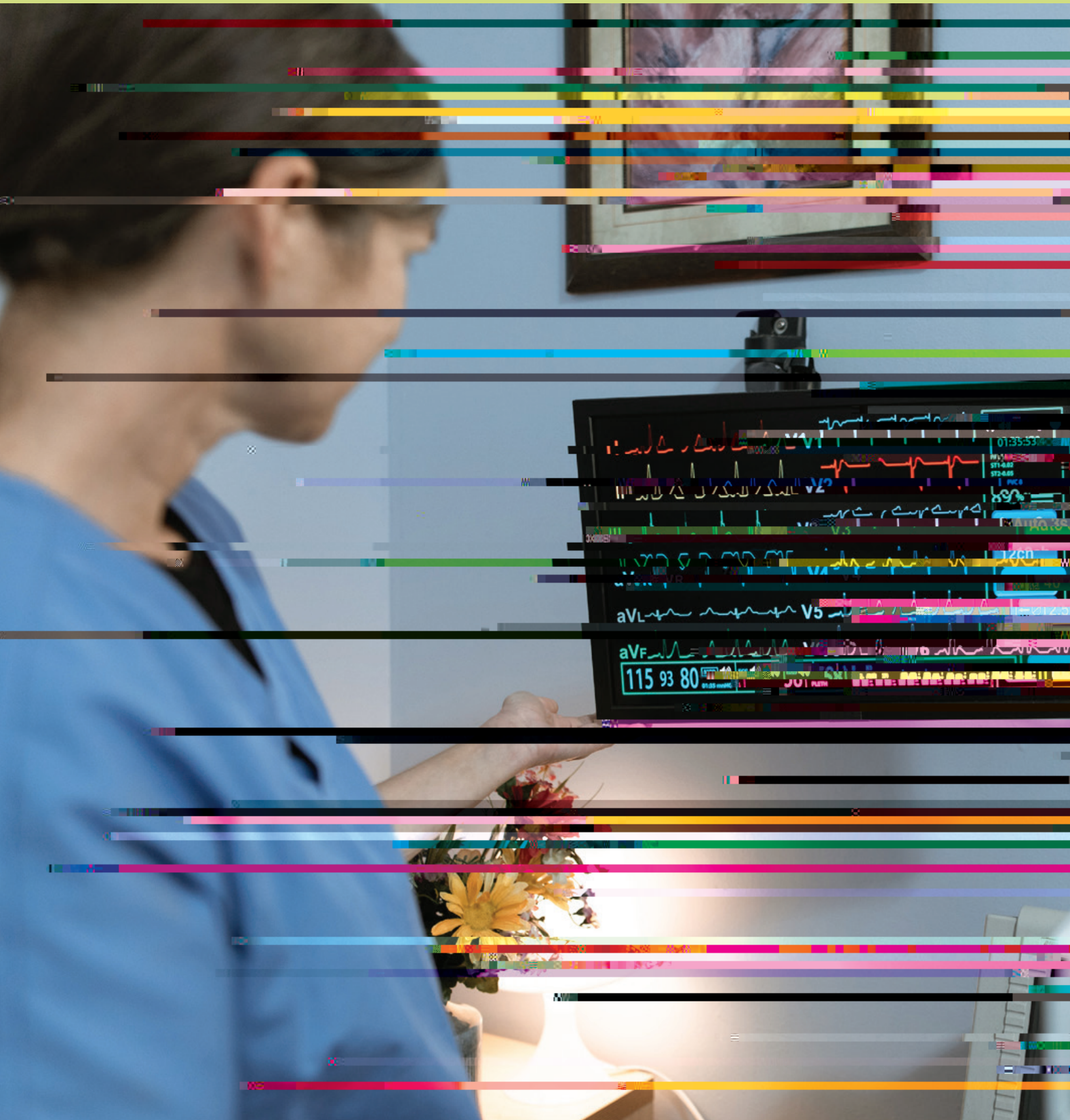


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# Preceptor Handbook 2021–2022 **BSN**



Dear Nursing Preceptor:

T a . . . . . a . . . . . a . . . . . A . . . . . U . . . . .  
Y . . . . . a . . . . . a . . . . . a . . . . . a . . . . . a . . . . .  
a . . . . . a . . . . . T . . . . . a . . . . . a . . . . .  
a . . . . . a . . . . . a . . . . . T . . . . . S . . . . . N . . . . . I . . . . .  
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a . . . . . a . . . . . a . . . . . a . . . . . a . . . . . a . . . . .  
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T a . . . . . a . . . . . a . . . . . a . . . . . W . . . . . a . . . . . b . . . . .  
a . . . . . a . . . . . b . . . . . a . . . . . a . . . . . a . . . . .  
A a . . . . . b . . . . . a . . . . . a . . . . . a . . . . . a . . . . .  
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a . . . . . a . . . . . T . . . . . a . . . . . a . . . . . a . . . . .  
a . . . . . a . . . . . a . . . . .

T . . . . . a . . . . . a . . . . . a . . . . . a . . . . .  
a . . . . . a . . . . . a . . . . . a . . . . . a . . . . . T . . . . .  
a . . . . . a . . . . . a . . . . . b . . . . . a . . . . . a . . . . . a . . . . .  
a . . . . . a . . . . . a . . . . . A . . . . . U . . . . . a . . . . .

W . . . . . a . . . . . a . . . . . a . . . . . a . . . . .  
b . . . . . a . . . . . a . . . . . a . . . . . a . . . . .  
A a . . . . . a . . . . . a . . . . . a . . . . . ! Y . . . . . a . . . . .  
a . . . . . a . . . . . !

S . . . . .

**Barbara Harrison, MSN, RN, ACNP-BC**  
*Interim Chair, School of Nursing*

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## DESCRIPTION OF PROGRAM

Nursing, BS (Pre-licensure)











7.





**Spring Semester \_\_\_\_\_**  
**NRSG 480 - Senior Nursing Internship**  
**Preceptor Information and Agreement**

Student completes the information and gives to the preceptor to sign. The learner will upload the fully completed form into NRSG 480 via Learning Hub link by Week 4.

**Student's Information**

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Name:

**Spring Semester \_\_\_\_\_**  
**NRSG 480 - Senior Nursing Internship**  
**Clinical Skills Self-Assessment Checklist**

This skills checklist is a self-assessment guide for you. Determine approximately, when you last performed some, if not all of these skills. If you are satisfied with your skill performance for the skills listed below, please indicate. Both the simulation in the skills lab and clinical experiences are designed for you to obtain more hands-on time moving towards proficiency with clinical skills; they are not designed for testing. This checklist will also help you and your preceptor evaluate which skills to spend more time on in the clinical area.

**Student Name:**

Ostomy care				
Insertion of Indwelling urinary catheter (male and/or female)				
Straight catheterization				
Enema				

NG/G--tube insert

O <sub>2</sub> therapy				
Admission Assessment				
Documentation of care				
Basic Shift assessment				
Discharging a Client				
Suctioning (oral, NT)				
Care of Drains (JP, Hemovac, other)				
Trach Care				
Other (specify)				





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During this clinical rotation, please rate the achievement of

**Spring Semester \_\_\_\_\_**  
**NRSG 480 - Senior Nursing Internship**  
**Student's Self Evaluation**

Please rate your achievement of the following course objectives during this clinical rotation accordingly.

Course Objectives	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
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**Spring Semester \_\_\_\_\_**  
**NRSG 480 - Senior Nursing Internship**  
**Student's Evaluation of Preceptor**

Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly
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**Spring Semester \_\_\_\_\_**  
**NRSG 480 - Senior Nursing Internship**  
**Preceptor Evaluation of Clinical Course**

Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I feel adequately prepared for my role in this course.	1	2	3	4	5	0
I understand the course objectives as explained to me.	1	2	3	4	5	0

**We welcome your comments regarding your experience as a preceptor for NRSG 480 - Senior Nursing Internship**

1. What suggestions do you have for the course?

2.

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**Spring Semester \_\_\_\_\_**  
**NRS 480 - Senior Nursing Internship**

**PRECEPTOR ORIENTATION**

**Preceptor Name** \_\_\_\_\_ **Orientation Start Date:** \_\_\_\_\_

**Student Name** \_\_\_\_\_

<b>Group</b>	<b>Item</b>	<b>Date Completed</b>	<b>Course Instructor Initials</b>
<b><u>Basics</u></b>	Welcome		
	Preceptor Handbook		
	Preceptor Agreement		
	Scheduling face-to-face meetings		
<b><u>Teaching</u></b>	Method for course evaluation		
	Student Evaluation		

**Preceptor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Course Instructor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



NEWS