

TTU Nursing Graduate Programs Preceptor Intent Form

Student Name: _____

Course: _____

Tnumber: _____

Date: _____

TTU E-mail: _____

Instructions: The preceptor intent form is a tool created for faculty to assess the preceptor's ability to meet the practicum course's population focus and learning outcomes for the student. Please complete the student and preceptor sections of this form.

Student Section

Semester:

☐ Fall

☐ Spring

☐ Summer

Year:

Are you employed by this agency?

☐ Yes

☐ No

Have you precepted at the graduate level with this preceptor/agency before?

☐ Yes

☐ No

If yes, for which course?

How many hours do you plan to complete with this preceptor?

If you will be using an additional preceptor for the same course, please explain below.

Agency Section

Agency/Clinic Name:

If this agency is part of a corporation or is legally known by another name, please provide this information:

Agency/Clinic Street Address:

Agency/Clinic City:

Agency/Clinic State:

Agency/Clinic Zip:

Agency/Clinic Telephone:

Agency/Clinic Fax:

Name of the contact person for clinical agreements/office manager/Human Resources representative who may be assisting with this agreement:

Direct Email Address for above contact:

Preceptor Section

Preceptor's Full Name:

Preceptor's credentials (i.e., FNP, ANP, MD, etc.):

Preceptors Email Address:

Degree #1: Degree Type

Degree #1: Degree School

Degree #1: Year Received

Degree #2: Degree Type

Degree #2: Degree School

Degree #2: Year Received

Degree #3: Degree Type

Degree #3: Degree School

Degree #3: Year Received

Professional License #1: Number

Professional License #1: State

Professional License #1: Expiration Date

Professional License #2: Number

Professional License #2: State

Professional License #2: Expiration Date

Professional Certification #1: Number

Professional Certification #1: Expiration Date

Professional Certification #2: Number

Professional Certification #2: Expiration Date

Do you see children at your practice/clinical site?

☐ Yes

☐ No

If yes, what percentage of your patients are children?

If yes, what is the average number of children seen per day?

Do you see adolescents at your practice/clinical site?

☐ Yes

☐ No

If yes, what percentage of your patients are adolescents?

If yes, what is the average number of adolescents seen per day?

Do you see women at your practice/clinical site?

☐ Yes

☐ No

If yes, what percentage of your patients are women?

If yes, what is the average number of women seen per day?

Do you see Adults at your practice/clinical site?

☐ Yes

☐ No

If yes, what percentage of your patients are adults?

If yes, what is the average number of adults seen per day?

Do you see Older Adults/Geriatrics at your practice/clinical site?

☐ Yes

☐ No

If yes, what percentage of your patients are older adults/geriatrics?

If yes, what is the average number of older adults seen per day?

Student Responsibilities

Note: This information is only a summary of responsibilities for the student. The Student Handbook and policies described in this document are the official references for students regarding clinical requirements and contain additional important information.

It is the responsibility of the student to:

- Follow the NP Clinical Placement Guidelines for Students, Preceptors, & Faculty.
- Abide by TTU and School of Nursing policies as identified in the Student Handbook.
- Abide by all clinical agency policies and procedures.
- Complete all necessary paperwork prior to entering the clinical site.
- Exchange direct contact information with the preceptor.
- Develop personal learning objectives for each practicum course.
- Provide preceptor with copies of
 - course syllabus (course objectives, student learning outcomes, and faculty contact information);
 - personal learning objectives;
 - course skills list (if required by course).
- Develop a Clinical Rotation Plan as described above with the preceptor and submit the document to the appropriate course Dropbox.
- Be prepared to work the day(s) and hours of the preceptor and as agreed upon per the Clinical Rotation Plan.
- Request feedback from your preceptor on a regular basis, including review of the mid-semester and final evaluations.
- Maintain appropriate clinical logs as described above.
- Notify the clinical faculty and Clinical Placement Coordinator as early as possible of any difficulties experienced in the clinical rotation.
- Communicate regularly with your faculty member keeping them apprised of your clinical experiences and progress in meeting the clinical course objectives and competencies.
- Send preceptor a formal thank-you note or letter.

Preceptor Responsibilities

It is the responsibility of the preceptor to:

- Provide licensure and other documentation as required during the preceptor approval process.
- Exchange direct contact information with the student.
- Complete the Clinical Rotation Plan with the student.
- Orient the student to the office and clinic facilities (e.g. staff members, policies, attire, protocols, patient flow, records/documentation, requisitions, accessing other departments, communications, preceptor practice preferences and expectations).
- Demonstrate professional role-modeling.
- Provide the student with access to patient clinical records, documentation, and electronic health records systems if available.

- Explain to the student your organization, prioritization, patient evaluation, exam, diagnostic decisions, management, patient education, and follow-up for patients.
- Discuss expectations and parameters for practice with the student. Be direct about what you want relative to patient flow, sharing in the management of visits, and documentation. Students are *limited to observation to the first 1-2 days* after which the student should begin seeing a few patients in a dependent clinical role. Over the next several clinical days/weeks, the student should become increasingly independent, but always with preceptor oversight of student practice.
- Assist the student with the selection/inclusion of appropriate and increasingly challenging learning experiences.
- Be available to consult with the student or to assume responsibility for care as needed.
- Encourage and expect the student to become increasingly more responsible, pro-active, and self-reliant during the semester.
- Review clinical experiences daily and approve or reject.
- Document any learning deficiencies or clinical performance issues as they occur.
- Provide constructive feedback to the student via formative assessment.
- Review the evaluation criteria on the *Midterm/Final Preceptor Evaluation of NP Student*.
- Address conflicts or concerns with the student as early as possible, clarifying your expectations and identifying solutions or necessary adjustments.
- Notify any student who is in jeopardy of failure *no later than mid-point* of the clinical practicum.
- Notify clinical faculty and course coordinator if student performance is substandard, failing, or if there are any other clinical or professional problems or concerns.
- Complete the mid-term preceptor evaluation.
- Complete the final preceptor evaluation.

☐ I agree (*Student*)

Student Signature:

Date:

☐ I agree (*Preceptor*)

Preceptor Signature:

Date:
