

Policy S-9
FLORIDA STATE UNIVERSITY
COLLEGE OF NURSING

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TITLE: CLINICAL PRECEPTORS

POLICY: The use of nurse preceptors in clinical nursing courses is consistent with the philosophy and guidelines of the FSU College of Nursing (CON) and the rules and regulations of the Florida Board of Nursing and the Florida Administrative Code.

RATIONALE: The faculty at the FSU College of Nursing believe that instruction by practicing registered professional nurses compliments the CON faculty and contributes a significant dimension to the learning experiences of students.

The Florida Administrative Code (FAC) 64B9-2.008 (13) (14) has specific requirements for the approval and use of preceptors in professional nursing undergraduate curriculum. These requirements include that a preceptor (1) have clinical expertise and competence in the area where serving as a preceptor; (2) be physically present in the unit and available to the student at all times; (3) be assigned no more than two students; (4) be provided with specific written objectives prior to the experience. The supervising faculty member must also be available to the student.

PROCEDURE:

Undergraduate Generic Program:

1. Preceptors for undergraduate nursing courses must be licensed as a RN, preferably with a BSN degree, have at least one year of experience as a registered professional nurse (RN) and at least six months of experience in their current position.
2. Each preceptor shall be assigned no more than two (2) undergraduate students for any preceptor experience but a student may have multiple preceptors.
3. The FSU supervising faculty will provide an orientation packet to each preceptor prior to the beginning of the preceptorship that includes, but is not limited, to the following:
 - a. The names of students assigned to the preceptor
 - b. A list of clinical course objectives
 - c. A copy of the clinical evaluation tool to be used with CON faculty to evaluate the students' clinical performance
 - d. A list of preceptor role expectations for the course
 - e. Contact information for the assigned students and faculty

4. Prior to the completion of Term V nursing courses, faculty are limited to supervising the preceptor experiences for up to twelve students in any one facility and must be readily available on site to the student during the time the student is performing in a nursing capacity with patients and clients. For the undergraduate capstone course, NUR 4945, the faculty student ratio may be up to 1:18 and faculty may be available by telephone or beeper rather than on site.
5. Supervising faculty are responsible for (a) facilitating the written evaluation and placement of the evaluation in the students academic file and (b) evaluating the experience and the effectiveness of the preceptor.

RN to BSN Program

1. Laboratory experiences for the RN to BSN Program may take place using a preceptor located in any agency in which a written clinical affiliation agreement exists between the agency and the FSU College of Nursing.
2. It is the student's responsibility:
 - a) to seek out and obtain approval from the RN to BSN Program Director to use a preceptor for any lab course offered for the RN to BSN program.
 - b) to provide the potential preceptor with a copy of the course description and objectives for clinical participation as outlined by the FSU College of Nursing.
 - c) to provide a schedule of activities and agreed upon meeting times to the preceptor.
 - d) to complete the Preceptor Approval Request Form (See Attachment #1) and submit to the RN to BSN Program Director by end of the second week of the semester requesting approval of a prospective preceptor and the agency/facility where the clinical activities will be performed. .
 - e) to verify with the supervising faculty that both the requested preceptor and agency/facility have been approved before clinical activities begin.
 - f) to work with the approved preceptor to schedule the appropriate number of required clinical hours as defined by the supervising faculty and the FSU College of Nursing.
3. It is the responsibility of the FSU College of Nursing:
 - a) to provide the student with the specific preceptor and agency/facility selection criteria, as well as course description and objectives as approved by the College of Nursing. All required forms are to be posted in Blackboard for students to access by a specified time prior to the beginning of each semester.
 - b) to review the Preceptor Approval Request Form submitted by each student to verify that the requested preceptor and facility/agency meet the selection criteria/qualifications as defined by the FSU College of Nursing.
 - c) to verify that FSU College of Nursing has a current Clinical Affiliation Agreement with the preceptor's clinical agency. If no agreement is in place, the RN to BSN Program Director will work with the Associate Dean of Academic Affairs to initiate and obtain the required signed Clinical Affiliation Agreement.

- d) to verify that the student has submitted all required clinical documentation and certify compliance with College of Nursing Student *Policy S-4 Clinical Clearance*.
 - e) to communicate with the student, supervising faculty and preceptor when all approved contract/agreements are in place and the student is cleared to begin clinical hours. The student may only engage in clinical activities with the selected preceptor once the Preceptor Approval Request Form and clinical agency/facility have been approved and confirmation sent from the College of Nursing..
4. It is the responsibility of the supervising faculty:
- a) to provide the student with a current course syllabus by the first day of the semester.
 - b) to work with the student and the preceptor and facilitate the clinical learning experience.
 - c) to serve as a resource for the student and the preceptor for questions concerning activities and objectives during the clinical experience.
 - d) to notify the RN to BSN Program Director if problems arise either with the student or the preceptor during the clinical learning experience.
 - e) to submit the following documentation at the conclusion of the semester to be placed in the student's academic file immediately following the positing of grades:
 - i. Preceptor Approval Request Form
 - ii. Preceptor Evaluation of Student Form
5. It is the responsibility of the preceptor
- a) to meet the preceptor qualification criteria as defined by the FSU College of Nursing:
 - i. has a current, unencumbered Florida RN license.
 - ii. has at least three years experience in the role.
 - iii. has appropriate educational background (Bachelor Science in Nursing or Master's in nursing preferred).
 - b) to work with the student to schedule the appropriate number of required clinical hours as defined by the supervising faculty and the FSU College of Nursing.
 - c) to be willing to work with the student to facilitate learning.
 - d) to be willing to participate with the student and faculty in evaluating student performance.
 - e) to verify that the student is cleared for clinical hours by verifying that the student has a current clinical clearance card.
 - f) to notify the appropriate supervising faculty and/or the RN to BSN Program Director if problems arise during the clinical experience.
 - g) to be supportive of the student/preceptor relationship.

Graduate Program

1. Coordinators of the nurse practitioner and nurse educator tracks will assist faculty and students in the identification of potential preceptors for graduate clinical experiences.

2. It is the responsibility of the preceptor to
 - a) meet the preceptor qualification criteria as defined by the FSU College of Nursing:
 - i. has a current, unencumbered Florida RN license.
 - ii. has at least three years of experience in the role.
 - iii. has been employed in the place of employment for at least one-year.
 - iv. has a graduate degree (e.g., MSN, MD, DO) appropriate for assigned student learning activities (national certification preferred).
 - b) be willing to work with the student to facilitate learning.
 - c) be willing to participate with the student and faculty in evaluating student performance.
 - d) be supportive of the student/preceptor relationship.
3. Each preceptor shall be assigned no more than two (2) graduate students per semester; a student may have up to three preceptors per course.
4. Students are responsible for providing the Preceptor Approval Request Form (see Attachment #2) with the name, address, telephone, fax, and e-mail address of the preceptor to the Graduate Program Academic Advisor so that written affiliation letters can be completed and signed prior to students engaging in clinical experiences.
5. An orientation packet will be provided to each preceptor prior to the beginning of the preceptorship that includes, but is not limited, to the following:
 - a. The names of students assigned to the preceptor
 - b. A list of clinical course objectives
 - c. A copy of the clinical evaluation tool to be used with CON faculty to evaluate the students' clinical performance
 - d. A list of preceptor role expectations for the course
 - e. Contact information for the assigned students and faculty
6. Supervising faculty are responsible for completing (a) the written evaluation of students using input from the preceptor and student, (b) the evaluation of the preceptorship experience, (c) the effectiveness of the preceptor, and (d) providing such information to the coordinator of the nurse practitioner or nurse educator tracks for placement in the student's academic folder.

Approved by:	Faculty	6-16-06	12/1/06
	Dean	6-21-06	12/5/06

Preceptor Approval Request Form - RN to BSN Program

This form must be completed and signed by the student and the preceptor and returned to the RN to BSN Program Director at the FSU College of Nursing to obtain clearance to begin the clinical experience.

**Deadline for Submission to the RN to BSN Program Director:
End of the 2nd week of the semester (no exceptions)**

All information requested on this form must be provided and complete before submission to the RN to BSN Program Director. Incomplete forms or improperly completed forms will not be accepted or processed.

I. Student Information (Please print or type the following):

Course: NUR 4069C

Student Name: _____

NUR 4080L

Instructor Name: _____

NUR 4835L

Semester/Year: _____

NUR 4637L

I understand that I **may not begin** clinical hours with this preceptor until I have received my Clinical Clearance Card and my Preceptor Contract Request Form has been submitted and approved by the RN to BSN Program Director and appropriate administrators in the College of Nursing. I also understand that it is my responsibility to make sure that all required forms are on file and that I am cleared to begin my clinical experience.

STUDENT SIGNATURE

DATE

II. Preceptor Information (Please print or type the following):

Preceptor Full Name: _____

Include credentials (ARNP, RN, BSN, MSN, DSN, MD, DO etc.)

Present Job/Title: _____ Length of Time in Current Role: _____

Health Care Provider License # & State of Issue: _____

Preceptor Phone number: _____ Email Address: _____

Facility Name: _____
(Include complete business/clinic name or indicate that it is a private practice)

Facility Mailing Address: _____
FULL STREET ADDRESS, INCLUDING SUITE/ROOM NUMBERS

CITY

STATE

ZIP CODE

I agree to precept the student identified above according to the guidelines provided to me in the course syllabus and confirmed by the course instructor.

Preceptor Signature

Date

For Office Use Only

RN to BSN Program Director Approval

Preceptor Criteria Verified: Criteria Met Criteria Not Met

Current Contract on File: Yes No Pending

If pending, please explain why: _____

Approved by: _____

Date: _____

For Office Use Only

Clinical Documentation Coordinator

Entered in Database: _____

Clinical Clearance Docs Status: Cleared Not Cleared

Preceptor License Verification: Cleared Not Cleared

Preceptor Approval Letter Sent: _____

Verified by: _____

Date: _____



Attachment #2

Preceptor Approval Form - Graduate Program/FNP Track

This form must be completed and signed by the student and the preceptor and returned to the Graduate Program Advisor at the FSU College of Nursing to obtain clearance to begin the clinical experience.

Deadline for Submission: End of the 2nd week of the semester

All information requested on this form must be provided and complete before submission. Fax your completed forms to Fax # 850-645-7249.

I. Student Information (Please print or type the following): Course: [] NGR 5002C
Student Name: [] NGR 5099C [] NGR 5601C
Instructor Name: [] NGR 5602C [] NGR 5758L
Semester/Year: _____

I understand that I may not begin clinical hours with this preceptor until I have received my Clinical Clearance AND my Preceptor Contract Request Form has been submitted and approved by the appropriate administrators in the College of Nursing. I understand that it is my responsibility to make sure that all required forms are on file and that I am cleared to begin my clinical experience. I also understand that if the facility where I intend to complete my clinical experience does not have an approved contract or affiliation agreement with the College of Nursing, then a Facility Contract Request Form must be submitted.

Student Signature Date

II. Preceptor Information (Please print or type the following):

Preceptor Full Name: _____
Include all credentials that apply (ARNP, BSN, DN, MD, MSN, RN, etc.)
Present Job/Title: _____ Length of Time in Current Role: _____
Health Care Provider License # & State of Issue: _____
Preceptor Phone number: _____ Email Address: _____
Facility Name: _____
(Include complete business/clinic name or indicate that it is a private practice)
Facility Mailing Address: _____
FULL STREET ADDRESS, INCLUDING SUITE/ROOM NUMBERS

Table with 4 columns: CITY, STATE, ZIP CODE, Preceptor Educational Background. Includes sub-headers for College or University Attended, Degree Earned, Major Area of Study, and Month/Year Degree Conferred.

I certify that the information provided above is accurate and truthful to the best of my knowledge. I agree to precept the student identified above according to the guidelines provided to me in the course syllabus and confirmed by the course instructor.

Preceptor Signature Date

Attach a list of all the preceptors you will be working with in the practice group.

FNP Coordinator Approval section with checkboxes for Preceptor Criteria Verified, Clinical Clearance Docs Status, and fields for Approved by and Date Approved.



Attachment #3

Preceptor Approval Form - Graduate Program/Nurse Educator Track

This form must be completed and signed by the student and the preceptor and returned to the Graduate Program Advisor at the FSU College of Nursing to obtain clearance to begin the clinical experience.

Deadline for Submission: End of the 2nd week of the semester

All information requested on this form must be provided and complete before submission.
Fax your completed forms to **Fax # 850-645-7249**.

I. Student Information (Please print or type the following): Course: NGR 5002C

Student Name: _____ NGR 5714C NGR 5718C

Instructor Name: _____ NGR 6947L

Semester/Year: _____

I understand that I **may not begin** clinical hours with this preceptor until I have received my Clinical Clearance **AND** my Preceptor Contract Request Form has been submitted and approved by the appropriate administrators in the College of Nursing. I understand that it is my responsibility to make sure that all required forms are on file and that I am cleared to begin my clinical experience. I also understand that if the facility where I intend to complete my clinical experience does not have an approved contract or affiliation agreement with the College of Nursing, then a Facility Contract Request Form must be submitted.

Student Signature

Date

II. Preceptor Information (Please print or type the following):

Preceptor Full Name: _____
Include all credentials that apply (ARNP, BSN, DN, MD, MSN, RN, etc.)

Present Job/Title: _____ Length of Time in Current Role: _____

Health Care Provider License # & State of Issue: _____

Preceptor Phone number: _____ Email Address: _____

Facility Name: _____
(Include complete business/clinic name or indicate that it is a private practice)

Facility Mailing Address: _____
FULL STREET ADDRESS, INCLUDING SUITE/ROOM NUMBERS

CITY	STATE	ZIP CODE	
Preceptor Educational Background (please list all degrees conferred – add additional sheets, if necessary)			
College or University Attended	Degree Earned (Bach, Master's, PhD)	Major Area of Study	Month/Year Degree Conferred
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the information provided above is accurate and truthful to the best of my knowledge. I agree to precept the student identified above according to the guidelines provided to me in the course syllabus and confirmed by the course instructor.

Preceptor Signature

Date

Attach a list of all the preceptors you will be working with in the practice group.

FNP Coordinator Approval			
Preceptor Criteria Verified:	<input type="checkbox"/> Criteria Met	<input type="checkbox"/> Criteria Not Met	Clinical Clearance Docs Status: <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared
Current Contract on File:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending	
Approved by: _____	Date Approved: _____		