

**EAST TENNESSEE STATE UNIVERSITY  
COLLEGE OF NURSING**

**Preceptor Guidelines:  
Executive Leadership Clinical Placement and Preceptor Selection  
For BSN-DNP Students, and  
MSN-DNP Students Who Do Not Have 500 Practicum Hours in Their Master's Program**

Note: MSN-DNP students, when admitted, will be asked by their advisor to get a formal letter from their MSN program specifying the total number of practicum hours the student completed in their master's program. The student can send the master's program the *Verification of Graduate Practicum Hours* (Appendix I). (All MSN students need 500 hours at the MSN level.) If a student's total clinical hours were under 500 hours in their master's program, students will need to complete Practicum Independent Studies for the rest of the master's level hours needed. One independent study hour equals approximately 70 practicum hours. They will make arrangements for this with their advisor specifying the independent studies needed for completing the 500 hours on their Program of Study.

BSN-DNP students will need to complete 500 practicum hours in the first half of the DNP program.

The following Guidelines apply to both types of Executive Leadership students—BSN-DNP and MSN-DNP who do not have 500 practicum hours at the master's level.

**Preceptor Qualifications**

- An administrator (usually a registered nurse) in a healthcare setting (approved by faculty)
- Master's degree preparation with relevant experience
- It is preferred that the preceptor be at the next level of administration appropriate for the student's career goals
- May not be the student's supervisor, nor in the supervisor's direct line of authority
- May or may not be at the student's facility
- Willingness to provide guidance for student activities

**Clinical Site Criteria**

- Valid clinical contract with East Tennessee State University, College of Nursing
- Clinical sites must be approved by faculty
- If the practicum is out of state, the student must comply with the licensure regulations of that state

**Process for Preceptor Selection and Approval**

- The student will contact the professor to discuss what experience they would like to do, preferably at the end of the previous semester.
- Once the student and professor agree on the experience, the student will contact the potential preceptor to see if the preceptor is willing to precept the student for the semester(s). During this discussion, and if the person agrees to be the preceptor, the student determines what experiences might be possible during the semester.
- An ETSU contract must be in place with the preceptor's facility. If this is not in place, the student will need to find out from the preceptor who to send an ETSU contract to in the preceptor's facility. Student Services will then send the ETSU contract to the appropriate person.
- The student will need to complete the College of Nursing Student Health Requirements and submit them to Student Services.

- Before the student begins the precepted experience, a **Learning Plan** (found on the D2L site) (Appendix II) must be completed and signed by preceptor, student, and faculty. The student will need to fill in the Learning Plan including the objectives, etc., and put a draft, in the D2L Dropbox for faculty approval. The faculty may approve the Learning Plan, or make suggestions for changes, leaving comments in the D2L Dropbox. The student's Learning Plan must be approved by the faculty before sending the Learning Plan to the preceptor for signature.
- The student will take the approved Learning Plan to the preceptor for approval and signature, sign it, and bring the signed Learning Plan to the faculty for signature. The faculty will sign it and will give the student a pdf copy of the signed Learning Plan.
- If the preceptor is new, the faculty will send the preceptor: 1) the **Preceptor Guidelines for Executive Leadership** students, 2) the **Preceptor Profile** form (Appendix III), 3) the preceptor orientation power point: *Clinical Preceptorship: Shining the Light for the Future*, and 4) the *Preceptor Orientation Power Point For the Executive Leadership Program*. (The two power point presentations can be found at: [http://www.etsu.edu/nursing/graduateprograms/preceptor\\_orientation.aspx](http://www.etsu.edu/nursing/graduateprograms/preceptor_orientation.aspx) )
- The preceptor will need to complete the Preceptor Profile form along with Preceptor Signature form at the end of the *Preceptor Orientation Power Point for the Executive Leadership Program*, to document completing the power point.
- If the preceptor has precepted executive leadership students before, the preceptor will need to complete the Preceptor Profile form if it has not been updated within the last year.
- The faculty will send the Preceptor Profile form, and the power point form, to Student Services where the RN license will be checked to make sure it is current and unencumbered.
- The faculty will determine that the preceptor meets the requirements.
- Once this has been accomplished, the student can start the precepted experience. At that time the student will give the preceptor: 1) a copy of the signed Learning Plan, 2) **Responsibilities of Preceptor, Faculty and Student** (Appendix IV), and 3) the **Preceptor Evaluation of Graduate Student Progress** form (Appendix V).

### **Student Responsibilities**

- Follow the Process for Preceptor Selection and Approval as listed above in the Preceptor Guidelines.
- Make sure there is a contract in place between ETSU and the preceptor's facility.
- If Clinical Health Requirements need to be met, submit necessary documentation to Student Services.
- After discussion with the faculty, meet with the preceptor to discuss the preceptor's expectations of the precepted clinical experience.
- Provide practicum schedule to the preceptor and any other agency personnel required.
- Notify appropriate persons of any change in practicum schedule.
- Review Learning Plan objectives with the preceptor at the beginning of, and throughout, the experience.
- Carry out activities designed to meet objectives outlined in Learning Plan.
- Request feedback from the preceptor regarding practicum performance.
- Accept responsibility for the following: 1) expenses incurred during practicum, including travel expenses to and from the facility site, 2) neither the university nor the clinical agency are liable for injuries a student may sustain or the diagnoses or treatment of any illness a student may contract while in an agency for the practicum experience, 3) neither the university or the clinical agency are liable for the loss of personal property.
- Complete journal for significant events, regularly placing it in the D2L Dropbox.
- Communicate regularly with practicum faculty member, keeping faculty informed of practicum experiences and progress in meeting Learning Plan objectives.
- Follow guidelines of agency contract during clinical practicum.
- Notify the practicum faculty as early as possible of any difficulties experienced in the practicum.

- Near the end of the practicum experience the student will set up an evaluation meeting or conference call with the preceptor, faculty, and student. Prior to this meeting, the preceptor must complete the Evaluation form, to be discussed in this meeting.
- Complete the *Evaluation of Preceptor* form (Appendix VII).
- Thank the preceptor for the time, support, and expertise shared during this experience.

### Preceptor Responsibilities

- Read the Preceptor Guidelines, the Preceptor Orientation Power Points (available on the Preceptor page of the CON website) which will be provided electronically. Sign the Preceptor Signature form at the end of the *Preceptor Orientation Power Point For the Executive Leadership Program*, to document completion. Return the signed form to the faculty directly or via the student.
- Complete the Preceptor Professional Profile immediately (if you have not already done so for another student), or if it needs to be updated.
- Collaborate with student on development of learning plan, signing the final document.
- Arrange a schedule for the student to achieve the Learning Plan objectives; notify the student as far in advance if possible should any changes need to be made.
- Orient student to the agency.
- The preceptor must initial student attendance on the *Documentation of Clinical Hours* form each time the student is at the agency for the practicum experience (Appendix VI).
- Discuss experiences with the student.
- Collaborate with student on activities to fulfill learning plan objectives.
- Provide direct supervision to student as appropriate in practicum situations.
- Contact the practicum faculty if there are any practicum or professional problems or concerns.
- Collaborate with student and faculty adviser on evaluation of clinical practicum.

### Faculty Responsibilities

- Follow the Process for Preceptor Selection and Approval as listed above in the Preceptor Guidelines. Assist students in choosing potential preceptors.
- Review, give suggestions to the student if necessary, and approve the Learning Plan with the student. Then when the student has obtained the preceptor signature, and signed the Learning Plan, the faculty will sign and make a pdf copy for the student.
- Make sure a contract is in place between ETSU and the preceptor's facility.
- Be sure that Clinical Health Requirements with Student Services are met.
- Once the student selects a preceptor and has completed the Learning Plan, the faculty will send the preceptor: 1) the Preceptor Profile form—if this has not already been submitted (Appendix III), 2) the preceptor orientation power point: *Clinical Preceptorship: Shining the Light for the Future*, and 3) the *Preceptor Orientation Power Point For the Executive Leadership Program*.
- Review the Professional Profile form completed by the proposed preceptor. If the preceptor is new, contact the preceptor to answer questions, to clarify the preceptor role, and to thank them for agreeing to precept the student.
- Make sure the preceptor has signed the Preceptor Signature form at the end of the *Preceptor Orientation Power Point For the Executive Leadership Program*, to document completion.
- The faculty will send the Preceptor Profile form, and the power point form, to Student Services where the RN license will be checked to make sure it is current and unencumbered.
- Collaborate with preceptor and student on progress toward achievement of practicum objectives.
- Collaborate with preceptor on appropriateness of practicum experiences.
- Review student journals in D2L on a regular basis.
- Be available to preceptor and student for consultation related to clinical experiences.

- Collaborate with preceptor and student on evaluation of clinical practicum.
- Provide feedback to preceptor and clinical practicum.
- Faculty submits an evaluation for each preceptor and clinical site (Appendix VIII) to Student Services annually if they have had an executive leadership student.
- Faculty conducts the student's final practicum performance evaluation and determines the course grade. The faculty is responsible for determining whether or not the student has met the practicum course objectives. In the case of extenuating circumstances, assignment of a grade of Incomplete and negotiation of additional practicum hours occur at the discretion of the faculty member, requiring preceptor agreement as applicable.
- The faculty will complete the *Verification of Practicum Hours* form (Appendix IX) for both the student and faculty to sign. Then the faculty will have this form placed in the student's file in Student Services.

Approved, Graduate Programs Faculty 10/4/12

**EAST TENNESSEE STATE UNIVERSITY  
COLLEGE OF NURSING**

**Verification of Graduate Practicum Hours**

(Please print or type)

Name \_\_\_\_\_ Student ID \_\_\_\_\_  
Last First MI

PROGRAM DIRECTOR: Please complete Items 1-6 and return this form to the student or fax it to the number below.

1. Name of University \_\_\_\_\_  
Program Name \_\_\_\_\_  
University Address \_\_\_\_\_  
Street/Box Number City State Zip  
University Telephone \_\_\_\_\_

2. Type of Program Completed  
\_\_\_\_\_ Master of Science in Nursing Degree  
\_\_\_\_\_ Other Master's Degree – Please specify \_\_\_\_\_  
\_\_\_\_\_ Post-Master's Certificate Program

3. Area of Concentration \_\_\_\_\_

4. Date of Program Completion \_\_\_\_\_

5. Total Number of Supervised Practicum Hours in Program \_\_\_\_\_  
Clock Hours

6. Your signature on this form attests that the above named individual has completed the program indicated on this document.

Program Director (Print Name) \_\_\_\_\_

Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Upon completion, please return this form to the student or to:

ETSU College of Nursing  
Office of Student Services  
Fax: (423) 439-4522  
Email: [bowera@etsu.edu](mailto:bowera@etsu.edu)

**Appendix II**  
**EAST TENNESSEE STATE UNIVERSITY**  
**COLLEGE OF NURSING**  
**Doctorate in Nursing Practice Program**  
**Nursing Administration Practicum**

**LEARNING PLAN**

Name--Graduate Student  
Address  
Work and Home Phone

Name--Preceptor  
Position  
Address  
Work Phone

Learning Plan Nursing Administration Practicum

This contract for a graduate level practicum in nursing administration provides for mutual agreement between \_\_\_\_\_ (your name) \_\_\_\_\_, graduate student at East Tennessee State University, College of Nursing; and \_\_\_\_\_ (your preceptor) \_\_\_\_\_, \_\_\_\_\_ (position) \_\_\_\_\_, at \_\_\_\_\_ (organization) \_\_\_\_\_. The purpose of this contact is to assist the graduate student in accomplishing the course objectives for the Nursing Administration Practicum in Executive Leadership. This contract is for the period beginning \_\_\_\_\_ (month, year) \_\_\_\_\_ and ending \_\_\_\_\_ (month, year) \_\_\_\_\_.

Section I: Learning Objectives

The purpose of this experience is to assist the student to:

(List your learning objectives here--what you hope to learn)

To meet these objectives the student will:

(List what you plan to do and specify that you will be spending 210 hours in this practicum experience through the semester.)

Section II: Evaluation

Student performance will be based on:

The student will be evaluated orally/in writing at the conclusion of the practicum experience. The preceptor will evaluate the student based on the student's progress in meeting the contract objectives.

Section III: Additional Considerations

In the event of illness, or other unplanned events, the commitment will be rescheduled with the mutual consent of the above mentioned parties.

The graduate student is a professional registered nurse licensed in the state of (State where the preceptor is located) (License Number RN \_\_\_\_\_) and retains personal liability insurance through \_\_\_\_\_, Policy # \_\_\_\_\_.  
There will be no reimbursement for this experience.

The terms of this contract may be re-negotiated with the mutual consent of the undersigned parties.

Agency:

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Address and Phone

\_\_\_\_\_  
(Type preceptor's name and position)

\_\_\_\_\_  
Preceptor Signature (date)

Student:

\_\_\_\_\_  
Graduate Student (type your name)

\_\_\_\_\_  
Address and Phone

\_\_\_\_\_  
Graduate Student Signature (date)

Faculty Advisor:

\_\_\_\_\_  
Dr. Janne Dunham-Taylor, Professor (date)  
Graduate Nursing, College of Nursing  
East Tennessee State University  
Box 70629  
Johnson City, TN 37614-1709  
Room 2-303 Nicks Hall  
Phone: 423-439-4494/Fax: 423-439-4100

**Appendix III**  
**EAST TENNESSEE STATE UNIVERSITY**  
**COLLEGE OF NURSING**

**Preceptor Professional Profile Form**  
*Nursing Administration*

**PRECEPTOR INFORMATION**

First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Preferred mode of contact: Email address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

**SITE INFORMATION**

Site Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

**EDUCATION/LICENSURE**

Education: Degree \_\_\_\_\_ School \_\_\_\_\_ Year \_\_\_\_\_

Degree \_\_\_\_\_ School \_\_\_\_\_ Year \_\_\_\_\_

Degree \_\_\_\_\_ School \_\_\_\_\_ Year \_\_\_\_\_

Licensure: Professional License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Professional License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certification: \_\_\_\_\_ Professional Certification Number \_\_\_\_\_

State \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_ Professional Certification Number \_\_\_\_\_

State \_\_\_\_\_ Expiration Date \_\_\_\_\_

**EXPERIENCE**

Years of RN Experience: \_\_\_\_\_ Years in an Appointed Leadership Position: \_\_\_\_\_

Current Title: \_\_\_\_\_ Years/months in current position: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Type of Organization: \_\_\_\_\_

Brief description of current responsibilities:

Prior RN Experience (most current through the past 10 years):

Title	Facility	Years/Months
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____



**Appendix IV**  
**EAST TENNESSEE STATE UNIVERSITY**  
**COLLEGE OF NURSING**  
**Administrative Practicum**

**Responsibilities of Preceptor, Faculty and Student**

**Responsibilities of Preceptor**

- Orient student to agency.
- Collaborate with student on development of Learning Plan.
- Collaborate with student on activities to fulfill Learning Plan objectives.
- Collaborate with student and faculty adviser on evaluation of clinical practicum.
- Provide direct supervision to student as appropriate in clinical situation.

**Responsibilities of Faculty**

- Collaborate with preceptor and student on progress toward achievement of practicum objectives.
- Collaborate with preceptor on appropriateness of practicum experiences.
- Be available to preceptor and student for consultation related to clinical experiences.
- Collaborate with preceptor and student on evaluation of clinical practicum.
- Provide feedback to preceptor and clinical practicum.

**Responsibilities of Student**

- Write Learning Plan, approved by the faculty.
- Provide clinical schedule to preceptor and any other agency personnel required.
- Notify appropriate persons of any change in practicum schedule.
- Carry out activities designed to meet objectives outlined in Learning Plan.
- Follow guidelines of agency contract during clinical practicum.
- Provide feedback to clinical preceptor.
- Arrange schedule of evaluation meetings with preceptor and faculty.



**Appendix VI**  
**East Tennessee State University**  
**College of Nursing**  
**Executive Leadership Practicum**

**Documentation of Practicum Hours**

<b>Date</b>	<b>Number of Practicum Hours</b>	<b>Preceptor Initials</b>

**Appendix VII**  
**EAST TENNESSEE STATE UNIVERSITY**  
**COLLEGE OF NURSING**

**Evaluation of Preceptor**

Student Name: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Site: \_\_\_\_\_

Total # of hours spend with this preceptor: \_\_\_\_\_

	<b>Preceptor Responsibilities</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
1.	Preceptor worked with student to approve written time schedule of clinical hours.			
2.	Preceptor collaborated with student on development of learning plan.			
3.	Preceptor arranged for orientation to the clinical site.			
4.	Preceptor integrated the student into the work of the preceptor at an appropriate pace.			
5.	Preceptor collaborated with student on activities to fulfill the learning plan.			
6.	Preceptor was knowledgeable in his/her area of expertise.			
7.	Preceptor had a good basic knowledge of nursing administration.			
8.	Preceptor provided direct supervision to student as appropriate in the clinical situation.			
9.	Preceptor participated in the evaluation of student achievement of the learning plan. This was shared with the student and with the faculty member.			
10.	Preceptor worked with the student to identify a project.			
11.	I would recommend this preceptor and site for future clinical practica.			

Please comment on the appropriateness of this site for this particular course.

\_\_\_\_\_  
 \_\_\_\_\_

Signature of Student or Faculty \_\_\_\_\_ Date \_\_\_\_\_

**Appendix VIII**  
**East Tennessee State University**  
**College of Nursing**

**Faculty Evaluation of Executive Leadership Clinical Sites**

Agency: \_\_\_\_\_ Academic Term: \_\_\_\_\_

Faculty evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Placement: \_\_\_\_\_

**Please respond to each statement using the following scale:**

A	B	C	D	E
Strongly Agree	/ Agree	/ Strongly Disagree	/ Disagree	/ Not Applicable

1. Clinical site is receptive to accepting students for precepted clinical placements \_\_\_\_\_
2. Clinical site provides the student with adequate orientation to the facility \_\_\_\_\_
3. Clinical site provides a sufficient quantity of high quality learning experiences \_\_\_\_\_
4. Uses current technology \_\_\_\_\_
5. Clinical site organization and processes facilitate highest quality clinical practice \_\_\_\_\_
6. Clinical site staff are receptive to and supportive of student learning experiences \_\_\_\_\_
7. Leaders demonstrated collaboration \_\_\_\_\_
8. Administrative experiences met student's learning objectives \_\_\_\_\_
9. Health care providers demonstrate excellent role modeling and professionalism \_\_\_\_\_

Do you recommend continued use of this clinical site?      Yes      No

Comments:

**Appendix IX**  
**EAST TENNESSEE STATE UNIVERSITY**  
**COLLEGE OF NURSING**

**Doctor of Nursing Practice**  
**Verification of Practicum Hours**

(Please print or type)

Name \_\_\_\_\_  
Last First MI

Student ID \_\_\_\_\_

Course Number \_\_\_\_\_

Course Name \_\_\_\_\_

Semester/Year \_\_\_\_\_

Area of Concentration \_\_\_\_\_

Total Number of Practicum Hours in this course \_\_\_\_\_  
Clock Hours

Experience(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

Copies: Student  
Faculty  
Student Services (student file)