



College of Nursing  
UNIVERSITY OF HOUSTON



# UNDERGRADUATE PRECEPTOR HANDBOOK





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# OVERVIEW



Preceptors are our partners in education by providing supervised clinical experiences that allow students to apply knowledge gained in the classroom to clinical practice. Preceptors provide an essential bridge linking students' previously learned behaviors to current professional nursing values. Students benefit from the individualized instruction that preceptors provide.

Preceptors also benefit from their experiences with UH nursing students. Preceptors discover that this role brings status, increased job satisfaction, advancement of practice, and recognition by faculty and other expert practitioners. Other benefits include invitations to College of Nursing functions and scholarship opportunities. For more information about the Exemption Program for Clinical Preceptors and Their Children, go to [College for All Texans Financial Aid webpage](#).

Click on the links below for information about the College of Nursing.

- [The Mission of the College of Nursing](#)
- [College of Nursing Goals](#)
- [Philosophy and Conceptual Framework](#)
- [Organizational Chart](#)

## About the Programs

- [Second Degree BSN](#)
- [Traditional BSN](#)
- [RN to BSN](#)
- [MSN](#)
- [Post Master's Certificate](#)
- [DNP](#)

## Student Policies

Each student is responsible for adhering to all university policies in the [University Student Handbook](#). In addition, students are responsible for adhering to all [College of Nursing policies](#).

- [Academic Honesty](#)
- [S134 Preceptor Policy](#)
- [S136 Student Professional Conduct and Demeanor](#)

## Tuition Reimbursement

The State of Texas has encouraged Texas Nurses to partner with educational institutions by offering a \$500 Tuition Waiver for either the Preceptor or the Preceptor's child at any state university. More information can be found on our [Tuition Waiver Information webpage](#).



# FORMS

## Description of Forms

The Preceptor Agreement and Credentials form is required by the Commission on Collegiate Nursing Education (CCNE) and the Texas Board of Nursing (TBON) to document preceptor license and credentials

- On the first day of clinical, the Preceptor Agreement and Credentials form must be signed by the preceptor and student.
- Upload the completed form into NSST.

The Clinical Hours Verification form is signed by both the student and preceptor.

- This form must be initialed by the preceptor daily and signed by the student and preceptor at the end of the clinical rotation.
- Upload the completed form into NSST.

Undergraduate Student Evaluation of Preceptor

- Students complete and sign the form at the end of the clinical rotation.
- Upload the completed form into NSST.

NURS 3735 & 4521: Preceptor/Faculty Evaluation of Student Performance

- At the end of the clinical rotation, the preceptor completes the form and both the preceptor and student sign the form.
- Upload the completed form into NSST.

NURS 4520: Preceptor/Faculty Evaluation of Student Performance (RN to BSN)

- At the end of the clinical rotation, the preceptor completes the form and both the preceptor and the student sign the form.
- Upload the completed form into NSST.

**PRECEPTOR AGREEMENT AND CREDENTIALS**

Preceptor: Please fill out parts A and B of the Preceptor Agreement and Credentials form. Sign and return to student or requesting faculty member. Clinical affiliation agreement and Preceptor Agreement must be in place prior to the student being on site for clinical.

**PART A**

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

Preceptor Mailing Address: \_\_\_\_\_

Name of Facility or Employer: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Clinical Specialty: \_\_\_\_\_

License # (required): \_\_\_\_\_ Certifications: \_\_\_\_\_

List All Degrees Held: Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_ Doctoral \_\_\_\_\_ Other \_\_\_\_\_

*If not an RN, please attach all appropriate credentials (resume and/or CV, certifications).*

**PART B**

I, \_\_\_\_\_, do agree to act as preceptor for \_\_\_\_\_  
*(Printed Preceptor Name) (Printed Student Name)*

in NURS \_\_\_\_\_, who will be completing clinical rotation at \_\_\_\_\_  
*(Course Number) (Location where Clinical Affiliation Agreement exists)*

**I hereby agree to abide by all rules and requirements set forth in the Preceptor Handbook:**

\_\_\_\_\_  
Preceptor Signature/Date

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

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

\_\_\_\_\_  
Other Approval (if applicable)/Date

**For College of Nursing Use ONLY:**

- TBON Verification (Date/Time/Initials) \_\_\_\_\_
- UH Clinical Affiliation Agreement Number: \_\_\_\_\_
- Justification for Preceptor Qualifications if Preceptor is not an RN: \_\_\_\_\_

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**CLINICAL HOURS VERIFICATION**

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

Course Number/Semester and Name: \_\_\_\_\_

Clinical Site/Agency: \_\_\_\_\_

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

Date	Setting	Time (Hours)	Preceptor Initials

\_\_\_\_\_  
Preceptor Signature/Date

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

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

\_\_\_\_\_  
Other Approval (if applicable)/Date

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**UNDERGRADUATE STUDENT EVALUATION OF PRECEPTOR**

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

Clinical Site/Agency: \_\_\_\_\_

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

Semester: \_\_\_\_\_ Year: \_\_\_\_\_ Course Number: \_\_\_\_\_

**Directions:** Please rate the Preceptor for the following objectives.

**Key:** Satisfactory (S) = Always/Frequently; Unsatisfactory (U) = Rarely/Never

Objectives	S	U	Comments
Was available to meet required clinical hours.			
Facilitated student achievement of clinical goals.			
Effectively communicated to foster development of student's skills and knowledge base.			
Provided timely feedback to the student regarding clinical performance.			
Modeled professional interpersonal relationship skills.			

Additional Comments:

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

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

\_\_\_\_\_  
Preceptor Signature/Date (Optional)

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# UNIVERSITY of HOUSTON

## COLLEGE of NURSING

### NURS 3735 & 4521: PRECEPTOR/FACULTY EVALUATION OF STUDENT PERFORMANCE

Student Name: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

Clinical Site/Agency: \_\_\_\_\_

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

**Directions:** Rank the student's clinical performance on levels of competency.

**Key:** Satisfactory (S) = Minimal or no assistance needed; Unsatisfactory (U) = Considerable assistance needed; N/A = Not applicable.

Competencies	Student Can:	S	U	N/A
ASSESSMENT	Assess individual, family, group health needs			
	Systematically collect comprehensive, accurate data			
INTERVENTIONS	Demonstrate initiative in clinical practice			
	Analyze data collected (community, family, individual) to determine diagnoses			
RATIONALE	Apply theoretical concepts as a basis for decisions			
EVALUATION	Apply three core public health functions (in community setting only)			
	Apply levels of prevention (primary, secondary, tertiary) (in community setting only)			
	Apply epidemiological principals (in community setting only)			
	Apply proficient assessment skills			
	Apply goals and implementation plan of care within EBP			
	Apply accountability and responsibility for quality of care			
	Apply client care management skills			
NURSING SKILLS	Maintain safety in performance of nursing skills			
	Apply critical thinking skills in clinical setting			
COMMUNICATION	Maintain open communication with preceptor			
	Communicate professionally with interdisciplinary team			
	Document appropriately			
PROFESSIONALISM	Negotiate clinical schedule with preceptor prior to clinical			
	Demonstrate accountability for behavior			
	Identify learning needs			
	Accept constructive feedback on clinical performance			

\_\_\_\_\_  
Preceptor Signature/Date

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

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

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**RN to BSN PROGRAM – NURS 4520: PRECEPTOR/FACULTY EVALUATION OF STUDENT PERFORMANCE**

Student Name: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

Clinical Site/Agency: \_\_\_\_\_

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

**Key:** Satisfactory (S) = Minimal or no assistance needed; Unsatisfactory (U) = Considerable assistance needed; N/A = Not applicable.  
This clinical evaluation tool is based on selected outcomes from the [Essentials of Baccalaureate Education for Professional Nursing Practice](#).

<b>Basic Organizational and Systems Leadership for Quality Care and Patient Safety</b>	<b>S</b>	<b>U</b>	<b>N/A</b>
Application of knowledge/skills in leadership			
Application of knowledge/skills in quality improvement			
Application of knowledge/skills in patient safety			

<b>Scholarship for Evidence Based Practice</b>	<b>S</b>	<b>U</b>	<b>N/A</b>
Translation of current (research) evidence into practice			

<b>Information Management and Application of Patient Care Technology</b>	<b>S</b>	<b>U</b>	<b>N/A</b>
Application of knowledge/skills in information management			
Application of knowledge/skills in patient care technology			

<b>Healthcare Policy, Finance, and Regulatory Environments</b>	<b>S</b>	<b>U</b>	<b>N/A</b>
Application of knowledge/skills in healthcare policies			
Application of knowledge/skills in financial policies			
Application of knowledge/skills in regulatory environments			

<b>Interprofessional Communication and Collaboration for Improving Patient Health Outcomes</b>	<b>S</b>	<b>U</b>	<b>N/A</b>
Communication with other healthcare professionals			
Collaboration with other healthcare professionals			

<b>Clinical Prevention and Population Health</b>	<b>S</b>	<b>U</b>	<b>N/A</b>
Application of knowledge/skills in health promotion at the individual level			
Application of knowledge/skills in disease prevention at the individual level			
Application of knowledge/skills in health promotion at the population level			
Application of knowledge/skills in disease prevention at the population level			

**RN to BSN PROGRAM – NURS 4520: PRECEPTOR/FACULTY EVALUATION OF STUDENT PERFORMANCE (Cont'd)**

<b>Professionalism and Professional Values</b>	<b>S</b>	<b>U</b>	<b>N/A</b>
Demonstration of professionalism			
Application of the value of altruism			
Application of the value of autonomy			
Application of the value of dignity			

**Overall Student Performance:**     Satisfactory     Unsatisfactory

Preceptor Comments:

\_\_\_\_\_  
Preceptor Signature/Date

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

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