Covenant School of Nursing

Print Student Name: _____ Unit: _____
Block # _____ Date:_____

Clinical Preceptorship Attendance Policy

LVN-RN Track CSON

You must complete **192 hours** with your preceptors. The goal is to transition from the student nurse to the RN role by working **12-hour shifts**.

- The time prior to the shift starting and the time after do NOT count extra. **0645-1915 is simply a 12-hour shift**. If circumstances arise where you are staying later than 30 minutes, please let your faculty advisor know via **text**.

- **Schedules must be submitted via LMS Email to your assigned faculty advisor.** Notify the faculty advisor by text message of ANY changes to schedule, illness, or getting pulled to a different unit. Promptness is expected so faculty is aware of your presence in the unit. **Failure to notify faculty will result in a clinical absence**.

- **Do not** pre-fill your Record of Precepted Clinical Experiences (Time Sheet). You need to document your actual time after each shift and have your preceptor sign it.

- Submit to your advisor: the daily clinical reports, Precepted Adult Clinical Experience Skills Checklists, & the 5-page Student Clinical-Preceptor packet after every completed block.

Student Signature: _____ Date: _____

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Time & Attendance Record of Precepted Clinical Experiences
(To be filled out daily at the end of each shift & signed by the Preceptor.)

Date:	Actual Time In & Out: (Was this student late?)	Location:	Preceptor: Print & Signature (Please print legibly)
			Print:
			Signature:
			Print:
			Signature:
			Print:
			Signature:
			Print:
			Signature:
			Print:
			Signature:
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			Signature:
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			Signature:
			Print:
			Signature:

****Important to keep up with and submit to your advisor****

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LVN-RN Preceptor Appraisal of Student Performance

(Preceptor Completes and Reviews with Student)

1. Please reflect on the student's clinical performance during the capstone preceptorship and rate the following: **[Place a √ in the appropriate box]**

(Graduate Competency-GC)	Below Average Performance Needs Significant Guidance	Satisfactory Performance Needs Average Guidance	Outstanding Performance Needs Minimal Guidance
Student uses the Nursing Process to provide comprehensive, evidence-based nursing practice. (GC 1)			
Student coordinates and develops a plan of care using time management and prioritization. (GC 1 & 3)			
Student makes safe clinical decisions. (GC 3)			
Student advocates for patient/family rights and quality nursing practice. (GC 4)			
Student uses professional, assertive, and collaborative communication. (GC 2, 5, & 6)			
Student documents according to agency/unit standards. (GC 2)			
Student develops teaching/learning strategies to meet patient/family needs. (GS 3 & 7)			
Student assumes a leadership role in clinical practice. (GC 6)			
Student is self-directed and demonstrates an interest in learning. (GC 8)			

2. What do you think are the student's personal strengths?

3. What have you identified as an opportunity for improvement for the student?

Preceptor Print & Sign:_____/_____ Date: _____

Student signature:_____ Date: _____

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LVN-RN PRECEPTORSHIP: STUDENT SELF-EVALUATION

1. Please reflect on your performance during the LVN-RN preceptorship and rate yourself on the following:

[Place a √ in the appropriate box]

(Graduate Competency-GC)	I need significant guidance.	I need average guidance.	I need minimal guidance.
I use the Nursing Process to provide comprehensive, evidence-based nursing practice. (GC 1)			
I coordinate and develop a plan of care using time management and prioritization. (GC 1 & 3)			
I make safe clinical decisions. (GC 3)			
I advocate for patient/family rights and quality nursing practice. (GC 4)			
I use professional, assertive, and collaborative communication. (GC 2, 5, & 6)			
I document according to agency/unit standards. (GC 2)			
I develop teaching/learning strategies to meet patient/family needs. (GC 3 & 7)			
I assume a leadership role in clinical practice. (GC 6)			
I am self-directed and demonstrate an interest in learning. (GC 8)			

2. What do you think are your personal strengths?

3. What have you identified as a personal opportunity for improvement?

Student Signature: _____ Date: _____

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EVALUATION OF PRECEPTOR BY STUDENT

Name of Preceptor: _____ Clinical Unit: _____

Please rate your preceptor on each statement 1=Never/Poor, 2=Seldom/Mediocre, 3=Sometimes/Good, 4=Often/Very Good, 5=Always/Superb	**Rating** **Please circle one.**				
Establishes a good learning environment (approachable, nonthreatening, enthusiastic, etc.)	1	2	3	4	5
Stimulates me to learn independently	1	2	3	4	5
Allows me autonomy appropriate to my level/experience/competence	1	2	3	4	5
Organizes time to allow for both teaching and care giving	1	2	3	4	5
Offers regular feedback (both positive and negative)	1	2	3	4	5
Clearly specifies what I am expected to know and do during the training period	1	2	3	4	5
Adjusts teaching to my needs (experience, competence, interest, etc.)	1	2	3	4	5
Asks questions that promote learning (clarifications, probes, Socratic questions, reflective questions, etc.)	1	2	3	4	5
Give clear explanations/reasons for opinions, advice, or actions	1	2	3	4	5
Adjusts teaching to divers settings (bedside, charting, nurses' station, etc.)	1	2	3	4	5
Coaches me on my clinical/technical skills (patient history, assessment, procedural, charting)	1	2	3	4	5
Incorporates research data and/or practice guidelines into teaching	1	2	3	4	5
Teaches diagnostic skills (clinical reasoning, selection/interpretation of tests, etc.)	1	2	3	4	5
Teaches effective patient and/or family communication skills	1	2	3	4	5
Teaches principles of cost-appropriate care (resource utilization, etc.)	1	2	3	4	5

1. What did you like best about your preceptor?

2. Do you have any suggestions for your preceptor to consider when working with future students?

Student Signature: _____ Date:_____

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