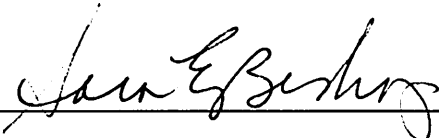


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F/S	SUBJECT: Clinical Supervision by Preceptors	
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Signature  Date 8/28/17

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**STANDARD POLICY**

**POLICY**

In some situations where the School of Nursing (SON) students are performing nursing interventions or delegated activities, they will be under the supervision of registered nurse preceptors or other licensed health care professionals..

Registered nurses selected to serve as preceptors shall have a valid Texas RN license and hold a baccalaureate degree in nursing or be an experienced RN, recognized by the nurse manager and/or faculty as a role model in patient care management and the profession of nursing.

Other licensed health care professionals selected to serve as preceptors shall hold a minimum of a bachelor's degree in a specialty field. An example of a licensed health care professional is a medical doctor (MD).

Students are permitted to perform any function that falls within the scope of nursing practice for which they have received educational preparation and training.

**PROCEDURE**

1. Clinical preceptors must be affiliated with agencies that have a contract with the SON.
2. Clinical preceptors will be selected by faculty according to specific course requirements and must demonstrate competence in designated practice areas.
3. Clinical preceptors will be requested to sign a letter of agreement annually using Form 72A, the Clinical Preceptor Agreement.
4. Each semester, students will complete Form 72B, an online evaluation form, for each clinical preceptor.
5. The results of these online evaluations will be reviewed and maintained by the Evaluation Committee.

**STEPHEN F. AUSTIN STATE UNIVERSITY**  
**SCHOOL OF NURSING**  
**PRECEPTOR AGREEMENT**  
(Form Revision – May 2017)

**PRINT NAME**

as on Texas RN License: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Agency \_\_\_\_\_

Department \_\_\_\_\_

Academic Year: \_\_\_\_\_

Please choose your highest level of education:

ADN  BSN  MSN  NP  DNP  PhD/DNSc  MD  Other: \_\_\_\_\_

Clinical Qualifications:

Years of practice: \_\_\_\_\_

Areas of practice: \_\_\_\_\_

Certifications (e.g., BLS, ACLS, and etc.): \_\_\_\_\_

**Faculty Responsibilities:**

1. Ensure that preceptors meet qualifications in Rule 215.10 or Rule 219.10, as appropriate.
2. Ensure that there are written agreements which delineate the functions and responsibilities of the affiliating agency, clinical preceptor and nursing program.
3. Ensure that clinical experiences using preceptors occur only after the student has received applicable theory and clinical experiences necessary to safely provide care to client within course or curriculum, as appropriate.
4. Orient the student and preceptor to the clinical experience.
5. Provide the preceptor with the mission, core values, organizational framework, and Differentiated Essential Competencies (DECs) of Graduates of Texas Nursing Programs Evidenced by Knowledge for the School of Nursing; and discuss student expectations, skills performance, student guidelines for performance of procedures, and methods of evaluation.
6. Assure student compliance with standards on immunization, screening, OSHA standards, AHA-Healthcare Provider BLS, and current liability insurance coverage as appropriate.
7. Communicate assignments and other essential information to the agency and preceptor.
8. Meet regularly with the clinical preceptor and the student in order to monitor and evaluate the learning experience.
9. Be readily available, e.g., telephone or email for consultation when the students are in the clinical area.
10. Receive feedback from the preceptor regarding student performance.
11. Provide feedback to preceptor regarding performance as preceptor and the clinical learning experience.
12. Provide recognition to the preceptor for participation as a preceptor. Ex: adjunct faculty plaque, certificate.

**Preceptor Responsibilities:**

1. Participate in a preceptor orientation.
2. Function as a role model in the clinical setting.
3. Facilitate learning activities for no more than two students.

4. Orient the student(s) to the clinical agency.
5. Guide, facilitate, supervise, and monitor the student in achieving the clinical objectives and student's performance of skills and other nursing activities to assure safe practice.
6. Collaborate with faculty to review the progress of the student toward meeting clinical learning objectives.
7. Provide feedback to the student regarding clinical performance.
8. Contact the faculty if any problem with student performance occurs.
9. Discuss with faculty/student arrangements for appropriate coverage for supervision of the student should the preceptor be absent.
10. Give feedback to the faculty regarding clinical experience for student and suggestions for course development.

**Agency Responsibilities:**

1. Retain ultimate responsibility for the care of clients.
2. Retain responsibility for preceptor's salary, benefits, and liability.
3. Arrange preceptors' work schedules so they are available on student clinical days.
4. Interpret the preceptor program and expectation of students to other personnel who are not directly involved with preceptorship.

**Student Responsibilities:**

1. Maintain open communications with the preceptor and faculty.
2. Maintain accountability for own learning activities.
3. Prepare for each clinical experience as required.
4. Be accountable for own nursing actions while in the clinical setting.
5. Arrange for preceptor's supervision when performing procedures, as appropriate.
6. Contact faculty by telephone or email if faculty assistance is necessary.
7. Adhere to maintaining the confidential nature of all information obtained during clinical experience.

Is the preceptor's philosophy congruent with the SON? Yes

Is the preceptor's agency's client population congruent with the course objectives? Yes

Course Title and Number: \_\_\_\_\_

Course Title and Number: \_\_\_\_\_

Course Title and Number: \_\_\_\_\_

Course Title and Number: \_\_\_\_\_

Course Title and Number: \_\_\_\_\_

Faculty Member's Agreement

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

Preceptor's Agreement

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

Dewitt School of Nursing  
Director's Approval

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

Texas Nursing License [ ] Verified On-Line: see attached