

University of South Carolina College of Nursing Undergraduate Preceptor Guidelines

Qualifications

Undergraduate preceptors are used primarily in senior level clinical experiences. Qualifications and policies meet the State Board of Nursing Regulations on Undergraduate Preceptorship.

The undergraduate preceptor is a currently licensed RN in South Carolina and is employed as an RN in the clinical agency in which the preceptored experience is to occur. Minimum educational preparation is associate degree in nursing but baccalaureate preparation if available. The preceptor is expected to have a minimum of two years of clinical experience, and has demonstrated competencies related to the area of assigned clinical teaching responsibilities are documented by the preceptor's supervisor.

Appointment Agreement

Undergraduate preceptors are appointed for a semester for a specific course. The agreement is to be negotiated between the course faculty member and the preceptor's supervisor. The agreement form is to be initiated by the course faculty member and completed by the preceptor with the preceptor's supervisor's signature. Agreement forms are to be completed and on file in the College of Nursing Office of Student Services within two weeks of the beginning of clinical experience. Completed agreement shall remain valid for 2 years.

Orientation

First-time preceptors shall complete the new preceptor orientation. Second-time preceptors do not have to participate in the new preceptor orientation unless the previous experience is more than 2 years old. First-time course preceptors shall complete a course preceptor orientation. Second-time course preceptors do not have to participate in the new course preceptor orientation unless the previous experience is more than 2 years old.

Roles and Responsibilities

The preceptor will be assigned to no more than two students for any preceptor experience. Faculty must be available in person or by telecommunication for consultation with the preceptor and/or the precepted student. The preceptor will have a written description of preceptor responsibilities for the designated course. Preceptors will function according to guidelines/criteria developed by the course faculty as long as they are consistent with the guidelines set forth in this policy. The preceptor will be physically present in the agency and available to the student at all times during the prescribed clinical assignment.

Written descriptions of preceptor responsibilities for designated courses should consider: (1) legal aspects of the role; (2) supervisory, teaching, and evaluation roles; (3) clinical timeframe – hours/day, days/week, weeks/semester – and latitude, if any, in changing these; and (4) any other areas appropriate to the specific course.

Preceptor Evaluation

Preceptor evaluation will be completed by the students. Course faculty member will review all preceptor evaluations and determine satisfactory and unsatisfactory experiences, make decisions regarding reappointment status, and provide appropriate feedback to preceptors.

Required Documents

1. Appointment Agreement (See attached)
2. General Preceptor Orientation
3. Course Preceptor Orientation
4. Course Preceptor Written Responsibilities
5. Preceptor Evaluation (See attached)
6. Recommendations for Preceptor Reappointments
7. State Board of Nursing Guidelines for Undergraduate Preceptors

**University of South Carolina
College of Nursing
Undergraduate Preceptor Appointment Agreement**

This section to be completed by the Course Professor:

Clinical Agency: _____

Agency Address: _____

Name of Preceptor: _____ Phone: _____

This section to be completed by Course Preceptor

Nursing Degrees Earned	Institution	Year
_____ Diploma or AND	_____	_____
_____ BSN	_____	_____
_____ MSN	_____	_____
_____ Other, Specify	_____	_____

Length of time in clinical practice:

- _____ Less than 1 year
- _____ 1-2 years
- _____ 2-3 years
- _____ More than 3 years

Previous type of preceptor experience:

- _____ None
- _____ Precepted students from other nursing programs
- _____ Precepted students from USC BSN program
- _____ Precepted students from USC MSN program
- _____ Precepted new graduates in this clinical agency

Previous amount of preceptor experience:

- _____ None
- _____ Once
- _____ 2-3 times
- _____ 4 or more times

Preceptor's Signature: _____ Date: _____

Preceptor's Supervisor's Signature: _____ Date: _____

Agreement Period (2 Years): Date signed _____ Date Expired: _____

Course Faculty Signature: _____ Date: _____

Course Faculty Signature: _____ Date: _____

Course Faculty Signature: _____ Date: _____

**University of South Carolina College of Nursing
Undergraduate Student Evaluation of Preceptor**

Preceptor's Name:
 Credentials:
 Work Address:
 Work Phone:

Student's Name:
 Course:
 Semester:
 Year:

Directions: Circle the number that best describes the contributions of your preceptor to the development of your knowledge and skills this semester.

During your precepted experience, your preceptor:	Agree			Disagree	
1. Reviewed the course objectives and your individual objectives at the beginning of the semester.	1	2	3	4	5
2. Provided an adequate orientation to the clinical setting.	1	2	3	4	5
3. Role-modeled professional practice & behaviors.	1	2	3	4	5
4. Provided appropriate learning experiences that enabled you to utilize knowledge and skills learned in class.	1	2	3	4	5
5. Provided sufficient number of learning experiences appropriate for the course requirements and as available.	1	2	3	4	5
6. Provided clinical experiences that prepared you for future practice as a beginning professional nurse.	1	2	3	4	5
7. Created conditions that were conducive to your self-learning and self-evaluation.	1	2	3	4	5
8. Observed you directly when appropriate and provided constructive feedback.	1	2	3	4	5
9. Was easily accessible and allocated sufficient time for consultation.	1	2	3	4	5
10. Periodically reviewed your progress toward the achievement of course objectives.	1	2	3	4	5
11. Evaluated your overall performance and shared it with you and the faculty member.	1	2	3	4	5

Please rate your overall level of satisfaction with elements of the precepted experience.

12. The preceptor	1	2	3	4	5
13. The staff.	1	2	3	4	5
14. The clinical setting.	1	2	3	4	5

Finally, please circle the number of the kind of recommendation you would make for future students based on your experiences this semester.

15. Recommendation of this type of preceptor experience to future students?
1. Highly Recommend
 2. Recommend
 3. Recommend with reservations
 4. Do not recommend

Thank you for completing this preceptor evaluation. Please return to Course Faculty.