



Andy and Barbara Gessner
College of Nursing
UNIVERSITY OF HOUSTON



BSN PRECEPTOR HANDBOOK

2024-2026





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OVERVIEW



Preceptors are our partners in education we provide 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 Gessner College of Nursing functions and scholarship opportunities.

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

- [The Mission of the Gessner College of Nursing](#)
- [Gessner 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 [Gessner College of Nursing policies](#).

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

Undergraduate Preceptor 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

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.

NURS 3735 , 4419, & 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.

Undergraduate Student Evaluation of Preceptor

- Students complete and sign the form at the end of the clinical rotation.
- 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 Gessner 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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NURS 3735 , 4419, & 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 | | | |
| NURSING SKILLS | Apply client care management skills | | | |
| | Maintain safety in performance of nursing skills | | | |
| COMMUNICATION | Apply critical thinking skills in clinical setting | | | |
| | Maintain open communication with preceptor | | | |
| | Communicate professionally with interdisciplinary team | | | |
| PROFESSIONALISM | Document appropriately | | | |
| | 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 AACN Essentials for Entry-Level Professional Nursing Education](#).

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

| Scholarship for Evidence Based Practice | S | U | N/A |
|--|----------|----------|------------|
| Translation of current (research) evidence into practice | | | |

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

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

| Interprofessional Communication and Collaboration for Improving Patient Health Outcomes | S | U | N/A |
|--|----------|----------|------------|
| Communication with other healthcare professionals | | | |
| Collaboration with other healthcare professionals | | | |

| Clinical Prevention and Population Health | S | U | N/A |
|---|----------|----------|------------|
| 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)

| Professionalism and Professional Values | S | U | N/A |
|--|----------|----------|------------|
| 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

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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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