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## *MSN Program*

**PRACTICUM PRECEPTOR HANDBOOK  
NURS 795 PRACTICUM**

Dear Practicum Preceptor,

Thank you for agreeing to serve as a preceptor for our MSN student at Franklin University School of Nursing, for the NURS 795 Practicum. The student is nearing the end of the MSN Program. The nursing faculty believe this practicum is crucial to the student's success in developing an evidence-based approach to nursing practice. As the practicum preceptor, you will provide direct supervision for the student. You and the course faculty will serve as valuable mentors in the student's development.

The purpose of this handbook is to provide you with information about the MSN curriculum at Franklin University. It includes guidelines for the preceptor's role in teaching, supervising and evaluating students. The expected clinical experiences for students follow the recommendations and requirements of the Commission on Collegiate Nursing Education (CCNE) which is the accreditation body for the nursing programs.

It is a priority at our School of Nursing to support all learners and to actively address racism, homophobia, and other forms of discriminatory behavior. We know that underrepresented learners often experience bias and microaggressions in the clinical environment from patients and staff. We want to partner with you to combat and prevent these experiences. To prevent the risk of burnout from racist, homophobic, or sexist treatment, it is essential that we work to create a sense of belonging and safety while also preparing learners for the realities of practice. To that end, we will be sharing numerous resources with you (starting with Appendices D and E) that will support you in creating an inclusive experience for your students.

The following videos may be helpful in helping to understand these issues:

Franklin University SON Implicit Bias video: [https://youtu.be/s1luzU\\_QZLI](https://youtu.be/s1luzU_QZLI) and

Franklin University SON Microaggressions video: <https://youtu.be/2WKya4btKJM>

Open communication among faculty, student, and preceptor will ensure a positive experience for all. Please document and share any concerns or improvements you have during the practicum experience with Dr. Jennifer Van Winkle, MSN Program Chair ([Jennifer.VanWinkle@franklin.edu](mailto:Jennifer.VanWinkle@franklin.edu)); office number 614.947.6321.

If you have any questions, feel free to contact the faculty member responsible for the NURS 795 Practicum course. The student will provide you with that name and contact information. You may also contact me at the above email address if the faculty member is unable to assist you.

You are making a wonderful contribution to the profession of nursing. Being a preceptor for a Master's level student requires sharing a precious commodity – time, not to mention the energy you will give. But, you are giving knowledge and expertise that can be gained in no other way. Thank you so much for sharing your expertise and for supporting the Franklin University MSN Program.

Sincerely,

Jennifer Van Winkle

Program Chair FNP, Chair MSN-Nurse Generalist and Nurse Administrator

## Mission Statement

Provide a relevant, high quality, lifelong education that will enable our students to:

***Enhance*** the quality of healthcare and public service

***Advance*** healthcare and public service careers

***Succeed*** in providing leadership that improves the quality of life in communities

## Vision Statement

To provide excellence in healthcare and public administration education by preparing professionals who improve the quality of life in diverse communities through leadership and public service.

## Introduction

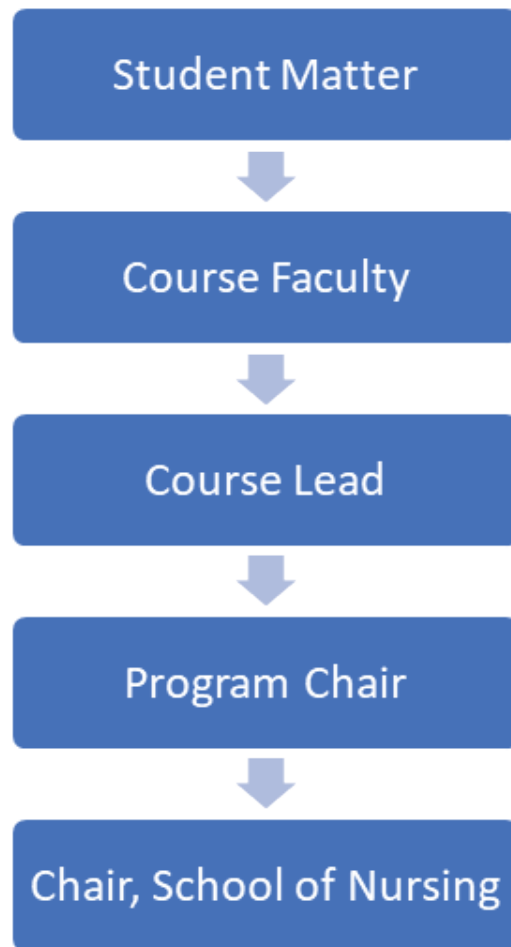
The eighty (80) hour practicum is an essential component of the graduate nursing program. It offers the student the opportunity to develop and integrate the knowledge, skills, and resources necessary for evidence-based graduate nursing practice. Development of the master's prepared nurse role within the context of multi-and inter-disciplinary teams is also a critical component of the practicum experience.

The student focuses on the integration and application of major concepts covered throughout the graduate nursing program.

Please carefully read through the Handbook which contains all information required for the practicum experience.

## School of Nursing Communication Flow Chart

The communication flow chart establishes appropriate communication channels between students and faculty. This framework ensures that issues and concerns are addressed promptly and appropriately, while promoting a safe and effective learning environment for students.



## Practicum Course Description and Outcomes

NURS 795 Practicum (4 credit hours) – 12 weeks. Required.

The purpose of this capstone course is to provide the student with the opportunity to examine the role of the master's prepared nurse in a health care or education setting. Using a combination approach of seminar and precepted clinical experience, the student focuses on the integration and application of major concepts covered throughout the graduate nursing program and assists in preparation for comprehensive evaluation. The student is assigned to a health care or educational setting under the direction of an experienced master's prepared nurse executive/educator/practitioner for the practicum portion of the course. Eighty (80) precepted clinical hours are required. Prerequisite: completion of the MSN Core Curriculum and electives.

NURS 795 Course (Practicum) Learning Outcomes Students will be able to:

1	Synthesize theories and knowledge from nursing and related disciplines to develop a theoretical basis to guide practice in an advanced nursing role;
2	Apply leadership skills and decision making in the provision of high-quality nursing care in diverse settings;
3	Provide leadership across the care continuum in diverse settings to promote high quality, safe, effective patient centered care;
4	Appraise, use, and participate in the extension of nursing knowledge through scientific inquiry;
5	Integrate current and emerging technologies into professional practice;
6	Demonstrate responsive leadership, collaboration, and management to influence the advancement of nursing practice and the profession of nursing and to influence health policy;
7	Employ collaborative strategies and effective communication to advocate for the role of the professional nurse as a member and leader of interprofessional teams;
8	Integrate clinical prevention and population health concepts to provide holistic, comprehensive nursing care for individual, families, and aggregates;
9	Demonstrate an advanced level of understanding of nursing and relevant sciences and integrate this knowledge into practice.

# Preceptor Role and Responsibilities

## Preceptor Validation

- Master's prepared registered nurse or healthcare administrator
- Current unencumbered RN license in the state where the practicum will take place (for registered nurse preceptors only).
- Current Vita/Resume: Submit to the Clinical Coordinator at [clinicals@franklin.edu](mailto:clinicals@franklin.edu)
- Complete the MSN Program Preceptor Agreement (Appendix B). Submit to the Clinical Coordinator at [clinicals@franklin.edu](mailto:clinicals@franklin.edu)

The faculty of the course will contact the preceptor at the beginning of the NURS 795 Practicum course and will remain in close contact throughout the practicum experience. Should there be any questions please contact the appropriate course faculty or the MSN program chair, Dr. Jennifer Van Winkle ([Jennifer.VanWinkle@franklin.edu](mailto:Jennifer.VanWinkle@franklin.edu)).

A preceptor guides the student's clinical learning experience while acting as a role model and supports the nurse practitioner role through facilitating student autonomy and promoting self-confidence leading to clinical competency for safe and effective practice.

- Directs overall progressive expectations and goals for the clinical practicum experience
- Identifies and discusses learner needs to meet course objectives
- Assesses the nature of the patient care encounters to enable the student to meet their progressive expectations and required clinical experiences
- Utilizes appropriate teaching methods to help the student meet her/his learning objectives
- Evaluates whether the student objectives have been achieved
- Provides ongoing feedback to the student
- Demonstrates attitudes and qualities consistent with the ethics of the health professions

## Preceptor Responsibilities

1. Assist the student in selecting realistic and specific practicum goals within the framework of the course objectives.
2. Orient student to the practicum site.
3. Guide student acquisition of practicum skills within the framework of course objectives.
4. Observe the student's interactions with clients/staff.
5. Validate practicum findings.
6. Validate all student practicum hours on the Time Log of Practicum Hours (Appendix B). Only those hours involved in on-site work or projects directly resulting from a site project may be claimed as practicum hours.

7. Provide ongoing feedback to the student throughout the course.
8. Notify faculty immediately of any concerns about the student's practicum performance.
9. Submit a completed Practicum Preceptor Feedback form at the end of the practicum experience. Course faculty will remind you when to complete this activity.
10. Maintain confidentiality regarding the student's progress and performance in the practicum experience to those directly involved with this experience in accordance with FERPA rules.

## **Student Responsibilities**

### **Practicum Hours**

Students are required to complete 80 hours of practicum experience engaging in activities with an approved preceptor.

What time counts toward the student's practicum hours? Essentially, it is the time spent in achieving the practicum/course objectives and accruing evidence of accomplishments.

### **These are examples (not all inclusive) of what may count toward practicum hours:**

- Meeting/following/shadowing with the preceptor.
- Developing and presenting a presentation/activity for the preceptor that is appropriate for the practicum experience.
- Working on a project or part of a project that supports unit goals.
- Attending meetings with experts who can help support the presentation or for task team meetings that pertain to the presentation.
- Attending seminars, workshops, or continuing education classes to have a direct relationship to course objectives.
- Conducting a literature search, if that is one of the student's objectives, and other preparatory activities that will help the student accomplish their objectives.
- Assisting with the developing and administering assessment and evaluation tools.  
**Note:** Students cannot assist if site IRB approval has not been granted.

Activities **not** included in practicum hours are:

- Driving time to and from the clinical site for the practicum
- Classroom time (in class or online)
- Attending other classes
- Attending seminars or continuing education classes that do not have a direct relationship to course objectives
- Time spent printing and copying materials
- Working in the student's regular employment
- Providing direct patient care

## **Student Practicum Expectations**

### **Practicum Hours**

The Franklin University Graduate Nursing Students Clinical Practice is based on the American Nurses Association Scope and Standards of Practice (2021), principles of safe practice, agency policy, and their knowledge, skill, and development as graduate nursing students. Therefore:

#### **All students are expected to be familiar with:**

- a. The 6 ANA Standards of Practice and their sub-parts;
- b. The 9 ANA Standards of Professional Performance;
- c. The ANA Code of Ethics for Nurses;
- d. Ohio Revised Code, Chapter 4723 (or applicable state BON rules);
- e. The Code of Ethics of the American Nurses Association (ANA);
- f. Essentials of Master's Education for Advanced Practice Nursing from the American Association of Colleges of Nursing (AACN);
- g. Essential Clinical Resources for Nursing's Academic Mission (AACN);
- h. Standards for Accreditation of Baccalaureate and Graduate Programs in Nursing from the Commission on Collegiate Nursing Education (CCNE);
- i. The Joint Commission for Accreditation of Healthcare Organizations (JACHO) standards and National Patient Safety Goals;
- j. Centers for Disease Control (CDC) and the Ohio Department of Health (ODH) standards;
- k. National League for Nursing Academic Nurse Educator Certification Program;
- l. Nursing's Agenda for the Future created by a coalition of national nursing organizations;
- m. Healthy People 2020 2030(US Public Health Service);
- n. Agency Policies and Procedures; and
- o. Course Specific Clinical Guidelines.

#### **All students Must:**

Adhere to all Franklin University policies and procedures and state Board of Nursing rules. Failure to exhibit integrity, ethical conduct, professional standards, or any violation of the responsibilities listed herein may result in a failing grade and/or dismissal from the nursing program and the University. Student conduct in the clinical setting must be in a manner that demonstrates safety, adherence to professional standards, and reflects positively upon Franklin University.

**Graduate nursing students MAY NOT UNDER ANY CIRCUMSTANCES ride in land, sea, or air ambulances.**



## School of Nursing and Faculty Responsibilities

1. Validates completion of student health requirements, liability insurance and licensure prior to the start of the practicum experience.
2. Acts as a liaison between preceptors and students, problem solving any difficulties that arise.
3. Guides and evaluates student achievement of course objectives.
4. Reviews the student's feedback of the practicum preceptor and provides feedback to the preceptor as needed.
5. Reviews the preceptor's feedback of the student and provides feedback to the student as needed.
6. Ensures that students have met and documented all required practicum hours.
7. Several times during the practicum course, the course faculty will contact the preceptor. Visits may be necessary if there are any concerns regarding the student meeting clinical expectations. Visits will be conducted using phone or web software.

## Appendix A



### FRANKLIN UNIVERSITY

### NURS 795 PRACTICUM EXPERIENCE PRECEPTOR

### AGREEMENT

Franklin University MSN Nursing Program and

\_\_\_\_\_ (preceptor name)

of \_\_\_\_\_ (agency) agree to provide an independent

precepted practicum experience for \_\_\_\_\_ (student name) in  
NURS 795 Practicum.

This independent practicum experience is initiated by the student. In addition to specific course goals, the student will develop personal goals, objectives, and a schedule of activities for this experience in collaboration with the designated agency preceptor and the Franklin University course faculty.

The preceptor's role with the student is one of mentoring and supervision to enable the student to achieve both their personal stated objectives and the course objectives. With this role, the preceptor has responsibility for the student's actions while under supervision and assures that the student's performance conforms with acceptable practice. The preceptor has the right to limit the student's activities if, for any reason, the preceptor believes the student is acting in an incompetent or unsafe manner. In such an instance, the preceptor is expected to contact directly the course faculty member.

Preceptor responsibilities include but are not limited to acting as a resource person for the student, facilitating learning experiences while the student is in the agency, communicating with course faculty as appropriate, and contributing a written evaluation of the student's performance in accordance with the course description and objectives.

Each student is expected to clarify specific learning objectives with the preceptor while under supervision. Each student is expected to abide by the policies and procedures of the agency/facility, function in the role of a student within the parameters of the course objectives, arrange schedules, and communicate appropriate information to the preceptor and course faculty during the experience.

<b>STUDENT INFORMATION: To be completed by student</b>	
Student Name:	Date:
Student RN License #:	Expiration Date:
Course Number:	
Student email address:	
<b>PRECEPTOR INFORMATION: To be completed by preceptor</b>	
Preceptor Name:	Date:
Preceptor RN License# and state(s):	Expiration Date:
Preceptor's email address:	Phone:
Preceptor vita (attach to this form)	
<b>ON-SITE ADMINISTRATION INFORMATION:</b>	
Facility Name:	
Facility Address:	
City:	State:                      Zip:                      Contact Person:
<b>PRACTICUM PRECEPTOR:</b>	
I agree to serve as a practicum preceptor for the above named student. I have received information regarding the Franklin University MSN Program and requirements for the practicum experience. I understand that I will not receive compensation for serving as a preceptor for Franklin University. <input type="checkbox"/>	
Preceptor Signature:	Date:

**Return this signed Preceptor Agreement to the Franklin MSN Clinical Coordinator:**  
[Clinicals@Franklin.edu](mailto:Clinicals@Franklin.edu)

## Appendix B

### SAMPLE: TIME LOG of NURS 795 PRACTICUM HOURS

**Instructions:**

1. ***The entire form*** must be completed and submitted each week to the faculty via the course. It is meant to be cumulative (you will add to the same form each week). Only add to total daily hours in the fields below. Do not put time in and time out.
2. A separate form will be used for describing weekly activities.
3. Acceptable hours will include only the time involved actually at the practicum site, or working on projects delegated by the practicum site.
4. All hours will be rounded to quarter hours & in decimal format. (**15 minutes = .25 & 30 minutes = .50 & 45 minutes = .75**)
5. Students are encouraged to keep a copy of each log for personal records.
6. In order for you to receive credit and verification of hours completed – after the final week of the experience (when all hours are complete) it is **your** responsibility to give this form to your preceptor(s) for their signatures and submit this form via the course in Blue Quill week 12.

*Incomplete forms and all forms not following the above instructions will **not** be credited for hours until completed correctly.*

<b>STUDENT:</b>						<b>PRACTICUM SITE:</b>		
<b>PRECEPTOR:</b>								
<b>2<sup>ND</sup> PRECEPTOR</b> (if applicable): First/Last								
Week/Date	Monday	Tuesday	Wed	Thurs.	Friday	Saturday	Sunday	Weekly Total
Week 1								
Week 2								
Week 3								
Week 4								
Week 5								
Week 6								
Week 7								
Week 8								
Week 9								
Week 10								
Week 11								
Week 12								
<b>Overall Total</b>								
I certify that the above information is correct and complete at the date of my signature:								
<b>Student Signature</b>						<b>Date:</b>		
<b>Preceptor Signature required ONLY after final week is completed.</b>								
<b>Preceptor Signature</b>						<b>Date:</b>		

**Students submit signed forms via the NURS 795 course in week 12.**

## Appendix C

### Definitions of Diversity, Equity, Inclusion, and Belonging Terms

**Belonging:** Belonging is the feeling of security and support when there is a sense of acceptance, inclusion, and identity for a member of a certain group. It is when an individual can bring their authentic self to work:

<https://diversity.cornell.edu/belonging/sensebelonging#:~:text=Belonging%20is%20the%20feeling%20of,their%20authentic%20self%20to%20work>.

**Disadvantaged/excluded/marginalized/ vulnerable groups or populations:** terms applied to people who, due to factors usually considered outside their control, do not have the same opportunities as more privileged groups in society. For example: “Structural inequalities between members of more advantaged and more disadvantaged population groups are a central feature of all societies. These inequalities are deeply rooted in the past and have been carried forward into the present. Their persistence severely undermines local, national, and global efforts to promote advances in the quality of life and well-being of people at all levels of social, political, and economic organization”

Estes R.J. (2014) Disadvantaged Populations. In: Michalos A.C. (eds) Encyclopedia of Quality of Life and Well-Being Research. Springer, Dordrecht.

[https://doi.org/10.1007/978-94-007-0753-5\\_742](https://doi.org/10.1007/978-94-007-0753-5_742)

**Diversity:** The condition of being different or having differences. Differences among people with respect to age, class, ethnicity, gender, health, physical and mental ability, race, sexual orientation, religion, physical size, education level, job and function, personality traits, and other human differences.

[https://edib.harvard.edu/files/dib/files/dib\\_glossary.pdf](https://edib.harvard.edu/files/dib/files/dib_glossary.pdf)

**Equity:** Fair treatment for all while striving to identify and eliminate inequities and barriers.

[https://edib.harvard.edu/files/dib/files/dib\\_glossary.pdf](https://edib.harvard.edu/files/dib/files/dib_glossary.pdf)

**Explicit bias:** The traditional conceptualization of bias. This explicit bias, individuals are aware of their prejudices and attitudes toward certain groups. Overt racism and racist comments are examples.

<https://www.justice.gov/file/1437326/download#:~:text=Explicit%20bias%20is%20the%20traditional,are%20exam ples%20of%20explicit%20biases>

**Heterosexism/homophobia:** heterosexism and homophobia are closely related but distinct concepts.

“[H]omophobia generally refers to an individual’s fear or dread of gay men or lesbians, [while] heterosexism denotes a wider system of beliefs, attitudes, and institutional structures that attach value to heterosexuality and disparage alternative sexual behavior and orientation” <https://dictionary.apa.org/homophobia> and

<https://dictionary.apa.org/heterosexism>

**Implicit bias:** Implicit bias involves all of the subconscious feelings, perceptions, attitudes, and stereotypes that have developed as a result of prior influences and imprints.

<https://www.justice.gov/file/1437326/download#:~:text=Explicit%20bias%20is%20the%20traditional,are%20exam ples%20of%20explicit%20biases>

**Inclusion:** The practice or policy of providing equal access to opportunities and resources for people who might otherwise be excluded or marginalized, such as those who have physical or mental disabilities and members of underrepresented minority groups. <https://languages.oup.com/google-dictionary-en/>

**Macroaggression:** Obvious, intentional insult, where there is no chance of a mistake on the part of the transgressor, intended to be provoking, insulting, or otherwise discourteous.

<https://www.urbandictionary.com/define.php?term=macroaggressions>

**Microaggression:** The everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to the target person based solely upon their marginalized group membership. Microaggressions are often racially charged “subtle blows” but over time they can take a toll on mental and physical health.

<https://www.urbandictionary.com/define.php?term=Microaggressions>

**Racism:** “a form of prejudice that assumes that the members of racial categories have distinctive characteristics and that these differences result in some racial groups being inferior to others. Racism generally includes negative emotional reactions to members of the group, acceptance of negative stereotypes, and racial discrimination against individuals; in some cases, it leads to violence”

<https://dictionary.apa.org/racism>

**Safe place:** “A safe space is ideally one that doesn’t incite judgment based on identity or experience – where the expression of both can exist and be affirmed without fear of repercussion and without the pressure to educate. While learning may occur in these spaces, the ultimate goal is to provide support.”

<https://alternativebreaks.org/safe-or-brave-spaces/>

**Brave place:** “A brave space encourages dialogue. Recognizing the difference and holding each person accountable to do the work of sharing experiences and coming to new understandings – a feat that’s often hard, and typically uncomfortable. We’d be remiss to simply hear the new term brave space and throw the old one out like a mistake we’d like to quickly forget. The reality is: they’re different spaces, providing different outcomes.”

[https://www.naspa.org/images/uploads/main/Policy\\_and\\_Practice\\_No\\_2\\_Safe\\_Brave\\_Spaces.pdf](https://www.naspa.org/images/uploads/main/Policy_and_Practice_No_2_Safe_Brave_Spaces.pdf)

## Appendix D

### Avoiding Stereotypes and Bias in Assessment of Learner Performance

Narrative evaluations can contain bias. Focusing on traits associated with certain groups based on race/ethnicity, gender, or other characteristics reinforces stereotypes and can ignore other aspects of learner performance. Avoid these stereotypes by focusing on observed behaviors and describing competency-based performance. Scan your written evaluation to check for any unintended stereotypes.

<b>Caution: avoid this language</b>	<b>Analysis</b>	<b>Instead, consider using this language</b>
'She was quiet yet participatory.'	'Quiet' can be associated with gender or race/ethnicity.	'She listened well; she participated thoughtfully.'
'She was warm, caring and empathic.' (as the only descriptors)	These are strengths but are also the characteristics that evaluators tend to focus more on for women than men; the evaluator should comment on other competencies as well.	Describe clinical skills, knowledge and interactions with patients and team.
'He worked hard through the rotation.'	Effort is commendable; it is also important to describe performance and connect effort to accomplishments.	'Due to his hard work creating a discharge plan, our team was able to discharge the patient safely to home.'
'He did well despite his many outside responsibilities.'  'Her knowledge grew as she balanced outside family responsibilities.'	Qualified language detracts from the student's accomplishments.	'He contributed to the team by doing....'  'She gained knowledge and applied it to her clinical practice.'
'Compared to other people with his background, his performance was...'	Avoid focusing on comparing students to other students particularly in a stereotyped way; focus on observed performance.	'He successfully performed the following key clinical tasks for this clerkship....'

'He contributed a lot to the team despite being gone from the rotation for weekly appointments.'	Students with approved accommodations to attend medical appointments cannot be penalized for this.	Focus narrative on what student did on the service, not when the student was not there.
'After initially not having a very strong fund of knowledge of our specialty, they seemed to read a lot over the course of the rotation.'	The evaluator may be trying to comment on improvement, but the focus should be on the student's achievement by the end of the rotation, not just on the deficit.	'The student read a lot and achieved the expected fund of knowledge by the end of the rotation. They applied their reading effectively to patient problems in their notes and case discussions.'

Watch for and ask the student and other team members about student contributions you may not have observed.

<b>Student contribution</b>	<b>Competencies</b>	<b>Description</b>
Spending time with a patient explaining a diagnosis that was unclear to the patient on rounds	Interpersonal and communication skills Patient care	'The student spent extra time with the patient explaining his diagnosis and answering questions to ensure his understanding and provide reassurance.'
Working on discharge planning to ensure that the patient will receive all of her medications, have secure housing, and understand her follow up appointments	Systems-based practice Interprofessional collaboration	'The student coordinated discharge planning for a complex patient discharge by working with the pharmacist, case manager, and resident to ensure that the patient understood the discharge plans. This included finding a pharmacy to provide all the prescribed medications, securing temporary housing, and explaining the plans to the patient to confirm her understanding.'
Answering questions from a patient's family about an upcoming procedure	Interpersonal and communication skills	'When a patient's family had questions about an upcoming procedure, the student listened to their questions and concerns with empathy. The student then coordinated with the resident to answer all their questions accurately and thoroughly



Used with permission. <https://meded.ucsf.edu/sites/meded.ucsf.edu/files/inline-files/Avoiding%20stereotypes%20in%20assessment.pdf>

Other resources:

UCSF School of Medicine. (2021). Bias and Microaggressions in Feedback.

[https://media.ucsf.edu/media/t/1\\_fe7uld8i](https://media.ucsf.edu/media/t/1_fe7uld8i)

UCSF Medical School. (2022). Diversity, Equity, Inclusion Tips Sheet for the Clinical Learning Environment.

<https://wiki.library.ucsf.edu/display/TBS/Clinical+Faculty?preview=/482580148/551938878/DEI%20Tips%20Sheet%202.0%20January%202022.pdf>

UCSF School of Medicine. (2020). Equity in Assessment Checklist.

[https://meded.ucsf.edu/sites/meded.ucsf.edu/files/inline-files/Equity\\_in\\_Assessment\\_Checklist\\_2020dec14v2.pdf](https://meded.ucsf.edu/sites/meded.ucsf.edu/files/inline-files/Equity_in_Assessment_Checklist_2020dec14v2.pdf)