RN to BS in Nursing Program
Practicum Guide
(2022-2023)
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Dear Student,

Welcome to the practicum placement portion of your RN to BS in Nursing program! Your instructors are here to assist and guide you through the practicum placement process.

The RN to BS in Nursing practicum placement is a supervised experience which provides students with an opportunity to balance their classroom experience with practical, hands-on instruction in practicum settings. Regent University faculty and licensed, practicing professionals (preceptors) will guide the students through this experience while also helping students identify and manage real-world healthcare issues to improve patient outcomes. Additionally, this program provides an opportunity for reflection concerning the impact of the nursing profession on one’s personal life and vocational calling. To this end, students are encouraged to actively engage in the practicum placement process and view the experience as an opportunity to further personal, academic, formational, and experiential goals.

In addition, students engaged in practicum placements are expected to conduct themselves in a mature, responsible, and professional manner throughout the experience. Failure to do so may result in review and/or termination of the practicum experience by the College of Health and Behavioral Sciences.

The following manual provides basic guidelines for the practicum placement process. For questions or additional information regarding this guide or the practicum placement process, please contact your nursing instructor. Additional details will be provided within the specific courses.

We wish you much success in your endeavors!

Dr. Jamie Holland
Director of Undergraduate Studies
Regent University, School of Nursing
AMERICAN DATA BANK: COMPLIO

Nursing COMPLIO Requirements

Your readiness to begin practicum courses will be verified through the Academic Service Manager and your course instructor. You cannot begin your first practicum course until you have completed all the requirements. We are pleased to offer students support in completing the pre-practicum requirements through American Data Bank services/Complio (including the background check and the 10-panel drug screen- fingerprinting may be required for some states and practicum facilities).

Complio supports students in the submission of their pre-practicum requirements. Just as there are mandatory requirements in an employment setting, students have requirements which must be met prior to obtaining practicum hours. In Complio, you must upload documentation of the following:

- MMR titer/series
- Varicella titer/series
- Hepatitis B titer/series
- PPD skin test/TB*(or other documentation your facility is using if they do not do annual PPDs)
- Tdap
- Flu shot or Flu shot waiver
- Covid Vaccination (a religious or medical exemptions does not guarantee that a site will accept the waiver). An exemption will not excuse the student from practicum requirements but will be the responsibility of the student to find a facility that will accept the exemption.
- Current BLS certification (American Heart Association BLS for Healthcare Providers) *
- Current, unencumbered RN license*

*These items will need to be updated if they expire during your practicum sessions

Additionally, you must print, sign, and upload the following documents, which are available in Complio:

- HIPAA Acknowledgement
- Release of Information
- Drug Testing Policy (Signature page)
- Student Signature Page (RN to BS in Nursing)

All students are required to complete the background check, FBI fingerprinting (if required for their state or facility), and 10-panel drug screen using the process through American DataBank/ Complio. An outside background check/drug screen or one from a different department or company will not be accepted. The landing page for the background check, drug screen and Complio is http://regentnursingcompliance.com/. Please only use this link. The background checks and FBI fingerprints will expire after two years. Please contact your instructor before you subscribe to Complio or complete the background and fingerprinting so we can plan when it would be best for you to begin the process. Keep in mind these requirements must be submitted as soon as possible to ensure processing time.

There are fees associated with Complio, Background check, fingerprinting, and the drug screen. If you have questions about the Complio process, please contact your faculty advisor or nursing office administrator.
EXPOSURE PLAN

Professional Risks in Nursing School
Interactions with patients in the health care system have inherent risks to both the patient and caregiver, including but not limited to, communicable diseases. The program provides information regarding known risks for various diseases and the training to appropriately address those risks. All students are expected to provide appropriate care to all patients assigned to them in any setting. These assignments may include but are not limited to patients with medical diagnoses of COVID, tuberculosis, hepatitis A, B, or C, or AIDS. Additionally, it is the responsibility of the student to implement standard precautions in the care of all assigned patients.

Infectious Disease Exposure Response
Students who experience an exposure to any potentially infectious materials (needle stick, mucous membrane, non-intact skin, or airborne inhalation) require specific follow-up. It is the responsibility of the individual to initiate certain actions, to report the incident as soon as possible (preferably within one hour) to their preceptor, and to follow the preceptor’s recommendations. It is the responsibility of the preceptor to take the appropriate steps after exposure to ensure the safety and well-being of the student. Exposed students will be advised to obtain medical evaluation and follow-up from their choice of healthcare provider. Treatment is recommended to be within two (2) hours of exposure. Medical testing may be required after any accidental exposure incident. Follow specific facility policies and healthcare provider recommendations following exposure. The agency or university shall not be responsible for the cost of such care, follow up treatments, or hospitalization.

PRACTICUM COURSES

Practicum Requirements for NURS 310 (Professional Health Assessment)
Details regarding all practicum course requirements can be found in your NURS 310 syllabus on Blackboard. Students enrolled in NURS 310 (Professional Health Assessment) will be video recording an assessment on a person who is participating as a “patient” as part of the practicum hours. Students are encouraged to locate a facility (it may be a medical facility such health care provider’s office, this is helpful, not required) to use for a virtual demonstration of skills acquired through online coursework (NURS 310 practicum requirements). The “patient” may NOT be an actual patient; the "patient" being assessed must be a volunteer adult who can sign the consent form before the assessment is recorded. The audio and video recording is then uploaded to a compatible media service (as a private video), and the link is then shared with the instructor through blackboard. Students MUST submit the signed Practicum Consent Forms to their course instructor via Blackboard prior to beginning the virtual assignment (See Appendix, Form 7 – Practicum Consent Forms for Patient and Student).

A total of 45 practicum hours to be completed as follows:
1. The Comprehensive Assessment, written and audio/video link uploaded to blackboard (20 clock hours)
2. The Assessment of Social Determinants (assessment and written document) (15 clock hours)
3. Blood Pressure Screenings assignment and submission of written assignment (10 clock hours)
Practicum Overview for NURS 330 and NURS 430

Students enrolled in NURS 330 (Nursing Leadership and Management Practices) and NURS 430 (Community & Public Health Strategies) are required to locate an approved practicum site and BSN preceptor prior to beginning any practicum or observation for these courses (see NURS 330 and NURS 430 practicum requirements). Students are encouraged to locate a suitable practicum site before the end of week 1.

1. Affiliation agreements are legal requirements and can be a lengthy process for some facilities, so it is important to begin the process as soon as possible. Students must complete Practicum Site & Preceptor Request Form and submit to the course instructor via Blackboard (See Appendix, Form 1 – Practicum Site & Preceptor Request Form). This form may be turned in before the course begins to the course instructor.

   **Note:** A new Practicum Site & Preceptor Request Form must be completed for each course, practicum site and preceptor.

Affiliation Agreement Process for Practicum Students:

You, the student, initiate the process by sending an email request of affiliation to SONPlacementCoord@regent.edu.

Please include the following information or your request will not be processed:
- Contact of Preceptor and their credentials
- Contact name and email of the responsible party at the facility for an affiliation agreement
- Physical Address of facility
- Expected start date of preceptorship
- Course number

You will receive two notices from the School of Nursing by email that the affiliation agreement has been initiated and a notice to inform you, the student, that you have permission to initiate preceptorship. **You may not start preceptorship until you have received the notice that clearly indicates permission to enter the preceptorship site.**

Practicum Site & Preceptor Request Form must be submitted to the Course Instructor and/or Practicum Liaison no later than eight weeks prior to the start of the semester/session (See Appendix, Form 1 – Practicum Site & Preceptor Request Form).

Preceptor Requirements:
- Must hold a BSN or BS in Nursing degree or higher.
- Must be actively employed in the specified fields for Nursing Leadership/Management or Community Health.
- Must have an un-restricted, active RN license.
- Must be willing to adhere to mutually established NURS 330 or NURS 430 goals/objectives.
- Must be willing to offer the necessary practicum hours required to complete NURS 330 or 430.
- Must actively work with the patient population to ensure efficient role orientation for the student.
- Must provide a CV or Resume to the student.
Practicum Requirements for NURS 330

A total of 45 practicum hours to be completed as follows:

- Forty-five (45) hours may be completed as one block with an individual BSN preceptor or in a variety of settings that meet the criteria for leadership-based nursing. *

Approved preceptors should be employed in a leadership role, such as a nurse administrator or team leader. Preceptors will be asked to allow our BS in Nursing student to work with them in their workplace and incorporate leadership skills learned from class assignments and Shadow Health. A variety of settings may be used to meet the criteria for this leadership-based nursing.

*All preceptor agencies must be preapproved by the Course Instructor before the start of the practicum. See Appendix, Form 1 – Practicum Site & Preceptor Request Form for more information. Students MAY NOT participate in practicum without submission of assigned documents.

Each student must keep a practicum log for each practicum experience. Each entry should include:

- Practicum site (agency name), date, time (duration of experience) and SIGNATURE of supervision faculty or agency personnel assigned to that day.
- Notes addressing activities of the day (include leadership examples of particular interest) and relating the activities to the established practicum goals.
- Maintain absolute patient confidentiality. Never mention any patient by name. Use initials only.
- Include your impressions or feelings about the experience along with your practicum data.
- Hours should add up to 45 practicum hours
Practicum Requirements for NURS 430

A total of 45 practicum hours to be completed as follows:

- Forty-five (45) hours may be completed as one block with an individual BSN preceptor or in a variety of settings that meet the criteria for community-based nursing. * Some examples include:
  - Health Department
  - Community based clinic
  - School based clinics
  - Public school nurses
  - OP Surgery centers
  - Home Health
  - Hospice

*All preceptor agencies must be preapproved by the Course Instructor before the start of the practicum. See Appendix, Form 1 – Practicum Site & Preceptor Request Form for more information. Students MAY NOT participate in practicum without submission of assigned documents.

Each student must keep a practicum log for each practicum experience (see Appendix H for Sample Work Log). Each entry should include:

- Practicum site (agency name), date, time (duration of experience) and SIGNATURE of supervising faculty or agency personnel assigned to that day.
- Notes addressing activities of the day (include Community Health cases of particular interest) and relating the activities to the established practicum goals.
- Maintain absolute client confidentiality. Never mention the client’s name. Use initials only.
- Include your impressions or feelings about the experience along with your practicum data.
- Ensure that each log addresses your practicum goals and objectives.
- Do not attempt to write a nursing care plan in your log. Do make notes related to nursing care of the patient based on the nursing process.
- Hours should add up to 45 practicum hours.

Student Assessment / Site Assessment

Students will be assessed on their performance at their sites by their preceptor. Likewise, each preceptor and site will be evaluated by students. These assessments will occur midway and at the end of each semester. The criteria for these assessments can be found on the assessment forms below (pages 15-17).
Student Practicum Grievance Procedures

Pursuant to Regent University’s Student Handbook, “A grievance is defined as a complaint or concern of a student regarding a faculty or staff member or a policy of the University that the student believes adversely affects his/her academic career or personal well-being” (Section 6.5.1.2). For the purposes of student practicum placement, this definition is appended to include complaints or concerns regarding practicum placement agencies and/or their representatives.

In the spirit of Matthew 18:15-17, if a student has a complaint, disagreement, or concern regarding a practicum placement experience, it is recommended that the student first discuss the matter with the person(s) involved. Efforts to resolve practicum placement conflicts or difficulties should normally be handled within the practicum placement agency before contacting the Faculty Liaison.

Examples of issues that may be grieved under these procedures include:

- Alleged misconduct within a practicum placement setting that involves discrimination and/or sexual harassment.
- Alleged failure to show appropriate respect in an instructional or practicum placement setting for the rights of others to hold opinions differing from their own.
- Any other conduct in a classroom or practicum placement setting that adversely affects the learning environment when that conduct displays an intolerance for different views or a lack of civility.

Every student engaging in a practicum placement experience will receive a copy of the RN to BS in Nursing Practicum Guide and Student Handbook (which contains the Grievance Procedures) at the start of each practicum course. If the complaint involves a grade dispute or academic dishonesty, the student should refer to Student Grade Appeal section of the university’s Student Handbook.

Termination of Practicum

If a Faculty Liaison or Agency Field Supervisor deems that a student’s behavior or academic performance creates a safety or disruption risk, the Faculty Liaison or Agency Field Supervisor may take immediate action and remove the student from the class or placement with a review by the School of Nursing Director. Unless directed otherwise by a Faculty Liaison or Agency Field Supervisor, students who have been removed must continue to meet the directives and participation requirements of a placement and must complete all assignments in a timely fashion. Failure to fully participate and complete assignments may result in a failure or dismissal from the program.

In addition, if a student fails to maintain satisfactory performance in a required practicum placement course or demonstrates unsatisfactory performance at the practicum placement site, termination from the practicum placement may be necessary. In the
event of termination of a placement, the following actions will be taken:

1. The Faculty Liaison will arrange a joint conference with the student and the Agency Field Supervisor to discuss and attempt to resolve the issue(s) and/or arrange for the student’s termination from the agency placement.
2. The reasons for termination from practicum placement must be communicated to all parties in writing by the Faculty Liaison.
3. Termination from a practicum placement due to unsatisfactory practicum performance results will result in a failing grade for the course. Termination from a placement is a last resort. Problem resolution and the exploration of other options are considered before approving termination.

**Practicum Placement Reassignment**

The Faculty Liaison will make the final decision regarding the need to reassign a student. This action will involve consultation with the Agency Field Supervisor and Nursing Faculty. Reassignment, after the semester has begun, will require the following steps:

1. The Faculty Liaison is contacted by either the student or the Agency Field Supervisor.
2. If the student is requesting reassignment, a written statement must be submitted to the Faculty Liaison, which should include:
   a. Reason(s) for the request.
   b. Ways in which learning needs are not being met.
   c. Attempts that have been made to resolve the problem(s).
3. The Faculty Liaison may schedule a joint conference with the student and the Agency Field Supervisor to discuss and attempt to resolve the issue(s) and/or arrange for the student’s reassignment.
4. The reasons for the reassignment must be communicated to all parties in writing by the Faculty Liaison.

**Dismissal from Practicum**

In order to complete certain professional training programs at Regent students may be required to demonstrate a pre-defined level of an applied competency or other pre-identified professional characteristics as a function of their specific training mission and professional standards. For instance, students in practicum programs may be required to successfully complete an internship or practicum placement. Even when a failing performance in such practicum experiences, or exhibition of personal characteristics inconsistent with the profession a student is being prepared to enter, do not result in an unsatisfactory cumulative grade point average, they can still constitute sufficient grounds for dismissal from the program. Professional training programs are expected to function as gatekeepers for entry into their regulated profession as a public protection responsibility. Students who fail to demonstrate a passing level of a professional or practicum competency in practicum training experiences or who are judged to be unsuitable for client responsibilities in the profession by the faculty despite implementation of appropriate remediation plans will likely be dismissed from their program regardless of their grade standing. In instances where the student’s problem is not primarily academic but has arisen due to violation of professional ethics or behavior that is detrimental to the welfare of the student’s client and the agency, the student may be subjected to discipline and/or dismissal from the University by recommendation of the Faculty Liaison.
APPENDIX A: NURSING PRECEPTORSHIP FORMS

Form 1: Practicum Site & Preceptor Request Form
(Students use this form to request approval of a practicum site and
preceptor to meet course requirements; forms are forwarded to
Course Faculty for approval)

Form 2: Preceptorship Contract
(Student completes, obtains necessary signatures and forwards to
Course Faculty)

Form 3: Practicum Prospectus and Goals
(Student completes, obtains necessary signatures and forwards to
Course Faculty)

Form 4: Student’s and Faculty Evaluation of Practicum Experience
(Student completes form and returns it to Course Faculty at the end of
the Preceptorship)

Form 5: Preceptor’s Evaluation of Student
(Student gives form to preceptor and then returns it to Course Faculty
at the end of the Preceptorship through Blackboard)

Form 6: Preceptor’s Evaluation of Regent University SoN Practicum
(Student gives form to preceptor and then returns it to Course
Faculty at the end of the Preceptorship through Blackboard)

Form 7: Practicum Hours Log
(Student completes and submits to instructor at completion of
practicum placement course through Blackboard)

Form 8: Practicum Consent Forms (for NURS 310 students only) (NURS
310 students must obtain consent of any person used to complete
practicum coursework and submit completed forms to
instructor through Blackboard prior to beginning the NURS 310 virtual
assignment)

Form 9: FERPA Acknowledgment Handout and Form (for NURS 330 & 430
students)
The FERPA handout is for the practicum preceptors. Preceptors then
need to sign the FERPA Acknowledgment form, which then needs to be
submitted to the instructor through Blackboard.
Form 1

Practicum Site & Preceptor Request Form

This form is used to request approval for a practicum site and preceptor to meet NURS course requirements. A new form must be completed for each course, practicum site, and preceptor.

Student Information

Student’s Name: __________________________
Regent Course: NURS ________ Semester: FA SP SU 20_____
Home Telephone: ____________________ Work Telephone: ______
Cell Telephone: ____________________ Email Address: ______

Student’s Current Employer and Department: __________________________

Prospective Practicum Site Information

Facility Name: __________________________
Address: __________________________
Telephone: __________________________
Email Address: __________________________

Is a Clinical Affiliation Agreement Required? Yes No
Does Regent have a current practicum placement contract/agreement with this agency? Yes No

If not, to whom should a contract be sent? (Please provide name of the contract authority for the facility. This is often the CEO/COO/CFO, Dir of Education, or Dir of Nursing. This is the person responsible for signing contracts for the facility.)

Contract Authority’s Name: __________________________
Prospective Preceptor’s Name: __________________________
Preceptor’s Credentials: __________________________
Preceptor’s Contact/Telephone Number: __________________________
Preceptor’s Email Address: __________________________

ROUTING: Upload completed form through the Assignment Link in the Blackboard Course
RN to BS in Nursing - Preceptorship Contract

I _________________________________ (preceptor) hereby agree to serve as preceptor to _________________________________ (student) for the ____________ term.

I understand that this Regent University RN to BS student is a registered nurse, licensed in the State of ____________, who will provide mutually agreed upon objectives for this learning experience. I have received this student's faculty name and contact information as well as the information from Regent University's School of Nursing. I am aware this student is responsible for following all of the rules and regulations of my institution as well as those terms allocated on the Affiliation Agreement between Regent University and my institution.

Regent University Course Number: NURS ____________

Preceptor signature _______________________________ Date ____________

Student signature _______________________________ Date ____________

Faculty signature _______________________________ Date ____________

PRECEPTOR INFORMATION

Preceptor's College/University which granted BS, BSN or higher: 

Date Degree Awarded: 

Years of Experience: 

RN License Number/State: 

Preceptor’s Agency of Employment: 

Current Position/Title: 

Work Address: 

Contact Phone Number: 

Contact Email Address: 

Upload completed form, with Preceptor’s CV or resume, through the Assignment Link in the Blackboard Course.
**Form 3**

**Practicum Prospectus and Goals**

<table>
<thead>
<tr>
<th>Regent University Course Number/Name:</th>
<th>NURS <strong><strong>/</strong></strong>____________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Name:</td>
<td>____________________________________________________</td>
</tr>
<tr>
<td>Leading Faculty:</td>
<td>____________________________________________________</td>
</tr>
<tr>
<td>Faculty’s Email Address:</td>
<td>____________________________________________________</td>
</tr>
<tr>
<td>Semester/Session:</td>
<td>____________________________________________________</td>
</tr>
<tr>
<td>Practicum Site/Agency:</td>
<td>____________________________________________________</td>
</tr>
<tr>
<td>Preceptor:</td>
<td>____________________________________________________</td>
</tr>
</tbody>
</table>

This practicum will be individually tailored to meet each student’s career goals. Students will be placed with a practicing Nurse Leader or Community-based/Community Health Nurse. The setting may vary according to the student’s interest and objectives.

**Purpose of the Practicum:**

**Objectives: (attach separate sheet if necessary)**

**Learning Activities/Plan of Action for each Objective: Collaborating with the preceptor, these should be specific activities planned to meet the objectives (attach separate sheet if necessary)**

**Timeline:**

**Expected Outcomes:**

**Methods of Evaluation:**

__________________________ __________________________
Student signature Date

__________________________ __________________________
Faculty signature Date

__________________________ __________________________
Preceptor signature Date

*Upload completed form to Course Instructor through the Assignment link in the Blackboard Course*
### Student’s Evaluation of Practicum Experience

**Facility or Agency:** __________________________  **Assigned Unit/Service and Shift:** ____________  

**Student’s Name:** __________________________  **Course Name and Number:** ________________  

**EVALUATION OF PRACTICUM EXPERIENCE:** Please rate your experience using the scale below.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Undecided</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The orientation was adequate for me to function.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>The faculty and student were made to feel welcome at the practicum site.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>There were sufficient learning opportunities to achieve student’s practicum goals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>The staff (nursing and non-nursing) were helpful.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>The staff and preceptor communicated effectively.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>The preceptor modeled professional nursing.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Physical space and facilities at the site were sufficient to achieve student’s practicum goals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>I would recommend this practicum site for further learning opportunities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments/Observations:**

---

**Faculty Evaluation of Student Practicum Experience**

[the section below to be completed by INSTRUCTOR ONLY]

<table>
<thead>
<tr>
<th>Purpose of the Practicum:</th>
<th>Objectives:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieved □</td>
<td>Not Achieved □</td>
</tr>
<tr>
<td>Met □</td>
<td>Not Met □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Learning Activities/Plan of Action for each Objective:</th>
<th>Faculty Contacted Student’s Preceptor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate □</td>
<td>Inappropriate □</td>
</tr>
<tr>
<td>Faculty □</td>
<td>More than once □</td>
</tr>
<tr>
<td>Did not contact □</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expected Outcomes:</th>
<th>Methods of Evaluation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate □</td>
<td>Inappropriate □</td>
</tr>
<tr>
<td>Appropriate □</td>
<td>Inappropriate □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Timeline:</th>
<th>Physical Facilities:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate □</td>
<td>Inappropriate □</td>
</tr>
<tr>
<td>Appropriate □</td>
<td>Inappropriate □</td>
</tr>
</tbody>
</table>

Student’s signature: __________________________  Date: ____________

Faculty signature: __________________________  Date: ____________
Form 5

Preceptor’s Evaluation of Student

Course Name and Number____________   Student’s Name_______________________________________________________

<table>
<thead>
<tr>
<th>Criteria:</th>
<th>Met</th>
<th>Not Met</th>
<th>Not Observed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Behaviors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Is punctual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assumes accountability for practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Maintains professional appearance</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4. Engages in self-evaluation concerning practice and uses evaluative information to improve care and practice</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Reports discrepancies/changes in unit activities to appropriate person</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>6. Documents accurately objectively, legibly as needed</td>
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</tr>
<tr>
<td>7. Uses proper terminology (spoken, written)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Consults with appropriate person when unsure of next steps in decision-making</td>
<td></td>
<td></td>
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<tr>
<td>9. Expresses own professional strengths, role, and scope of ability to peers and colleagues.</td>
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<tr>
<td>10. Communicates appropriately with interdisciplinary team.</td>
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<tr>
<td>Leadership</td>
<td></td>
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<tr>
<td>11. Demonstrates appropriate delegation concepts</td>
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<tr>
<td>12. Collaborate with team members to effectively manage unit needs.</td>
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<tr>
<td>13. Analyzes and interprets data and uses critical thinking to make decisions in processes</td>
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<tr>
<td>14. Maintains accountability</td>
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<tr>
<td>15. Prioritizes duties as dictated by specific role obligations</td>
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<tr>
<td>16. Manages others with respect and dignity</td>
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<tr>
<td>17. Assesses the needs for education and counseling of staff members and takes or suggests appropriate action</td>
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<tr>
<td>18. Identifies diversity and uniqueness of team members and uses this to communicate appropriately</td>
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<tr>
<td>19. Acts ethically to meet the needs of staff/patients/facility</td>
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</tbody>
</table>

Upload completed form to Course Instructor through the Assignment link in the Blackboard Course
Form 6

Preceptor’s Evaluation of Regent University School of Nursing (SoN) Practicum

Facility or Agency: ___________________________  Assigned Unit/Service & Shift: ___________________________

Student’s Name: ___________________________  Course Name and Number: ___________________________

Please rate your experience using the scale below (to be completed by Preceptor at the end of Preceptorship).

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Undecided</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Regent University SoN faculty were approachable and available.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>I was made to feel welcome by SoN faculty and staff during the preceptorship experience.</td>
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<tr>
<td>3.</td>
<td>Regent University SoN staff were helpful.</td>
<td></td>
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<td>4.</td>
<td>Regent University SoN staff and faculty communicated effectively.</td>
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<tr>
<td>5.</td>
<td>SoN practicum student modeled professional nursing.</td>
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<tr>
<td>6.</td>
<td>I was contacted by Regent University SoN faculty at least once.</td>
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<td>7.</td>
<td>I had an overall positive experience serving as a preceptor for Regent University SoN practicum student.</td>
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</tbody>
</table>

Objectives: Met □  Not Met □

PRECEPTOR COMMENTS:

______________________________  ________________________________  ________________
(Printed Preceptor Name)  (Preceptor Signature)  (Date)

______________________________  ________________________________  ________________
(Printed Student Name)  (Student Signature)  (Date)

FACULTY APPROVAL:

______________________________  (Faculty Signature)  (Date)

Upload completed form to Course Instructor through the Assignment link in the Blackboard Course
Post Licensure BS in Nursing Program (RN to BS)

Form 7

Clinical Practicum Work Log

<table>
<thead>
<tr>
<th>Date Worked</th>
<th># of Hours Logged</th>
<th>Personal Objectives Accomplished (List)</th>
<th>Preceptor Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: 01/01/2010</td>
<td>2 hours</td>
<td>Participated in interview process for new employees. Prepared questions with nurse manager. Debriefed with nurse manager after interview (CLO 7)</td>
<td></td>
</tr>
</tbody>
</table>
Form 8a

NURSING PROGRAM AUDIO/VIDEO RECORDING CONSENT AND RELEASE AGREEMENT (PATIENT)

I hereby authorize Regent University (University), and those acting pursuant to its authority to:
   (a) Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium, alone or with others, in Regent nursing labs (“recordings”).
   (b) Use my name in connection with these recordings.
   (c) Use these recordings solely in the interest of the advancement of nursing programs and for the purpose of professional education or research and not for any other purpose reproduce, exhibit or distribute in any medium.
   (d) Use recordings during the term in which they were made unless special permission is granted by me for later use in educational material and/or research.

I release the University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use.

I understand that all such recordings shall remain the property of the University and that I shall receive no financial compensation for the use of such recordings. I also understand that I will not be penalized in anyway should I not agree to be recorded by execution of this Agreement. I understand that the recorded person (“the patient”) must be an adult who has sufficient capacity to provide informed consent in the State in which I reside.

Participant – By signing below I indicate that all of my questions about this recording and associated consent and release agreement have been addressed. I choose, voluntarily, to participate in this video recording and give my consent outlined in the associated release agreement.

Student – By signing below I certify that I have obtained informed consent for this video recording from a participant of legal age and decisional capacity to provide his/her consent. Furthermore, I also choose, voluntarily, to participate in this video recording and give my consent as outlined in the associated release agreement.

I have read and fully understand the terms of this release.

Printed name of participant (patient): ________________________________

Date: ________________________________

Address of participant (patient)______________________________

Phone number of participant (patient): ________________________________

Signature of participant (patient): ________________________________

*(Patient’s signature must be handwritten)

Students: Please forward completed Consent forms to the NURS 310 Course Instructor prior to beginning your assignment.
Form 8b

NURSING PROGRAM AUDIO/VIDEO RECORDING CONSENT AND RELEASE AGREEMENT (STUDENT)

I hereby authorize Regent University (University), and those acting pursuant to its authority to:
(a) Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium, alone or with others, in RU nursing labs (“recordings”).
(b) Use my name in connection with these recordings.
(c) Use these recordings solely in the interest of the advancement of nursing programs and for the purpose of professional education or research and not for any other purpose reproduce, exhibit or distribute in any medium.
(d) Use recordings during the term in which they were made unless special permission is granted by me for later use in educational material and/or research.

I release the University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use.

I understand that all such recordings shall remain the property of the University and that I shall receive no financial compensation for the use of such recordings. I also understand that I will not be penalized in anyway should I not agree to be recorded by execution of this Agreement. I understand that the recorded person (“the patient”) must be an adult who has sufficient capacity to provide informed consent in the State in which I reside.

Participant – By signing below I indicate that all of my questions about this recording and associated consent and release agreement have been addressed. I choose, voluntarily, to participate in this video recording and give my consent outlined in the associated release agreement.

Student – By signing below I certify that I have obtained informed consent for this video recording from a participant of legal age and decisional capacity to provide his/her consent. Furthermore, I also choose, voluntarily, to participate in this video recording and give my consent as outlined in the associated release agreement.

I have read and fully understand the terms of this release.

Printed name of participant (student): __________________________
Student ID Number: _________________
Date: ____________________________________________________________________________

Address of participant (student): ___________________________________________________________________________________________

Phone number of participant (student): _____________________________________________

Signature of participant (student): _______________________________________________
(Student’s signature can be typed or handwritten)

Students: Please forward completed Consent forms to the NURS 310 Course Instructor prior to beginning your assignment.
Dear Preceptor:

Thank you for being willing to be a preceptor for a Regent University Nursing Student. As part of the Affiliation Agreement with your facility, we are sharing our Family Educational Rights and Privacy Act (FERPA) information with you. Please review the accompanying handout and the information on the next page. Your signature indicates that you have reviewed the material. Please return the signed form to your student.

FERPA is the university’s policy of keeping student information confidential. If you have any questions, please contact the faculty member for your student.

Regent University
School of Nursing Faculty
All Regent University faculty and staff (or preceptor) requiring access to student records and protected information must undergo training in the Family Educational Rights and Privacy Act of 1974 as amended (FERPA) prior to obtaining access. Access to student records will be denied until the following acknowledgements have been submitted.

As university faculty and staff, or preceptor, you share the responsibility for protecting the privacy of Regent students and should be aware of the following federal regulations:

1. Only Regent students, or those authorized by the student in writing to the Registrar’s Office, may have access to information contained in a student’s record.
2. A student record includes any personally identifiable information regarding the student, including but not limited to grades, registration information, financial aid information, class rosters, information regarding petitions, appeals, disputes, etc.
3. Information designated by the university as “Directory Information” may be disclosed to approved outside parties without consent. Regent has designated the following information as directory information: name, address, telephone listing, email address, date and place of birth, major/field of study, dates of attendance, degrees awarded and honors received, etc. Regent may, but is not required to, release directory information to outside parties if deemed appropriate.
4. Students’ regent.edu email addresses should be used for all personal student communications.
5. Faculty and staff must ensure that they are only discussing protected information with the student or his/her designee. Contact the Registrar’s Office at 757.352.4094 or check SPCMNT in Banner for information on authorized designees.
6. All suspected FERPA violations should be reported to the Registrar’s Office immediately.

For more information on FERPA requirements and provisions, please view our FERPA Essentials presentation in Blackboard (at Resources for Course Assistants).

I hereby acknowledge that any data, records, or other information viewed, accessed, or otherwise obtained via my faculty or staff (or preceptor) privileges is strictly confidential, and its privacy is protected by the Family Educational Rights & Privacy Act (FERPA). I also understand that Regent University does not permit me to disclose said information beyond the scope of my employment, and I am solely liable for any personal incidents regarding breach of confidentiality. I recognize that any negligent disclosure of said information may be punishable under applicable state/federal law and Regent University policy, which may lead to disciplinary action up to and including termination of employment.

☐ Yes, I acknowledge  Preceptor Name (Print): ___________________________ Date: ___________________________

Preceptor Signature: ________________________________________ Facility: ___________________________

City/State: __________________________________________________

Student’s name: ___________________________________________ Student ID #: ________________________

Students: Return this form to the Course Instructor at the beginning of your Practicum
APPENDIX B: FERPA Information Handout

FERPA
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974

FERPA is NOT
- A law that only pertains to public institutions
- A law that is only applicable to offices that handle grades

Why Comply?
- It’s the law!
- Failure to comply could result in the withholding of federal funds, including student Financial Aid.
- Lawsuits caused by violations cost time and $$$$
- It is our ethical responsibility to hold student records in confidence in order to protect their privacy.

EDUCATIONAL RECORDS
Student Rights:
- The right to inspect and review their own education records.
- The right to request to amend their education records.
- The right to have some control over the disclosure of information from the education records.
- The right to file a complaint with the Department of Ed.
What Are Educational Records?
- All records that directly relate to a student and are maintained by an institution
- These records can be in any media form: handwritten, print, tape, film, electronic, etc.

What They Are NOT
- “Sole Possession Records”
  - Personal notes kept by a faculty/staff member as a memory and if not shared with anyone else
- Law Enforcement Records
  - Maintained solely for law enforcement purposes & revealed only to law enforcement agencies
- Employment Records
  - Of those whose employment is not contingent upon being a student
- Medical Records
  - Created by a health care professional used only for the medical/health treatment of the student
- Alumni Records
  - Most information collected after the student has left the institution (donations, etc.).
- Classroom activity and homework
  - That does not become part of the student’s permanent record

DIRECTORY INFORMATION

What Information Might Need to be Handled in a Secure Way?
- Any part of a student’s record that is not listed as “directory” information

Registration Forms
Transcripts
Financial Information
Grades
Social Security Numbers
Student Schedules
Student Information displayed on your screen
Class Assignments
Class Rosters
What Information can be Released?

- Directory information (unless the student has placed a confidentiality block on his/her record).
- Information that the student has given written consent to release.
- Information needed by employees who have a legitimate educational interest.
- Information needed by certain government agencies.

**Forward all requests for student information to the Registrar’s office!**

What is Directory Information?

- It is information that *may* be released without the student’s written consent (unless they have placed a confidentiality hold on their record).
- Institutions determine what they will classify as directory information.

Directory Information at Regent University Includes:

- Name
- Address
- E-mail address
- Telephone number
- Date and Place of Birth
- Major Field of Study
- Dates of Attendance
- Degrees and Awards Received
- Most Recent Previous Institution Attended Photograph
- Participation in Officially Recognized Activities

To protect the privacy of our students, Regent University generally does not provide lists of directory information to outside parties.

**Please forward all requests for such information to the Registrar’s Office!**
NON-DIRECTORY INFORMATION

Who Can Access?
• ONLY Regent University Employees who have a legitimate educational interest *
  *Legitimate Education Interest: A school official’s “need to know” information from a student’s education record in order to fulfill job responsibilities

Who Else?
• Financial Aid Lenders.
• Agents of the court when the college has been issued a subpoena or court order.
• Schools in which the student seeks to enroll.
• Certain State and Federal Agencies.
• Appropriate individuals in an emergency in order to protect the health and safety of the student or other persons.
• Under the Solomon Amendment—military recruiters.

FIRST, remember to forward all requests for student information to the Registrar’s Office!!

Written Consent
• Under FERPA, parents may obtain non-directory information (grades, GPA, etc.) if the child is a legal dependent or the student gives written consent; however….
• At Regent, no one, including parents, and spouses, may obtain non-directory information without written consent from the student.

Things to Remember
• Access to student records via Genisys or other computer software does not authorize unrestricted use of that information.
• Information on a computer should be treated with the same confidentiality as a paper record.
• Curiosity is not a valid reason to view student information.
• Records should only be used in the context of official business.
Remember: **When in doubt—don’t give it out!!**

**Forward all requests for student information to the Registrar’s Office!**

**Important Reminders**
- Cover or put away papers that contain confidential information when you step away from your desk.
- Verify identity before discussing protected information with a student by phone.
- Only use student’s Regent email address (@mail.regent.edu) when emailing protected information.

**Record Disposal**
- Records containing Social Security Numbers, grades or any non-directory information about a student should be shredded, not just thrown in the trash.

**THANK YOU**

For your attention and cooperation in protecting the privacy of our students!
If you have further questions, please contact the Registrar’s Office at 757.352.4094