

## **Practicum Delineation of Responsibilities**

#### **Directions:**

These guidelines are a delineation of the Practicum responsibilities. The student should share this form with his/ her preceptor, review all areas with the preceptor, sign the form, and have the preceptor sign the form. The student should then scan the document, submit it via email to dnp@tesu.edu, and upload it to his/her DNP e-Portfolio.

#### **Student Responsibilities:**

- 1. The student will select an appropriate site and preceptor for the Practicum, which is subject to approval of the associate dean. The Practicum site must be accredited and licensed by appropriate agencies such as The Joint Commission.
- 2. The student will provide proof of malpractice insurance for the state in which he/she will be completing the Practicum experience. The student must provide insurance in the amount of a minimum of \$1,000,000.00 for each claim and \$3,000,000.00 in the aggregate.
- 3. The student must fulfill all health, drug clearances, license, criminal background check, and finger printing requirements designated by the University. Evidence of completing these requirements must be submitted and will remain on file with the vendor selected by the School.
- 4. Students are required to comply with the rules and regulations, policies, and procedures of the facility including the facility code of ethics, corporate compliance, and health, safety, and safety policies. The student will participate in orientation activities at the facility as directed by the preceptor (if applicable).
- 5. The student acknowledges that the condition of the patient and patient medical records contain privileged and confidential information about the patient. Students shall maintain client confidentiality according to all HIPAA regulations, healthcare policies, and regulations of the facility. For example, the use of patient names and identifying information on course discussion boards is prohibited. Breaches of confidentiality shall be cause to have the student removed from the Practicum site.
- 6. The student's appearance and attire should reflect professional standards and the dress code standard of the facility. Students are required to investigate the dress code of the facility prior to the first day of the Practicum. Students are encouraged to wear lab coats in the clinical area. Students are to be properly identified at all times by utilizing identification with student's University ID or ID badge issued by the faculty. University ID cards are available from the Office of the Registrar at the University. They may be placed in a badge holder provided by the student.
- 7. Students will be held to the Academic Code of Conduct and the Non-Academic Code of Conduct of the University, which may be viewed at www.tesu.edu/academics/catalog/Academic-Code-of-Conduct.cfm and www.tesu.edu/academics/catalog/Nonacademic-Code-of-Conduct.cfm

# Preceptor Responsibilities: (The preceptor is the person who will be directly supervising the student at the Practicum site)

- 8. The preceptor must hold at least a master's degree and have at least two years experience in the specialty area, and must be employed in an administrative or executive-level position.
- 9. The preceptor must submit a current curriculum vitae (CV) or resume to the student for inclusion with the required documents.
- 10. The preceptor/facility will provide an orientation (if applicable) for the student that includes institutional policies and procedures. The preceptor will obtain approval for serving as a preceptor from the appropriate person at the facility.
- 11. The preceptor will facilitate the accomplishment of previously agreed upon and approved student goals and objectives.
- 12. Neither preceptor nor the facility will compensate the student or consider the student an employee during the hours the student is completing his/her Practicum requirements.

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13. The preceptor will facilitate, plan, and implement the learning experience at the site in collaboration with the student, provide ongoing feedback to the student on his/her performance, and notify the mentor or W. Cary Edwards School of Nursing and Health Professions in writing via email of any concerns, problems, or incidents involving the student. Serious concerns that require immediate intervention are to be reported to the associate dean for Graduate Nursing Programs at the University. The preceptor will discuss the evaluation of the student's performance with the mentor and the student's DNP committee chair.

The DNP project is a quality improvement project, not a research projector study.

- The goal must be improvement of patient or population health outcomes.
- The project requires an intervention other than education of patients, nurses, or students. Education or training activities may be included but cannot be the only intervention.
- The project must incorporate innovation.
- A systems-level leadership component must be included (e.g., impact on the organization, costs and revenue, staffing, policies).
- 14. The preceptor acknowledges that the federal law, the Family Educational Rights and Privacy Act (FERPA) governs the confidentiality of student education records, will be followed. A student's written permission must be obtained prior to the release of student information with limited exceptions.
- 15. The preceptor will serve as a member of the student's DNP project committee.

# Mentor Responsibilities (if applicable): (The mentor is the online course facilitator at Thomas Edison State University)

- 16. The mentor will participate in meetings (phone, email, etc.) with student and preceptor to plan and monitor experiences, set goals, and assess learning as needed.
- 17. The mentor will consult, assist, and problem solve with the student and preceptor during the Practicum.
- 18. The mentor, in collaboration with the preceptor and the student, will determine if the student has successfully met the Practicum objectives.
- 19. The associate dean for Graduate Nursing Programs is available for consultation to all parties if the need arises and can be reached at *dnp@tesu.edu*.

After this form is signed by both p grams as an attachment to the Clir	1 -		or Graduate Nursing Pro
I have read the above statements	and agree to comply with	n these responsibilities.	
Student Signature	Date	Preceptor Signature	Date
Print Student Name		Print Preceptor Name	