AURORA HEALTH CARE MID-MARKET AND SOUTH UNDERGRADUATE NURSING PRECEPTORSHIP REQUIREMENTS

- Nursing students are to be a second semester senior.

- Requests for clinical placements are for actual students, not a hold for a potential student.

- SEWHA calendar dates are followed, no late requests are processed.

- Preceptor ships are for a full semester/quarter, no split or half semesters are permitted.

- Senior preceptor ships are to transition the student into the role of the graduate nurse. Scholarly students that are deemed “ready for a precept ship” will be considered.

- Requests for specialty nursing units are limited. The majority of placements will be on medical-surgical in-patient units.

- Employees that are students are placed first before non-employed students.

- Preceptor ship students are required to have had EPIC training; either with a previous Aurora clinical or be an employee.

- Student ID’s are required for all students, and will be released to the school after the student and school completes all required paperwork.

- SEWHA preceptor ship standards are utilized, see attached.
Undergraduate Preceptorship Expectations

On behalf of the faculty and students of the nursing program, we thank you for agreeing to be a preceptor for one of our students. We truly appreciate the gift of your knowledge and skill you graciously pass on to our future professionals. Your participation enables our students learning opportunities that may not otherwise be possible.

Our hope is that the information we supply you with will assist you in providing an enriching learning experience for the student. Please do not hesitate to contact us if you have questions, concerns, or suggestions. We welcome your feedback about the preceptorship and we look forward to a rewarding experience for all.

Faculty Expectations:
- The supervising faculty will establish initial contact with the leader/educator of the unit and/or identified preceptor designated by the clinical facility at least 2 weeks prior to the clinical start date.
- The Preceptor Information Packet will be given to the preceptor prior to the first day of clinical (will include specific learning objectives for the clinical course).
- The supervising faculty will make a minimum of 1 face-to-face visit per semester to monitor student progress unless negotiated because of unique circumstances (ex. Home Health, distance, etc.).
- In addition to the onsite visits, the supervising faculty will monitor student progress every 2 weeks by contacting preceptor via telephone, e-mail or other means determined by faculty and preceptor at initial contact.
- The supervising faculty will be available by telephone to the preceptor during the student's scheduled clinical hours. If the supervising faculty is not available (vacation/illness/etc.), leave alternate contact information with the preceptor.
- The supervising faculty is responsible for the evaluation/grading of student performance.

Preceptor Expectations:
- The preceptor is responsible for reviewing the contents of the Preceptor Information Packet and addressing any questions to the supervising faculty.
- Complete and return Preceptor Information Form.
- Complete facility department orientation with student on first day of clinical. Return completed department orientation checklist to facility designee as applicable.
- Accountable to respond to faculty communications (return emails, phone calls, etc.)
- The preceptor will notify the supervising faculty and facility unit leader/educator as soon as possible regarding any concerns with the student’s clinical performance.
- Verify documentation of clinical hours completed by student. Please Note: The student is required to fulfill the required number of clinical hours (see below), please notify faculty of vacations, schedule changes, low census, etc. that could affect the hours completed.
- Provide feedback on student performance (not responsible for grading).

Student Expectations:
- Facility Orientation:
  - Prior to first day of clinical: complete facility online orientation and required documentation.
  - On first day of clinical: complete facility department orientation with preceptor.
• The student must fulfill the required number of clinical hours in the facility. These hours are to be completed in a timeframe arranged by the student, preceptor and supervising faculty.

• Student is responsible for contacting the leader/educator and/or preceptor to establish schedule of clinical hours at least one week prior to clinical start.
  o Please Note: students are expected to work the schedule and location of the preceptor (24/7). For an unscheduled preceptor absence, notify the faculty of arrangements made (ex. scheduled an extra day, arranged alternate preceptor, etc.).
  o For an unscheduled student absence, notify the unit and supervising faculty at least two hours prior to the start of the shift.

• Provide personal learning experience objectives and discuss which skills/experience you would like to accomplish.

• Documentation of the clinical hours is the responsibility of the student.

• Provide feedback about your experience with the agency (See agency website for details)

• The student will conduct himself/herself as a healthcare professional according to the policies of both their College of Nursing and the clinical facility.

<table>
<thead>
<tr>
<th>Student Name:__________________________</th>
<th>E-mail:__________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates of clinical experience:____________</td>
<td>Required Clinical Hours:__________</td>
</tr>
<tr>
<td>Home phone:___________________________</td>
<td>Cell phone ______________________</td>
</tr>
<tr>
<td>(Optional):____________________________</td>
<td>-----------------------------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Faculty Name:__________________________</th>
<th>E-mail:__________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home phone:___________________________</td>
<td>Cell phone ______________________</td>
</tr>
<tr>
<td>(Optional):____________________________</td>
<td>-----------------------------------</td>
</tr>
</tbody>
</table>

Alternate Contact Information: __________________________________________

<table>
<thead>
<tr>
<th>Preceptor Name:__________________________</th>
<th>E-mail:__________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit phone:____________________________</td>
<td>Cell phone ______________________</td>
</tr>
<tr>
<td>(Optional):____________________________</td>
<td>-----------------------------------</td>
</tr>
</tbody>
</table>

Alternate Preceptor Name:__________________________ | E-mail:__________________________ |
| Unit phone:____________________________ | Cell phone ______________________ |
| (Optional):____________________________ |-----------------------------------|

Unit Leader/Educator Contact Information: _________________________________