Clinical Practicum II Final Proposal

Kristin DeJonge

Ferris State University
Abstract

The Clinical Practicum II proposal provides a guideline for accomplishing the goals of synthesizing, applying, and demonstrating the knowledge of an advanced specialty nurse in academic education. The National League for Nurses competencies for the nurse educator will guide the proposal for learning throughout the practicum. The four competencies identified for the Clinical Practicum II are: (a) Competency 1 Facilitate Learning; (b) Competency 2 Facilitate Learner Development and Socialization; (c) Competency 3 Use Assessment and Evaluation Strategies; and (d) Competency 8 Function within the Educational Environment (NLN, 2005). The learning theory of Blooms Taxonomy of Learning as well as the nursing theory, Technology Competency in Caring, will be the theoretical foundation for the practicum. The student will work closely to collaborate with a preceptor throughout all practicum activities. At the conclusion of the Clinical Practicum II the preceptor will evaluate the student’s accomplishment of the outcome criteria for the established nurse educator competencies.

*Keywords:* facilitate learning, learner development, assessment and evaluation, educational environment, Blooms Taxonomy of Learning, Technology Competency as Caring
Clinical Practicum II Final Proposal

Healthcare is a growing field with ever-changing systems and expectations. The academic nurse educator is a leader in healthcare and carries a great deal of responsibility facilitating education that will produce nurses ready to meet the needs of the healthcare industry. The Clinical Practicum II provides the opportunity to develop the needed skills for the progressive growth of an expert nurse leader in this field. The purpose of this paper is provide a detailed proposal for the Clinical Practicum II that will aid the student in synthesizing, applying, and demonstrating the knowledge of an advanced specialty nurse in academic education. The paper will establish the learning plan with supporting literature, setting, preceptor, and the evaluation plan for the Clinical Practicum II.

Learning Plan

Based on the assessment of nurse educator competencies, the following National League of Nursing (NLN, 2005) core competencies have been identified to promote professional growth in the role of the academic nurse educator throughout the practicum experience. The four competencies identified for the Clinical Practicum II are: (a) Competency 1 Facilitate Learning; (b) Competency 2 Facilitate Learner Development and Socialization; (c) Competency 3 Use Assessment and Evaluation Strategies; and (d) Competency 8 Function within the Educational Environment (NLN, 2005). Within each competency clear outcome criteria is specified along with supporting activities to identify how the completion of the competency will be met (see Appendix A). The established competencies will be utilized to guide learner experiences and activities throughout the Clinical Practicum II in order to ensure all goals are met by the completion of the practicum.
Setting

The Clinical Practicum II will take place on the campus of Calvin College, a small private college in Grand Rapids, Michigan. The Practicum will involve teaching in Calvin College’s Department of Nursing; with a nursing program accommodating sixty-two nursing student spots per class year. The nursing staff hosts twelve full-time tenure track faculty, two full-time affiliated faculties, and many part-time staff utilized depending on the individual needs of the semester. The nursing program at Calvin College is accredited by the Commission on Collegiate Nursing Education. The practicum will involve teaching a pediatric course, NURS 327 Theory: Care for Pregnant Women and Infants through Adolescents, which is taken by third year nursing students. It is comprised of didactic learning, on-site skills laboratory, and hospital based clinical hours. The clinical skills laboratory provides many opportunities for hands-on learning and simulation labs. In addition, multiple Grand Rapids hospitals host Calving College nursing students during their clinical hours, including: St. Mary’s, Metro Health, and Spectrum Health. Practicum hours will be spent facilitating student learning in each of these settings.

Preceptor

The preceptor for the Clinical Practicum II will be Carol Rossman, RN DNP. Carol has an extensive background in both clinical nursing and nursing education. Carol has worked as a Pediatric Nurse Practitioner in the primary practice setting for the past sixteen years. Alongside of this position, she has also taught nursing education full-time in a variety of programs including masters and baccalaureate programs at both private college and public universities throughout the past eighteen years. Carol has previously served as a preceptor to Nurse Practitioner students as well as students pursuing an education MSN degree. Carol’s extensive
knowledge and experience in clinical nursing, nursing education, and preceptorship will provide the student with excellent instruction throughout the practicum.

**Literature Review**

The NLN (2005) set forth core competencies for the nurse educator that serve as their practice standards. Furthermore, the role of the academic nurse educator is defined as engaging in a process of facilitating learning through curriculum design, teaching, evaluation, and advisement (NLN, 2005). The following is a review of the available literature to support the detailed Learning Plan for the Clinical Practicum II and it will include discussion of how to facilitate learning and learner development, assessment and evaluation strategies, and discussion on functioning within the educational environment.

**Facilitate Learning**

The first competency the NLN (2005) identified as a core competency for nurse educators is the task to facilitate learning. One component includes implementing a variety of teaching strategies appropriate to learners’ needs, desired outcomes, context, and content. Teaching strategies, outcomes and students’ learning styles are multifaceted. In light of the current content saturated curriculum that is frequently identified throughout the nursing profession, this task becomes even more challenging as educators seek to revise curriculum to adequately meet the needs of the changing nursing education.

To further this challenge, the nursing profession aims to make quality in healthcare a central focus and this now must also be integrated into nursing curriculum. Through identifying measures of quality, healthcare is able to work on the assessment of these areas and produce process improvements throughout the system (Institute of Medicine, 2013). To ensure the greatest change to the nursing profession, it is essential to develop and deliver an effective
change to nursing education as well. The 2.7 million RN’s contributing to the workforce account for the largest division in the healthcare system, thus there is great potential for impacting quality improvement through enhancing nursing education in this area. Quality and Safety Education for Nurses (QSEN) is nursing’s response to the Institute of Medicine (IOM) demand for developing nurses who are competent in continuously improving the safety and quality of provided care (Cronenwett et al., 2007). QSEN has challenged educators to improve nursing’s quality and safety in three ways: develop a practice based on inquiry, develop evidence-based educational standards, and investigate adverse outcomes and incidents from a systematic perspective (Sherwood & Barnsteiner, 2012). Teaching strategies utilized during the practicum time should bear in mind the current culture and changes facing nursing education. A continued commitment to developing new teaching strategies and curriculums that support the quality improvement will be critical to the success of the QSEN initiative.

Nurse educators, either positively or negatively, lay the foundation that shapes the views for future nursing professionals (Johnson-Farmer & Frenn, 2009). It is vital for nurse educators to learn how to facilitate the role as a teacher in a way supportive of student’s learning needs. A qualitative research study of seventeen nurse educators whose experience ranged from six to thirty-one years yielded five major themes that reflect an excellent teacher: The five themes were (a) engagement, (b) relevance, (c) student centeredness, (d) facilitation of learning, and (e) dynamic process/strategies (Johnson-Farmer & Frenn, 2009). With the guidance of the preceptor, the student should work to facilitate student learning through utilizing these five themes in their delivery of learning materials.

When teaching excellence is acquired, students are more likely to reflect positive outcomes. Halstead (2007) describes an effective teacher as having a teaching philosophy aimed
at engaging the student in the learner-centered approach, which can be accomplished through the teacher’s desire to learn new skills and teaching strategies. Through the use of multiple teaching strategies, such as media, role playing, group projects, and lecture, educators create an environment in which active learning can occur (Johnson-farmer & Frenn, 2009). It is also vital for educators to draw students into active questioning and learning to make knowledge acquisition an enjoyable process (Johnson-farmer & Frenn, 2009). These activities create an environment in which nurse educators are partnering with students to create positive learning outcomes and should be incorporated into the practicum experience. Educators are more likely to incorporate learner-centered teaching strategies when they have witnessed the student benefit in positive learning outcomes (Colley, 2012). Educators must explain to students what is involved in a concept-based curriculums and the learner-centered approach and why they have chosen to include activities that require more preparation and participation from students (Caputi, 2014). Educators should enlighten students that the goal of switching to a learner-centered approach is to create a collaborative, interactive learning environment for both the student and the instructor (Kantor, 2010).

**Facilitate Learner Development and Socialization**

The second competency of facilitating learner development and socialization is an important and challenging task for the nurse educator (NLN, 2005). To fulfill this task the NLN (2005) suggests that nurse educators engage in a variety of teaching strategies grounded in educational theory as well as evidence-based practices. Keating (2011) discusses the role of Bloom’s Taxonomy of Learning in relationship to developing learner outcomes. Bloom’s learning theory provides a comprehensive taxonomy, addressing learning as a process. Bloom’s Taxonomy of Learning identifies three domains where learning occurs; cognitive behavior,
affective behavior, and psychomotor behavior (Keating, 2011). These domains can aptly be used to evaluate learning, and they are more simply described as learning through knowing, feeling, and doing (Keating, 2011). Bloom believed the learning process to take place in a logical sequential manner, each level building on the next. The base of learning within this taxonomy is cognitive behavior, an area where educators must develop a foundation of knowledge, comprehension, application, analysis, and ultimately synthesis (Keating, 2011). The affective domain involves the development of ethical and moral behaviors, allowing students make choices and practice within their convictions and values. According to Brown (2011), Bloom’s taxonomy of learning as a progressive process is a valuable reference for educators developing caring behaviors in nursing students.

The IOM report (as cited in Billings & Halstead, 2011) challenged the profession to produce nurses capable of providing care across a broad range of settings, requiring educators to produce students capable of critical thinking. An important concept educators should incorporate into courses is learning activities, as this aids students to engage in a higher-level thinking and foster decision-making skills (Billings & Halstead, 2011). Billings and Halstead (2011) suggest the use of shortened units or modules with clear guidelines to provide learners with a focused understanding of key concepts. Educators should recognize in a learner-centered program the importance of each individual’s level of knowledge prior to the course; fully utilizing both the strengths and weaknesses within this knowledge to build on the understanding of taught concepts. Activities like role-playing, simulations and case studies are examples of learning activities that can be offered to help students synthesize course content to nursing practice. Learner-centered courses have been shown to bridge the education-practice gap.
however, educators must remember to continually evaluate and revise such activities when needed to maintain beneficial learning experiences for their students (Billings & Halstead, 2011).

In addition to Bloom’s Taxonomy of the learning process, educators must be cognizant of specific learner needs of various groups of students in order to aid in learner development. Keating (2011) stated, “Not only do students need to be versed in how to care for patients from many cultural backgrounds because of the increased globalization of the nursing profession, but faculty also need to practice cultural competence in their teaching and in curriculum development” (p. 39). According to the America Association of Colleges of Nursing (AACN) (2005), approximately 73% of undergraduate students are non-traditional; meaning the student is of ethnic or racial minority, of the male gender, above the age of 25, or part-time (Bednarz, Schim & Doorenbos, 2010). Increasing access to education for the non-traditional student has long been a goal of nursing as a whole, yet these issues come with new challenges for the nurse educator in maximizing learning for all students (Bednarz et al., 2010). Nurse educators may struggle to find adequate modes of teaching to accommodate the non-traditional student. Bednarz et al. states that cultural competence for the nurse educator is a continual process and not a result or outcome (2010). This practicum will provide opportunity to promote professional development in developing adequate skills for supporting non-traditional students. The preceptor will serve as an important reference for advising at-risk or struggling nursing students.

In a recent qualitative research study undergraduate nursing students were asked to discuss their perception of cultural competence displayed to them in their nursing courses (Sumpter & Carthon, 2011). The results of the research showed nursing students desired deeper educational investigation of terms such as cultural diversity and cultural sensitivity to prevent discomfort in the classroom as these terms frequently ignite racial connotation to students.
(Sumpter & Carthon, 2011). Students also desired increased dialogue and probing at *norms* to challenge their own personal bias that may affect others. (Sumpter & Carthon, 2011). Nurse educators are challenged to formulate curriculums that appeal to many individuals and display content reflective of the value of cultural competence.

**Use Assessment and Evaluation Strategies**

Nurse Educators make decisions regarding a student’s performance that become critical to their continuation through a program and future professional opportunities: this must be done with clear knowledge of student learning and professional development (Oermann, Saewert, Charassika, & Yarbrough, 2009). The third competency the NLN (2005) identified as a core competency for the nurse educator is to use evidence-based assessment and evaluation strategies to provide timely and thoughtful feedback to learners. Assessment is the process of obtaining information for the specific purpose of assessing a student’s understanding or learning improvement (Billings & Halstead, 2011). Educators must set clear expectations through explicitly establishing both process and outcomes of evaluation so students have an understanding of how and when their learning will be assessed (Billings & Halstead, 2011). In order to avoid potential pitfalls of evaluation, Billings and Halstead (2011) suggest educators clearly delineate the assessment process to students and effectively evaluate the success and validity of any given assessment strategy utilized. It is also important to include many different assessment and evaluation strategies throughout a course and/or program to ensure that student’s learning is appropriately and adequately addressed (Billings & Halstead, 2011).

Many didactic learning activities are evaluated through a summative evaluation process, in which the educator determines whether course outcomes have been achieved, typically through providing students with a grade (Gaberson & Oermann, 2010). However, items like
journaling and describing personal goals may allow the educator to facilitate discussion and provide formative evaluation to assist the student in improving their knowledge base (Gaberson & Oermann, 2010). For example, the educator may evaluate a student’s journal and identify areas of continued weakness that they are then able to encourage the student to seek out specific learning activities so the student can gain confidence and knowledge in that area. Formative evaluation does require more prompt feedback from the educator in order to grow the student’s understanding (Oermann et al., 2009).

Educators also must provide evaluation for students throughout clinical activities and simulation labs. Interestingly, assessment outcome skills were shown in a recent study to improve with the use of high fidelity simulation in clinical labs, but students reported decreased satisfaction with this style of learning (Luctkar-Flude, Wilson-Keates, & Larocque, 2012). The dissatisfaction is likely related to the perceived lack of reality to the simulation (Luctkar-Flude et al, 2012). Clinical simulation and other unique learning activities are a growing area of nursing education and faculty are faced with the challenge of preparing students to be well-equipped for complex care environments that require good critical thinking and inter-disciplinary communication skills (Gaberson & Oermann, 2010). The experiential learning opportunity for students within a low stress environment makes simulation a key part of nursing education (Luctkar-Flude et al., 2012). However, it is often more challenging to give effective summative evaluation of clinical judgment. Both formative and summative evaluation will be provided to students throughout the practicum in the didactic, clinical lab, and on-site clinic work domains; feedback should be constructive and aid the in the student’s learner development.
Function within the Educational Environment

The NLN (2005) calls for the nurse educator to function within the educational environment through identifying current trends and issues in higher education and their impact on institutional forces. Transitioning into a new role in academia with limited training and lack of experience in the specialty of academic education is likely to be an overwhelming and intimidating process. Weidman (2013) describes a qualitative study in which researchers looked to interpret the experience of expert clinical nurses transitioning into the novice faculty role in the academic setting. The study deducted three main themes through interviews with the novice faculty: (a) a personal passion for education; (b) increased stress levels related to feeling overwhelmed and under-informed on educational processes; (c) and a positive relationship between feeling competent in their new role and being a part of a mentorship (Weidman, 2013). Partnering with a mentor may assist the transition and bring additional clarity and understanding to current trends and issues facing nursing education. Through participation in stakeholder forums to discuss program development, the practicum will promote competency in functioning as an academic nurse educator.

As previously established, the increased diversity amongst the student population requires increased competency of educators related to the unique learning needs of each student. It will be the challenge then of nurse educators to formulate curriculums that appeal to a wide variety of persons. Furthermore, the technology explosion has created a unique and challenging issue in nursing curriculum development. Advancements in technology have brought exciting opportunities to learners in allowing them to practice real world scenarios within a safe environment; thus better preparing them for the complex work of the nursing profession (Billings & Halstead, 2011). However, it also must elicit caution for the educator. The increased access
to technology has created new opportunity for academic dishonesty (Ganske, 2010). This will also continue into the work force where nurses have access to a significant amount of information through medical records. Students must understand the development of integrity is essential to socializing into the role of a health professional that bears great responsibility for the persons in which they provide care (McCabe, 2009). It is imperative that educators learn to appropriately deal with classroom dishonesty to protect the integrity of the nursing profession as a whole. Faculty and students need to engage in meaningful dialogue to resolve conflict related to academic dishonesty in order to promote safer learning and practice environments (Ganske, 2010).

Locsin’s theory, Technology Competency as Caring in Nursing, delineates one way to marry technology science with the art of nursing. Technology competence was defined by Locsin as “proficiency in devices such as machines, instruments, and tools, and a manifestation of being caring in nursing” (2001, p. 89) Thus, nursing’s utilization of these technologies has an ultimate purpose of aiding the nurse in recognition of knowing a person in their wholeness (Locsin, 2001). Technology competency as caring is conveyed as “nursing is expressed as the simultaneous, momentary interconnectedness between nurse and the nursed” (Locsin & Purnell 2007, p.41). Further, Locsin detailed technological competence as an expression of caring is only fulfilled with an expertise in the technologies of nursing (2007). Educators must work to incorporate the use of technology into curriculum development, but in a meaningful way that supports the foundations of the nursing profession as a caring profession. Thus, it will continue to be the challenge of the nurse educator to appropriately promote technology growth amongst nursing students.
Summary

The Clinical Practicum II will serve as an opportunity to incorporate the evidence-based research of nursing education. Learner-centered activities and well-research, appropriately utilized assessment strategies will be key to facilitating learning and learner development. Additionally, the learning theory of Blooms Taxonomy of Learning and Locsin’s nursing theory regarding the use of technology will provide a theoretical foundation for the practicum. The student will incorporate this literature into the objectives and activities established in the learning plan.

Evaluation Plan

Setting personal objectives allows students to clearly identify areas of interest and measure personal growth throughout a course (Billings & Halstead, 2011). For the purpose of the Clinical Practicum II, the NLN (2005) competencies will be utilized to develop, assess, and evaluate the student’s project goals and progress throughout the established practicum timeframe. To ensure the student remains on track with the project goals, the preceptor and student will be provided a midterm evaluation tool to complete (see Appendix C). The preceptor will provide feedback to the student on potential areas of growth and delineate a plan for achieving these objectives throughout the practicum with the student’s input. Additionally, the student will utilize a log with practicum dates, hours completed, and activities throughout the semester as a journal to personally manage progress towards the practicum goals (see Appendix D). The activities log journal will allow the student’s preceptor to provide formative evaluation that allows for the sharing of information which can help the student improve their knowledge growth (Gaberson & Oermann, 2010).
The summative evaluation process in which the educator, preceptor, determines whether course outcomes have been achieved is typically completed through providing the student with a grade (Gaberson & Oermann, 2010). The final evaluation tool will be completed by both the student and preceptor. Each will be required to provide evidence from completed practicum activities to support each of the established outcome criteria detailed in the Learning Plan (see Appendix E). The preceptor and student will also be required to provide a numerical grade representing satisfactory achievement for each of these outcome criteria. The student should continue to utilize the journal log throughout the entire practicum in order to support the achievement of their outcome criteria in the final evaluation tool.

Conclusion

Academic nurse educators have the responsibility of understanding current health care trends and their influence on the education of future nurses. The educator must be adept at synthesizing nursing theory, educational theory, and current evidence based practice nursing knowledge. The Clinical Practicum II establishes opportunity to grow professionally in facilitating education, developing learners and their socialization to nursing, assessment and evaluation, as well as functioning within the educational environment. The Clinical Practicum II proposal provides a guideline for accomplishing the goals of synthesizing, applying, and demonstrating the knowledge of an advanced specialty nurse in academic education.
References


## Appendix A

### Clinical Practicum II Learning Plan

<table>
<thead>
<tr>
<th>NLN Standards of Practice: Specialty role</th>
<th>Outcome Criteria: (taken from the NLN Competencies)</th>
<th>Activities to Achieve Outcome</th>
<th>Resources needed to be successful</th>
</tr>
</thead>
</table>
| Competency 1: Facilitate Learning (NLN, 2005, p. 15) | 1. Practices skilled oral, written, and electronic communication that reflects an awareness of self and others, along with an ability to convey ideas in a variety of contexts (NLN, 2005, p. 16)  
2. Creates opportunities for learners to develop their critical thinking and critical reasoning skills (NLN, 2005, p. 16) | Participate in teaching a face to face nursing course at the BSN level.  
Facilitate learner-centered critical thinking activities, such as case studies or simulations. | Classroom technologies  
Teaching plan with course objectives, strategies, and course work assignments.  
Clinical Teaching Strategies in Nursing (Gaberson & Oermann)  
Teaching in Nursing (Billings & Halstead)  
Advice and consultation with preceptor |
2. Recognizes the influence of teaching styles and interpersonal interactions on learner outcomes (NLN, 2005, p. 17) | Participate in advising and counseling at-risk or academically struggling nursing students at the BSN level.  
Utilize a variety of learner-centered teaching strategies into course teaching.  
Facilitate additional learning with students in out of classroom mentoring as desired by the student. | Knowledge of adult Learning Theory  
Knowledge of barriers to successful nursing education (Resource List)  
Clinical Teaching Strategies in Nursing (Gaberson & Oermann)  
Teaching in Nursing (Billings & Halstead)  
Advice and consultation with preceptor |
| Competency 3: Use Assessment and Evaluation Strategies (NLN, 2005, p. 18) | 1. Implement evidence-based assessment and evaluation strategies that are appropriate to the learner and to learning goals | Review previous BSN level course evaluations. Establishing validity of evaluation tool, compare results to previous course evaluations as well as other | Curriculum Development and Evaluation in Nursing (Keating)  
Knowledge of summative and formative evaluation strategies (Resource List) |
<table>
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<tr>
<th>Competency 8: Function within the Educational Environment (NLN, 2005, p. 23)</th>
<th>1. Uses knowledge of history and current trends and issues in higher education as a basis for making recommendations and decisions on educational issues (NLN, 2005, p. 23)</th>
<th>Evaluate evidence-based research on current trends and issues facing BSN programs.</th>
<th>Quality and Safety in Nursing (Sherwood &amp; Barnsteiner)</th>
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<td>2. Identifies how social, economic, political, and institutional forces influence higher education in general and nursing education in particular (NLN, 2005, p. 23)</td>
<td>Participate in stakeholder forums to discuss program development needs and strategies. If possible, participate in forum/discussions during multi-organization conferences or gathers.</td>
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<td>Dean or department chair of Nursing for BSN program</td>
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2. Provide timely, constructive, and thoughtful feedback to learners (NLN, 2005, p. 18) courses in the program. Provide evidence-based suggestions based on this data. Participate in summative and formative grading, evaluation, and feedback of BSN student’s course work.

Teaching plan with course objectives, strategies, and course work assignments. Current course assignment rubrics, grading scales, and/or evaluation tools. Advice and consultation with preceptor.
Appendix B

**Student-Preceptor Agreement**

The overall objective of this experience is to provide an on-site setting in which a student, with the preceptor (professional employee of a health care agency), can further develop his/her understanding and skills related to an advanced nursing role specialty.

Agency name
__Calvin College Department of Nursing______________________________

Student name __Kristin DeJonge_______________________________________

Student Telephone # ___616-799-0513______________________________

Preceptor name __Carol Rossman______________        Preceptor’s Title _Professor of Nursing

Preceptor Telephone # ____616-855-6366_________     Preceptor email__clr24@calvin.edu__

The following learning outcomes and activities will be completed by the student during this project/practicum.

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<td><strong>Participate in teaching a face to face nursing course at the BSN level.</strong></td>
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<td><strong>Facilitate learner-centered critical thinking activities, such as case studies or simulations.</strong></td>
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<td>Competency 2: Facilitate Learner Development and Socialization (NLN, 2005, p. 17)</td>
<td>1. Identifies individual learning styles and unique learning needs of international, adult, multicultural, educationally disadvantaged, physically challenged, at-risk, and second degree learners (NLN, 2005, p. 17)</td>
<td><strong>Participate in advising and counseling at-risk or academically struggling nursing students at the BSN level.</strong></td>
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Knowledge of summative and formative evaluation strategies (Resource List) 
Teaching plan with course objectives, strategies, and course work assignments. 
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SIGNATURE SIGNIFYING AGREEMENT TO THE TERMS OF THIS PRECEPTOR AGREEMENT:

Student: [Signature] Date: 11/18/14

Preceptor(s): [Signature] Date: Nov. 18, 2014
Student-Agency Agreement

Agency name
Calvin College Department of Nursing

Student name
Kristin DeJonge

Student Telephone #
616-799-0513

Agency representative
Cheryl Feenstra PhD, RN-C

Agency representative Title
Nursing Department Chairperson

Agency representative Telephone #
616-526-6255 email cfeenst@calvin.edu

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<td>1. Identifies individual learning styles and unique learning needs of international, adult, multicultural, educationally disadvantaged, physically challenged, at-risk, and second degree learners (NLN, 2005, p. 17)</td>
<td>Participate in advising and counseling at-risk or academically struggling nursing students at the BSN level.</td>
<td>Knowledge of adult Learning Theory Knowledge of barriers to successful nursing education (Resource List) Clinical Teaching Strategies in Nursing (Gaberson &amp; Oermann) Teaching in Nursing (Billings &amp; Halstead)</td>
</tr>
<tr>
<td></td>
<td>2. Recognizes the influence of teaching styles and interpersonal interactions on learner outcomes (NLN, 2005, p. 17)</td>
<td>Utilize a variety of learner-centered teaching strategies into course teaching. Facilitate additional learning with students</td>
<td></td>
</tr>
<tr>
<td>Competency 3: Use Assessment and Evaluation Strategies (NLN, 2005, p. 18)</td>
<td>1. Implement evidence-based assessment and evaluation strategies that are appropriate to the learner and to learning goals (NLN, 2005, p. 18)</td>
<td>Review previous BSN level course evaluations. Establishing validity of evaluation tool, compare results to previous course evaluations as well as other courses in the program. Provide evidence-based suggestions based on this data.</td>
<td>Curriculum Development and Evaluation in Nursing (Keating) Knowledge of summative and formative evaluation strategies (Resource List) Teaching plan with course objectives, strategies, and course work assignments. Current course assignment rubrics, grading scales, and/or evaluation tools. Advice and consultation with preceptor.</td>
</tr>
<tr>
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<td>---</td>
</tr>
<tr>
<td>2. Provide timely, constructive, and thoughtful feedback to learners (NLN, 2005, p. 18)</td>
<td>Participate in summative and formative grading, evaluation, and feedback of BSN student’s course work.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competency 8: Function within the Educational Environment (NLN, 2005, p. 23)</td>
<td>1. Uses knowledge of history and current trends and issues in higher education as a basis for making recommendations and decisions on educational issues (NLN, 2005, p. 23)</td>
<td>Evaluate evidence-based research on current trends and issues facing BSN programs. Participate in stakeholder forums to discuss program development needs and strategies. If possible, participate in forum/discussions during multi-organization conferences or gathers.</td>
<td>Quality and Safety Education for Nurses (QSEN, qsen.org) Quality and Safety in Nursing (Sherwood &amp; Barnsteiner) Institute of Medicine Reports Healthcare Delivery in the United States (Jonas &amp; Kovner) Dean or department chair of Nursing for BSN program Advice and consultation from preceptor.</td>
</tr>
<tr>
<td>2. Identifies how social, economic, political, and institutional forces influence higher education in general and nursing education in particular (NLN, 2005, p. 23)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SIGNATURE SIGNIFYING AGREEMENT TO THE TERMS OF THIS AGENCY AGREEMENT:

Student  _______________________  Date  2/1/14

Agency representative  _______________________  Date  2/1/14
Appendix C

Clinical Practicum II Midterm Evaluation Tool

Grading Rubric:

4= Exceeds Expectations 3= Meets Expectations 2= Needs Improvement 1= Unsatisfactory

<table>
<thead>
<tr>
<th>NLN Competency</th>
<th>Practicum Goals</th>
<th>Student Evaluation</th>
<th>Preceptor Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitate Learning</td>
<td>Practices skilled oral, written, and electronic communication that reflects an awareness of self and others, along with an ability to convey ideas in a variety of contexts (NLN, 2005, p. 16)</td>
<td>Score 1-4</td>
<td>Score 1-4</td>
</tr>
<tr>
<td></td>
<td>Creates opportunities for learners to develop their critical thinking and critical reasoning skills (NLN, 2005, p. 16)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilitate Learner Development and Socialization</td>
<td>Identifies individual learning styles and unique learning needs of international, adult, multicultural, educationally disadvantaged, physically challenged, at-risk, and second degree learners (NLN, 2005, p. 17)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recognizes the influence of teaching styles and interpersonal interactions on learner outcomes (NLN, 2005, p. 17)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use Assessment and Evaluation Strategies</td>
<td>Implement evidence-based assessment and evaluation strategies that are appropriate to the learner and to learning goals (NLN, 2005, p. 18)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Function within the Educational Environment</td>
<td>Provide timely, constructive, and thoughtful feedback to learners (NLN, 2005, p. 18)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses knowledge of history and current trends and issues in higher education as a basis for making recommendations and decisions on educational issues (NLN, 2005, p. 23)</td>
<td></td>
<td></td>
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</tr>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Practicum Hours Completed:** ____________

**Student Comments:**

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**Preceptor Comments:**

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Areas for Improvement:

(Utilize the Midterm Clinical Practicum II Tool: Any areas that are not *Meets Expectations* or *Exceeds Expectations* should be addressed.)

Plan of Action:

(Include specific responsibilities of student in order to improve on above areas as well as to meet the competencies of the Learning Plan by the Clinical Practicum II completion.)

___________________________________      _______________________________________
Preceptor Name (Print)                      Preceptor Signature

____________________________________       ______________________________________
Student Name (Print)                        Student Signature
Appendix D

Activities Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Activities</th>
<th>Hours Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Clinical Practicum II Activities Journal
Appendix E

Clinical Practicum II Midterm Evaluation Tool

Grading Rubric:

4= Exceeds Expectations 3= Meets Expectations 2= Needs Improvement 1= Unsatisfactory

<table>
<thead>
<tr>
<th>NLN Competency</th>
<th>Goals &amp; Outcome Criteria</th>
<th>Preceptor Evaluation</th>
<th>Student Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Practices skilled oral, written, and electronic communication that reflects an awareness of self and others, along with an ability to convey ideas in a variety of contexts (NLN, 2005, p. 16)</td>
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<td>Score 1-4</td>
</tr>
<tr>
<td></td>
<td>Creates opportunities for learners to develop their critical thinking and critical reasoning skills (NLN, 2005, p. 16)</td>
<td>Narrative to Support</td>
<td>Narrative to Support</td>
</tr>
<tr>
<td>Facilitate Learning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilitate Learner Development and Socialization</td>
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<td></td>
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</tr>
<tr>
<td>Use Assessment and Evaluation Strategies</td>
<td>Recognizes the influence of teaching styles and interpersonal interactions on learner outcomes (NLN, 2005, p. 17)</td>
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<td></td>
<td>Implement evidence-based assessment and evaluation strategies that are appropriate to the learner and to learning goals (NLN, 2005, p. 18)</td>
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<td></td>
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<td>Function within the Educational Environment</td>
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<td></td>
<td>Identifies how social, economic, political, and institutional forces influence higher education in general and nursing education in particular (NLN, 2005, p. 23)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Practicum Hours Completed: ______________

Additional Feedback or Comments:

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

_______________________________________

_______________________________                         _________________

Preceptor Name (Print)                                                 Preceptor Signature

_______________________________                         ________________________________

Preceptor Name (Print)                                                 Preceptor Signature
Appendix F

Resource List


Calvin College. Classroom technologies and equipment.


Feenstra, Cheryl. Calvin College Nursing Department Chair.


Lubbers, Jaclyn. Calvin College Assistant Professor, Department of Nursing.


Nursing 377 Leadership and Management. Curriculum and related course documents.


Rossman, Carol. Calvin College Associate Professor, Department of Nursing.
