



# Preceptor Manual

**2025-2026**

JSCC NUR 221 Faculty  
Spring 2024  
Revised Spring 2025

## JEFFERSON STATE COMMUNITY COLLEGE NURSING EDUCATION PROGRAM

Dear Preceptor,

The faculty of the Nursing Education Program of Jefferson State Community College wants to thank you for devoting your expertise, time, and patience to serve as a preceptor to our nursing students.

Preceptors are vital in assisting our students in making the transition from the student role to the staff nurse role with minimal difficulty. Preceptors provide supervision so that students may obtain experience in practice settings and foster professional development of students in the roles of a registered nurse. As a role model to students, a preceptor has a direct impact on the quality of patient care.

This handbook is prepared to provide you with information about our nursing program, including our mission and philosophy, preceptorship requirements, NUR 221 course objectives, and evaluation of student progress. Please contact the program faculty any time should further information be needed.

We value your participation in the role of preceptor and commend you for your contribution to associate degree nursing education. Please share with us any comments or suggestions that you think could enhance this experience.

Sincerely,

Jefferson State Community College  
Nursing Education Program Faculty

## Faculty Contact Information

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## **Alabama Community College System Nursing Program Mission/Philosophy**

**Mission** - The mission of the nursing programs of the Alabama Community College System is to prepare graduates to practice safe, competent, patient-centered care in an increasingly complex and rapidly changing health care system. We seek to provide full and equal access to opportunities for educational success to meet the community needs.

**Philosophy** - We believe that nursing is a dynamic profession, blending science with the use of evidence-based practice and clinical reasoning and the art of caring and compassion to provide quality, patient-centered care.

We believe learning is an interactive process in which faculty and students share responsibility to meet program outcomes. We believe in using educational methods that are current and supportive of students in the teaching and learning environment, with the presentation of information from simple to complex.

Nursing is guided by standards of practice and standards of professional performance. Standards reflect the values and priorities of the nursing profession. Therefore, we have integrated competencies from the Quality and Safety Education for Nurses (QSEN) and National League of Nursing (NLN) into our philosophy as part of our core values.

## END OF PROGRAM STUDENT LEARNING OUTCOMES

**Competencies** – NLN competencies for nursing are central to the conceptual framework. The related QSEN competencies for graduate nurses define the knowledge, skills, and attitudes that the graduate nurse should possess to continuously improve the quality and safety of the healthcare systems within which they work. (QSEN)

**Human Flourishing**- Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings. (NLN def)

**Patient-Centered Care** – Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs. (QSEN def)

**Nursing Judgment**- Make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and that promote the health of patient within the family and community context. (NLN def)

**Safety** – Minimizes risk of harm to patients and providers through both system effectiveness and individual performance. (QSEN def)

**Informatics** – Use information and technology to communicate, manage knowledge, mitigate error, and support decision making. (QSEN def)

**Professional Identity**- Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context. (NLN def)

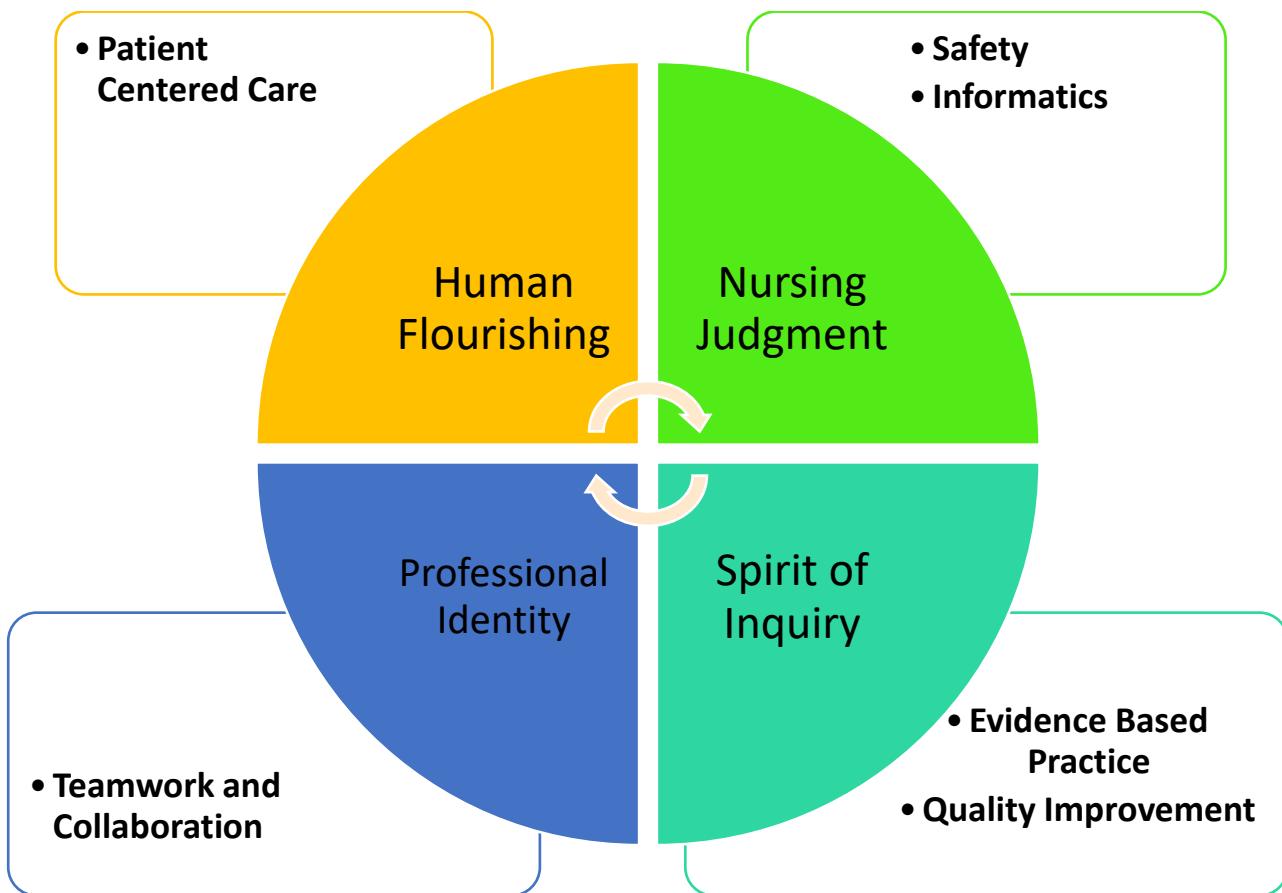
**Teamwork and Collaboration** – Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care. (QSEN def)

**Spirit of Inquiry**- Examine the evidence that underlies clinical nursing practice to challenge the status quo, questions underlying assumptions, and offer new insights to improve the quality of care for patients, families, and communities. (NLN def)

**Evidence-based practice** – Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care. (QSEN def)

**Quality Improvement** – Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems. (QSEN def)

## I. Conceptual Framework



The conceptual framework derived from the philosophy forms a basis for the organization and structure of the nursing curriculum. This framework serves as a guide for nursing instruction in the attainment of student learning outcomes.

The framework consists of concepts that encompass the qualities of a successful graduate nurse. NLN competencies were chosen because they specifically define the competencies of the graduate Associate Degree Nurse. QSEN competencies reflect current contemporary practice. Concepts interlace NLN and QSEN competencies to achieve the goal of providing graduate nurses with the tools needed to provide holistic care in an ever-changing health care delivery system. Each competency includes knowledge, skills, and attitudes to serve as a basis for consistent performance expectations across academic and practice settings.

## ACCS NURSING CONCEPT CURRICULUM BASED ON NCLEX TEST PLAN (2023)

<b>Safe &amp; Effective Care 31%</b>	<b>Health Promotion &amp; Maintenance 9%</b>	<b>Psychosocial 9%</b>	<b>Physiological 51%</b>
<p><b>Management of Care 18%</b></p> <p><b>Manager of Care</b></p> <p><i>Evidence Based Practice</i> <i>Leadership</i> <i>Assignment, Delegation, and Supervision</i> <i>Performance Improvement (QI)</i> <i>Concepts of Management</i> <i>Establishing Priorities</i> <i>Case Management and Referral</i> <i>Continuity of Care</i></p> <p><b>Professionalism</b></p> <p><i>Advocacy and Client Rights</i> <i>Advanced Directives and Informed Consent</i> <i>Clinical Judgment</i> <i>Ethical Practice</i> <i>Legal Rights and Responsibility</i> <i>Communication</i> <i>Collaboration</i> <i>Confidentiality</i></p> <p><b>Healthcare Delivery System</b></p> <p><i>Technology and Informatics</i> <i>Confidentiality and Information Security</i></p>	<p><b>Health Promotion &amp; Maintenance 9%</b></p> <p><b>Health Promotion</b></p> <p><i>Health Assessment and Screening</i> <i>Self-Care</i> <i>Health Promotion and Disease Prevention</i> <i>Teaching/Learning</i> <i>Lifestyle Choices</i> <i>High Risk Behaviors</i></p> <p><b>Growth &amp; Development</b></p> <p><i>Aging Process</i> <i>Ante/Intra/Postpartum and Newborn Care</i> <i>Developmental Stages and Transitions</i></p>	<p><b>Psychosocial Integrity 9%</b></p> <p><b>Psychosocial Well-being</b></p> <p><i>Mental Health Concepts</i> <i>Abuse/Neglect</i> <i>Behavioral Interventions</i> <i>Chemical &amp; Other Dependencies and Substance Use Disorder</i> <i>Coping Mechanisms</i> <i>Crisis Intervention</i> <i>Cultural Awareness and Cultural Influences</i> <i>End of Life</i> <i>Organ Donation</i> <i>Family Dynamics</i> <i>Grief &amp; Loss</i> <i>Religious and Spiritual Influences</i> <i>Stress Management</i> <i>Support Systems</i> <i>Therapeutic Communication and Environment</i></p>	<p><b>Basic Care and Comfort 9%</b></p> <p><b>Functional Ability</b></p> <p><i>Assistive Devices</i> <i>Elimination</i> <i>Mobility and Immobility</i> <i>Non-Pharmacological Comfort Interventions</i> <i>Nutrition and Oral Hydration</i> <i>Personal Hygiene</i> <i>Rest &amp; Sleep</i> <i>Sensory/Perceptual</i></p>

<p><b>Safety and Infection Control 13%</b></p> <p><b>Safety</b></p> <ul style="list-style-type: none"> <li><i>Accident, Error, and Injury Prevention</i></li> <li><i>Ergonomics</i></li> <li><i>Handling Hazardous &amp; Infectious Materials</i></li> <li><i>Home Safety</i></li> <li><i>Reporting of Incident, Event, Irregular Occurrence, or Variance</i></li> <li><i>Safe Use of Equipment</i></li> <li><i>Use of Restraints and Safety Devices</i></li> <li><i>Emergency Response and Security Plan</i></li> <li><i>Standard Precautions, Transmission-Based Precautions, Surgical Asepsis</i></li> </ul> <p><b>Immunity</b></p> <ul style="list-style-type: none"> <li><i>Inflammation</i></li> <li><i>Infection</i></li> </ul>			<p><b>Pharmacological &amp; Parenteral Therapies 16%</b></p> <p><b>Pharmacology</b></p> <ul style="list-style-type: none"> <li><i>Medication Administration</i></li> <li><i>Expected Actions and Outcomes</i></li> <li><i>Adverse Effects, Contraindications, Side Effects, and Interactions</i></li> <li><i>Blood &amp; Blood Products</i></li> <li><i>Central Venous Access</i></li> <li><i>Dosage Calculation</i></li> <li><i>Pharmacological Pain Management</i></li> <li><i>Parenteral and Intravenous Therapies</i></li> <li><i>TPN</i></li> </ul>
			<p><b>Physiological Adaptation 14% &amp; Reduction of Risk Potential 12%</b></p> <p><b>Gas Exchange</b></p> <ul style="list-style-type: none"> <li><i>Pathology/Alterations</i></li> <li><i>Hemodynamics</i></li> </ul> <p><b>Perfusion</b></p> <ul style="list-style-type: none"> <li><i>Pathology/Alterations</i></li> <li><i>Hemodynamics</i></li> </ul> <p><b>Cellular Regulation</b></p> <ul style="list-style-type: none"> <li><i>Pathology/Alterations</i></li> <li><i>Acid/Base</i></li> <li><i>Cancer/Tumors</i></li> </ul> <p><b>Fluid &amp; Electrolyte</b></p> <ul style="list-style-type: none"> <li><i>Pathology/Alterations</i></li> <li><i>IV Therapy</i></li> </ul> <p><b>Medical Emergencies</b></p> <ul style="list-style-type: none"> <li><i>Pathology/Alterations</i></li> </ul>

Meta-concepts are highlighted

## **Alabama Community College System Nursing Program Outcomes**

### **1. Performance on Licensure Exam**

At least 85% of all first-time test takers during the same time period will pass NCLEX-RN on 1<sup>st</sup> attempt.

### **2. Program Completion**

Each program will determine the program completion rate based on characteristics of the program's student demographics. At least 35% of students will graduate from the nursing program within five semesters, 100% of the plan of study beginning with the first required nursing course as delineated below:

AAS in Nursing – five semesters

### **3. Job Placement**

At least 95% of graduates will be employed as an RN within 6-9 months of graduation.

**Jefferson State Community College  
Nursing Education Program**

**STUDENT NURSE PRECEPTORSHIP POLICY and PROCEDURE**

Approved by Curriculum Committee: 11/30/15

Effective: Spring 2016; Revised Summer 2023, Revised Fall 2024

**POLICY:**

Jefferson State Community College Nursing Education Program has as a requirement of the Associate of Science Degree in Nursing, a preceptorship experience in the 5<sup>th</sup> semester, NUR 221 Advanced Evidence-Based Clinical Reasoning. NUR 221 follows the course requirements set forth by The Alabama Community College System.

Preceptorship experiences are planned experiences in clinical agencies and require clearly defined objectives that match the student's needs. The 144-hour preceptorship provides the student with a faculty-planned and an RN preceptor supervised clinical experience with the goal of enabling the student to transition from the role of student to the role of professional nurse. Additionally, the preceptor experience allows students the opportunity to apply and synthesize knowledge in the clinical setting. The preceptor functions in a role that enhances the student's learning experience and is not a substitute or replacement for the nursing faculty. The preceptor functions to assist in meeting the defined student objectives. The role of the faculty advisor is that of facilitator of the total preceptorship by planning, monitoring, and evaluating the preceptorship experience throughout its entirety. **The nurse 221 faculty advisor maintains the ultimate responsibility and accountability for the student's achievement of the course objectives and the evaluation of the student.**

**PROCEDURE:**

The faculty, in collaboration with the nurse educators and managers of the contracted clinical facilities, provide an educational experience designed to meet the NUR 221 course objectives. The preceptorship includes a minimum of 144 clinical hours under the direct supervision of an assigned RN preceptor, utilizing the clinical setting as a simulated entry level practice experience.

1. Hospitals are notified of preceptors requested by the clinical nurse educator. A preceptor is an employed RN of the facility with an unencumbered RN license, preferably with a BSN degree or at least 1 year's experience.
2. Preceptor assignments are made by the hospitals' nurse educator coordinators with input from unit nurse managers. Qualifications of the preceptors are verified by the NUR 221 faculty and documented on the student-preceptor agreement form.

3. The preceptor assignments are sent to NUR 221 faculty for approval and dispersed to students.
4. The student receiving an assignment must have all medical record requirements and CPR certification current.
5. Students receive an orientation to NUR 221 including specific student responsibilities of preceptorship.
6. Preceptors receive an orientation to NUR 221 including a copy of the Preceptor Manual and link to the Preceptor Manual and the Student Nursing Handbook.
7. Student-preceptor agreements are turned into NUR 221 faculty **prior** to beginning preceptorship.
8. Students and preceptors complete a clinical log for each clinical experience, and conference at midterm and at the conclusion of the preceptorship experience. NUR 221 faculty meets with students and consults preceptors periodically during the preceptorship experience, including midterm and final conferences. Communication between NUR 221 faculty and preceptors is achieved through visits, e-mail, and/or phone contact and is documented on the preceptor site visit form.
9. NUR 221 faculty, with input from the preceptor, evaluates student clinical performance and determines if the student has achieved course objectives.
10. Students have an opportunity to evaluate NUR 221 and the preceptor experience.
11. Final grade of the NUR 221 Preceptor Course experience is determined by the NUR 221 course coordinator.
12. The NUR 221 preceptor student is to meet with the NUR 221 course coordinator or designated faculty prior to graduation.

**JEFFERSON STATE COMMUNITY COLLEGE**  
**NURSING 221**  
**PRECEPTORSHIP RESPONSIBILITIES**

1. Assist student in learning activities and contribute to the student's perception of a nurse role-model.
2. Become familiar with course/clinical objectives to guide student to meet the objectives for the learning experience. Review and complete the Preceptor orientation PowerPoint.
3. Read and complete the preceptor checklist (Expectation of Preceptors) prior to or on the first preceptor day. This must be returned to the faculty immediately.
4. Approve planned student activities prior to allowing the student to begin the clinical experience.
5. Sign the student's Clinical Log form at the end of each clinical experience to verify the hours spent in the clinical area.
6. Add comments regarding the student's level of performance at the end of each clinical experience.
7. **If at any time during the preceptor experience you feel a student's behavior is unsafe or unsatisfactory, please notify the faculty contact person immediately.**

**Faculty:**

8. Assume responsibility for guiding the student's clinical assignment based on assessment of the student's level of knowledge.
9. Assess and document the student's performance on the clinical evaluation tool online each preceptor day.
10. Assess and document the student's performance of skills listed on the Skills Record (obtained from the student).
11. Complete a final evaluation at the completion of the 144 hours of preceptorship.  
**If any of the daily evaluations are unsatisfactory, notify the student's faculty/classroom advisor immediately.**
12. Discuss the students' attainment of the course/clinical objectives with the faculty/classroom advisor.
13. Policy prohibits students from:
  - a. accepting verbal or phone orders from physicians or other hospital personnel.
  - b. signing as a witness for legal documents (informed consent).
  - c. obtaining blood components from the blood bank. (The student may only initiate administration of blood and blood products under the direct supervision of the preceptor and the preceptor must sign all approved forms.)
  - d. administering medications without verification by the preceptor.

14. Students may administer IVs and IV medications in accordance with the institution's Intravenous Therapy Policy.
15. All invasive procedures, including parenteral medication administration, must be done under the supervision of the preceptor.
16. Students have not had the opportunity to take off physicians' orders. If the preceptor allows students to participate in this responsibility, all orders must be co-signed by the preceptor.

## **NUR 221 Student Guidelines for Preceptorship**

1. Schedule an appointment with your assigned preceptor. Take the Student-Preceptor Agreement. You and your preceptor will complete at this meeting. The Preceptorship Manual should already have been given to the preceptor.
2. Negotiate dates and times to complete your preceptorship. You must work the scheduled days and times as the preceptors. (For example, if the preceptor starts at 0645, so must you.)
3. **Submit the original copy of the completed “Student-Preceptor Agreement” prior to beginning preceptorship. The agreement must have your signature and the signature of the preceptor and faculty advisor before beginning preceptorship.** Make 2 additional copies of the agreement. The original copy goes to the faculty advisor. E-mail or hand-deliver a copy of the agreement to your preceptor. The 2<sup>nd</sup> copy is yours and is to be turned in with your completed work at the end of your preceptorship.
4. After each preceptor day, ask your preceptor to complete the clinical evaluation. Make an appointment with your faculty advisor and bring your folder with signed clinical logs for midterm evaluation.
5. Notify your NUR 221 faculty advisor of any changes in your preceptor schedule that have changed from your original preceptor agreement.
6. If there are problems or issues that arise during your preceptorship, please contact your faculty to discuss.
7. At the end of the semester, you must turn in the completed folder containing the following:
  - a. Evaluation of the Laboratory Experience- all pages, completed by the preceptor and containing both the preceptor and student signatures.
  - b. Student-Preceptor Agreement.
  - c. Summary Clinical Log indicating a total of 144 hours were completed.
  - d. Student Evaluation of Preceptor
8. If any issues arise during your preceptorship call your faculty advisor.

Remember:

Keep the preceptor informed of your needs and your strengths. Be assertive (not aggressive). Do not wait for your preceptor to tell you what to do. This preceptorship will only be as good as you make it.

**JEFFERSON STATE COMMUNITY COLLEGE  
NURSING 221  
STUDENT-PRECEPTOR AGREEMENT**

\_\_\_\_ from \_\_\_\_\_ has agreed to supervise  
(Name of Preceptor) (Name of Institution)

\_\_\_\_ from Jefferson State Community College on \_\_\_\_\_.  
(Name of Student) (Clinical Unit)

It is agreed that the preceptor will not have supervisory responsibilities for more than one student at a time.

It is agreed the clinical experience will take place on the following dates:

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The hours of the experience will begin at \_\_\_\_\_ and end at \_\_\_\_\_ for each of the listed dates.

\_\_\_\_\_  
(Student Signature) \_\_\_\_\_ (Date) \_\_\_\_\_ (Phone Number)

\_\_\_\_\_  
(Preceptor Signature) \_\_\_\_\_ (Date) \_\_\_\_\_ (Phone Number)

\_\_\_\_\_  
(Faculty Signature) \_\_\_\_\_ (Date) \_\_\_\_\_ (205 585-3642)

Preceptor's # years' experience as RN: \_\_\_\_\_

Nursing licensure state and number: State \_\_\_\_\_ Licensure # \_\_\_\_\_

Highest nursing degree: (circle one) ADN BSN MSN DNP

Is preceptor currently pursuing higher nursing degree? (circle one) Yes No  
If so, what degree \_\_\_\_\_

## Preceptor and Faculty Checklist

### EXPECTATIONS OF PRECEPTORS

Review Nursing Education Program (NEP) policies regarding student preceptor guidelines,	<b>Date</b>	<b>Initial</b>
Communicate start date and time with student		
Review PowerPoint documents related to the clinical course and seek clarification if needed		
Review Family Educational Rights and Privacy Act (FERPA) <a href="https://www2.ed.gov/policy/gen/guid/fpcos/ferpa/index.html">https://www2.ed.gov/policy/gen/guid/fpcos/ferpa/index.html</a>		
<b>Orientation</b>		
Orient student to clinical site, clinical site policies, EHR, and clinical team.		
Discuss course objectives, course requirements, student learning goals, and clinical experience expectations with the student		
Outline appropriate tasks, patient cases, and caseload for each day		
Establish plan for student progression from observing to conducting visits with minimal intervention		
<b>Clinical Experience</b>		
Model clinical skills and professional/ethical behaviors for student learning		
Ensure all invasive clinical interventions are supervised by licensed RN		
Include student as part of the healthcare team and encourage interprofessional collaboration between student and other team members		
Verify student clinical hours		
<b>Communication</b>		
Communicate to faculty pertinent feedback regarding student performance and learning progression related to course expectations and requirements		
Be available for virtual, face-to-face visits, or phone calls		
<b>Evaluation</b>		
Complete appropriate evaluation forms at intervals outlined in course		
Discuss evaluation(s) with student providing constructive feedback on strengths, weaknesses, and a plan for improvement		
Submit all course required documents to the nurse faculty		

Preceptor's

Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Name : \_\_\_\_\_

# Preceptor and Faculty Checklist

<b>EXPECTATIONS OF FACULTY</b>		
Communicate start date and time with preceptor/clinical site point of contact	<b>Date</b>	<b>Initial</b>
Identify preceptor's preferred method of communication		
Send documents related to preceptor clinical course to preceptor		
Review expectations of preceptor and student roles		
Discuss course objectives, course requirements, student learning goals, grading, documentation guidelines and clinical experience expectations with the preceptor		
<b>Orientation</b>		
Provide Faculty Contact information to preceptor		
Discuss the purpose, frequency, length, and number of site visits with the preceptor.		
Offer face-to-face or online orientation		
<b>Clinical Experience</b>		
Monitor the student throughout the preceptor experience		
Review and confirm clinical hours		
<b>Communication</b>		
Engage in open communication with preceptor regarding student performance		
Schedule virtual, face-to-face, or phone visits with preceptor and student, as needed		
<b>Evaluation</b>		
Collect and review evaluation forms completed by the preceptor and student at intervals		
Discuss evaluation(s) with student providing constructive feedback on strengths, weaknesses, and a plan for improvement		
Review final evaluation submitted by preceptor, discuss with student and have student sign		
Provide preceptor with feedback about student's preceptorship experience based on student evaluation of preceptor, as needed		

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

## **NUR 221 Clinical Summary Log**

Student Name \_\_\_\_\_

**Total Hours:** \_\_\_\_\_

I verify all the times listed and all materials submitted are complete and accurate.

Student signature

### Skills Checklist

The following is a list of skills for which the student has received instruction and demonstration. In some instances, the student has practiced the skill in a school laboratory setting and may or may not have had the opportunity to perform all the skills in the clinical area.

The preceptor may use this list to assist in planning and evaluating the preceptor experience. The preceptor will write the date after each skill when it has been performed and any comments that might be helpful in the completion of the clinical evaluation form at the mid-term and final evaluations. The student will provide the preceptor with the Skills Checklist at the beginning of the experience. The student will include the Checklist with the Log at the completion of the preceptor experience.

Skill	Date	Comment
Restraints		
Hair Washing		
Bed pan		
Urinal		
Feeding Patient		
Denture Care		
Shaving male patient		
Range of motion		
Transfer of patient		
Wound Care Dressing change Staple removal Suture Removal Power spray		
Cast Care		
Foley Catheter Cath care Insertion Removal		
Making occupied bed		
Postmortem Care		
TED Hose		
PAS/SCD Hose		
Medications Oral Intramuscular Subcutaneous Topical Eye Ear Rectal Vaginal Sublingual Intravenous IV Push IV Piggyback		
Intravenous Therapy Continuous IV Changing bag Changing tubing Site care Hep/saline lock Pump/controller Changing gown		

Care of patient with epidural cath		
Blood Transfusion Initiating Maintaining Terminating		
Monitor TPN		
Care of patient with CVL		
I&O		
Decubitus care		
Gastrostomy Tube NG Tube Care Insertion Feedings Suction		
Oxygen Therapy		
Ostomy Care		
Enema		
Rectal Tube Insertion		
Remove Fecal Impaction		
Stool Specimen		
Urine Specimen Midstream 24- hour Sterile for C&S		
Apply Condom Catheter		
Blood Sugar		
Traction		
Sterile Field Preparing Maintaining		
Drains (JP, etc.) Care Removal		
Incentive Spirometer		
Tracheostomy Care Suctioning		
Oral Suctioning		
Chest Tubes		
Collect Sterile Sputum Specimen		
Isolation		
Ventilators		
ET Tube Suctioning		
EKG Monitoring		
Care of patient with arterial line		
Hemodynamic Monitoring		

**Jefferson State Community College**  
**Nursing Education Program**  
**NUR 221 Advanced Evidence-Based Clinical Reasoning**  
**JSCC Nursing Student Evaluation of Preceptor**

Semester \_\_\_\_\_ Preceptor's Name: \_\_\_\_\_

Clinical Agency/Unit: \_\_\_\_\_ Student: \_\_\_\_\_

Highest Degree Obtained: \_\_\_\_\_ Years Experience: \_\_\_\_\_

**Please select ratings according to the following scale:**

5 = Always   4 = Frequently   3 = Occasionally   2 = Rarely   1 = Never

<b>The preceptor:</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
1. Demonstrated effective interpersonal communication skills					
2. Demonstrated caring behaviors to clients, peers, and student.					
3. Demonstrated professional behaviors to clients, peers, and students.					
4. Provided adequate support and mentoring.					
5. Allowed me independence when appropriate.					
6. Assisted me in identifying goals and needs for experience.					
7. Provided immediate and adequate feedback.					
8. Encouraged me to provide safe appropriate nursing care and complete procedures.					
9. Demonstrated support of JSCC Nursing Program, faculty, and students.					
10. Should continue to be utilized for NUR 221.					

If you selected 3 or lower on any item, please notify the nursing faculty and describe rating below:

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