

***Nursing 495***  
***Nursing Study in Specialized Setting***

**Policies**

The student has the responsibility of initiating a *Request for Assignment to NURS 495* in writing no later than the end of the seventh week of the semester immediately preceding the one for which the NURS 495 is requested. Students will have completed all 300-level courses prior to enrollment in NURS 495. Additional requirements for enrollment in NURS 495 include:

- ~ Students are limited to one NURS 495 enrollment in their academic career at Penn State with the following exception: the student has faculty permission to enroll in a second NURS 495 and all other first-time NURS 495 requests have been granted.
- ~ Students who are graduating the semester in which they have requested a NURS 495 will be given enrollment priority.
- ~ Enrollment in NURS 495 must be approved by the sponsoring faculty member prior to student enrollment.
- ~ If clinical sites and/or clinical supervisors are unavailable or are inappropriate, it may **not** be possible to place students in the agencies of their choice.

Students should request the specific number of semester credits using the following credit and clinical hour equivalencies:

1 credit = 45 hours	5 credits = 225 hours	9 credits = 405 hours
2 credits = 90 hours	6 credits = 270 hours	10 credits = 450 hours
3 credits = 135 hours	7 credits = 315 hours	11 credits = 495 hours
4 credits = 180 hours	8 credits = 360 hours	12 credits = 540 hours

In order to meet course objectives and agency requirements, **students are encouraged to enroll in a maximum of 2 credits for a NURS 495**. Faculty and student must be confident that this can be completed.

**Procedures**

1. Obtain a *Request for Assignment for NURS 495* from the College of Nursing's website at [NURS 495 form](#).
2. Student will confer with a faculty member on the specifics of the NURS 495 including credits, placement, objectives, and evaluation.
3. The sponsoring faculty member signs the request and the form is submitted to the College of Nursing's Associate Dean for Undergraduate Programs for those at UP and HMC or the appropriate CON Nursing office if attending a Commonwealth campus.

## **Responsibilities**

### **Faculty Preceptor**

1. Confirm with the College of Nursing Academic Affairs Office that the clinical facility has PA State Board of Nursing Approval.
2. In consultation with the Nursing Program Coordinator and the Associate Dean for Undergraduate Programs, initiate contact with the clinical preceptor and obtain curriculum vitae.
3. Inform clinical preceptor of student's educational level.
4. Provide and discuss with clinical preceptor and student the course objectives, desired learning experiences, and criteria for evaluation.
5. Attend semester meetings with clinical preceptor and student as appropriate.
6. Submit evaluations to the CON and enter final grades in LionPATH within 48 hours after last day of classes.

### **Student**

1. The student is **responsible** for registering for the course via LionPATH **after** approval of the Associate Dean for Undergraduate Programs for those at UP and HMC or the appropriate CON Nursing office if attending a Commonwealth campus.
2. Once approval is received, develop with the assigned faculty preceptor specific clinical objectives and desired learning experiences related to course objectives.
3. Maintain weekly contact with faculty preceptor.
4. Assume responsibility for seeking learning experiences in conjunction with clinical preceptor and faculty preceptor.
5. Participate in his/her evaluation with clinical preceptor and faculty preceptor.
6. Participate in evaluation of faculty preceptor and clinical agency.
7. Abide by agency policies.
8. Notify clinical preceptor in advance of absence or tardiness.

### **Clinical Preceptor**

1. Participate in the orientation of student(s) to the clinical environment.
2. In conjunction with the student, select learning experiences to meet the objectives of the course.
3. Engage in continuous on-site teaching of the student.
4. Allow students to work in a collaborative relationship.
5. Provide the majority of the clinical guidance and/or supervision as dictated by the learning experience.
6. Maintain open dialogue with faculty preceptor and student.
7. Evaluate student progress continuously and provide feedback.

### **Criteria for Selection of a Clinical Preceptor**

1. Currently licensed as a registered nurse.
2. Preferably a minimum of a baccalaureate degree in nursing.
3. Tangible evidence of commitment to further education and/or competency (workshops, conferences, certification, or enrollment in courses).
4. Experience as a nurse for at least one year in the area of supervision.
5. Employment time in the setting sufficient to be thoroughly familiar with the institution. (The actual time can be determined jointly by the clinical preceptor, agency, and faculty preceptor).
6. Voluntary acceptance of clinical preceptor role.

The Pennsylvania State University  
COLLEGE OF NURSING

**Request for Assignment to NURS 495**

Last Name:  First Name:  Middle Initial:

PSU ID #:  Date:  Email:

Student Local Address:

Include Apt. #, Street address, zip code

Tel #:  Current Semester Standing:

**First Choice**

**Second Choice**

Agency:

Geographic Location:

Clinical Specialty Area:

Instructor:

**Brief Justification for Request:**

Number of Credits (see instructions):  Semester:  Year:

Previous NURS 495?  No  Yes If yes, when & # of credits:

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**For College Use Only**

Faculty:   Approved  Denied

Date:  Comments:

Associate Dean or Campus Coordinator:   Approved  Denied

Date:  Comments:

Processed:

**Return completed form to:** College of Nursing's Undergraduate Associate Dean at University Park (106 Nursing Sciences Building), Hershey Medical Center (1300 ASB/A110), or the CON Commonwealth Campus Nursing office.

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**NURS 495 - Evaluation**

Last Name:  First Name:  Middle Initial:

PSU ID #:  Email:

Clinical Preceptor Name:  Vita:  Yes  No

Title:

Agency:  Unit:

1. Clinical evaluation by clinical preceptor (telephone, in-person, written):

A. Student Strengths:

B. Student Areas Needing Improvement:

C. Overall Narrative Summary:

2. Recommended clinical evaluation (satisfactory/unsatisfactory):

3. How well were the program and/or student objectives achieved/not achieved?

**Final Grade:**

Clinical Preceptor Signature:  Date:

Faculty Preceptor Signature:  Date:

Student Signature:  Date:

**Return completed form to:** College of Nursing's Undergraduate Associate Dean at University Park (106 Nursing Sciences Building), Hershey Medical Center (1300 ASB/A110), or the CON Commonwealth Campus Nursing office.