



SAINT LUKE'S COLLEGE OF NURSING
KANSAS CITY, MO

BACHELOR OF SCIENCE IN NURSING PROGRAM

ADJUNCT CLINICAL FACULTY & PRECEPTOR
MANUAL

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INTRODUCTION

Saint Luke's College (SLC) Bachelor of Science Nursing courses include clinical practicum in various communities, ambulatory and hospital settings, allowing Registered Nurse (RN) students to apply knowledge gained in the classroom to families, groups, aggregates and special populations. Nurses employed in these settings are uniquely positioned to facilitate the development of RN students in their nursing practice. You have agreed to provide guidance and supervision for RN students as they work toward meeting their clinical objectives as an adjunct clinical faculty member or preceptor. This manual will assist you with undertaking the clinical instructor role, and familiarize you with SLC, principles of adult teaching/learning, and provide SLC required evidence of preceptor/faculty readiness for the role. Adjunct faculty are under a contractual relationship with SLC and do not need to complete Part A, but will be required to submit documents requested in Part B. Preceptors are required to complete both Part A and B.

SAINT LUKE'S COLLEGE MISSION, VISION AND PHILOSOPHY

Vision:

Transforming Education; Empowering Nursing

Mission:

Through transformative education we co-create empowered professional nurse generalists who positively affect health care in a complex world.

Philosophy:

Saint Luke's college embraces the complexity of our changing profession, and acknowledges that the role of the professional nurse generalist will continue to evolve. Through the transformational processes of socialization and education, we strive to co-create an empowered nurse generalist who embodies the following attributes:

- Evolving Professional
- Quantum Thinker
- Inter-professional Colleague
- Transformational Practitioner

An **evolving professional** nurse generalist, through the use of reflection, autonomy and accountability, assists patients, families, and communities in meeting their highest level of wellness. As a leader and advocate, this individual uses evidence-based practice and ethical decision making to expand and fulfill personal and professional potential in a rapidly changing global health care environment.

A professional nurse generalist who **utilizes quantum thinking** has the ability to make decisions in a complex environment through the use of creative reasoning, informed judgment, and innovation. The professional utilizes higher level, holistic thinking in the presence of uncertainty and ambiguity.

As **inter-professional colleagues**, professional nurse generalists assume leadership in the development and maintenance of collaborative partnerships that create synergistic relationships. This individual empowers all members of the health care team and possesses a clear understanding of his or her role as well as of the roles of other health care team members. This professional nurse generalist has the confidence and courage to share their knowledge, as well as the expertise to optimize client care in ways that transcend power struggles. He or she develops deep interconnections, and demonstrates behaviors that nurture mutual trust and respect.

The **transformative practitioner** recognizes human behaviors as responses to transitions which are rooted in basic human needs. Through savvy utilization of the skills, knowledge and attitudes of the professional nurse, the transformative practitioner is an advocate for stakeholders. This professional nurse generalist has the courage to challenge norms, and values risk-taking when advocating for patient care and dealing with embedded power structures.

The Saint Lukes' Faculty engage in educational processes that present multiple opportunities for complex problem solving, ongoing decision making, collaboration and consultation, along with risk-taking in the context of advocacy and leadership as well as invitations to reflect and evolve. Through the acquisition of these knowledge, skills, and attitudes, faculty expect graduates to enrich the current healthcare environment, and act as catalysts for improvement.
(Revised February, 2009)

ADJUNCT CLINICAL FACULTY & PRECEPTOR: DEFINITION'S & REQUIREMENTS

SLC employs adjunct clinical faculty, as needed, who provide on-site clinical instruction to nursing students over the entirety of a designated course. All adjunct clinical faculty are assigned a SLC faculty member who serve as lead clinical faculty in order to supervise, oversee, and serve as a resource in the clinical instruction of students.

SLC gratefully acknowledges volunteer services of clinical preceptors who facilitate directed clinical immersion experiences through instruction in a one-one learning methodology. Preceptors shall be responsible for no more than 2 students at one time. SLC typically utilizes preceptors only in the senior capstone, residency-like, clinical immersion.

The SLC faculty works with agencies in establishing clinical sites. Prior to clinical work with students all adjunct clinical faculty/preceptors, through their respective clinical agencies, must have a current "Contract of Association" in place with Saint Luke's College. Clinical faculty (adjunct or preceptors) must agree to serve in that role for the duration of the clinical course.

In addition, Saint Luke's College follows the Missouri Board of Nurse Nursing preceptor Regulations (§20CSR 2200-2.085) in requiring that SLC:

- Selects the preceptor in collaboration with the clinical site,

- Provides the preceptor with information as to the duties, roles and responsibilities of the faculty, the student and the preceptor including the communication processes,
- Provides the preceptor a copy of the objectives of the course in which the student is enrolled and directions for assisting the student to meet objectives specific to the clinical experience
- Course faculty assumes responsibility for each student's final evaluation and the assigning of a performance rating or grade,
- Course faculty shall be readily available to students and clinical preceptors during clinical learning experiences,
- Course faculty member shall meet periodically with the clinical preceptors and student(s) for the purpose of monitoring and evaluation of learning experiences.

Responsibilities of the Adjunct Clinical Faculty/Preceptor include:

- Possess current license to practice as a registered professional nurse with at least one (1) year experience in the area of clinical specialty for which the preceptor is used,
- Perform the responsibilities as determined by the nursing program,
- Provide written documentation to faculty regarding the student's performance in relation to meeting designated course objectives,
- Preceptors shall be responsible for no more than two students at a time,
- Sign the "Preceptor Agreement" form (attached), [SLC requirement].

ADJUNCT CLINICAL FACUTLY AND PRECEPTOR RESPONSIBILITIES

A. ORIENTATION & SUPERVISION

1. Complete the appropriate Agreement Form (attached) and submit professional resume or CV prior to initiation of clinical experiences. (as indicated)
2. Determine a clinical schedule with the student and document such.
3. Provide an orientation to the clinical setting during the student's first week.
4. Review student's clinical objectives and personal learning goals.
5. Establish expected lines of communication.
6. Review policies, operational procedures, and protocols specific to the clinical setting.
7. Ensure interactions and interventions provided by the student are consistent with institutional standards.
8. Review the student's required course documentation and make constructive suggestions for improvement, if required. Students will sign all notations with their first initial, last name, title. [J. Doe, SN]

B. EVALUATION OF STUDENT AND PROGRAM PERFORMANCE

1. Review the student's progress weekly, and provide verbal feedback on progression.
2. Inform the designated course faculty if the student is having difficulties in meeting the requirements of clinical experience as the concern/issues arise.
3. Assess student performance with the SLC course specific clinical evaluation tool at the mid (formative) and end (Summative) completion of the clinical experience.

4. Provide reflective review of student, faculty, and program collaboration as a contributing voice to Saint Luke's College systematic evaluation plan.

C. SERVE AS A ROLE MODEL

1. Provide patient care in accordance with established, evidence-based nursing practice standards
2. Maintain mature and effective working relationships with other health care team members
3. Use resources safely, effectively and appropriately
4. Demonstrate leadership skills in problem solving, decision making, priority setting, delegation of responsibility and in being accountable
5. Recognize that nursing role elements may be new to the student
6. Facilitate the student's professional socialization into the new role and with a new staff
7. Plan learning experiences and assignments to help the student meet weekly professional and clinical goals
8. Participate in educational activities to promote continued learning and professional growth
9. Participate in ongoing evaluation of the SLC nursing program

SLC STUDENT RESPONSIBILITIES

The students are responsible for being self-directed in identifying initial and ongoing learning needs, seeking learning opportunities to meet identified needs, and being accountable for their performance in the nursing role. The student will:

1. Validate preceptor agreements prior to the initiation of the clinical experience as directed.
2. Discuss specific clinical objectives and negotiate a clinical schedule with the preceptor prior to the actual clinical experience.
3. Provide the clinical site with the necessary information as required by Greater Kansas City Collegiate Nurse Educators Amendment A, clinical requirements.
4. Demonstrate professional behaviors. Arrive promptly when scheduled to work; BE SURE to call the unit and your clinical faculty if you cannot attend clinic.
5. Demonstrate accountability for thoroughness and timeliness in completing assigned responsibilities.
6. Maintain a clinical log according to course requirements.
7. Take initiative for professional growth and participate in self evaluation of strengths and weaknesses.
8. Contact faculty by telephone, pager or e-mail if faculty assistance is necessary.
9. Practice HIPPA requirements of all information obtained during the clinical experience.
10. Complete all required evaluations at the end of the clinical experience.

OVERVIEW OF STUDENT LEARNING

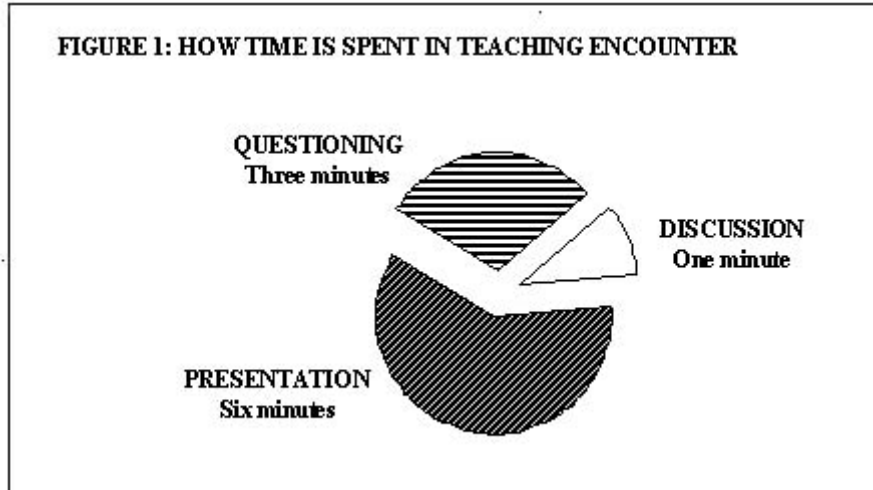
There are four phases of adaptation to this reaction: the honeymoon, the shock, the recovery and the resolution. This same paradigm is described by Patricia Benner and her colleagues in the classic text *From Novice to Expert: Excellence and Power in Professional Nursing Practice*.

Stage	Behaviors	How to Help
The Honeymoon	<ul style="list-style-type: none"> •perceives everything as being wonderful •fascinated by the newness of the experience •focused on mastery of skills, routines and integration with the staff 	<ul style="list-style-type: none"> •harness the student’s enthusiasm for skills and routines •be realistic but don’t stifle the enthusiasm •introduce the student to the staff, be inclusive
The Shock/Crisis	<ul style="list-style-type: none"> •sets in when needs and goals are not met •experiences outrage •rejects school and work values •preoccupied with the past •globally negative 	<ul style="list-style-type: none"> •be a good listener •have the student record his/her suggestions for improvement •provide opportunities to vent •assist the student to see more of the situation and view it more objectively
The Recovery	<ul style="list-style-type: none"> •sense of humor returns •tension lessens •discrimination between effective and ineffective behaviors 	<ul style="list-style-type: none"> •assist student to see positives •talk about ways to improve the work environment •verify and support critical thinking efforts
The Resolution	<ul style="list-style-type: none"> •conflicts in values resolve in either constructive or destructive ways (crisis doesn’t last forever) •could see rejection of role/nursing or burnout, or new ways to cope positively 	<ul style="list-style-type: none"> •assist the student with constructive problem solving •help the student with new, more helpful coping mechanisms •acknowledge and manage conflicts that persist

THE “ONE-MINUTE” PRECEPTOR MODEL - MAKING THE MOST OF TEACHING TIME

Much of clinical teaching involves the learner interviewing and examining a patient, and then presenting the information to the preceptor. This strategy is common both in the office and hospital setting. Studies have indicated that on average, these interactions take approximately 10 minutes and the time is divided into several different activities. (See Figure) Much of the time is taken up by the presentation of the patient by the learner. Additional time is spent in questioning and clarifying the content of the presentation. As a result only about one minute of time is actually spent in discussion and teaching. This model was developed for medical education and is now widely embraced by graduate and undergraduate clinical teaching.

The One-Minute Preceptor approach allows the preceptor to take full advantage of the entire encounter in order to maximize the time available for teaching. The teaching encounter will still take longer than a minute but the time spent is more efficiently used and the teaching effectiveness is optimized.



THE METHOD

The One-Minute Preceptor method consists of a number of skills that are employed in a stepwise fashion at the end of the learner's presentation. Each step is an individual teaching technique or tool, but when combined they form one integrated strategy for instruction in the health care setting.

Table 1: The One-Minute Preceptor Method

1. Get a Commitment
2. Probe for Supporting Evidence
3. Reinforce What Was Done Well
4. Give Guidance About Errors and Omissions
5. Teach a General Principle
6. Conclusion

An Example

You are working with student in the hospital who is under your precepting for their final capstone rotation before graduation. The student has just finished seeing a patient and is presenting to you while the patient waits in the hospital room.

Student: Hi...I just saw Mrs. Winkler. She is a 75-year-old woman who complains of fever, cough and shortness of breath. Oh Yeah, she has a 1 ppd smoking history and the chart says has a diagnosis of moderate COPD.

She began getting sick about two days ago with what she thought was a cold but then had more chest congestion and a high fever, the nursing home sent her over 2 days ago. Yesterday her cough was productive of whitish sputum but by this AM it had become yellow to tan with streaks of blood. She noted chills this AM and her temp was 100.5. She has noted some increase in her wheezing but denies chest pain, except when she coughs.

“She is on Capoten and HCTZ for high blood pressure, and uses an albuterol inhaler and has been using this about every two hours since admission. She has no allergies, got a flu shot this year and had the Pneumovax 2 years ago.

“On physical she is working hard at breathing with wheezes heard without a stethoscope. HEENT is basically normal but her lung exam reveals diffuse wheezes expiratory wheezes and decreased breath sounds in the area of the right middle lobe...” [Student pauses here waiting for your response]

Step One: Get a Commitment

At this point, there are many teaching techniques you could employ, but the One-Minute Preceptor method suggest that you **get a commitment from the learner** – to get them to verbally commit to an aspect of the case. The act of stating a commitment pushes the learner to move beyond their level of comfort and makes the teaching encounter more active and more personal. This can show respect for the learner and fosters an adult learning style. In this situation the learner stopped their presentation at the end of the physical exam. An appropriate question from the preceptor might be: “What do you think is going on with this patient?” This approach encourages the learner to further process the information they have gathered. You obtain important information on the learner’s clinical reasoning ability and the learner is given a higher sense of involvement and responsibility in the care of the patient. If the answer is correct, then there is the opportunity to reinforce a positive skill. If the response is incorrect, an important teaching opportunity has occurred and the impact of the teaching is likely to be greater since the learner has made the commitment.

Not all learners will stop at the same point in their presentation, but the preceptor can still get a commitment. Additional examples include:

“What other diagnoses would you consider in this setting?”

“What laboratory tests should you review that might have been done?”

“How do you think we should help this patient?”

By selecting an appropriate question, the preceptor can take a learner at any stage and encourage them move them further along in their skills and to stretch beyond their current comfort level. Notice that questions used in getting a commitment do not simply gather further data about the case. The goal is to gain insight into the learner's reasoning. Questioning by the preceptor for specific data reveals the preceptor's thought process – not the learner's. The learner in the example above needs the opportunity to tell you their assessment of the patient data they have collected.

Step Two: Probe for Supporting Evidence

Now that you have a commitment from the learner, it is important to explore what the basis for their opinion was. The educational setting often rewards a lucky guess to the same degree as a well-reasoned, logical answer. In the clinical setting, it is important to determine that there is an adequate basis for the answer and to encourage an appropriate reasoning process. By the same token it is important to identify the “lucky guess” and to demonstrate the use of appropriate supporting evidence.

Once the learner has made their commitment and looks to you for confirmation, you should resist the urge to pass immediate judgment on their response. Instead, ask a question that seeks to understand the rationale for their answer. The question you ask will depend on how they have responded to your request for a commitment:

“What factors in the history and physical support your nursing diagnosis?”

“What patient education is relevant in this case?”

“Why do you feel this patient condition should be updated to the physician?”

There are significant benefits from using this step at this time. You are able to immediately gauge the strength of the evidence upon which the commitment was made. In addition, any faulty inferences or conclusions are apparent and can be corrected later. This step allows the preceptor to closely observe the vital skill of clinical reasoning and to assist the learner in improving and perfecting that skill. Our learner in the role-play will get a further chance to demonstrate their ability to integrate and use clinical data.

Step Three: Reinforce What Was Done Well

In order for the learner to improve they must be made aware of what they did well. The simple statement “That was a good presentation” is not sufficient. The learner is not sure if their presentation is “good” because they included current medications or because they omitted the vital signs. Comments should include specific behaviors that demonstrated knowledge skills or attitudes valued by the preceptor.

“Your nursing diagnosis of ‘risk for respiratory compromise - pneumonia’ was well supported by your history and physical. You clearly integrated the patient's history and your physical findings in making that assessment.”

“Your presentation was well organized. You had the chief complaint followed by a detailed history of present illness. You included appropriate additional medical history and medications and finished with a focused physical exam.”

With a few sentences you have reinforced positive behaviors and skills and increased the likelihood that they will be incorporated into further clinical encounters.

Step Four: Give Guidance about Errors and Omissions

Just as it is important for the learner to hear what they have done well, it is important to tell them what areas need improvement. This step also fosters continuing growth and improved performance by identifying areas of relative weakness. In framing comments it is helpful to avoid extreme terms such as ‘bad’ or ‘poor’. Expression such as “not best” or “it is preferred” may carry less of a negative value judgment while getting the point across. Comments should also be as specific as possible to the situation identifying specific behaviors that could be improved upon in the future.

Examples:

“In your presentation you mentioned a temperature in your history but did not tell me the vitals signs when you began your physical exam. Following standard patterns in your presentations and note will help avoid omissions and will improve your communication of vital information.”

“I agree that, at some point, complete pulmonary function testing may be helpful, but right now the patient is acutely ill. We could glean some important information with just a peak flow and a pulse oximeter reading.”

The comments are specific to the situation and also include guidance on alternative actions or behaviors to guide further efforts. In a few sentences an opportunity for behavior change has been identified and an alternative strategy given.

It is important to reflect here that a balance between positive and constructive criticism is important. Some preceptors may focus on the positive, shying away from what may be seen as criticism of the learner. Others may focus nearly exclusively on areas for improvement without

reinforcing what is already being done well. As with many things in life, balance and variety are preferable.

Step Five: Teach a General Principle

One of the key but challenging tasks for the learner is to take information and data gained from an individual learning situation and to accurately and correctly generalize it to other situations. There may be a tendency to over generalize – to conclude that all patients in a similar clinical situation may behave in the same way or require the exact same treatment. On the other hand, the learner may be unable to identify an important general principle that can be applied effectively in the future. Brief teaching specifically focused to the encounter can be very effective, even if you do not have a specific nursing or medical fact to share.

Examples:

“Smokers are more likely than non-smokers to be infected with gram-negative organisms”

- OR -

“Deciding whether someone needs to have counseling on smoking cessation is important, but her priority in education now is on mobility, and respiratory improvement...”

- OR -

“In looking for information on what antibiotics might be used for a disease, I have found it more useful to use an up-to-date on-line resource than a textbook which may be several years out of date.”

Because of time limitations it is not practical to do a major teaching session at that moment, but a statement or two outlining a relevant and practical teaching point can have a significant impact on the learner.

Step Six: Conclusion

Time management is a critical function in clinical teaching. This final step serves the very important function of ending the teaching interaction and defining what the role of the learner will be in the next events. It is sometimes easy for a teaching encounter to last much longer than anticipated with negative effects on the remainder of the patient care schedule. The preceptor must be aware of time and cannot rely on the student to limit or cut off the interaction.

The roles of the learner and preceptor after the teaching encounter may need definition. In some cases you may wish to be the observer while the learner performs the physical or reviews the treatment plan with the patient. In another instance you may wish to go in and confirm physical findings and then review the case with the patient yourself. Explaining to the learner what the next steps will be and what their role is will facilitate the care of the patient and the functioning of the learner.

Example:

“OK, now we'll go back in the room and I'll repeat the chest exam and talk to the patient. After, I'd like you to call the physician with my help and suggest we get a peak flow, a pulse ox, and a stat CBC. When we've gotten all those results, let me know and we can notify the physician about to continue the medical plan.”

The teaching encounter is smoothly concluded and the roles and expectations for each person are made clear in a way that will facilitate further learning and optimal patient care.

EFFECTIVE COMMUNICATION SKILLS

- An active listener shows interest and acceptance.
- Eye contact is important.
- Be open-minded and avoid prejudging the speaker or the message.
- Tune into words, meanings and feeling conveyed.
- Focus on the central message or the message being sent.
- Note the other person's body language (and your own...).
- Avoid interrupting.
- Listen first, then respond.
- Respond to what is communicated rather than how the message is sent.
- Ask questions to verify your understanding of the message: 'Do I understand you correctly that...' 'What I hear you saying is...'
- Communication involves both the sending and receiving of a message.
- 'I' messages (I think, I feel) are more effective than 'you' messages; they minimize defensiveness and resistance to further communication. 'Shoulds' and 'Oughts' hinder communication.
- Communication is more effective when it involves talking with and to rather than at the listener.

STEPS IN PROBLEM SOLVING

- Define the nature of the problem.
- Identify possible causes of the problem.
- List a number of possible solutions for each cause: identify the evidence for each one.
- Select the best solution.
- Decide on necessary actions and implement them.
- Reassess, evaluate and re-plan as necessary.

STEPS IN DECISION MAKING

- Determine situations that require some action be taken AND NOTIFY FACULTY.
- Analyze possible courses of action and the potential effects (determine pros and cons, gather facts and opinions).
- Select the best course of action from the available alternatives.
- Implement the selected action.
- Monitor the effect of the decision.
- Reevaluate the decision in the light of the effects.

RESOURCES

Benner, Patricia (1984). *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*. San Francisco: Jossey Bass.

Alspach, Jo Ann Grif. [2000]. *From Staff Nurse to Preceptor: A Preceptor Development Instructor's Manual*, 2nd Ed. Aliso Vieji, CA: American Association of Critical Care Nurses.

Neher, J. O., Gordon, K. C., Meyer, B., & Stevens, N. (1992). A five-step microskills model of clinical teaching. *Journal of the American Board of Family Practice*, 5, 419-424.

Kertis, M. (2007). One-minute preceptor. *JNSD*, 23, (5), pp. 238-242.

SAINT LUKE'S COLLEGE OF NURSING - PRECEPTOR AGREEMENT FORM PART A

Course, Semester & Year: _____

SLC Faculty Course Instructor: _____

Students Assigned: 1 2 (Circle)

The purpose of this agreement is to permit students in the nursing program at Saint Luke's College to participate in a preceptorship with your agency. Conditions of preceptorship: I, the preceptor, will include _____ clock hours to be scheduled as determined by the course requirements. The student will be under the supervision of a facility employee acting as preceptor who is assigned to a SLC faculty member. The student will work mutually in accomplishing goals identified by the student, preceptor and faculty that are in accordance with course objectives. The course faculty member will make periodic visits to observe student clinical experiences and meet with the preceptor. The course faculty will have the final responsibility for the student's clinical grade. I have read, understand and agree with the responsibilities, policies, and nursing education philosophy noted in the Adjunct Clinical Faculty/Preceptor Manual.

Preceptor Name (**Please print**):

License #: _____ State: _____ Expires: _____ Educational Degrees: _____

Title: _____ Agency: _____

Years of Experience in current practice field: _____

Agency Name: _____

Street/Box, City, State, Zip: _____

Telephone #: _____ Fax #: _____ Email: _____

Preceptor's Signature: _____ Date: _____

Faculty Member's Signature: _____ Date: _____

Academic Associate Dean Signature: _____ Date: _____

PLEASE RETURN TO: Office of Academic Associate Dean

FAX: 816-932-9866 ATTN: Tere Naylor or,

MAIL: Saint Luke's College of Nursing

8320 Ward Parkway, Suite 300, Attn: Tere Naylor

Kansas City, MO 64114

For college use only (date & initial)

Contract with agency/site _____

Copy mailed to preceptor/site _____

Signed & filed _____

Preceptor biography on file _____

SAINT LUKE'S COLLEGE OF NURSING - ADJUNCT CLINICAL FACULTY AND PRECEPTOR DOCUMENTS PART B

Please mail or fax the following information as required by the Missouri Board of Nursing. This material must be received prior to engaging in clinical experiences with a SLC student.

1. Copy of current CV or resume
2. Evidence of at least one-year experience in the area of clinical specialty for which the preceptor is working with the student (can be demonstrated by length of work on a unit/setting noted in resume)
3. Copy of KS or MO RN nursing license (as indicated)

June, 2009