MISSOURI SOUTHERN STATE UNIVERSITY

McCune Brooks Foundation Department of Nursing

MSSU RN-to-BSN Practicum Packet

NURS 0493: BSN Practicum — Application of Learned Concepts

Academic Year 2026-2027

Missouri Southern State University

McCune Brooks Foundation Department of Nursing

3950 E. Newman Road

Joplin, MO 64801

Phone: 417-625-9628

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Section 1 — Welcome and Overview

Welcome Letter

Dear RN-to-BSN Student,

Welcome to **NURS 0493: BSN Practicum — Application of Learned Concepts**, the capstone experience of your RN-to-BSN journey at Missouri Southern State University. The McCune Brooks Foundation Department of Nursing is honored to support you as you take this important step toward completing your Bachelor of Science in Nursing degree.

This practicum is designed to bridge your existing expertise as a registered nurse with the advanced competencies expected of a baccalaureate-prepared professional. Over the course of this experience, you will apply evidence-based practice principles, demonstrate leadership in community and healthcare settings, and synthesize the knowledge you have gained throughout the RN-to-BSN curriculum.

This Practicum Packet is your comprehensive guide. It contains all the requirements, policies, forms, and resources you will need to successfully navigate the practicum. We strongly encourage you to read this packet thoroughly before beginning your practicum hours and to refer to it throughout the semester.

Our faculty and staff are committed to your success. Please do not hesitate to reach out with questions, concerns, or ideas. We look forward to watching you grow as a nursing professional and to celebrating your accomplishments at the conclusion of this course.

With warm regards,

The McCune Brooks Foundation Department of Nursing

Missouri Southern State University

Course Description

NURS 0493: BSN Practicum — Application of Learned Concepts

Credit Hours: 4

Offered: Fall and Spring Semesters

Pathway Fee: $300

This capstone practicum course provides the RN-to-BSN student with an immersive experiential learning opportunity to demonstrate professional responsibility and competence across three practice domains: community/population health, nursing leadership, and a student-selected practice area. Students integrate and apply concepts from the entire RN-to-BSN curriculum under the guidance of qualified preceptors in approved clinical settings. The practicum culminates in a capstone presentation demonstrating synthesis of learning and professional growth.

Prerequisites

Students must meet **all** of the following prerequisites before enrolling in NURS 0493:

1. Admission to the MSSU RN-to-BSN program
2. Cumulative GPA of **2.8 or higher**
3. Current, unencumbered RN license in Missouri or a Nurse Licensure Compact (NLC) state
4. Successful completion (grade of C or higher) of all courses up to the NURS 493 practicum.

Program Learning Outcomes

Upon completion of the nursing program, the graduate will be able to:

• Deliver quality professional nursing care based upon knowledge and skills obtained throughout the nursing educational experience.

• Practice in a variety of clinical/practicum situations using reasoning patterns and nursing intuition at the level of an advanced beginner.

• Recognize the importance of ongoing, reflective, and independent learning throughout the professional nursing career.

Student Learning Outcomes

• Demonstrate leadership through client-centered care, teamwork, and collaboration.

• Differentiate professional implications (behaviors, standards, regulations) with respect to safe, ethical, quality, and evidence-based care.

• Provide inclusive holistic nursing care to promote health and prevent disease in all populations.

• Demonstrate adaptability by responding to client needs to manage care in a variety of clinical/practicum situations.

• Apply evidence-based practice in the delivery of quality, client-centered care.

• Integrate a variety of technology and information technology to communicate, manage, and support clinical/practicum situations.

• Prioritize clinical/practicum actions by noticing, interpreting, responding, & reflecting on clinical findings

Section 2 — Practicum Hour Requirements

Total Hours

Students must complete a minimum of **96 practicum hours** distributed equally across three focus areas.

Focus Areas

Focus Area	Minimum Hours	Description
Community / Population Health Shadow Health	24	Experiences focused on health promotion, disease prevention, and population-level assessment. Activities may include community health screenings, health fairs, epidemiological data analysis, wellness program development, and collaboration with public health agencies.
Nursing Leadership ShadowHealth	24	Experiences focused on leadership, management, and quality improvement. Activities may include shadowing nurse managers or administrators, participating in committee work, analyzing workflow processes, developing quality improvement projects, and examining healthcare policy.
Student-Selected Practice Area	48	An area of professional interest selected by the student and approved by the instructor. Appropriate clinical practicum sites include hospital unit based charge nurse, long term care setting charge nurse or nursing leadership, community/population based nurse, nursing education (faculty with assigned clinical instruction/simulation instruction), clinic based leader, school nurse, or advanced practice nurse) A written justification must be submitted with site and preceptor approval. This is to be provided in the Request for Practicum Document.
Total	96	

Hour Logging

All practicum hours must be documented on **Form A: Practicum Hour Log**. Each entry must include:

- Date of activity
- Site/location name
- Focus area
- Number of hours completed

- Description of activities performed
- Preceptor signature verifying attendance and participation

The Practicum Hour Log must be submitted to the course instructor at two points:

5. **Midpoint submission** — at the midpoint of the semester (Week 4)
6. **Final submission** — at the conclusion of the practicum

> **Important**
>
> Hours not documented on Form A with preceptor initials will **not** be counted toward the 48-hour requirement. Falsification of hours is a violation of academic integrity and will result in course failure.

Scheduling Guidelines

- Collaborate with your preceptor to develop a mutually agreeable schedule.
- Submit your proposed schedule on **Form F: Practicum Schedule** by the end of Week 1 of the semester.
- Maximum of **12 hours per day** may be logged.
- Evening and weekend hours are permitted if approved by the preceptor and course instructor.
- All 96 hours must be completed within the semester in which you are enrolled in NURS 0493.
- Hours may not be banked from previous semesters or carried forward to future semesters.

Section 3 — Shadow Health Requirements

Digital Clinical Experiences (DCE)

Shadow Health Digital Clinical Experiences are a required supplement to the practicum component of NURS 0493. These interactive, virtual patient simulations allow students to practice and demonstrate clinical reasoning, health assessment, and patient education skills in a standardized environment.

Required ShadowHealth Experiences

Students must complete all Shadow Health modules as specified in the course syllabus. Required modules may include:

- Comprehensive Health Assessment
- Focused Exam modules (as assigned)
- Digital Clinical Experience (DCE) activities
- Concept Lab exercises

Refer to the course syllabus and ShadowHealth Assignments for specific experience assignment deadlines. The completion of the ShadowHealth Assignments do not incur points in the course but are deemed Complete/Satisfactory or Incomplete/Unsatisfactory.

Access and Technical Requirements

- **Purchase:** Shadow Health access is purchased through course materials. Students are responsible for obtaining access before the end of Week 1.
- **Activation:** Activate your Shadow Health account during **Week 1** of the semester using the course enrollment information provided in the syllabus or learning management system.
- **Browser:** Google Chrome or Mozilla Firefox (current versions recommended)
- **Hardware:** Webcam and microphone are required for select modules.
- **Internet:** Stable broadband internet connection required.

Grading

Shadow Health assignments are graded per the rubric published in the course syllabus. Grades are incorporated into the overall course grade as outlined in the syllabus grading breakdown.

> **Important**
>
> Shadow Health Digital Clinical Experiences do **NOT** substitute for direct practicum hours. Shadow Health assignments and the 48-hour practicum are separate and independent course requirements. Both must be completed satisfactorily to pass the course.

Section 4 — Preceptor Qualifications

Definition

A **preceptor** is a licensed healthcare professional who serves as a mentor, supervisor, and role model for the RN-to-BSN student during the practicum experience. The preceptor provides direct supervision, facilitates learning opportunities, and evaluates student performance in the clinical setting.

Qualifications

All preceptors must meet the following minimum qualifications:

7. Hold a **current, unencumbered** professional nursing license in the relevant discipline and state of practice.
8. Hold a minimum of a **Bachelor of Science in Nursing (BSN)** degree. A Master of Science in Nursing (MSN) or Doctor of Nursing Practice (DNP) is preferred.
9. Have a minimum of **two (2) years** of professional experience in their area of practice.
10. Possess demonstrated **expertise in the focus area** for which they are serving as preceptor.
11. Must **not be a family member** of the student (by blood, marriage, or domestic partnership).
12. Must be **willing to complete** the Preceptor Agreement (Form C) and all required evaluation forms.

Preceptor Responsibilities

The preceptor agrees to:

- **Orient** the student to the clinical site, including policies, procedures, safety protocols, and relevant staff introductions.
- **Supervise** the student during all practicum activities, ensuring patient safety and adherence to professional standards.
- **Facilitate learning** by providing opportunities that align with the student's focus area and learning objectives.
- **Complete evaluations** at midpoint (Form H) and final (Form I) as scheduled.
- **Communicate** with the course instructor regarding student progress, concerns, or issues that arise during the practicum.
- **Initial the hour log** (Form A) to verify student attendance and activities for each practicum day.

Selection Process

13. **Student identifies** a potential preceptor who meets the qualifications listed above.
14. **Student submits Form B: Preceptor/Clinical Affiliation Nomination** to the course instructor for review.
15. **Instructor reviews** the nomination and verifies the preceptor's qualifications and clinical affiliation agreement on file.
16. Upon approval, **Form C: Preceptor Agreement** is signed by the preceptor, student, instructor, and Department Chair.
17. **Written approval must be obtained before** the student begins any practicum hours with that preceptor.

> **Important**
>
> Students may **not** begin practicum hours until the preceptor has been formally approved by the course instructor and the signed Preceptor Agreement (Form C) is on file with the Department of Nursing.

Section 5 — Site Approval

Site Criteria

All practicum sites must meet the following criteria:

- Be a **licensed and/or accredited** healthcare, educational, or community organization.
- Maintain current **liability insurance** coverage.
- Operate under established **safe and ethical** policies and procedures.
- Be willing to enter into an **affiliation agreement** with Missouri Southern State University (if one is not already on file).

Example Site Types by Focus Area include but are not limited to a hospital based, clinic based, community health center, school, Nursing academic setting, long-term care setting.

Approval Process

18. **Student identifies** a potential practicum site that meets the criteria above.
19. **Student submits Form D: Site Approval Request** to the course instructor at least **four (4) weeks** before the planned start date. **This is submitted within the NURS 0479 Population Health Nursing course LMS by the end of Week 4 AND the signed/approved request will be submitted by the end of week one in NURS 0493 Practicum course LMS to the student.**
20. **MSSU verifies** whether an active affiliation agreement exists with the proposed site.
21. **Instructor confirms** that the site is appropriate for the student's focus area and learning objectives.
22. **Written approval** is provided to the student. Students may not begin hours at a site until written approval has been received.

Affiliation Agreements

An affiliation agreement (also called a clinical agreement or memorandum of understanding) must be on file between MSSU and each practicum site before the student may begin hours. Key policies include:

- If an agreement **already exists**, the instructor will confirm its current status.
- If a **new agreement is needed**, notify the course instructor at least **six (6) weeks** before the planned start date to allow time for processing.
- Students **may not negotiate** affiliation agreements on behalf of MSSU. All agreements are executed by authorized university personnel.

Employment Sites

Students may complete practicum hours at their current place of employment under the following conditions:

- Practicum activities must **differ substantially** from the student's regular job duties.
- The preceptor **must not be** the student's direct supervisor in their employment role.
- A **written justification** must be submitted explaining how the practicum activities are distinct from employment responsibilities. This justification is included on Form D.

Section 6 — Compliance Documentation

All compliance documentation must be current and on file **before** the first day of practicum. Students who are not fully compliant will not be permitted to begin practicum hours.

Under no circumstances will a student engage in clinical/practicum or field-related experiences without a current record of health clearance on file with the Department of Nursing if required by the clinical practicum site.

Purpose:

The purpose of the required health clearance is to protect the student and client and to be in compliance with clinical/practicum affiliation agreements and/or requirements. Listed below are the RN to BSN minimum requirements.

Physical Health Evaluation

A signed release of Information form

A signed physical assessment record from a health care provider attesting that the student is cleared for full participation in clinical/practicum experiences.

If disability accommodations are required, the student is responsible for obtaining an accommodation letter from the appropriate University Disability Services Department in accordance with university policies and procedures. The accommodation plan must be submitted to the RN to BSN Coordinator.

A blank release of information and health care provider attestation form may be found at as Form K.

Requirement	Details
RN License	Current, unencumbered RN license in Missouri or a Nurse Licensure Compact (NLC) state. Must remain valid throughout the practicum.
CPR / BLS Certification	Current Basic Life Support (BLS) certification from the American Heart Association (AHA). Online-only courses are not accepted; must include a hands-on skills component.
Clinical affiliation site requirements	Clinical affiliation site requirements will vary according to the site. At minimum, the student must be prepared to provide proof of completion of the following should the clinical affiliation agreement/site request.
Background Check	Completed through Fingerprint Background check. Must be current within the academic year. Results will be sent to the Department of Nursing and the student will sign a waiver prior to obtaining.
Drug Screen	10-panel urine drug screen. Must be current within the academic year.
Immunizations	Hepatitis B series (3 doses or positive titer), MMR (2 doses or positive titers), Varicella (2 doses or positive titer), Tdap (current within 10 years), Influenza (current season), TB screening (annual, 2-step or QuantiFERON)
Health Insurance	Current health insurance coverage. Students are responsible for their own health insurance; MSSU does not provide coverage for practicum-related injuries or illnesses.

Requirement	Details
Professional Liability Insurance	Individual professional liability (malpractice) insurance with minimum coverage of $1,000,000 per occurrence / $3,000,000 aggregate.
HIPAA Training	Completed HIPAA training (current within the academic year). Certificate of completion required.
OSHA / BBP Training	Completed Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens (BBP) training (current within the academic year). Certificate of completion required.
Onboarding Training	Completed onboarding training as required by the clinical site.

Submission and Maintenance

- All documents must be uploaded to **NURS 0493 Practicum course LMS by the deadlines as set by the course.**
- Students are responsible for monitoring expiration dates and **renewing documentation before it expires**.
- Expired or missing documentation will result in suspension of practicum privileges until compliance is restored

Section 7 — Academic Policies

Academic Integrity

Students are expected to uphold the highest standards of academic honesty and integrity as outlined in the MSSU Student Handbook. Academic dishonesty includes, but is not limited to: plagiarism, cheating, fabrication of data or clinical hours, unauthorized collaboration, and falsification of documents. Violations will be reported to the Office of Student Conduct and may result in course failure and/or dismissal from the program.

Attendance and Professional Conduct

Students enrolled in NURS 0493 are expected to:

- Attend all scheduled practicum sessions as agreed upon with the preceptor.
- Notify the preceptor and course instructor **in advance** of any absence or schedule change.
- Conduct themselves in a professional manner at all times, consistent with the **ANA Code of Ethics for Nurses**.
- Maintain patient confidentiality in accordance with HIPAA regulations.

- Present a professional appearance appropriate to the clinical site.
- Demonstrate respect, courtesy, and cultural sensitivity in all interactions.

Social Media Policy

Students are strictly prohibited from posting, sharing, or otherwise disclosing any information related to patients, clinical sites, preceptors, or practicum activities on social media platforms. This includes, but is not limited to:

- Patient names, images, or identifiable health information
- Clinical site names, photographs, or internal policies
- Details of practicum activities that could identify individuals or organizations

Violations of this policy constitute a breach of patient confidentiality and professional conduct and may result in course failure, program dismissal, and/or legal action.

Incident Reporting

Any incident occurring during the practicum that involves patient safety, personal injury, bloodborne pathogen exposure, near-miss events, or other safety concerns must be reported using **Form G: Incident Report**. The report must be submitted to the course instructor **within 24 hours** of the incident. Students must also follow the incident reporting procedures of the clinical site.

Withdrawal and Incomplete Policy

Students who wish to withdraw from NURS 0493 must follow MSSU's published withdrawal procedures and deadlines. A grade of Incomplete ("I") may be assigned only under extraordinary circumstances and at the discretion of the course instructor and Department Chair. Students receiving an Incomplete must fulfill all remaining requirements within the timeframe specified by MSSU policy.

Important

A minimum grade of **C (77%)** is required to pass NURS 0493, Satisfactory completion of all required practicum hours and payment of the pathway fee of $300 to progress toward degree completion.

Section 8 — Student Responsibilities

As a student enrolled in NURS 0493, you are responsible for the following:

23. **Review this Practicum Packet** in its entirety and complete the Student Acknowledgment (Form E) by the published deadline.
24. **Submit all compliance documentation** as required by the course or clinical affiliation site before the first day of practicum and maintain current status throughout the semester.
25. **Identify and secure a qualified preceptor** for each focus area and submit Form B: Preceptor Nomination for instructor approval.
26. **Identify and secure an approved practicum site** for each focus area and submit Form D: Site Approval Request at least four (4) weeks before the planned start date. **This is submitted within the NURS 0479 Population Health Nursing course LMS by the end of Week 4 AND the signed/approved request will be submitted by the end of week one in NURS 0493 Practicum course LMS to the student.**
27. **Communicate regularly** with your preceptor(s) and course instructor regarding scheduling, progress, and any concerns.
28. **Complete all 96 practicum hours** as outlined in the "Focus Areas" table within the semester of enrollment.
29. **Document all practicum hours accurately** on Form A: Practicum Hour Log with preceptor initials and submit at midpoint and final.
30. **Complete all Shadow Health** Digital Clinical Experience modules as assigned in the course syllabus.
31. **Participate in all evaluations**, including midpoint (Form H) and final (Form I) evaluations, and complete the Student Evaluation of Practicum (Form J).
32. **Maintain a reflective journal** documenting learning experiences, professional growth, and integration of concepts throughout the practicum. This will be submitted in Week 7 of the NURS 0493 course after all precepted experiences are completed. Follow the rubric and assignment instructions in the designated NURS 0493 course.
33. **Report any incidents, concerns, or issues** promptly using Form G: Incident Report (within 24 hours) and by notifying the course instructor.

34. **Prepare and deliver a capstone presentation** demonstrating synthesis of learning across all focus areas at the conclusion of the practicum. Follow the rubric and assignment instructions in the designated NURS 0493 course.
35. **Adhere to all academic, professional, and clinical policies** as outlined in this Practicum Packet, the course syllabus, and the MSSU Student Handbook.

Section 9 — Required Forms

The following forms are required components of the NURS 0493 practicum. Complete each form legibly in ink or type. Submit forms to the course instructor by the deadlines specified in the course syllabus.

Form A: Practicum Hour Log

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Student Name: _____ **Student ID:** _____

Semester / Year: _____

#	Date	Site	Focus Area	Hours	Activities Performed	Preceptor Initials
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
Total Hours:						

Student Signature: _____ **Date:** _____

Preceptor Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____

Form B: Preceptor Nomination

NURS 0493: BSN Practicum — Application of Learned Concepts | Missouri Southern State University

Student Information

Student Name: _____ **Student ID:** _____

Semester / Year: _____

Proposed Preceptor Information

Preceptor Name: _____

Credentials / Degrees: _____

License Number: _____ **State of Licensure:** _____

Title / Position: _____

Organization / Employer: _____

Phone: _____ **Email:** _____

Years of Professional Experience: _____

Area(s) of Expertise: _____

Relationship to Student: _____

Practicum Focus Area

Focus Area for This Preceptor: ☐ Community/Population Health ☐ Nursing Education ☐ Nursing Leadership ☐ Student-Selected: _____

Justification

Explain why this preceptor is appropriate for your selected focus area:

_____

_____

_____

Student Certification

I certify that the information provided above is accurate and complete. I understand that practicum hours may not begin until this nomination is approved by the course instructor.

Student Signature: _____ **Date:** _____

Instructor Approval

☐ **Approved** ☐ **Denied**

Comments: _____

Instructor Signature: _____ **Date:** _____

Form C: Preceptor Agreement

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This agreement is entered into between the undersigned preceptor, the RN-to-BSN practicum student, the course instructor, and the Department Chair of the McCune Brooks Foundation Department of Nursing at Missouri Southern State University.

Preceptor Acknowledgment

By signing this agreement, I, the preceptor, acknowledge and agree to the following:

36. I agree to **supervise the student** during practicum activities in accordance with the guidelines set forth in the MSSU RN-to-BSN Practicum Packet and course syllabus.
37. I confirm that I meet all **preceptor qualifications** as outlined in Section 4 of this Practicum Packet, including possession of a current, unencumbered professional license and a minimum of a BSN degree.
38. I commit to providing **direct supervision** of the student during practicum hours, facilitating meaningful learning experiences, and serving as a professional role model.
39. I agree to **complete all required evaluations** (Form H: Midpoint Evaluation and Form I: Final Evaluation) in a timely and constructive manner.
40. I agree to **communicate** with the course instructor regarding student performance, progress, and any concerns that may arise during the practicum.
41. I understand that **MSSU reserves the right** to discontinue the practicum placement at any time if concerns regarding student safety, patient safety, or professional standards arise.

Signatures

Preceptor Name (Print): _____

Preceptor Signature: _____ **Date:** _____

Student Name (Print): _____

Student Signature: _____ **Date:** _____

Instructor Name (Print): _____

Instructor Signature: _____ **Date:** _____

Department Chair Name (Print): _____

Department Chair Signature: _____ **Date:** _____

Form D: Site Approval Request

NURS 0493: BSN Practicum — Application of Learned Concepts | Missouri Southern State University

Student Information

Student Name: _____ **Student ID:** _____

Proposed Site Information

Site Name: _____

Address: _____

_____

Contact Person: _____

Phone: _____ **Email:** _____

Organization Type: _____

Focus Area(s)

☐ Community/Population Health ☐ Nursing Education ☐ Nursing Leadership ☐ Student-Selected: _____

Affiliation Status

Does MSSU have an existing affiliation agreement with this site? ☐ Yes ☐ No ☐ Unknown

Employment Site

Is this your current place of employment? ☐ Yes ☐ No

If yes, explain how practicum activities will differ from your regular job duties:

_____

_____

_____

_____

Proposed Activities

Describe the practicum activities you plan to complete at this site:

_____

_____

_____

_____

Student Certification

Student Signature: _____ **Date:** _____

Instructor Approval

☐ **Approved** ☐ **Denied**

Comments: _____

Instructor Signature: _____ **Date:** _____

Form E: Student Acknowledgment

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By signing below, I acknowledge and confirm the following:

42. I have **received and reviewed** the MSSU RN-to-BSN Practicum Packet in its entirety.
43. I **understand all requirements** for successful completion of NURS 0493, including the 48-hour practicum requirement, Shadow Health assignments, documentation obligations, and evaluation processes.
44. I agree to **adhere to all standards** of academic integrity, professional conduct, patient confidentiality, and clinical site policies as outlined in this Practicum Packet, the course syllabus, and the MSSU Student Handbook.
45. I understand that **failure to comply** with practicum requirements, policies, or professional standards may result in removal from the practicum site, course failure, and/or dismissal from the RN-to-BSN program.
46. I understand that I must maintain **current compliance documentation** throughout the practicum and that expired or missing documentation will result in suspension of practicum privileges.

Print Name: _____

Signature: _____ **Date:** _____

Student ID: _____

Form F: Practicum Schedule

NURS 0493: BSN Practicum — Application of Learned Concepts | Missouri Southern State University

Student Name: _____ **Semester / Year:** _____

Week	Dates	Planned Site	Focus Area	Planned Hours	Actual Hours	Notes
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
Totals:						

Student Signature: _____ **Date:** _____

Instructor Signature: _____ **Date:** _____

Form G: Incident Report

NURS 0493: BSN Practicum — Application of Learned Concepts | Missouri Southern State University

Submit to the course instructor within 24 hours of the incident.

Student Information

Student Name: _____ **Student ID:** _____

Incident Details

Date of Incident: _____ **Time of Incident:** _____

Location of Incident: _____

Type of Incident

☐ Patient Safety Event ☐ Personal Injury ☐ Bloodborne Pathogen (BBP) Exposure ☐ Near Miss ☐ Other: _____

Description of Incident

Provide a detailed, objective description of the incident:

_____

_____

_____

_____

_____

Witnesses

Name(s) and Title(s): _____

_____

Immediate Actions Taken

_____

_____

_____

Notifications

Was the site supervisor notified? ☐ Yes ☐ No **Date/Time:** _____

Was the course instructor notified? ☐ Yes ☐ No **Date/Time:** _____

Follow-Up Required

_____

_____

Signatures

Student Signature: _____ **Date:** _____

Preceptor / Site Supervisor Signature: _____ **Date:** _____

Instructor Signature: _____ **Date:** _____

Section 10 — Evaluation Forms

Form H: Midpoint Evaluation

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Student Name: _____ **Student ID:** _____

Preceptor Name: _____ **Evaluation Date:** _____

Rate the student on each criterion using the following scale:

1 = Unsatisfactory **2** = Needs Improvement **3** = Satisfactory **4** = Proficient **5** = Exemplary

#	Criterion	Rating (1–5)
1	**Professional Behavior:** Demonstrates professionalism, punctuality, appropriate dress, and ethical conduct.	
2	**Communication:** Communicates effectively with patients, families, staff, preceptor, and interprofessional team members.	
3	**Evidence-Based Practice:** Integrates current evidence and research into clinical decision-making and practicum activities.	
4	**Clinical Reasoning:** Demonstrates sound clinical judgment, critical thinking, and problem-solving skills.	
5	**Initiative:** Takes initiative in seeking learning opportunities and contributing to the practicum site.	
6	**Policy Adherence:** Follows all site policies, HIPAA regulations, and safety protocols.	
7	**Cultural Sensitivity:** Demonstrates respect for diversity and provides culturally sensitive care and interactions.	
8	**Time Management:** Manages time effectively, meets deadlines, and maintains consistent attendance.	
9	**Concept Integration:** Integrates concepts from the RN-to-BSN curriculum into practicum activities.	
10	**Goal Progress:** Demonstrates measurable progress toward practicum learning objectives and personal goals.	

Total Practicum Hours Completed to Date: _____

Preceptor Comments

_____

_____

_____

Student Self-Reflection

_____

_____

_____

Signatures

Preceptor Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Instructor Signature: _____ **Date:** _____

Form I: Final Evaluation

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Student Name: _____ **Student ID:** _____

Preceptor Name: _____ **Evaluation Date:** _____

Rate the student on each criterion using the following scale:

1 = Unsatisfactory **2** = Needs Improvement **3** = Satisfactory **4** = Proficient **5** = Exemplary

#	Criterion	Rating (1–5)
1	**Professional Behavior:** Demonstrates professionalism, punctuality, appropriate dress, and ethical conduct.	
2	**Communication:** Communicates effectively with patients, families, staff, preceptor, and interprofessional team members.	
3	**Evidence-Based Practice:** Integrates current evidence and research into clinical decision-making and practicum activities.	
4	**Clinical Reasoning:** Demonstrates sound clinical judgment, critical thinking, and problem-solving skills.	
5	**Initiative:** Takes initiative in seeking learning opportunities and contributing to the practicum site.	
6	**Policy Adherence:** Follows all site policies, HIPAA regulations, and safety protocols.	
7	**Cultural Sensitivity:** Demonstrates respect for diversity and provides culturally sensitive care and interactions.	
8	**Time Management:** Manages time effectively, meets deadlines, and maintains consistent attendance.	
9	**Concept Integration:** Integrates concepts from the RN-to-BSN curriculum into practicum activities.	
10	**Goal Progress:** Demonstrates achievement of practicum learning objectives and personal goals.	

Overall Recommendation

☐ **Satisfactory** — Student has met all practicum requirements.

☐ **Unsatisfactory** — Student has not met practicum requirements.

☐ **Incomplete** — Student requires additional time/hours to meet requirements.

Total Practicum Hours Verified: _____

Preceptor Final Comments

_____

_____

_____

Student Self-Reflection

_____

_____

_____

Signatures

Preceptor Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Instructor Signature: _____ **Date:** _____

Form J: Student Evaluation of Practicum Experience

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Your feedback is valued and used to continuously improve the practicum experience. Please rate each item honestly using the following scale:

1 = Strongly Disagree **2** = Disagree **3** = Neutral **4** = Agree **5** = Strongly Agree

#	Statement	Rating (1–5)
1	The practicum site provided adequate learning opportunities aligned with my focus area objectives.	
2	My preceptor was knowledgeable, supportive, and effective in guiding my practicum experience.	
3	The practicum objectives were clearly defined and achievable within the allotted time.	
4	The practicum experience contributed to my professional development and clinical competence.	
5	The RN-to-BSN coursework adequately prepared me for the practicum experience.	
6	The Practicum Packet was useful and provided clear guidance for completing the practicum.	

Additional Comments

What aspects of the practicum were most valuable to your learning?

_____

_____

What suggestions do you have for improving the practicum experience?

_____

_____

Signature: _____ **Date:** _____

Form K: Student Health Verification Form

Health Verification Form

_____Last Name _____First Name _____Middle Initial

_____Date of Birth _____Program (RN to BSN, pre-licensure BSN, LPN to BSN)

Provider Verification

1. After evaluating this student's health history and performing a physical examination, I certify that the student displays adequate health to participate in all aspects of the nursing education program.

Yes/No

2. After evaluating this student's health history and performing a physical examination, I am recommending further evaluation by a professional prior to the student participating in all aspects of the nursing education program.

Yes/No

Follow-up appointment scheduled for _____

Healthcare Provider Signature: _____

Healthcare Provider Credentials: _____Date: _____

**Please note only a "wet signature" is allowed on health verification documents.

Section 11 — Student Checklist

Use this checklist to track your progress through all practicum requirements. Check each item as completed.

Phase 1: Pre-Practicum

- ☐ Read the Practicum Packet in its entirety
- ☐ Complete and submit Form E: Student Acknowledgment
- ☐ Verify all prerequisites have been met (GPA, courses, RN license)
- ☐ Upload all compliance documents to the NURS 0493 course LMS including Health verification Form K
- ☐ Obtain/renew CPR/BLS certification (AHA, hands-on)
- ☐ Complete background check and drug screen as directed by course faculty
- ☐ Verify immunization records are current and uploaded
- ☐ Obtain professional liability insurance ($1M/$3M coverage)
- ☐ Complete HIPAA and OSHA/BBP training
- ☐ Identify and secure preceptor(s); submit Form B: Preceptor Nomination
- ☐ Identify and secure practicum site(s); submit Form D: Site Approval Request. **This is submitted within the NURS 0479 Population Health Nursing course LMS by the end of Week 4 AND the signed/approved request will be submitted by the end of week one in NURS 0493 Practicum course LMS to the student.**
- ☐ Obtain signed Form C: Preceptor Agreement This is submitted by the end of Week 1 in the NURS 0493 course.
- ☐ Submit Form F: Practicum Schedule by the end of Week 2 in the NURS 0493 course.
- ☐ Access Elsevier resources and ShadowHealth by the end of Week 1 in the NURS 0493 course.
  Complete all ShadowHealth assignment practicum hours by the end of Week 7 in the NURS 0493 course

Phase 2: During Practicum

- ☐ Log all practicum hours on Form A with preceptor initials
- ☐ Submit Form A (midpoint) by the end of week four.
- ☐ Complete midpoint evaluation (Form H) with preceptor by the end of week four.
- ☐ Maintain reflective journal entries throughout the semester
- ☐ Complete all assigned Shadow Health modules by posted deadlines
- ☐ Communicate regularly with preceptor and course instructor
- ☐ Report any incidents using Form G within 24 hours
- ☐ Monitor and maintain current compliance documentation

Phase 3: Post-Practicum

- ☐ Complete all 96 practicum hours
- ☐ Submit final Form A: Practicum Hour Log with all signatures (48 practicum hours on site)
- ☐ Complete final evaluation (Form I) with preceptor
- ☐ Submit all remaining Shadow Health assignments
- ☐ Prepare and deliver capstone presentation
- ☐ Complete Form J: Student Evaluation of Practicum
- ☐ Submit final reflective journal

Section 12 — Contacts and Resources

Department Contacts

Role	Contact Information
Department Chair	Dr. Lisa Beals Office 252, Health Sciences Building Phone: 417-625-9775 Email: beals-l@mssu.edu
Department of Nursing Main Office	McCune Brooks Foundation Department of Nursing 3950 E. Newman Road, Joplin, MO 64801 Phone: 417-625-9628
Course Instructor/RN to BSN Program Coordinator	Melanie Markham Email: markham-m@mssu.edu (preferred contact) Phone: 417-625-3503

Key Resources

Resource	Description
MSSU Department of Nursing Website	Program information, faculty directory, forms, and announcements. Visit the MSSU website and navigate to the Department of Nursing page.
Shadow Health	Digital Clinical Experience platform. Access via the link provided in your course learning management system.
Learning Management System	Compliance documentation platform for background checks, drug screens, immunization records, and certifications.
Missouri State Board of Nursing	Licensing verification, regulations, and practice information for Missouri registered nurses.
ANA Code of Ethics for Nurses	The American Nurses Association’s foundational document outlining ethical obligations and standards for professional nursing practice.
MSSU Academic Calendar	Important dates including registration deadlines, withdrawal dates, holidays, and semester start/end dates. Available on the MSSU website.