

University of Texas at Tyler – College of Nursing

NURS _____ – _____

Student Daily Clinical Goals and Objectives

Student Name: _____

Date: _____

Students should develop 2 clinical goals and at least 5 objectives for each clinical day and share with preceptor at the beginning of the shift and review with your Clinical Instructor when they round.

Goals may relate to broad areas that are being studied in class, and objectives relate to specific things (example – skills) that need to be practiced or required for the course.

For example:

Goal – To learn about care of the patient with an arrhythmia.

Objectives: 1.) Practice analyzing EKG strips; 2.) Identify drugs that are used to treat a patient’s arrhythmia; 3.) Place telemetry electrodes on a patient; 3.) Identify signs and symptoms that may be associated with an arrhythmia and the nursing interventions to address the problem; 4.) Teach a patient about medications that are used to control arrhythmias; 5.) Conduct a thorough cardiac assessment on patient with an arrhythmia and practice charting significant findings.

***Refer to Course Skill Checklist for listing of skills required for this course.**

My goals for today are:

1.) _____

2.) _____

My clinical objectives for today are:

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

I understand that there may be skills a Student Nurse cannot perform. I understand that it is my responsibility to perform only those skills that are allowed in accordance with the School of Nursing policies and/or Clinical Facility.

Be sure to sign and complete the Preceptor Agreement on the back side. Once form is completed – take a screen shot of both sides and submit to your assigned Canvas site.

**THE UNIVERSITY OF TEXAS AT TYLER
School of Nursing and Health Sciences
Baccalaureate Nursing Program**

PRECEPTOR AGREEMENT

I, (Print Preceptor's Name) _____, verify that:

- A. I have completed or will complete preceptor orientation provided by the organization and/or UT Tyler School of Nursing.
- B. I will precept the nursing student _____ from NURS _____ according to course objectives during _____ semester/year.
- C. I will follow the functions and responsibilities of the preceptor as outlined in the UT Tyler Preceptor Program.
- D. I understand if I have any questions, I may call the faculty member at any time. I have received information on how to contact the appropriate faculty.

Contact Number for Clinical Instructor: _____

- E. As a preceptor, you are entitled to educational benefits as defined by the Coordinating Board. <http://www.collegeforalltexas.com/apps/financialaid/tofa2.cfm?ID=546>



Preceptor Signature

Date

Agency

Unit (if applicable)

My signature validates that I will follow the functions and responsibilities of my role as outlined in the UT Tyler Preceptor Program.

Nursing Student Signature

Date

Faculty Signature

Date

Preceptors may copy this sheet for their records regarding proof of eligibility to receive Preceptor Benefits.