

**MOLLOY UNIVERSITY**  
**THE BARBARA H. HAGAN SCHOOL OF NURSING AND HEALTH SCIENCES**

**NURSING ADMINISTRATION PROGRAM**  
**NUR-5420: Practicum in Nursing Administration**

Student: \_\_\_\_\_ Semester/Year:: \_\_\_\_\_  
 Faculty: \_\_\_\_\_  
 Preceptor: \_\_\_\_\_  
 Practicum site: \_\_\_\_\_

<b>Objective</b>	<b>Pass</b>	<b>Fail</b>	<b>Needs Improvement</b>	<b>No Opportunity To Observe</b>
<p><b>A. <u>Administrative Role</u></b></p> <ol style="list-style-type: none"> <li>1. Participates in the administrative functioning of the unit/department</li> <li>2. Supports and facilitates the organization's/unit's/department's mission, philosophy and operating goals.</li> <li>3. Assists administrator in planning, coordinating, instituting and evaluating program policies, and/or standards.</li> <li>4. Participates in appropriate meetings and/or conferences.</li> <li>5. Seeks input from administrator regarding professional development.</li> <li>6. Applies critical thinking analysis to organizational problems,dilemmas, and/or issues.</li> <li>7. Applies standards of ethics and laws pertaining to human resources.</li> </ol>				

Objective	Pass	Fail	Needs Improvement	No Opportunity to Observe
<p><b>B. <u>Research Role</u></b></p> <ol style="list-style-type: none"> <li>1. Utilizes research to support decisions/actions in administrative role.</li> <li>2. Identifies potential research related to administration.</li> <li>3. Demonstrates ability to access technology related to advanced practice and administration.</li> </ol>				
<p><b>C. <u>Professionalism</u></b></p> <ol style="list-style-type: none"> <li>1. Assumes responsibility for maintaining current knowledge and competency in area of specialization.</li> <li>2. Develops a plan for professional development.</li> <li>3. Collaborates with other advanced practice nurses within the institution and healthcare system.</li> <li>4. Promotes a positive image of nursing.</li> <li>5. Participated in Practicum Seminars</li> </ol>				

**COMMENTS: (Please address overall performance and any area marked Fail, Needs Improvement, or No Opportunity to Observe)**

**PRECEPTOR OR FACULTY:** \_\_\_\_\_  
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**STUDENT:** \_\_\_\_\_  
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**Preceptor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Faculty's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_