

University of Victoria School of Nursing FINAL SPECIALTY / OFFSITE PRACTICUM REQUEST FACULTY REFERENCE FORM

Student: Please complete the information on this page below **before** forwarding this reference form to a clinical instructor from UVic, Camosun College, or College of the Rockies. You will submit your written application and résumé (named and anonymous copies) in a separate email to nursprac@uvic.ca

DEADLINE FOR REFEREE TO SUBMIT THIS FORM: 4:00pm, Friday May 25, 2018

The student will submit the remainder of the completed application separately to the SON.

Instructor: Information concerning the reference requested

UVic's specialty and offsite placements have been offered for several years with much success for students in these approaches to clinical education. The responses on this form are a significant component for consideration by the UVic School of Nursing Faculty Committee reviewing specialty and offsite applications. Please bear in mind the following information, as you complete this form.

- The placements take place in Consolidated Practice Experience V (NURS 475) and Nursing Practice VII: Transitions (NURS 491) in the January April term of the coming year.
- UVic Offsite placements may take place anywhere in Canada including rural and remote locations with few resources or personal amenities, to urban locations that are highly resourced and specialized. Specialty practica usually take place in urban settings in BC.
- Preceptorship is the model of practice education; the student will not necessarily have previously experienced preceptorship.
- While Specialty practica have face-to-face clinical instruction, contact with the course instructor for Offsite placements is by phone and internet, only.
- The information you provide will be used to assess and enhance available student learning opportunities.

Instructor: Please scan and email the completed reference directly to the School of Nursing: MURSPRAC@uvic.ca with Faculty Reference Form, name of specialty or offsite, and student initials in the subject line.

Instructor I	nformation	for A	pplicant:
--------------	------------	-------	-----------

Student Name: Student Number:

DESCRIPTORS FOR STUDENT REFERENCE:

- **Accountability/Professionalism:** student response in course-based and/or practice-based learning to expectations and responsibilities outlined in Syllabi; reliability; punctuality, attendance in class/clinical.
- Communication: proactively initiates contact with instructor and preceptor; regularly check in and reports progress and learning needs
- **Critical thinking/clinical reasoning:** curious; raises questions, gathers relevant information, carefully analyses and interprets using abstract ideas, reaches well-reasoned conclusions; self-reflective; recognizes multiple perspectives on situations, identifies practical implications and consequences.
- Initiative: student ability to assess and initiate independently
- **Participation:** active involvement, shows interpersonal skills (e.g., ability to develop rapport; motivates trust; demonstrates sensitivity, flexibility, patience, resilience, determination, optimism)
- **Practice:** student ability to practice with integrity and consult as needed; communication skills (e.g., active listener, with the ability to convey information to another effectively and efficiently.)
- **Scholarship:** commitment to gaining knowledge by exploring from multiple perspectives (e.g., academic, theoretical, experiential, practice).
- Writing skills: student's written composition of ideas include concise, clear presentation of ideas & appropriate choice of words; accurate use of grammar, spelling, punctuation. Attention to detail (e.g., thorough, accurate, meticulous in course-based and/or practice-based learning, e.g., charting.

How do you know the student?

Please rate the student: from low (1) to high (5)

Indicator/Rating	Low 1	2	Average 3	4	High 5
Accountability/Professionalism					
Communication skills					
Critical thinking/clinical reasoning					
Initiative					
Participation					
Practice					
Scholarship					
Writing Skills					

Writing Skills									
Recommendation status for preceptorship with no instructor present: Yes Some concerns									
If your response is no or some concerns, please specify:									
Instructor Name:		Instructor	Signature:						
Title:	Email:		(Office Phone:					
					V				