## Nurse Executive Leadership Practicum Tracking Log

| Student's Name:                | <br> |      |
|--------------------------------|------|------|
|                                |      |      |
| Preceptor's Name:              | <br> | <br> |
| Dracticum Sito/Organization    |      |      |
| Practicum Site/Organization: _ | <br> |      |

Instructions: For this practicum experience, you are responsible for completing 105 hours of practicum time in a health care organization. This practicum will focus on an executive-level project in collaboration with and under the supervision of a nurse executive preceptor.

You will document your completed hours on the Nurse Executive Leadership Tracking Log after each practicum day. In addition to your hours, each day's entry should also identify thick Nurse Executive Leadership Track outcome was targeted for the day's activities. Students should have all track outcomes addressed by the end of this practicum course. Track outcomes are listed below for reference.

The Nurse Executive Leadership MSN Graduate will be able to:

- 1. Synthesize and apply effective communication skills with diverse individuals to promote community, academic and interprofessional relationships.
- 2. Model leadership in health systems, including reflective practice and visionary thinking.
- 3. Synthesize understanding of systems and leadership skills to effectively manage change, lead health systems and plan for succession.
- 4. Synthesize and apply ethics and professional accountability, including advocacy for the health care team, for patients/families and for the community.

- 5. Advocate for the advancement of the profession and create a professional career plan for nurse executive leadership.
- 6. Synthesize financial and strategic management, human resource management, and information management skills necessary to lead health systems.

Your practicum sheet will be uploaded at midterm for faculty to track your progress throughout the semester. Once you have completed your required 105 practicum hours, you and your preceptor will sign and date the Practicum Tracking Log form and submit to your course faculty. If you have any difficulties completing the required hours with your preceptor, you must reach out to your course faculty immediately.

| Date      | Time(s)         | Description of Practicum Activity                                     | Track Outcome(s)<br>for this day (1-6) | Total<br>Daily<br>Hours | Cumulative<br>Course<br>Hours |
|-----------|-----------------|---|--|-------------------------|-------------------------------|
| 2/25/2022 | 12pm-4<br>:30pm | (Example) Worked with preceptor on developing project for this course |  | 4.5                     | 4.5                           |
|           |                 |   |  |                         |                               |
|           |                 |   |  |                         |                               |
|           |                 |   |  |                         |                               |
|           |                 |   |  |                         |                               |
|           |                 |   |  |                         |                               |
|           |                 |   |  |                         |                               |
|           |                 |   |  |                         |                               |

| Date        | Time(s)       | Description of Practicum Activity                | Track Outcome(s) for this day (1-6) | Total<br>Daily | Cumulative<br>Course |
|-------------|---------------|--|-------------------------------------|----------------|----------------------|
|             |               |  |                                     | Hours          | Hours                |
|             |               |  |                                     |                |                      |
|             |               |  |                                     |                |                      |
|             |               |  |                                     |                | 1                    |
|             |               |  |                                     |                | ļ                    |
|             |               |  |                                     |                |                      |
|             |               |  |                                     |                |                      |
|             |               |  |                                     |                |                      |
|             |               |  |                                     |                |                      |
|             |               |  |                                     |                | 1                    |
|             |               |  |                                     |                | 1                    |
|             |               |  |                                     |                |                      |
|             |               |  |                                     |                |                      |
|             |               |  |                                     |                |                      |
|             |               |  |                                     |                |                      |
|             |               |  |                                     |                |                      |
|             |               |  |                                     |                |                      |
|             |               |  |                                     |                |                      |
|             |               |  |                                     |                |                      |
|             |               |  |                                     |                |                      |
|             |               |  |                                     |                | 1                    |
|             |               |  |                                     |                |                      |
| y signing l | below, you ac | cknowledge that the information provided on this | document is accurate.               |                |                      |
|             |               |  |                                     |                |                      |
|             |               |  |                                     |                |                      |
|             | ignature      |  | ——<br>Date                          |                |                      |

| Preceptor's Signature | Date |
|-----------------------|------|