

Bradley University
College of Education and Health Science
Department of Nursing

Policy: Practicum Remediation Process (Undergraduate)

Purpose: To provide a process for faculty and students to complete practicum performance remediation.

Policy Statement: Students who are required to perform practicum remediation should follow the process below. Failure to complete required practicum remediation may result in an Unsatisfactory practicum grade.

Procedure:

1. The practicum instructor informs the student that their performance requires remediation on content, or skill, or a combination of both.
2. The practicum instructor will give the student the Practicum Remediation Form to be signed by the skills lab coordinator upon completion of successful remediation and then returned (by the student) to the practicum instructor for inclusion with the final practicum evaluation.
3. The student signs up in the Learning Management System site-NUR Skills Lab under “open lab” to reserve a time in the skills lab to review required material. If the times posted conflict with classes, the student should email the lab coordinator to schedule time to come to the lab.
4. The student submits the completed Practicum Remediation Form to the practicum instructor at the next practicum date or time agreed upon at the initial notification.
5. The practicum instructor will e-mail the skills lab coordinator to discuss specific needs, or to inquire about student’s attendance if necessary.

Practicum Remediation Form

Student Name: _____

Date: _____

Instructor Signature: _____

During the Skill Competency or in Practicum, the student demonstrated difficulty in performing the following skill(s) was observed:

Please review the proper performance of the above item(s). The student is expected to practice _____ to self-remediate. The student will bring this form to practice lab, communicate with the skills lab coordinator, and have the form initialed to indicate that the student completed this remediation. The student will return the form to the instructor.

The above student has successfully remediated the item(s) listed above and is prepared to demonstrate competency and return to the clinical lab and/or practicum.

Skills Lab Coordinator initials: _____

Date: _____

Comments:

This document was returned to the practicum instructor on the date shown below:

Practicum Instructor: _____

Date: _____

I have returned this remediation request to my practicum instructor as documented above.

Student Signature: _____

Date: _____