



# **NATIONAL ALLIANCE OF WOUND CARE®**

Wound Care Credentialing...the Mark of Distinction.®

## **WCC CERTIFICATION PRECEPTOR MANUAL**

**(For Preceptors and Students)**

5464 N Port Washington Road #134  
Glendale, WI 53217  
PHONE: 877-922-6292  
FAX: 800-352-8339

[www.nawccb.org](http://www.nawccb.org)

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# WCC CERTIFICATION PRECEPTOR MANUAL

## Table of Contents

WCC Preceptor Program Description . . . . .	2
WCC Student Responsibilities . . . . .	3
Preceptor Qualifications . . . . .	4
Preceptor Responsibilities . . . . .	4
Preceptor Tips . . . . .	6
How to Become a WCC Clinical Preceptor . . . . .	7
Forms:	
Preceptor Application . . . . .	8
WCC Preceptorship Clinical Log . . . . .	10
WCC Clinical Narrative Evaluation Form . . . . .	14
WCC Clinical Timesheet . . . . .	16
Checklist . . . . .	18

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## WCC Certification Using the Preceptor Option

The preceptor option is an ideal choice for wound care certification for healthcare clinicians that do not have sufficient experience to qualify through the education option alone. This is a four week program with one week in a classroom setting and 3 weeks in the clinical setting.

Any Registered Nurse, Licensed Practical/Vocational Nurse, Nurse Practitioner, Physical Therapist, Physical Therapy Assistant, Occupational Therapist, Physician or Physician's Assistant that has a current unrestricted professional license may apply for WCC wound care certification through the preceptor option program.

Students attend the one week NAWC approved wound and skin management course at a location of their choice. Upon successful completion of the one week course, the student returns home to complete the clinical portion of the program.

Students are required to obtain a qualified clinical preceptor to provide their clinical training. To be approved as a clinical preceptor, the following criteria must be met:

1. Current unrestricted professional license as a: Registered Nurse, Licensed Practical/Vocational Nurse, Nurse Practitioner, Physical Therapist, Physical Therapy Assistant, Occupational Therapist, Physician or Physician's Assistant.
2. Current active certification National Alliance of Wound Care as a "WCC" or current active certification with Wound Ostomy Continence Nursing Certification Board (WOCNCB) as a "CWCN", "CWON", "CWOCN" or Current active certification with American Academy of Wound Management (AAWM) as a "CWS".
3. At least 2 years of clinical experience in wound care within the last five years, and a minimum of 1 year of experience since wound care certification.
4. Sufficient clinical population and opportunities to provide needed learning experiences and skill acquisition to student.
5. Approval from employer.
6. Submission and subsequent approval of the NAWC clinical preceptor application.

In order to experience multiple wound care scenarios, students may choose to obtain more than one clinical preceptor. Student is responsible for any associated fees required by preceptor and for obtaining appropriate health exams, insurance etc required by preceptor.

The student is required to spend 120 hours (3 weeks) in the clinical setting working under the supervision of the preceptor. The student and preceptor use the WCC clinical activity log to document the various tasks experienced in the clinical setting. After completion of 120 clinical hours the preceptor submits the WCC clinical activity log and student evaluation to the NAWC. (Must be completed within one year after attending the wound and skin management course.)

Upon receipt of the completed clinical activity log and satisfactory evaluation, an authorization letter with instructions for the NAWC WCC exam will be sent to the student. Exams are offered at PSI/LaserGrade computer centers around the US. To view computer center locations go to [www.lasergrade.com](http://www.lasergrade.com).



## WCC Student Responsibilities Preceptor Program

1. Students are required to find a qualified clinical preceptor to provide their clinical training.
  - Read the Preceptor Manual in order to understand the type of medical settings and medical providers that are appropriate and qualified to provide preceptorship.
  - Seek settings and medical providers with qualities and requirements outlined in the Preceptor Manual.
  - Provide a copy of the Preceptor Manual to medical providers who are interested in precepting a student.
  - Make effort to acquire a Preceptor before the start of skin and wound management training course.
2. Student is responsible for all agreements and arrangements with the selected preceptor.
3. Student may use more than one clinical preceptor; however all must be approved by the National Alliance of Wound Care.
4. Student is responsible for any associated fees required by preceptor.
5. Student is responsible for obtaining appropriate health exams, insurance etc required by preceptor.
6. Clinical preceptorship should be completed within one year after completion of NAWC approved training course.
7. During clinical rotation, schedules, tasks, absences are all communicated directly with the preceptor. In the event that student is ill or will be unable to attend clinical rotation, the student should notify the preceptor as soon as possible, preferably at least the day preceding the scheduled clinical.
8. Clinical hours are to be documented daily on the WCC clinical timesheet. Preceptor is to verify hours and initial timesheet on a weekly basis. Upon completion of the clinical rotation, student and preceptor sign the timesheet and preceptor submits to National Alliance of Wound Care.
9. The WCC Clinical Log should be used as a guide for clinical objectives. All activities on the log should be completed within the 120 hour clinical rotation.
  - a. The preceptor is responsible for documenting on the form when an activity is accomplished.
  - b. Students should be familiar at all times with what activities have been accomplished and which other areas needed to be completed.
  - c. Assist the preceptor in finding opportunities for activities.
  - d. If opportunities are limited or unable to complete required activities, additional hours or another clinical preceptor may be needed.
10. Upon completion of all required clinical activities and hours, the preceptor will complete the WCC Clinical Log and a clinical narrative evaluation for the student.
  - a. The preceptor will review the clinical evaluation with the student.
  - b. Both student and preceptor need to sign the evaluation.
  - c. Preceptor responsible for submitting the clinical log and evaluation to the National Alliance of Wound Care office.
11. National Alliance of Wound Care will notify student by email of eligibility and instructions for scheduling the WCC examination.
12. Student must schedule exam within 2 years of completing the skin and wound management training course.



# WCC Clinical Preceptor

## Qualifications

1. Current unrestricted professional license as a: Registered Nurse, Licensed Practical/Vocational Nurse, Nurse Practitioner, Physical Therapist, Physical Therapy Assistant, Occupational Therapist, Physician or Physician's Assistant.
2. Current active certification National Alliance of Wound Care as a "WCC" or current active certification with Wound Ostomy Continence Nursing Certification Board (WOCNCB) as a "CWCN", "CWON", "CWOCN" or Current active certification with American Academy of Wound Management (AAWM) as a "CWS".
3. At least 2 years of clinical experience in wound care within the last five years, and a minimum of 1 year of experience since wound care certification.
4. Sufficient clinical population and opportunities to provide hands on wound care skills and learning experiences to student.
  - a. Acute Care and Long Term Care – Average of 6-10 patient visits per day.
  - b. Home Health Care – Average of 3 – 6 patient visits per day.
5. Approval from employer.

## Responsibilities

The purpose of the WCC clinical preceptorship is to provide a supervised clinical experience in which WCC students have the opportunity to apply classroom knowledge in the clinical setting with an experienced wound care practitioner.

The ultimate goal of the clinical preceptorship is to provide students with comprehensive wound care experiences where upon completion, the student will be able to function safely and independently.

The overall preceptor responsibilities shall include the orientation, supervision, teaching, and evaluation of student's performance in the clinical setting.

Additional responsibilities:

1. Obtain approval for preceptorship from employer.
2. Coordinate and communicate to student all employer requirements and contractual agreements needed prior to clinical rotation.
3. All decisions and agreements related to preceptorship fees are the responsibility of the preceptor and the student.
4. Read the WCC clinical log in order to understand the experiences and tasks that are needed for the student to successfully complete the clinical rotation.
5. Review student's previous learning experiences and clinical objectives to be accomplished.
6. Review clinical opportunities and schedule student accordingly with a total of 120 clinical hours required.

7. The WCC Clinical log form is to be completed by preceptor during the clinical rotation as the student completes required tasks.
8. Student is required to maintain a daily timesheet during clinical preceptorship. Preceptor should verify hours and initial on a weekly basis. Upon completion of the clinical rotation, student and preceptor sign the timesheet and preceptor submits to National Alliance of Wound Care.
9. Provide timely and necessary input to student regarding student's ability to meet the objectives throughout the clinical rotation. Identify areas where the student is competent and also areas that need improvement.
10. Direct the progression of student assignments based on both the preceptor's and student's evaluation of readiness, knowledge, and skill competencies.
11. Provide feedback on the accuracy and completeness of the student's documentation of clinical findings. If clinical site policies prohibit student from writing in the actual medical record, instruct student to practice documentation skills by writing their findings in a notebook or scratch paper.
12. Ensure that the student's performance is consistent with standards set forth in clinical site policies, procedures, and advanced practice protocols for patient care, education, and administration duties.
13. Notify National Alliance of Wound Care immediately of any unsafe clinical practice by the student or student difficulties in meeting the requirements of the preceptorship experience.
14. Clinical preceptor can recommend additional clinical hours or for student to return to class if poor performance during clinical rotation.
15. If learning opportunities are limited, preceptor may choose to have student perform classroom demonstrations, role play or discuss and evaluate case study scenarios.
16. Complete the WCC clinical narrative evaluation at the end of the clinical preceptorship.
17. Review the completed WCC clinical log and the clinical narrative evaluation with the student.
18. Submit the completed WCC clinical log along with Clinical narrative evaluation to the National Alliance of Wound Care.



## Preceptor Tips

1. Preceptor takes on the role of a mentor, advisor, and clinical expert.
2. Be a Role Model. Demonstrate a consistent application of the current standards of wound care and model of practice.
3. Provide adequate supervision of the student without being restrictive (as the student progresses, the preceptor's role should be to deliberately and progressively take a less active role in the rotation)
4. Sharing expectations on the first day helps set the tone for the learning experience.
  - a. *Learning About Each Other* - The first meeting with a student should address mutual expectations. You should allow approximately 30 minutes on the first day to greet the learner and share information.
  - b. *Previous Experience* - Many WCC students do not have a lot of clinical experience. Get to know your student, ask questions find out what the student's own goals are for the experience.
  - c. *Responsibilities* - Be as explicit as possible about the entire spectrum of responsibilities. Consider such mundane but important aspects as how to dress, where to park, through what doorway to enter the building, and where to store personal possessions, as well as expectations and clinical site rules and regulations. Be clear on how you want the student to contribute to the rotation – some activities may be observational, while others may require hands-on participation.
  - d. *Teaching* - You may wish to tell the student you will "teach on the fly", primarily by asking questions, role-modeling, and directing the learner to the literature to answer important content questions. Whatever approach you choose, briefly describe what will occur and what the student must do to make the process work.
  - e. *Evaluation and Feedback* - The student needs to know about evaluation and feedback, including when and how it will occur, and to have a clear idea of what criteria will be used for evaluation. Use this time to reassure the learner that you will offer informal feedback frequently during the experience.
5. Do not always provide answers. Provide tips to help guide your student through the problem-solving process.
6. Immediate feedback is most effective. Correct a misunderstood situation or mistake as soon as it happens.
7. Not only do preceptors teach, but they also learn by teaching.
  - a. The student will ask you challenging questions. These questions require you to provide a rationale for the treatment regime of the patient.
  - b. Additionally, it gives you the opportunity to re-evaluate the treatment approach related to a certain conditions.
8. Listen to what the students need or want to learn, and don't present only what you want to teach. One teaches more by what one does than by what one says.
9. Remember that every individual is unique and that you must tailor the learning to the individual.

10. Get to know the student's strengths and weaknesses as soon as possible, and then help find experiences to address the weaknesses and capitalize on the strengths.
11. Let people make mistakes - as long as it doesn't jeopardize patient safety. This is an excellent way for learning to have an impact.
12. Encourage questions, and make sure the student understands that no question is stupid.
13. Go step by step: students cannot be taught short cuts - they first need to learn things the established way. On the other hand, if there is a safe short cut, share it!
14. Think Aloud for the Student/Explain your Rationale/ Experience - Recalling your rationale aloud as you discuss cases or situations with the student will be valuable. Expect the student to question you in response. Help the student practice collaborative communication by exploring with them the important implications of the situation.
15. Learning Style: recognize and accommodate the learning style of your student. Some learners like a lot of discussion, before trying out a new skill while others want to practice right away and then discuss and learn from their practice session. To understand the learning style of your student, listen to what they say and observe what they do; that assessment will give you some useful information about how to tailor your approach to their learning needs. Your learning style may be different from your student; that is to be expected. It is your job to enter the world of your student so learning can take place. This may not be easy, but it may be the best way to achieve results.

## How to Become a Preceptor

1. Read the Preceptor Manual in order to understand qualification requirements and clinical settings that are appropriate to provide preceptorships
2. Complete the *WCC Preceptor Application*.
3. Mail and/or fax the *WCC Preceptor Application* to:

Linda Dolezan  
Fax: 1-800-352-8339  
National Alliance of Wound Care  
5464 N Port Washington Road #134  
Glendale, WI 53217

# WCC® PRECEPTOR APPLICATION

## CONTACT INFORMATION

**1. NAME (Please Print)**  
Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

**2. MAILING ADDRESS**  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

**3.** Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
( ) ( )

## EDUCATION

**4. COLLEGE**  
 Diploma       MSN  
 Associate       PhD  
 BS       MD/DO/DPM  
 BSN       Other: \_\_\_\_\_  
 BA  
 Field of Study: \_\_\_\_\_

**5. PROFESSIONAL LICENSES (Check all that apply)**  
 LPN/LVN     RN       NP/APN     OT  
 PTA       PT       PA       MD/DO/DPM  
 License Number(s): \_\_\_\_\_  
 State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## WOUND CARE

**6. CURRENT WOUND CARE CERTIFICATIONS (Check all that apply)**  
 WCC Certification # \_\_\_\_\_       CWOCN Certification # \_\_\_\_\_  
 CWCN Certification # \_\_\_\_\_       CWS Certification # \_\_\_\_\_  
 CWON Certification # \_\_\_\_\_       Other: \_\_\_\_\_

**7. LICENSED EXPERIENCE/PRACTICE WOUND CARE**  
 Less than two years  
 Two to Five years  
 More than Five but fewer than Ten  
 Ten or more Years

**8. HOURS WORKED IN WOUND CARE PER WEEK:**  
 Part Time - 8-20 hours  
 Part Time - 21-39 hours  
 Full Time - 40 or more

**9.. PATIENT CASELOAD** Document the average weekly number of patients you see and what type care setting.

Wound Type	Acute Care	Long Term Care	Home Health Care	Outpatient	Other
Pressure Ulcers	20				
Neuropathic (Diabetic) Ulcers					
Venous and/or Arterial					
Surgical					
Burns					
Trauma					
Palliative					
Dermatological					
Other Skin Problems					
<b>TOTAL</b>					

## EMPLOYMENT

Complete the following sections to document required wound care related work experience. May attach additional pages if needed.

Current Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employment Dates From: \_\_\_ / \_\_\_ / \_\_\_ to: \_\_\_ / \_\_\_ / \_\_\_     Full Time     Part Time

Supervisor Name: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employment Dates From: \_\_\_ / \_\_\_ / \_\_\_ to: \_\_\_ / \_\_\_ / \_\_\_     Full Time     Part Time

Supervisor Name: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employment Dates From: \_\_\_ / \_\_\_ / \_\_\_ to: \_\_\_ / \_\_\_ / \_\_\_     Full Time     Part Time

Supervisor Name: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_

## ADDITIONAL QUALIFICATIONS

List any additional qualifications or clinical experience that may enhance your ability as a clinical preceptor.

## AGREEMENT AUTHORIZATION

I hereby affirm that I have been a \_\_\_\_\_ actively and directly involved in the delivery of wound care for a minimum of two years full-time within the past five years and a minimum of 1 year of experience since wound care certification.  
(Wound Certification Credential)

I further affirm that I am currently licensed to practice as a \_\_\_\_\_ in the state of \_\_\_\_\_.  
(Professional License Type)

I further affirm that no licensing authority has current disciplinary action pending against my license to practice in the aforementioned or any other state, and that my license to practice is not currently suspended, restricted or revoked by any state or jurisdiction.

I authorize the National Alliance of Wound Care® to make whatever inquiries and investigations that is deems necessary to verify my credentials and professional standing.

I have read and understand all the responsibilities of a WCC Clinical preceptor, provided in attached NAWC® preceptor handbook. I further agree to abide by the policies and procedures as set forth in the NAWC® preceptor handbook and all conditions included in the NAWC® preceptor agreement.

I declare that the foregoing statements are true.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

Return completed application to NAWC

By Mail: 5464 N Port Washington Road #134 Glendale WI 53217

By Fax: 800-352-8339

By email: linda@nawccb.org

# WCC PRECEPTORSHIP CLINICAL LOG



Student Name: \_\_\_\_\_

Dates of Preceptorship: \_\_\_\_\_

Clinical Location: \_\_\_\_\_

*Directions: Upon student's completion of each activity, preceptor should initial and date in the corresponding "Completed" column. Assist student to complete as many tasks as available. Activities marked with an asterisk (\*) are optional.*

Activity	Completed
<b>Risk Assessment</b>	
Utilizes risk assessment tool (Braden, Norton).	
Identifies co-morbidities from patient's history that may contribute to skin breakdown.	
Identifies environmental complications.	
Demonstrates head to toe body assessment, focusing on high risk areas.	
Recommends appropriate preventative measures.	
<b>Wound Assessment</b>	
Accurately identifies wound bed characteristics: tissue types, wound edges, peri-wound, exudate, and anatomical location.	
Differentiates between wound classifications – acute, chronic, full thickness, partial thickness.	
Performs linear wound measurements.	
Identifies etiologic factors.	
Recognizes symptoms of bacterial levels in wound.	
Identifies types of primary and secondary skin lesions.	
Conducts wound pain assessment.	
Accurately identifies impediments to the wound healing process – (e.g. radiation, non-compliance, tissue profusion, mechanical insult, cytotoxic solutions, bacterial contamination, foreign body, allergies to treatment, temperature variances, hypoxia, exudate, and epiboly)	
<b>Topical Management</b>	
Choose appropriate cost effective topical treatment for:	
Wound Cleansing	
Insulation of the wound bed	
Debridement of necrotic tissue	
Treatment of bacterial levels	
Packing of dead space	
Exudate management	
Moisture balance	
Opening of the wound edges	
Protection of wound and surrounding tissue	
Pain Management	
Odor Management	
Minimum disturbance to patient	
Recommends appropriate treatment for:	
Stable Intact Eschar	
Fungal rash	
Skin Tear	
Identifies indications and makes recommendations for:	
*Topical Growth Factors	
*Skin Substitutes	
*Hyperbaric Oxygen Treatment	

Student Name: \_\_\_\_\_

Activity	Completed
<b>Nutritional Management</b>	
Identifies nutritional complications – unintended weight loss, malnutrition, dehydration, and dysphagia.	
Reviews lab data reflective of nutritional status. (Albumin, Pre-albumin, CBC, glucose, A1C, Protein)	
Recommends appropriate nutritional interventions and referrals.	
<b>Pressure Ulcers</b>	
Accurately identifies all pressure ulcer stages.	
Assess for causative and contributing factors.	
Recommends appropriate treatment based upon patient assessment.	
Recommends appropriate support surface and offloading techniques based upon patient assessment.	
Provides appropriate education to patient and caregivers.	
<b>Neuropathic (Diabetic) Ulcers</b>	
Assess for causative and contributing factors, general health, and glucose control.	
Perform diabetic foot examination.	
Palpation pulses: Posterior Tibial and Pedal pulse	
Assess for edema, temperature, color changes	
Assess for structural deformities, calluses, ulcerations	
Semmes-Weinstein Monofilament Test	
*Toe Brachial Pressure Exam	
*Footwear Evaluation	
*Gait Evaluation	
Assess for osteomyelitis and refer for further evaluation as needed.	
Recommends appropriate treatment based upon patient assessment.	
Recommends appropriate offloading techniques based upon patient assessment.	
Provides appropriate education to patient and caregivers.	
<b>Vascular and Arterial Ulcers</b>	
Accurate identification of venous ulceration.	
Accurate identification of arterial ulceration.	
Perform lower extremity assessment.	
Palpation pulses: Posterior Tibial and Pedal pulse	
Assess for edema, temperature, color changes	
Venous Refill and Capillary Refill exam	
Pain Assessment	
*Ankle Brachial Index Exam	
Recommends appropriate treatment based upon patient assessment.	
Provides appropriate patient education and referrals.	
Compression Therapy	
Identifies indications and contraindications.	
*Selects and applies Unna’s Boot appropriately	
*Selects and applies Multi-layered wraps appropriately	
*Selects and applies Modified compression appropriately	
*Selects and applies Compression stockings appropriately	
*Other:	

Student Name: \_\_\_\_\_

Activity	Completed
<b>Other Wounds</b>	
Differentiates incontinence associated skin breakdown from pressure ulcers.	
Recommends appropriate treatment and interventions for incontinence associated skin breakdown.	
*Assessment of stoma and peristomal skin for evidence of complications.	
*Completes assessment of surgical wound or incision line.	
*Recommends appropriate treatment and interventions for palliative wound care.	
*Recommends appropriate treatment and interventions for pediatric skin breakdown.	
<b>Skill Performance</b>	
Provides for patient comfort, safety, and privacy at all times.	
Relates classroom content to clinical setting.	
Appropriately performs according to current standard of care and institution policy:	
Wound irrigation and cleansing	
Sterile and non-sterile dressing changes	
Hand Check for bottoming out related to appropriate and adequate pressure redistribution devices	
Application of ointments and surgical dressings	
*Application of drainage collection devices and pouches	
*Application of silver nitrate for debridement	
*Application and monitoring of vacuum assisted closure devices	
*Swab cultures	
*Surgical skin prep	
*Suture removal	
*Electrical Stimulation	
*Ultrasound	
*Pulsed wound lavage	
*Whirlpool	
<b>Documentation</b>	
Accurately documents wound assessment findings, interventions, referrals, recommendations and wound healing status.	
Utilizes correct terminology.	
Develops comprehensive wound management plan including: treatment, prevention, and patient education needs.	
Determines appropriate discharge plans based upon patients individual needs.	
Provides informed consent according to HIPPA regulations.	
<b>Interpersonal and Communication</b>	
Demonstrates active listening skills in interactions with patients and families.	
Communicates pertinent assessment findings to appropriate personnel as needed.	
Utilizes effective communication techniques to interact with other members of the health care team.	
Asks for assistance or input when appropriate.	
Accepts constructive criticism and uses it to improve practice.	

Preceptor Initials

Preceptor Signature

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

STUDENT NAME: \_\_\_\_\_



## CLINICAL NARRATIVE EVALUATION

**DIRECTIONS:** Circle the category of the rating scale for each of the six items which most accurately reflects your judgment of this student's performance. "Honors" is defined as "performance that **substantially exceeds** that expected of the student." "Marginal" is defined as "performance that, while not failing, is substantially worse than that expected of the student". Please make comments where necessary and informative. You are encouraged to comment where appropriate. Ratings of "Marginal" or "Fail" must be accompanied by comments to document and explain.

CLINICAL ABILITIES/PERFORMANCE/ASSESSMENT	Rating			
<b>1. KNOWLEDGE</b> Understands basic pathophysiology of disease; is knowledgeable about common problems; is able to acquire and retain facts.	Honors	Pass	Marginal	Fail
<i>Comments:</i>				
<b>2. PROBLEM SOLVING</b> Ability to assimilate information and problem-solve in a logical fashion; analyze and correlate clinical information; formulate an appropriate problem list and differential diagnosis; understand basic therapeutic plans and diagnostic strategies.	Honors	Pass	Marginal	Fail
<i>Comments:</i>				
<b>3. CLINICAL SKILLS</b> Ability to perform wound assessment; obtain appropriate clinical information from a variety of sources; recommend appropriate wound management interventions; document daily records appropriately; perform routine procedures; adapt to a variety of clinical environments.	Honors	Pass	Marginal	Fail
<i>Comments:</i>				
PERSONAL QUALITIES AND VALUES				
<b>4. INTERPERSONAL SKILLS</b> (e.g. Communication skills; cooperation; empathy; teamwork; sense of humor; care of others, etc.)	Honors	Pass	Marginal	Fail
<i>Comments:</i>				

Student Name: \_\_\_\_\_

<b>5. PROFESSIONAL CHARACTERISTICS</b> (e.g. Respect; honesty; duty; humility; initiative – consistent; ethical; respectful; recognizes limitations; responsible; reliable; flexible; receptive to feedback, etc.)	Honors	Pass	Marginal	Fail
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*Comments:*

<b>6. MOTIVATION/ENTHUSIASM</b> (e.g. Conscientious; punctual; committed; actively involved; etc.)	Honors	Pass	Marginal	Fail
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*Comments:*

**OVERALL EVALUATION**

Comments summarizing the student's performance. This is an opportunity for you to give constructive feedback to the student, indicate here **ANY** concerns you have about the student's performance.

Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WCC PRECEPTORSHIP  
CLINICAL TIMESHEET**



Student Name: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Clinical Location: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

*Directions: Student is to track time in and time out every scheduled day during clinical preceptorship. Preceptor is to initial time sheet weekly to verify hours. Submit timesheet to National Alliance of Wound Care upon completion of clinical preceptorship.*

Week 1	Date	Time In	Time Out	Total Hours
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				
Preceptor Initials:		Total Hours:		

Week 2	Date	Time In	Time Out	Total Hours
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				
Preceptor Initials:		Total Hours:		

Week 3	Date	Time In	Time Out	Total Hours
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				
Preceptor Initials:		Total Hours:		

Week 4	Date	Time In	Time Out	Total Hours
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				
Preceptor Initials:		Total Hours:		

I confirm this timesheet is an accurate account of my hours worked in the WCC Clinical preceptor rotation.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I confirm that I have checked the timesheet and it is an accurate account of the hours worked by the student.

\_\_\_\_\_  
Preceptor Signature

\_\_\_\_\_  
Date

## Timeline Checklist Preceptor Option

Order	Action	Completed ✓
1	Student completes WCEI course application.	
2	WCEI sends confirmation letter to student with Instructions, Preceptor application, preceptor clinical checklist.	
3	Student/preceptor submits preceptor application to NAWC.	
4	Student attends WCEI training course prior to beginning clinical preceptorship.	
5	Student receives course completion certificate from WCEI with instructions.	
6	NAWC sends approval to preceptor with instructions and clinical forms.	
7	120 hours of clinical training scheduled by preceptor and student.	
	a. Student documents daily hours on timesheet.	
	b. Preceptor documents student activities on clinical log.	
8	Upon conclusion of 120 hours of clinical training.	
	a. Preceptor completes Clinical Narrative Evaluation form and reviews with student.	
	b. Preceptor submits clinical log, evaluation, and timesheet to NAWC by Fax or mail.	
9	NAWC reviews clinical log and hours.	
10	NAWC sends approval to student with admission ticket for WCC exam. (Administered by Laser Grade)	
11	Student schedules exam with Laser Grade.	
12	Student takes exam and receives results immediately.	
13	NAWC sends WCC certification certificate to student by US mail.	
14	In 5 years student (WCC) submits recertification paperwork to NAWC.	