Southern Union
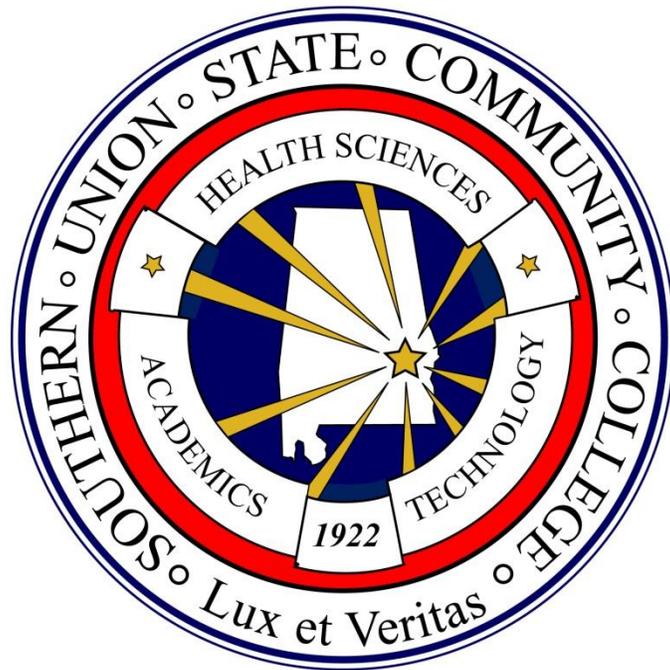# State Community College

Health Sciences Division

Preceptorship Manual

2020-2021

Table of Contents

I. Contact Information

Thank you so much for agreeing to be a preceptor for Southern Union State Community College. Please do not hesitate to call if you have any questions or need anything. We are here for you.

Sarah Howell, DNP, RN
Course Instructor, NUR 221
showell@suscc.edu
Work: 334-745-6437, ext. 5543
Cell: 334-750-8703

Melissa Wheeles, MSN, RN
Course Instructor, NUR 221
Work: 334-745-6437, ext. 5528
mrwheeles@suscc.edu

Lisa Shiver, DNP, RN
Program Chair, Nursing
lshiver@suscc.edu
Work: 334-745-6437, ext. 5542
Cell: 706-773-4650

Rhonda Davis MSN, RN
Dean of Health Sciences
rdavis@suscc.edu
334-745-6437 Ext 5511

II. SUSCC Policies

Non-Discrimination Policy

It is the official policy of the Alabama State Department of Education and Southern Union State Community College that no person in Alabama shall, on the grounds of race, color, disability, gender, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity or employment.

SOUTHERN UNION STATE COMMUNITY COLLEGE complies with non-discriminatory regulations under Title VI, Title VII, and Title IX of the Civil Rights Act of 1964; Title IX Educational Amendment of 1972; and Section 504 of the Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990. Inquiries concerning this policy may be directed to the ADA Coordinator at ext. 5351. Grievance Procedure Forms are available in Grievance Procedure Forms are available in the President's or Vice-President's Office, at ext. 5352.

UNIFORMS

Student's uniforms must comply with hospital's and Southern Union's guidelines. The Southern Union name badge must be worn at all times.

Student Employment

The student may not receive monetary reimbursement for any clinical experiences related to this nursing course.

Drug Policy

A student may be asked to do a random or scheduled drug screening at any time while in the health sciences program. One positive drug screen will result in immediate dismissal from the program.

HIPAA –
HEALTH INSURANCE PORTABILITY
AND ACCOUNTABILITY ACT OF 1996

Title II of the Health Insurance Portability and Accountability Act of 1996 requires the protection of all individually identifiable health information. This protected health information must be kept confidential whether electronic, paper, or oral. In order to satisfy HIPAA compliance the Southern Union State Community College Health Sciences Programs requires all PDAs (iPod Touch) to be password protected, and all information to be de-identified. Due to the seriousness of this policy HIPAA violations will be considered a severe offense and therefore the consequences will be severe.

LEGAL RESPONSIBILITIES IN CLINICAL SETTING

Nursing is one of the professions regulated by the legislative bodies of each state or jurisdiction of the United States to protect the health, safety, and welfare of the public. The laws are designed to prevent incompetent persons from practicing the professions by establishing minimum standards to be met for licensure.

As part of their educational program, student nurses are entrusted with the responsibility of providing certain kinds of nursing care to clients/patients. In several court decisions, the courts have taken the position that anyone who performs duties customarily performed by professional nurses is held to the standards of professional nurses. Thus, a student nurse is held to the standard of a professional nurse and will be personally liable for negligence if injury results.

It is the responsibility of the clinical instructor to determine that the student nurse has demonstrated reasonable competence to render safe nursing interventions. If the clinical instructor's evaluation of the student nurse's behavior or health status indicates that the student is unlikely to provide safe nursing care, the clinical instructor has the legal responsibility to deny, and will deny, the student nurse access to clinical learning experience

*Please see college website at http://www.suscc.edu for complete Nursing Student Handbook

III. Course Descriptions

This course provides students with opportunities to gain knowledge and skills necessary to transition from student to registered nurse. Content includes current issues in health care, nursing leadership and management, professional practice issues for registered nurses, and transition into the workplace, Additional instruction is provided for preparing for the NCLEX-RN.

IV. Course Objectives:

Upon completion of this course, the ADN student's practice should be characterized by:

1. Human Flourishing (Patient Centered Care)
    a) Advocacy for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings.

2. Nursing Judgment (Safety, Informatics)
    a) Making judgments in practice, substantiated with evidence that integrates nursing science in the provision of safe, quality care and that promote the health of patients within a family and community context.

3. Professional Identity (Nursing Professionalism, Teamwork, Collaboration)
    a) Implementation of one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context.

4. Spirit of Inquiry (Critical Thinking)
    a) Examining the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and offer new insights to improve the quality of care for patients, families, and communities.

V. Goals of Preceptorship

The goals of the preceptorship are to:

1. Facilitate transition from the role of the student to the role of the professional nurse.

2. Provide students with opportunities for learning new nursing roles.

3. Provide students with opportunities to apply leadership and management theory and skills.

This can best be accomplished by:

1. The student working directly with a specific preceptor as the preceptor works on the nursing unit.

2. The preceptor and student working as a team to accomplish the required patient care, supervision of other personnel, plus the many other duties on a nursing unit.

3. As the preceptor feels comfortable with the student's increasing expertise and confidence, the student should be allowed to increase the responsibility and amount of work accomplished. In the ideal situation, a student will be responsible for the total work assigned to the preceptor-student team by the end of the preceptorship.

4. The preceptor assisting the student in selection of specific objectives to be accomplished during the preceptorship will evaluate these objectives informally on a daily basis and formally at completion of the preceptorship.

5. The preceptor giving immediate feedback to the student on performance as they work together as a team on the nursing unit.

VI.   ROLES: PRECEPTOR, STUDENT, FACULTY

Thank you for agreeing to become a preceptor for a Southern Union State Community College Nursing ADN student. Many advantages have been identified in the literature. According to Flynn, 2006, the most notable advantage is that of increased job satisfaction. Some of the added satisfactions include:

* Adding a new dimension to your work world.

* Affording new and different kinds of teaching opportunities.

* Motivating you to maintain and upgrade clinical skills and knowledge.

* Learning from the students.

Preceptor Responsibilities:

According to Flynn, the role of the preceptor is to bridge the gap between the reality of the workplace and the idealism of an academic environment. The most important concept is open and honest communication between the student, preceptor and faculty.

As a preceptor, you have the following responsibilities:

1. Complete the preceptor orientation.

2. Orient and socialize the student within the unit and clinical facility.

3. Contract with the student for a specified period of time during the semester. Notify the student in a timely manner if you are unable to work a shift. The student is not allowed to precept with anyone else in your absence without prior approval from the faculty.

4. Plan, delegate, and facilitate the student's daily clinical experiences guided by course and student objectives.

5. Collaborate with the student to provide learning experiences that will assist them to meet their goals.

6. Supervise and teach the student in the clinical area.

7. Provide specific feedback through verbal and written communication.

8. Communicate with the faculty regarding the student's progress and any difficulties that the student is having.

9. Evaluate the student's practice by:

    a) Reviewing with the student their objectives on a weekly basis.

    b) Providing on-going feedback to the student on their performance.

    c) Completing the required course evaluation for NUR 221 in collaboration with the faculty and student.

Student responsibilities:

1. Be on time for clinical, wearing appropriate uniform and name tag assigned.

2. Discuss own strengths and weaknesses with preceptor and faculty member.

3. Accept responsibility for own learning in the clinical agency.

4. Formulating individualized learning objectives and sharing them with the preceptor.

5. Tap the wealth of information that the preceptor has to offer.

6. Obtain a contract with the preceptor and approval from the faculty advisor prior to beginning the clinical experience.

7. Assume increasing responsibility for clinical activities on the selected unit under supervision of preceptor.

8. Apply appropriate leadership and management strategies in the clinical area.

9. Seek assistance from preceptor with skills as needed.

During the preceptor course, students must be:

1. Self-directed – scheduling his or her own clinical experiences. They are required to work during the preceptor's scheduled work hours.

2. Accountable – since they are unable to know their assignments prior to clinical, they are expected to be able to find the answers to questions on the unit.

3. Assertive – students must articulate their learning needs to the preceptor each time that they are with them.

Faculty Responsibilities:

1. Available at all times by phone or beeper.

2. Visit student and preceptor at least once during the rotation, more often as determined by the preceptor or student.

3. Evaluation of the student's achievement of course objectives. The final decision and communication of that decision to the student rests with the faculty.

VII. Teaching Strategies

The following teaching strategies are important in order for the student and preceptor to have the most positive clinical experience.

1. **Student orientation -** Orientation to the unit is imperative. Students must be adequately knowledgeable about basic policies and procedures in order to make the best use of the time and the facilities with as little interruption in the usual routines as possible. Students' presence will invariably alter the operation of the staff to some extent, but every effort must be made to make any changes that occur as constructive as possible.

2. **Diagnosis and Prescription** – In this area, the preceptor is responsible for determining the present status of the student through conferencing with the student and faculty.

3. **Management and Facilitation** – Once what is to be learned has been established, the preceptor manages, facilitates, coordinates, and guides the student in the preceptor experience. Responsibilities include selecting and arranging any activities or experiences that may lead to the desired changes in behavior for the student.

4. **Evaluation and Remediation** – At the end of each clinical day, the preceptor should evaluate whether or not the clinical objectives have been met. Discuss with the student the progress that has been made and any areas that need to be focused on. If remediation is needed in an area, the faculty should be notified immediately in order to assist the student to meet the objectives.

5. **Motivation** – A student who is motivated learns more readily than one who is not. The preceptor should strive to motivate the student on a daily basis to help set goals, assume responsibility, and identify learning materials necessary to meet the clinical objectives. The preceptor should provide support, encouragement, and praise and establish a cooperative, friendly environment. The preceptor should serve as a role model. Through role modeling, the preceptor demonstrates the actions and attitudes that a

student should imitate. This is particularly important for demonstrating appropriate interpersonal behaviors in nursing and for establishing learning as a lifelong process.

6. **Critical Thinking** – According to Miller, 1996, learning to think deeply, creatively, and effectively helps the student to care for their clients and serve as their advocate. It also helps them to become more able to make life choices of their own. Miller states that thinking critically involves an integrated set of thinking abilities and attitudes that include the following:

> a. Thinking actively by using our intelligence, knowledge, and skills to question, explore, and deal effectively with ourselves, others, and life's situations.
>
> b. Carefully exploring situations by asking and trying to answer relevant questions.
>
> c. Thinking for ourselves by carefully examining various ideas and arriving at our own thoughtful conclusions.
>
> d. Viewing situations from different perspectives to develop an in-depth, comprehensive understanding.
>
> e. Discussing ideas in an organized way to exchange and explore ideas with others.

VIII. Clinical Guidelines and Procedures:

1. Students must participate in a clinical unit orientation.

2. A clinical schedule must be submitted and approved by the faculty. All changes must also be approved. Hours not approved are subject to "make-up" time. Failure to submit student schedules, changes or logs may result in an unsatisfactory on the clinical evaluation form.

3. Students are expected to arrive at least 15 minutes before the start of the clinical experience.

4. Students, who are reporting absent need to call the unit, speak to the nurse in charge, leave a message for the preceptor and notify faculty at least one hour prior to clinical experience.

5. Students should be assigned to only the preceptor's patients. Since the preceptor is ultimately responsible for the care administered to patients, regular assessment and follow-up of student care is expected.

6. Supervised therapies or observations of other patients on the units can occur at the discretion of the preceptor.

7. Any student signature needs to be co-signed by the preceptor.

8. Students are not allowed to perform AccuCheck's unless the facility has provided training and a student-specific log-in.

9. Students must have **DIRECT** supervision during the following:

   a) Administration of blood or any blood product. This includes verifying the patient's identification, initiating the transfusion, and regulating the administration rate.
   b) Administrations of IV push medications (except normal saline).
   c) During the mixing of any medications (for example, insulin).
   d) Titration of any IV medications (Lidocaine, Dopamine, etc.)
   e) Administration of medications to children under the age of 12 years. No IV's may be started by the student on children under the age of 12 years.
   f) Performance of any skill which has not been done before by the student.
   g) Students must be supervised for ALL MEDICATIONS administered.

     h)   Students must be supervised during tube feeding boluses and starting a continuous infusion.

     i)   Students must have preceptor present during every triage.

10. The student may attempt to start an IV <u>ONLY ONE TIME PER PATIENT</u>.

11. The student may call the physician on the telephone and take verbal orders only if the preceptor is listening on an extension and co-signs the orders.

12. Students are **<u>not</u> permitted** to do the following during preceptorship:

    a) Vaginal exams on OB patients
    b) Any skill not taught and/or checked off in lab

13. All incident reports involving the student or student's clients need to be co-signed by the preceptor, and faculty must be notified.

14. All written assignments must be submitted to faculty on time (as specified by the faculty). Faculty will grade the assignments and return them to students on the following class day.

15. Students obtaining an unsatisfactory during the rotation must meet with faculty to outline areas for improvement and plan to meet each clinical day to review and document progress.

16. Students need to take responsibility for learning, and must seek guidance as appropriate.

17. **ILLNESS OR INJURY:** Students should be referred to the Emergency Room and faculty should be notified as soon as possible.

18. **PRECEPTOR IS ILL**: Faculty should be notified immediately and day must be rescheduled between the student and the preceptor with faculty notified of change of schedule.

19. **WHEN STUDENT IS NOT PREPARED OR NEEDS REMEDIATION:** Faculty will assist these students, but should be notified as soon as possible so that the student can be removed from the unit and taken to skills labs, counseling, etc.

20. **STUDENT ABSENCE**: Students are required to notify faculty of illness or inability to attend clinical. This time must be made up under the supervision of the preceptor with faculty notified of change of schedule.

21. **SAFETY AND HONESTY**: Students are to refer to the student handbook regarding the policies on "Unsatisfactory Clinical Performance" and "Academic Integrity".

SOUTHERN UNION STATE COMMUNITY COLLEGE
NURSING DEPARTMENT
NUR 221

STUDENT CLINICAL REQUIREMENTS

STUDENT _____ PRECEPTOR_____

FACILITY/UNIT_____

Students are required to competently perform the following:

Human Flourishing/Patient Centered Care	Preceptor Initials	Number of times performed
Teaching to client or family		
Documentation with evaluation of teaching		

Professional Identity/Teamwork & Collaboration)	Preceptor Initials	Number of times performed
Read Policy and Procedure Manual prior to all procedures		ALL
On time to all clinical shifts		ALL
Maintain confidentiality of clients at all times		ALL
Recognize when new order set is written and follow through with required orders.		
Perform shift report		
Phone interdisciplinary team members (physician, therapy, pharmacy, nutrition, etc.) regarding patient condition, lab values, order clarification, etc.		

Nursing Judgment/Safety/Informatics)	Preceptor Initials	Number of times performed
End of shift narcotic count (if applicable to your facility)		
Correctly calculates medication dosages.		
Intramuscular Injection		
Subcutaneous Injection		
IV push		
Begin IV fluids or piggyback to an existing line		
Successful IV insertion		
Sterile technique (dressing changes, tracheostomy suctioning, catheter insertion, etc.)		

Manages typical patient load for unit with minimal assistance		ALL
Complete assessment, medication administration and documentation within appropriate time frame		ALL

Spirit of Inquiry/Quality Improvement/Evidence Based Practice	Preceptor Initials	Number of times performed
Learn about and/or participate in a hospital quality improvement project.		
Integrates evidence-based practice in delivery of patient care.		
Consistently researches information prior to providing patient care.		

OTHER SKILLS PERFORMED	Preceptor Initials	Number of times performed

GRADING:

Clinical performance evaluation will be made on a 0-3 scale. Evaluation will be based on the faculty's evaluation, with input from the preceptor. The student should receive the satisfactory evaluation rating of "2" or greater in each of the areas of the evaluation tool to receive a passing grade in the course.

1. Human Flourishing (Patient Centered Care)
2. Nursing Judgment (Safety, Informatics)
3. Professional Identity (Nursing Professionalism, Teamwork, Collaboration)
4. Spirit of Inquiry (Critical Thinking)

The clinical goals are listed on the Clinical Preceptorship Requirement Form. The student is expected to complete all of the goals. If this cannot be accomplished in the time allotted for the rotation, extra clinical time must be arranged.

In addition to the clinical component, there is a weekly, two-hour seminar that provides the didactic component of the course. Students are graded on their seminar participation and documentation of clinical logs.

References:

Shpritz, D. W. & O'Mara, A.M (2006). Model preceptor program for student nurses. In Flynn, J.P. & Stack, M.C. (Eds.) Boston: Springer.

Myrick, F. & Younge, O. (2007). Connecting Practice & Education. Philadelphia: Lippincott.

SOUTHERN UNION
STATE COMMUNITY COLLEGE

NURSING PRECEPTORSHIP EVALUATION

Purpose: The purpose of the evaluation is to ascertain that the student has met measurable objectives deemed necessary for the competent practice of nursing.

Students will be evaluated on clinical performance in two ways.

1. **Formative evaluation**- This evaluation is done by the student and the preceptor at the conclusion of the precpetorship. The preceptor should communicate any rating of "0" or "1" promptly to the course coordinator. Any area that the preceptor finds to be below the rating of "2" requires that the student meet/talk with the course coordinator prior to returning to clinical.

   Preceptor evaluation 0-3 scale:

   * 0= Student can NOT return to clinical until meeting with full-time faculty
       to determine plan of action
   * 1= May return to clinical, but must contact/meet with full-time faculty within 1
       week for plan of action.
   * 2= Student performance for the day was adequate and appropriate for level
   * 3= Student performance was above expected level

2. **Summative evaluation**-At the end of the preceptor experience, the SUSCC Nursing Faculty will review the student's performance and award a final rating.

   Critical Behaviors are those behaviors that must be met at all times when representing SUSCC: Failure to meet these expectations will result in disciplinary action. Clinical failure can result for the following:

   1. **Practice or behaviors that are outside the facility policy as stated in student orientation and or college or student handbook.**
   2. **Practice outside of the student's training and scope of practice.**
   3. **HIPAA violations (see policy).**
   4. **Intentional or unintentional safety practices that result in harm or potential harm to patient, student or staff.**
   5. **Unprofessional behaviors**
   6. **Pattern of unsafe behaviors**

PRECEPTORSHIP EVALUATION TOOL
NURSING 221

Student Name_____ Student # _____

1.0 **Human Flourishing / Patient-Centered Care**	Student Rating (0-3)	Preceptor Rating (0-3)	Strengths & Learning Needs
➢ Advocate for patients and families in ways that promote their self-determination, integrity and ongoing growth as human beings (NLN, 2010). ➢ Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs (QSEN, 2012).			
▪ provides compassionate and coordinated care			
▪ respects patient's preferences, values, and needs (Bill of Rights)			
▪ performs teaching and learning activities that support self-care			
▪ promotes of maintenance of health / risk reduction			
2.0 **Nursing Judgment / Safety / Informatics**	Student Rating (0-3)	Preceptor Rating (0-3)	Strengths & Learning Needs
➢ Make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and promote the health of patients within a family and community context (NLN, 2010). ➢ Use information and technology to communicate, manage knowledge, mitigate error, and support decision making (QSEN, 2012). ➢ Use information and technology to communicate, manage knowledge, mitigate error, and support decision making (QSEN, 2012).			
▪ integrates best current evidence with clinical expertise			
▪ minimizes risk of harm to patients and providers through both system effectiveness and individual performance (EX: two patient identifiers, CDC's guidelines for blood and body fluid)			
▪ uses information and technology to communicate, manage knowledge, prevent error, and support decision making			
▪ prioritizes the care of clients in an organized and timely manner			
▪ performs nursing actions and skills safely and correctly with supervision			

3.0 Professional Identity / Teamwork & Collaboration ➢ Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context (NLN, 2010). ➢ Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care (QSEN, 2012).	Student Rating (0-3)	Preceptor Rating (0-3)	Strengths & Learning Needs
▪ functions effectively within inter-professional teams			
▪ provides nursing care within an ethical and legal framework			
▪ selects actions which demonstrate responsibility, accountability and integrity. (EX: punctuality, honesty, HIPAA compliance)			
▪ demonstrates the professional image of the nurse by appropriate dress and behavior			
▪ utilizes effective communication (verbal, nonverbal, written)			
▪ maintains a respectful and cooperative attitude			
▪ demonstrates confidence in providing nursing care			

4.0 Spirit of Inquiry / Quality Improvement / Evidence Based Practice ➢ Examine the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and offer new insights to improve the quality of care for patients, families and communities (NLN, 2010). ➢ Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems (QSEN, 2012). ➢ Integrate best evidence-based practice with clinical expertise, patient/family preferences, and values for delivery of optimal health care (QSEN, 2012).	Student Rating (0-3)	Preceptor Rating (0-3)	Strengths & Learning Needs
▪ utilizes data to monitor outcomes of care processes			
▪ design and test changes to continuously improve the quality and safety of health care systems			

Student's Comments:

Preceptor's Comments: The student completed the required 168 hours of preceptorship: YES   NO

I was visited during my preceptorship on _____ by _____.
                                                                (date)   (faculty signature)

*SECTION BELOW IS TO BE COMPLETED BY SUSCC FACULTY

FACULTY PRECEPTORSHIP SUMMARY	SUSCC Nursing Faculty Rating (0-3)
Human Flourishing / Patient-Centered Care	
Nursing Judgment / Safety / Informatics	
Professional Identity / Teamwork & Collaboration	
Spirit of Inquiry / Quality Improvement / Evidence-Based Practice	
OVERALL TOTAL CLINICAL PERFORMANCE	

*SECTION BELOW IS TO BE SIGNED WHEN PRECEPTORSHIP IS COMPLETED

My signature indicates that I have read and understand my evaluation form

Student's Signature: _____   Date:_____

Preceptor's Signature: _____   Date:_____

Faculty's Signature: _____   Date:_____