

Preceptor Handbook



WTAMU Department of Nursing www.wtamu.edu/nursing

Texas Board of Nursing www.bne.state.tx.us

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WTAMU Department of Nursing Mission Statement

- As an integral part of its parent institution, the Department of Nursing is committed to serving as the principal academic center for baccalaureate and graduate nursing education for a multi-state region. Our mission is to be a student-centered, learning community dedicated to developing professional and academic leaders in nursing, and to serve our constituents through educational programs that engage students, provide high quality nursing services, demonstrate evidence-based nursing practice, and produce nursing scholarship.

WTAMU Department of Nursing Goals

- Develop processes, programs and facilities necessary to provide the students of the Department of Nursing with a superior student centered learning experience.
- Recruit and retain increasing numbers of students in nursing who will graduate from our programs, assume leadership roles in society, and meet the nursing workforce needs of the region and state.
- Recruit, develop, and support a faculty and staff that embody the core values of the Department of Nursing and the university and support their missions and goals.
- Strengthen external relations and support of the Department of Nursing and the university with alumni, friends of the university, local and regional constituents, and legislative and governmental entities.

WTAMU Department of Nursing BSN Expected Student Outcomes

- Liberal Education for Generalist Nursing Practice
- Organizational and Systems Leadership
- Scholarship for Evidence-based Practice
- Information Management and Patient Care Technology
- Healthcare Policy, Finance, and Regulation
- Interprofessional Communication and Collaboration
- Clinical Prevention and Population Health
- Professionalism and Professional Values
- Generalist Nursing Practice

WTAMU Department of Nursing MSN Expected Student Outcomes

- Background for Practice from Sciences and Humanities
- Organizational and Systems Leadership
- Quality Improvement and Safety:
- Translating and Integrating Scholarship into Practice
- Informatics and Healthcare Technologies:
- Health Policy and Advocacy:
- Interprofessional Collaboration for Improving Patient and Population Health Outcomes:
- Clinical Prevention and Population Health for Improving Health:
- Master's-Level Nursing Practice

Texas Board of Nursing

Rule 215.10(j) related to Clinical Learning Experiences requires, in pertinent part, that “When faculty use clinical preceptors or clinical teaching assistants to enhance clinical learning experiences and to assist faculty in the clinical supervision of students the following applies:

(1) Faculty shall develop written criteria for the selection of clinical preceptors and clinical teaching assistants.

(2) When clinical preceptors or clinical teaching assistants are used, written agreements between the professional nursing education program, clinical preceptor or clinical teaching assistant, and the affiliating agency, when applicable, shall delineate the functions and responsibilities of the parties involved. . .”

Clinical Site Requirements

- Orient the student to the facility and to the unit or facility as necessary.
- Facilitate student involvement in daily nursing activities as appropriate for level and objectives.
- Recognize that the student needs an environment of support, feedback and inquiry.

Student Requirements

- Arrive promptly when scheduled to work; BE SURE to call the unit or facility and your clinical faculty if you cannot attend clinic.
- Provide safe, basic nursing care at the highest level of your knowledge
- Participate in daily patient care and unit activities as delegated by the assigned staff
- Share your objectives with your preceptor (course syllabi may be used)
- Review your competency achievements on a regular basis with your preceptor and your clinical faculty liaison

Clinical Preceptor Requirements

- competence in designated areas of practice
- philosophy of health care congruent with that of the nursing program
- current licensure or privilege to practice as a registered nurse in the State of Texas (Texas Board of Nursing, Rule §215.10.j.6).

Clinical Instructor/Liaison

- Seek regular feedback from the student and the agency/preceptor on progress and developments
- Provide regular feedback to student and agency/preceptor on progress and development; keep written records throughout the experience
- Be available for questions, problem identification and resolution
- Meet regularly with student(s) for clinical conferences

The Role of the Preceptor

- Participate in identification of learning needs of the nursing student
- Set goals with the student in collaboration with the faculty and curriculum
- Act as a role model
- Provide patient care in accordance with established, evidence-based nursing practice standards
- Fulfill nursing duties according to hospital and unit policies and procedures
- Maintain mature and effective working relationships with other health care team members
- Use resources safely, effectively and appropriately
- Demonstrate leadership skills in problem solving, decision making, priority setting, delegation of responsibility and in being accountable
- Recognize that nursing role elements may be new to the student
- Facilitate the student's professional socialization into the new role and with a new staff
- Provide the student with feedback on his/her progress, based on preceptor's observation of clinical performance, assessment of achievement of clinical competencies and patient care documentation
- Plan learning experiences and assignments to help the student meet weekly professional and clinical goals
- Consult with the clinical faculty liaison as necessary
- Participate in educational activities to promote continued learning and professional growth
- Participate in ongoing evaluation of the program

The Role of the Nursing Student

- Participate in the identification of his/her learning needs
- Participate in the planning and implementation of learning experiences
- Demonstrate self-direction by actively seeking learning experiences and being prepared to accomplish the learning objectives for the experience
- Accept and act in accordance with the direction provided by the preceptor
- Participate in ongoing evaluation of progress with the preceptor, program director and faculty clinical liaison
- Participate in ongoing evaluation of the program

"Reality Shock" or "From Novice to Expert"

The term "reality shock" is sometimes used to describe the reaction of students when they discover that the clinical experience does not always match the values and ideals that they had anticipated. No matter your experience level, once a student is preparing to practice at a new or higher level, there will be some adaptation to the new role. There are four phases of adaptation to this reaction: the honeymoon, the shock, the recovery and the resolution. This same paradigm is described by Patricia Benner and her colleagues in the classic text *From Novice to Expert: Excellence and Power in Professional Nursing Practice*.

The Phases of Preceptorship

I: Establishing the Relationship

Establishing trust is one of the most crucial steps in the preceptor-student relationship and provides the foundation upon which the learning experience will develop. The student frequently experiences anxiety in this new learning situation and can benefit from structure provided by the preceptor in the form of carefully scheduled meetings and conferences. The preceptor's availability at the beginning of the student's placement is crucial in planning the student's experience.

In the first few weeks of the semester, the focus of the relationship is to clarify roles, discuss mutual experiences, review the student's background, career goals and learning objectives and to discuss agency policies. Orienting the student to the clinical setting, especially if the student has not been there before, promotes entry into the system and communicates respect and acceptance. The preceptor and student negotiate and determine the frequency of scheduled conferences that best meets the needs of the student and the schedule of the preceptor. Weekly or bi-weekly conferences are recommended.

II: The Working Phase

The implementation of an educational plan is the main focus of the working phase. Reviewing the student's experience, discussing patients, exploring feeling regarding the experience and identifying the meeting of learning objectives are all appropriate areas that can be discussed. Feedback from the preceptor on a regular basis assists the student in maximizing his/her strengths and systematically addressing problems that may interfere with the achievement of the professional role.

During this phase, the preceptor serves as role model, resource person and consultant to the student. By demonstrating his/her own skills as an expert clinician, the preceptor assists the student in role development, application of theory and science, problem solving and decision making. An effective strategy is to encourage the student to observe and analyze the preceptor's role as s/he works with patients and families and interacts with colleagues and staff members. Mutually sharing observations and discussing strategies for nursing practice enables the student to enrich his/her own understanding of how the role is operationalized and how problems are solved.

By applying the principles of adult education, the student's self-direction and autonomy are fostered. Over time, utilization of the preceptor changes: the preceptor becomes less directive and the student becomes more independent and self-reliant. A loss may be felt by the student and preceptor as the relationship changes.

Evaluation is an ongoing process to assess how the learner is achieving his/her goals. At least daily verbal feedback is helpful. Students, through their clinical logs and competency check lists, should track their own progress and accomplishments. Formal, written evaluation procedures should occur at midterm and at the end of the experience, using the program evaluation forms provided. *The clinical faculty liaison is responsible for the grade but the input of the preceptor is invaluable. Nevertheless, the final responsibility for the grade belongs to the faculty member.* Even if the student does not agree with the evaluation received, all parties involved should sign the evaluation form. The student has the opportunity to write a response.

There are many aspects of being a preceptor to a nursing student. Each student in the WTAMU Nursing program is an adult learner. Recognizing this as well as the steps involved in learning a new role that are specific to an adult learner will assist you in being a successful preceptor. Following are several tips on problem solving, decision making, communication, conflict resolution and advice from other preceptors.

Resources

- Learning is an active and continuous process manifested by growth and changes in behavior.
- Learning styles vary from one individual to another.
- Learning is dependent on the readiness, emotional state, abilities and potential of the learner, as well as his/her life experiences.
- Learning happens when the material to be learned is relevant to the learner.
- Learning takes place 'within' the learner: unless a new behavior or competency has been 'internalized,' it hasn't been 'learned.'
- Moving from simple to complex and known to unknown facilitates learning.
- Learning is facilitated when the student has an opportunity to test ideas, analyze mistakes, take risks and be creative.
- Learning how to learn and that learning is a life-long process enables the students to deal with expansion of knowledge and changes in nursing and society.
- Learning is facilitated when the learner has feedback of his/her progress toward the goal.
- Learning takes place more effectively in situation where satisfaction is derived: good work deserves praise just as problem performance requires correction.
- Interpersonal relationships are important in determining the kind of social, emotional and intellectual behavior that emerges in the learning situation.
- Recognition of similarities and differences between past and current experience facilitates the transfer of learning.
 - An active listener shows interest and acceptance.
 - Eye contact is important.
 - Be open-minded and avoid prejudging the speaker or the message.

- Tune into words, meanings and feeling conveyed.
- Focus on the central message or the message being sent.
- Note the other person's body language (and your own...).
- Avoid interrupting.
- Listen first, then respond.
- Respond to what is communicated rather than how the message is sent.
- Ask questions to verify your understanding of the message: 'Do I understand you correctly that...?' 'What I hear you saying is...?'
- Communication involves both the sending and receiving of a message.
- 'I' messages (I think, I feel) are more effective than 'you' messages; they minimize defensiveness and resistance to further communication. 'Shoulds' and 'Oughts' hinder communication.
- Communication is more effective when it involves talking with and to rather than at the listener.
- Define the nature of the problem.
- Identify possible causes of the problem.
- List a number of possible solutions for each cause: identify the evidence for each one.
- Select the best solution.
- Decide on necessary actions and implement them.
- Reassess, evaluate and replan as necessary.
- Determine situations that require some action be taken.
- Analyze possible courses of action and the potential effects (determine pros and cons, gather facts and opinions).
- Select the best course of action from the available alternatives.
- Implement the selected action.
- Monitor the effect of the decision.
- Reevaluate the decision in the light of the effects.
- Denial or Withdrawal
Using this approach, the person attempts to get rid of the conflict by denying that it exists. S/he simply refuses to acknowledge it. Usually the conflict does not disappear but will grow to the point where it becomes all but unmanageable. When the issue or the timing is not critical, denial can be a very productive way of dealing with conflict.

- Suppression or Smoothing Over
A person using suppression plays down the differences and does not recognize the positive aspects of handling conflict openly. Again, the source of the conflict rarely goes away. Suppression may be used when it's more important to preserve a relationship than to deal with an insignificant issue through conflict.
- Power or Dominance
Power is often used to settle differences. The source of power may be vested in one's authority or position. Power may take the form of a majority, or of a persuasive minority. Power strategies result in winners and losers, and the loser will not usually support the final decision in the same way winners will. Future meetings of the group may then be marred by the conscious or unconscious renewal of the struggle previously 'settled' by the use of power. In some instances, where other forms of handling conflict are clearly inappropriate, use of power can be effective.
- Compromise or Negotiation
Although often regarded as a virtue, this method has some drawbacks. Bargaining often causes both sides to assume an inflated position, since each is aware that the other is 'going to give a little.' The compromise solution may be watered down or weakened to the point where it will not be effective, and there is often not enough commitment by any of the parties. There are times when compromise makes sense, such as when resources are limited or when it is necessary to avoid a win-lose situation.
- Integration or Collaboration
This approach requires that all parties recognize the abilities and expertise of the others. Each individual's position is well prepared, but the emphasis of the group is in trying to solve the problem at hand, rather than in defending particular positions or factions. All involved expect to modify their original view as the group's work progresses. Ultimately the best of the group's thinking will emerge. The assumption is that the whole of the group effort exceeds the sum of the individual member contributions. If this approach is allowed to become an either/or statement or if because of lack of resources the conflict is resolved by the use of power, the final decision will suffer accordingly.
- Remember how you felt when you started a new job and how incompetent you felt. If you can remember how overwhelmed you felt, then you can understand the student.
- Make the student feel welcome by introducing him/her to other staff members.
- 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.
- Take time in the beginning to explain explicitly what will be expected. This decreases anxiety and helps both parties know what to expect of the other. Be sure you are accurate in what is expected...
- Remember that every individual is unique and that you must tailor the learning to the individual.

- 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.
- Learn from your student: they usually bring a wealth of information with them.
- Be patient and understanding.
- Give the student some independence; don't do too much for them.
- Don't rush the teaching.
- Communicate!
- Be open and honest.
- Encourage the student to either ask for advice or consult with any member of the staff if unsure of his/her assessment of a patient.
- Let people make mistakes - as long as it doesn't jeopardize patient safety. This is an excellent way for learning to have an impact.
- Encourage questions, and make sure the student understands that no question is stupid.
- Make sure to take 10-15 minutes at the end of the shift to review what was learned, answer questions and set goals for the next time.
- 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!
- Build on previously learned knowledge.
- Create a non-threatening environment that is friendly because learning can be stressful.
- Give feedback along the way - find the positives and share them; don't wait to 'drop a bomb' till the end of the experience.
- Keep a brief outline of what was covered each day - better still, have the student do it!
- Set clear goals with time for feedback in both directions.
- Be open and available after the new training time has ended.
- Have fun! Laughter can be most helpful sometimes.
- Remember that everyone has a contribution to make.
- Benner, Patricia (1984). *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*, Jossey Bass, San Francisco CA.
- Ferszt, Ginette (1987) *Clinical Preceptor's Manual*, University of Pennsylvania School of Nursing, Philadelphia, PA.

- Alspach, Jo Ann Grif. [2000]. *From Staff Nurse to Preceptor: A Preceptor Development Instructor's Manual* [2nd ed.]. Aliso Vieji, CA. American Association of Critical Care Nurses.
- Rodrigues, L. (March/April 1992) *Nursing Staff Development Insider* (2) 2.

Standards of Professional Nursing Practice (BON 213.27, 217.11, 217.12)

1. Knows rationale for side effects of medications and treatments, and correctly administers same 217.00 (1) (C).
2. Documents nursing care accurately and completely, including signs and symptoms, nursing care rendered medication administration. Contacts health care team concerning significant events in patient health 217.11 (1) (D).
3. Implements a safe environment for patients and/or others, i.e., bed rails up, universal precautions 217.11 (1) (B).
4. Respects client confidentiality 217.11 (1) (E).
5. Accepts assignments commensurate with educational level, preparation, experience and knowledge 217.11(1) (T).
6. Obtains instruction and supervision as necessary when implementing nursing procedures or practices 217.11(1) (H).
7. Notifies the appropriate supervisor when leaving an assignment 217.11(1) (I).
8. Recognizes and maintains professional boundaries of the nurse/patient relationship 217.11(1) (J).
9. Clarifies orders, treatments, that nurse has reason to believe are inaccurate, non-effective or contraindicated 217.11(1) (N).
10. Able to distinguish right from wrong 213.27(b) (2) (A).
11. Able to think and act rationally 213.27(b) (2) (B).
12. Able to keep promises and honor obligations 213.27(b) (2) (C).
13. Accountable for own behavior 213.27(b) (2) (D).
14. Able to promptly and fully self-disclose facts, circumstances, events, errors and omissions when these disclosures will enhance health status of patients or protect patients from unnecessary risk or harm 213.27(b) (2)(G).

Please refer to the Board of Nursing at www.BON.state.tx.us for any additional information regarding the Texas Nursing Practice Act.

Satisfactory clinical performance will be evaluated based on the student's ability to complete nursing care assignments in a timely manner while giving safe, effective care in an empathetic and dignified manner. The student is also responsible to be an active participant in online post-clinical conferences and adhere to the following guidelines established for Junior Nursing Students by the Division of Nursing as stated below:

1. IV solutions and medications: Students will be monitored by the clinical instructor or preceptor for medications in clinical rotations. All meds will be monitored each time by the clinical instructor or preceptor. The student, according to facility policy, may administer only those medications approved by the hospital for RNs to give.
2. IV Chemotherapy may **NOT** be administered by students.
3. Blood transfusions: Students may start the normal saline and IV but **NOT the blood**. Students may **NOT** obtain blood or blood products from the lab or check data regarding blood donor/blood recipient. Blood verification must be done by licensed personnel.
4. Phone and Verbal Orders are **NOT** accepted by student.
5. Routine Orders: Students may **NOT** use routine orders unless the RN transfers them to the chart and signs them.

6. Students may **NOT** witness the signing of permits (consent forms).
7. Clinical exposure to potentially infectious patient material: Nursing students are to report all needle stick accidents, mucosal splashes, or contamination of open wounds, cuts, sores, rashes, with blood or body fluids to their clinical instructor **IMMEDIATELY**.
8. Note the particular institutions policies and adhere to them.

Critical Clinical Elements

Critical clinical behaviors are linked to the Texas Board of Nursing Standards of Professional Practice. Issues related to professional conduct, management of stress, clarification of course, clinical assignment, and/or professional role are expected. Failure to meet these expectations may warrant clinical warnings, contracts for remediation, or course failure.

Critical Clinical Elements	Matched to NPA
1. Performance is safe.	1,2,3,5,6,7,9,10,11,12,13,14
2. Therapeutic clinical decisions are often made.	1,2,3,4,5,6,7,8,9,10,11,12,13,14
3. Has insight into own behaviors and that of others.	1,2,3,4,5,6,8,9,10,11,12,13,14
4. Adapts to new ideas/functions.	4,5,6,7,8,9,10,11,13,14
5. Requires minimal additional guidance and direction.	1,2,3,5,6,7,8,9,10,11,1

WEST TEXAS A&M UNIVERSITY

Department of Nursing

CLINICAL RN PRECEPTOR AGREEMENT

The Board of Nurse Examiners Rules and Regulations Relating to Professional Nurse Education, Licensure, and Practice defines a *Clinical Preceptorship* as an organized system of clinical laboratory experiences which allows a nursing student to be paired with a clinical preceptor for the purpose of attaining specific learning objectives. At West Texas A&M University, *Clinical Preceptors* are used to enhance clinical learning experiences. The Division of Nursing has recognized the following responsibilities for faculty members, preceptors, and students when a *Clinical Preceptorship* is agreed upon.

The **faculty member** of West Texas A&M University Department of Nursing has the following responsibilities:

1. To develop student learning activities and to select learning experiences.
2. To meet periodically with the clinical preceptor and the student for the purposes of monitoring and evaluating the learning experiences.
3. To be available by telephone or e-mail for consultations when the student is in the clinical area.
4. To orient the student and the preceptor to the preceptor experience.
5. To provide information to the preceptor regarding the vision, mission, and philosophy of the West Texas A&M University Department of Nursing.
6. To provide information to the preceptor regarding the course & clinical objectives for the course.
7. To discuss student expectations, skills, performance, guidelines, and evaluation methods with the preceptor.
8. To work cooperatively with the preceptor and the facility/agency to determine the learning needs of the student.
9. To make appropriate student assignments.
10. To communicate assignments and other pertinent information to the agency and the preceptor.

The **clinical RN preceptor** has the following responsibilities:

1. To function as a positive role model in the clinical setting.
2. To facilitate learning activities for no more than two students during a clinical week.
3. To orient the students to the clinical agency.
4. To guide, facilitate, supervise, and monitor the student in achieving the clinical objectives.
5. To supervise the student's performance of skills and other nursing activities to ensure safe practice.
6. To provide feedback to the student regarding clinical performance.

7. To contact the faculty member if assistance is needed or problems arise.
8. To discuss with the faculty member and the student the arrangements that must be made in the event of the preceptor's absence.
9. To provide feedback to the program regarding clinical experiences or suggestions for program development.

The **nursing student** has the following responsibilities:

1. To maintain open communication with the preceptor and the faculty member.
2. To maintain accountability for learning experiences.
3. To prepare for each clinical experience.
4. To be accountable for his/her actions while in the clinical setting.
5. To arrange for the preceptor's supervision when performing procedures.
6. To contact the faculty member as needed.
7. To respect confidentiality at all times.
8. To recognize his/her own limitations in clinical experiences and to refuse to accept assignments from a preceptor which are beyond the student's scope of knowledge or expertise.

Department of Nursing
Preceptor Development

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The following are recommended viewing, as appropriate for the particular preceptor teaching role. As a preceptor, you are not limited to these recommendations only. Although the preceptor will give feedback to the student and faculty, it is the responsibility of the faculty member to assign the grade.

Clinical Practice	Clinical Preceptors: Partners for Program Success
Faculty & Curriculum	Accreditation Success: Meeting the CCNE Standards
	Beyond Incivility: Fostering a Healthy Learning Environment
	Ethics: Nurse Educators Make a Difference
Teaching Strategies	Assessing and Promoting Students' Clinical Performance
Assessment & Exams	Assessing and Promoting Students' Clinical Performance
Lab & Clinical Evaluation	Managing the Clinical Learning Environment
	Simulation - Grading and Remediation