ALLEGANY COLLEGE OF MARYLAND
DEPARTMENT OF NURSING

PRECEPTOR HANDBOOK
LPN-RN ONLINE PROGRAM
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>2</td>
</tr>
<tr>
<td>Accreditation</td>
<td>3</td>
</tr>
<tr>
<td>History</td>
<td>3</td>
</tr>
<tr>
<td>Philosophy</td>
<td>4</td>
</tr>
<tr>
<td>Organizing Framework</td>
<td>4</td>
</tr>
<tr>
<td>Preceptor Program:</td>
<td></td>
</tr>
<tr>
<td>~ Course Description and Clinical Experience Guidelines</td>
<td>5</td>
</tr>
<tr>
<td>Overview Of Agency Functions</td>
<td>5</td>
</tr>
<tr>
<td>Functions And Responsibilities Of Nursing Faculty</td>
<td>5</td>
</tr>
<tr>
<td>Functions And Responsibility Of The Student</td>
<td>6</td>
</tr>
<tr>
<td>Role And Responsibilities Of Clinical Preceptor</td>
<td>7</td>
</tr>
<tr>
<td>Benefits of being an ACM Clinical Preceptor</td>
<td>8</td>
</tr>
<tr>
<td>Frequently Asked Questions</td>
<td>9</td>
</tr>
<tr>
<td>Legal Considerations</td>
<td>11</td>
</tr>
<tr>
<td>Preceptorship</td>
<td>11</td>
</tr>
<tr>
<td>Clinical Guidelines</td>
<td>12</td>
</tr>
<tr>
<td>Evaluating Student Performance:</td>
<td>14</td>
</tr>
<tr>
<td>~ Critical Behaviors – Guidelines for Student Evaluation</td>
<td>14</td>
</tr>
<tr>
<td>~ Purpose of Evaluation</td>
<td>14</td>
</tr>
<tr>
<td>~ Types of Evaluation</td>
<td>14</td>
</tr>
<tr>
<td>~ Techniques of Evaluation</td>
<td>15</td>
</tr>
<tr>
<td>Suggested Preceptor/Student Interaction</td>
<td>16</td>
</tr>
<tr>
<td>Cues for Preceptor/Student Interaction</td>
<td>17</td>
</tr>
<tr>
<td>Techniques for Preceptor/Student Interaction</td>
<td>18</td>
</tr>
<tr>
<td>Clinical Log</td>
<td>19</td>
</tr>
</tbody>
</table>

The program reserves the right to make changes to this manual as necessary. Updates and/or corrections may be accessed at the ACM ONLINE NURSING CLINICAL PRECEPTOR website:

http://www.allegany.edu/clinicalpreceptor

ClinPrecHndbk: 2012
Welcome:

Dear Colleagues:

As the course faculty for the LPN-RN Online Degree Program, we would like to thank you for sharing your expertise with our students as a preceptor. The overall goal of the preceptorship is to allow students to gain practice experience while working with experts in the field.

The benefits obtained from precepted assignments cannot be underestimated. The use of preceptors is a viable and important part of nursing education. Learning from the experiences of veteran nurses is one of the most effective ways to advance novice nurses’ knowledge and clinical expertise to develop the skills needed to become an expert nurse. As a preceptor, you serve a very important function in the education of our students.

The faculty values your service as a preceptor and welcomes your recommendations. The student’s clinical faculty will contact you during the semester to discuss the student’s performance and progress. If at any time, you need assistance or have questions, please contact either of us. Thank you again for your commitment to nursing education.

Sharon Walker MSN, RN
Associate Professor of Nursing
LPN-RN Online Program Coordinator
301-784-5563
swalker@allegany.edu

Debbie Costello MSN, RN
Professor of Nursing
Director of Nursing
301-784-5574
dcostello@allegany.edu
ALLEGANY COLLEGE OF MARYLAND
ASSOCIATE DEGREE NURSING PROGRAM

Allegany College of Maryland is accredited by the Commission of Higher Education, Middle States Association of Colleges and Secondary Schools, and approved by the Maryland Higher Education Commission.

The Nursing Program is approved by the Maryland Board of Nursing, 4140 Patterson Avenue, Baltimore, Maryland, 21215 and the Pennsylvania Board of Nursing, PO Box 2649, Harrisburg, Pennsylvania 17105. The Nursing Program is also accredited by the National League for Nursing Accrediting Commission, 3343 Peachtree Road NE Suite 850, Atlanta, Georgia 30326.

HISTORY

Allegany College of Maryland is a state and county supported community college. The Cumberland Campus is located on a 370-acre campus among the beautiful mountains in rural Allegany County adjacent to the corporate limits of Cumberland, Maryland. The college was established in 1961 and the present modern campus, consisting of nine major buildings, was dedicated in 1971.

Recognizing the need to address a critical shortage of professional nurses, and bedside nurses in particular, in the state of Maryland, the nursing department was awarded a grant through the Nurse Support II program funded by the Maryland Higher Education Commission. The purpose of the awarded project was to create a fully online program for licensed practical nurses (LPNs) to complete the Associate Degree (RN) in nursing in preparation for the NCLEX-RN exam.

The LPN-RN Online program is designed to address the needs of the adult learner and full time nurse employee through a 24/7 asynchronous online delivery model. All didactic courses are taught online. Clinical courses are arranged for local delivery through an approved preceptor in consultation with course faculty. The online program offers the same curriculum as the traditional classroom program and all courses are taught by qualified faculty.
PHILOSOPHY

The Nursing Faculty adheres to the mission and philosophy of Allegany College of Maryland and believes that man is a unique, rational, holistic being. Inherent in this belief is the value of man with basic physical, spiritual, social, and emotional needs that encompass the entire life span. Man interacts with the environment in unique ways and shares with all people the need for dignity, respect, and self-worth. Man has the right to the best possible health care and the right to an active role in this care.

Health can be viewed on a continuum with the point of optimal functioning characterized by physical and psycho-social well-being. The individual’s perceptions of health and need deficits determine their point of reference on this continuum. Society exists to protect and provide for the welfare of its members and has a responsibility to provide adequate health care to all of its members. Society meets this obligation through the health care system consisting of various professions, including nursing.

The Nursing Faculty believes that nursing is an art, a science, and an essential dynamic service directed toward promotion and maintenance of health. When there are threats to man’s basic needs which could or do produce consequences beyond the individual’s capacity to adapt, then nursing intervention is necessary to promote wellness, prevent illness, maintain and/or restore optimal health, or achieve a peaceful and dignified death. Recipients of nursing services include individuals, groups of individuals, families, and/or communities.

ORGANIZING FRAMEWORK

The foundation of the organizing framework of Allegany College of Maryland’s Nursing Program incorporates the core values of caring, diversity, ethics, excellence, holism, integrity, and patient-centeredness and is based on two major concepts: 1) Nursing Process and 2) Man’s Basic Needs. The core components of professional behaviors, communication, assessment, clinical decision-making, caring interventions, teaching and learning, collaboration, and managing care are essential elements of the curriculum. These core components operationalize the integrating concepts of context and environment, knowledge and science, personal and professional development, quality and safety, relationship-centered care, and teamwork. They serve to guide the students through an increasingly complex application of theory to practice. A video detailing our organizing framework is available for viewing on the Preceptor Website.
PRECEPTOR PROGRAM

The purpose of the clinical preceptor program is to provide the students with a professional role model whose guidance will enhance the attainment of student learning. The preceptor will act as a facilitator and resource person to the student during the clinical learning experiences and will participate in the evaluation of the students learning.

Students are encouraged to work clinical hours with preceptors on off shifts and weekends. *Students are not permitted to schedule more than 12 clinical hours per shift.* Students should make every effort to avoid scheduling hours with preceptor on days/shifts that other students from other programs are in attendance and completing clinical experiences. **Students** must be flexible in availability in scheduling hours to work with the preceptor to complete clinical experiences.

A *Course Description and Clinical Experience Guidelines* for each respective clinical course are listed under the specific clinical courses. The same course evaluation tools are utilized in each clinical course and are listed in each course folder.

OVERVIEW OF AGENCY FUNCTIONS:

1. Assist students in the selection of appropriate preceptors for the experience.
2. Orient other agency personnel to the preceptor program and the clinical expectations for students as necessary.
3. Retain responsibility to review state background clearances of students seeking to complete clinical hours at the agency.
4. Retain ultimate responsibility for the nursing care for patients.
5. Retain responsibility for the preceptor salary, benefits, and liability.
6. Actively support the preceptor and student during the preceptorship with adequate time, facilities, and experiences as possible.
7. Participate in the evaluation of the preceptorship program experience.

FUNCTIONS AND RESPONSIBILITIES OF NURSING FACULTY:

1. Develop course specific expectations for preceptors and students as appropriate to the preceptor experience.
2. Conduct an orientation to the philosophy, curriculum, course and clinical objectives
and method of evaluation of students for preceptors.

3. Conduct an orientation for the students and preceptors to the preceptor experience.

4. Evaluate the preceptor’s performance based on preceptor responsibilities.

5. Provide regular feedback to student and agency/preceptor on progress and development. Is available to answer questions via phone, email, or meetings.

6. Monitor student progress through student/preceptor/faculty conferences and reviewing nursing student assignments and activities.

7. The course faculty is ultimately responsible for the overall teaching and evaluation of the student’s achievement of course objectives. Faculty collaborates with the preceptor to complete written and verbal student evaluations. The Course Faculty assigns the final grade.

8. Provide recognition to the preceptor for participation.

FUNCTIONS AND RESPONSIBILITY OF THE STUDENT:

1. Maintains current CPR and licensure.

2. Participate in the selection of a clinical practicum and preceptor, when appropriate.

3. Reads the clinical preceptor orientation packet and reviews course objectives for learning outcomes for clinical experiences.

4. Collaborates with course faculty and clinical preceptor concerning learning goals for the clinical experience.

5. Adheres to the policies and procedures of the clinical facility where clinical preceptor hours are being completed.

6. Demonstrates professional behavior appropriate to the environment of the facility, including protecting the confidentiality of patient information and maintaining high standards of care.

7. Dress in a professional manner consistent with clinical facility guidelines and be clearly identified as being a student.

8. Prepare for each clinical experience and participate in the selection of day to day clinical activities to meet clinical objectives.

9. Maintain accountability for his/her learning activities. Demonstrate self-direction by actively seeking learning experiences and being prepared to accomplish the learning objectives for the experience. Update skills inventory list and review with preceptor as needed.

10. Be accountable for nursing actions while in the clinical setting. Performs skills within the
guidelines of the facility and for which the student has had didactic preparation. Arrange for preceptor's supervision when performing procedures.


12. Share learning experiences in rounds, clinical seminars, and student/preceptor/faculty conferences.

13. Keep open communication with preceptor and faculty.

14. Attend ALL established clinical days/hours or notify clinical preceptor of absence for Emergency reasons only, and establish clinical make-up experience. All clinical hours must be completed within the semester as per course timelines.

15. Complete all required course assignments including submission of clinical log and skills checklist.

16. Complete evaluation of preceptor(s).

17. Complete written self-evaluation(s) as outlined in the clinical course.

ROLE AND RESPONSIBILITIES OF CLINICAL PRECEPTOR AS:

Facilitator:

1. Participate in and acknowledge completion of an orientation to the clinical preceptor role.

2. Orient the student to the facility and to the unit as necessary, including facility policies and procedures.

3. Discuss with student the preferred method for communication with clinical preceptor and/or clinic site.

4. Provide scheduled clinical hours for the duration of the clinical experience.

5. Provide a variety of learning experiences with appropriate client populations designed to meet the student's clinical objectives. If available, encourage participation in interdisciplinary team meetings.

6. Assure safe nursing practice by supervising the student's performance of clinical skills.

7. Be available on site for assistance during all patient care activities.

8. Provide patient care in accordance with established, evidence-based nursing practice standards. Allow the student to participate in patient management to a degree appropriate for the level of education.
9. Promptly communicate to the Course Faculty issues of concern or unsafe practice (student behavior, clinical skills, and/or student progression) regarding the student.

10. Demonstrate leadership skills in problem solving, decision making, priority setting, and delegation of responsibility and in being accountable.

11. Assume responsibility for providing a substitute preceptor in the event of an absence.

Evaluator:

1. 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.

2. Sign the student's clinical hour tracking log each day the student is present.

3. Assist course faculty with the formal evaluation of the student’s progress at the completion of the clinical experience.

4. Participate in ongoing evaluation of the program.

Definitions –

Clinical preceptor – A registered nurse who meets the minimum requirements of this title (as listed in the Preceptor Qualifications), is not paid as a faculty member by the governing institution, and who directly supervises a student’s clinical learning experience. A clinical preceptor facilitates student learning in a manner prescribed by a signed written agreement between the educational institution, preceptor, and affiliate agency (as applicable).

BENEFITS OF BEING AN ACM CLINICAL PRECEPTOR

1. Access to free nursing webinars that may be used toward continuing education credits.

2. You may be eligible to use the preceptor efforts toward the requirements of a clinical ladder at your institution.

3. You may be eligible to use preceptor efforts toward the requirements of ANCC and other accrediting bodies for the accrual of continuing education credit.

4. Receive recognition by ACM and the Department of Nursing.
FREQUENTLY ASKED QUESTIONS

1. Why do I have to complete the preceptor orientation?
   To ensure consistent quality experiences for the students, preceptors need to know about the Allegany College of Maryland Nursing Program. It is also important to understand the responsibilities of each participant in the precepted experience.

2. How can I help the student feel a part of the unit where I work?
   • Introduce the student to the entire staff.
   • Make rounds with the student.
   • Give the student a tour of the unit.
   • Include the student in all aspects of your job and decision making.
   • Touch base with the student throughout the shift.
   • Refer staff members to the student, as appropriate.
   • Treat the student like a staff member.
   • Keep the student's goals in mind.
   • Give the student responsibility.
   • Give the student feedback on a regular basis.
   • Provide someone to answer questions when the preceptor is off the unit.

3. How can I contact the faculty liaison?
   The faculty can be reached at their offices by directly calling the numbers posted on the Clinical Preceptor website or by calling the Nursing Department directly at 301-784-5568 during normal business hours.

4. What kinds of issues can I or should I discuss with the faculty liaison?
   The main functions of the faculty liaison are to solve problems and answer questions. Feel free to contact the faculty liaison for questions about the clinical preceptorship, concerns about student performance or problems that arise. The faculty liaison must be notified immediately if the student engages in unsafe or unprofessional conduct. Interactions with the faculty liaison are confidential so feel free to express yourself completely.
5. How can I be sure I have the knowledge and skill to teach students?
    You were recommended and selected for the clinical preceptorship. You have practical, day-to-day knowledge and expertise to function effectively as a registered nurse. Students learn from watching and working with experienced nurses no matter how routine or complex the task.

6. What if the student is critical of the way I do things?
    The student will be busy accomplishing personal objectives and completing delegated tasks. The student will not be following your every move or have time to critique your nursing practice. In most situations, there is more than one way to accomplish the same goal while the underlying principles remain the same. Showing the student alternative approaches can be effective in increasing overall learning. If you make a mistake, you can serve as an effective role model to the student by acknowledging the error and taking corrective action.

7. What if I just can't work with the student?
    Occasionally personality differences occur. If you are having a problem, talk with the faculty liaison who will address the issue. The clinical experience is relatively short. If the situation is intolerable, students will be responsible to locate a different preceptor.

8. How closely do I have to watch the student?
    The students are new to the role of a "registered nurse" and are functioning in the student role during the clinical preceptorship. They may require less supervision in task-related activities and more supervision in decision making activities. Discuss these issues with the student. You will want to observe the student more closely at first. As you get to know the student's capabilities, less supervision is needed. The student should progressively accept more responsibility.

9. What if the student isn't successful in this rotation?
    The fact that a student fails does not mean that you have failed as a preceptor. If you are concerned with a student's performance, contact the faculty liaison as soon as possible.
10. Is the student working under my license?

The student is **NOT** working on your license. No one works under another's license. Under the law, each person is responsible for his or her own actions. The student has the right by law to practice incidental to the educational process. The standard of care must be the same as that rendered by a registered nurse. You have the responsibility to delegate according to the student's abilities and to supply adequate supervision.

**LEGAL CONSIDERATIONS**

Preceptors are the direct supervisor of the student and must be available while the student is on duty. Students retain responsibility for their own performance at the level of their training.

Students must not perform acts which the agency does not allow students to perform. Students do not count as the second licensed person for medications or procedures which require two licensed people. Students do not count as part of the staff to patient ratio.

**PRECEPTORSHIP** is a one-to-one relationship between an expert nurse and a nursing student in order that the student may learn the roles and responsibilities of clinical nursing in a particular area of practice. This learning occurs as nursing students practice alongside the expert nurse.

Preceptors serve as role models for students. A role model allows students to see and experience what you, the expert, do on a daily basis while encouraging the student to ask questions. Preceptors challenge, guide, and direct.

Students benefit from an in-depth understanding of the role through exposure to everyday practice with its satisfactions and frustrations; increased ability to problem solve; and feelings of satisfaction resulting from professional nurturance. Preceptors benefit from the opportunity to share knowledge and facilitate the growth of an enthusiastic learner. Preceptors may find that the preceptor role brings status, recognition of expert practice, increased job satisfaction, increased learning, and advancement of their practice.

As a guide in the clinical practice setting, preceptors allow students to perform direct patient activities under their supervision. The preceptor and the student decide on the specific clinical experiences selected to meet learning objectives. This may involve caring for patients at different acuity levels, patients requiring specific monitoring interventions, or teaching of
individuals within the agency. Preceptors should work closely with the student to provide interesting or challenging opportunities to learn.

Preceptors should consider that they are working with adult learners. A review of the characteristics of an adult learner are:

• Adults prefer to know why they need to learn something before undertaking to learn it.
• Adults will invest considerable energy to something that they want to learn and perceived value in learning.
• Adult learners wish to be treated with respect and are capable of self-direction.
• Adults bring with them a volume of past experience, including experiences with learning. These experiences can be either/both positive or negative.
• Adults want to learn materials that have practical application.

Please do not hesitate to call us if there are concerns or issues regarding the student’s experience. We hope that you enjoy this time and find that the experience is well worth the effort for you and your patients.

**CLINICAL GUIDELINES:**

1. **Unsafe Clinical Practice:** Any act of omission or commission which may result in harm to the patient is considered unsafe clinical practice. During the clinical practicum, unsafe clinical practice is defined as any one of the following:

   When the student:
   a. Violates or threatens the physical, psychological, microbiological, chemical, or thermal safety of the patient.
   b. Violates previously mastered principles/learning objectives in carrying out nursing care skills and/or delegated medical functions.
   c. Assumes inappropriate independence in action or decisions.
   d. Does not adhere to current CDC guidelines for infection control.
   e. Fails to recognize own limitations, incompetence, and/or legal responsibilities.
   f. Fails to accept moral and legal responsibility for his/her own actions thereby violating professional integrity as expressed in the Code for Nurses.
g. Arrives at clinical settings in an impaired condition as determined by the clinical instructor.

**Failure to comply with any of the above requirements may result in an unexcused clinical and/or negative clinical evaluation.**

2. **Student Accountability:**

A. Students may **NOT**:
   a. Take verbal or telephone orders from physicians, midwives or physician assistants
   b. Transcribe or note physician, midwife orders or those from a physician assistant
   c. Witness operative or procedural permits
   d. Perform any skill that violates the Nurse Practice Act, even if under a physician’s supervision (i.e.: intubation of a client)
   e. Initiate or adjust IV Pitocin drips during the labor process
   f. Initiate IV therapy in the nursery
   g. Take possession of the narcotic keys
   h. Initiate infusion of blood products

B. Students **MUST** be supervised by the preceptor when:
   a. performing any IV related procedures (including IV initiation, hanging solutions or changing tubing, flushes, IVPB, IVP)
   b. signing out controlled substances
   c. performing an unfamiliar skill
   d. administering medications/blood transfusions

   If present during a code, student may:
   a. perform CPR except on a newborn
   b. document code procedures
   c. NOT administer drugs or perform skills other than basic CPR

If the student knows that he/she will be late or absent to clinical, the student must notify the assigned clinical unit and the clinical preceptor at least **sixty (60) minutes prior** to the beginning of the shift.
The student may be sent home with an unexcused absence from clinical for four primary reasons (not exclusive):
   a. tardiness
   b. unprepared for patient care (written or otherwise)
   c. violation of dress code
   d. violation of safe patient care

Failure to comply with the above requirements may result in an unexcused clinical absence and/or negative clinical evaluation.

EVALUATING STUDENT PERFORMANCE

Critical Behaviors - Guidelines for Student Evaluation are listed for each clinical course. Students are to show progression from one clinical course to the next. The Critical Behaviors are posted in the Orientation website and the Clinical file folders in each clinical course website. Students and preceptors are to read the guidelines to be cognizant of expected outcomes while completing clinical course hours and experiences. A clinical evaluation based on the critical behaviors is to be submitted by the clinical preceptor to the course faculty at the end of the clinical experience. The evaluation form to be utilized is provided to the clinical preceptor. Course faculty and the clinical preceptor may discuss overall student performance prior to a final clinical grade being awarded to the student.

Purpose of Evaluation

• Identify strengths
• Identify behaviors which need improvement
• Facilitate a positive change in behavior when identified

Types of Evaluation

Formative
• informal feedback
• occurs throughout the learning process
• assists in improving performance
Summative
• formal feedback
• occurs at predetermined times during the learning process
• summarizes performance

Principles of Evaluation
• Specificity - focus feedback on specific behaviors rather than general
• Objectivity - base feedback on clearly defined learning outcomes
• Mutual Involvement - include student input

Factors Affecting Student Reactions to Evaluation

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<thead>
<tr>
<th>Previous experiences</th>
<th>Personal characteristics</th>
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<tbody>
<tr>
<td>positive</td>
<td>personality</td>
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<tr>
<td>negative</td>
<td>stress level</td>
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<tr>
<th>Student Reactions</th>
<th>Preceptor Responses</th>
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<tr>
<td>Becomes defensive</td>
<td>Remain calm and objective</td>
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<tr>
<td>Denies any problems</td>
<td>Review the behavior and consequences</td>
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<tr>
<td>Accepts the need for change</td>
<td>Support and encourage</td>
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<tr>
<td>Becomes overwhelmed or threatened</td>
<td>Group behaviors into areas of concern</td>
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Techniques of Evaluation
• Provide rationale for feedback to diminish emotional reactions and provide impartial basis for change
• Help student identify need for and value of change to increase motivation to change
• Balance positive and corrective comments to decrease hopelessness and resistance
• Examining alternative behaviors enhances commitment and cooperation to assist in problem solving

Components of Effective Feedback
• Describe expected behavior change
• Establish target date for behavior change
• Specify consequences if target date not met
• Validate student understanding of expectations
• Document feedback conference in writing
SUGGESTED PRECEPTOR/STUDENT INTERACTION

1. **Meet for the first time**
   a. Orient and tour of the unit (include critical phone numbers/key personnel/policy & procedure manuals /locker if available)
   b. Discuss student’s past experiences, perceived strengths/weaknesses
   c. Review student objectives
   d. Review what student can/cannot do according to Student handbook and Facility Policies
   e. State your expectations (professional, prepared, and positive)
   f. Examine schedule to determine days/times to work together
   g. Exchange phone numbers and email addresses

2. **First Day**
   a. Shadow
   b. Explain what you’re doing and why
   c. Demonstrate quick head to toe assessment
   d. Have student perform assessment(s)
   e. Have student describe stress level; ask student for feedback

3. **Next...**
   a. Assign clients to student depending on experience and student objectives
   b. Observe student’s interactions/assessments/medication administration; provide immediate feedback
   c. Student continues to observe your usual activities/explain how you are prioritizing your day
   d. Demonstrate/question/explain/help student critically think through problems
   e. Remember you are guiding their practice to develop mastery

4. **As time goes on ...**
   a. Student gradually takes more and more responsibility
   b. Ask the student questions – to stimulate thinking
   c. Continue to increase client load; include all aspects of care
   d. Review student progress frequently
CUES FOR PRECEPTOR/STUDENT INTERACTION

1. **Medications:**
   a. Student investigates medications before administering

2. **Assessments:**
   a. Ask student to identify most critical assessment for client prior to entering room
   b. Demonstrate focused assessment
   c. Observe student and give immediate feedback include strengths and weakness
   d. Suggest alternative ways of completing assessment
   e. Repetition is important – perform multiple assessments each day even if student is not primarily responsible for client

3. **Skills:**
   a. Have student review policy and procedure manual and explain skill prior to entering the client’s room
   b. Observe and intervene if client safety is an issue
   c. Once completed and outside the client room, provide immediate feedback
   d. If student needs more help, please contact the faculty

4. **Charting:**
   a. Have student “chart as s/he goes” but initially have student chart on separate paper or talk prior to committing words to the permanent record
   b. Ensure all forms are completed: narrative, I&O, graphic sheet, medications, etc. (if computer charting make sure all required areas are completed)

5. **Critical thinking:**
   a. Do not necessarily respond to question with direct answer
   b. Ask student, “What do you think?”
   c. Ask the student “why” about everything! Why is the client receiving this med? Why is this lab value important to know? Why are this client’s ankles so swollen? Why is the client angry? Etc.
   d. Offer alternatives – let the student know there are multiple ways to approach a problem
   e. Ask the student to identify critical assessments to be made/labs to be checked/priorities for intervention
   f. Set time aside for student to engage in reflective thinking

6. **Miscellaneous:**
   a. Ask the student about goals for the day
   b. You do not need to have all the answers. Students need to know how to get the answers
   c. What are your resources? Where do you look it up?
   d. They are being evaluated as a nursing student, not a registered nurse
   e. Clinical objectives are in the syllabus for this course
TECHNIQUES FOR PRECEPTOR/STUDENT INTERACTION

1. **Get a commitment**
   • What do you think is going on with this client?
   • What do you want to do?

2. **Probe for supporting evidence**
   • What led you to your diagnosis or decision?
   • What else did you consider?

3. **Tell the learner what s/he did right and the effect it had**
   • Specifically, you did a great job of …

4. **Teach general rules**
   • The key features of this illness are …
   • The natural progression of this disease is …

5. **Correct mistakes**
   • Next time this happens, try this …
A record is to be kept of each scheduled time period spent with the preceptor. It is to be signed by the preceptor and initialed by the student upon completion of each shift. It must be submitted along with the final clinical papers for the course at the end of the semester.

In the following table, record the student’s clinical experience hours.

<table>
<thead>
<tr>
<th>DATE</th>
<th>Clinical Hours</th>
<th>Preceptor’s Signature</th>
<th>Student’s Initials</th>
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<td></td>
<td>List actual time. Ex. 0700-1100</td>
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TOTAL HOURS

I verify __________________________________________ has completed the above clinical experience hours under my supervision.

___________________________________                           ___________________
Preceptor’s Signature                    Date