

Texas Distance Learning Re-Entry Nursing Update
RNSG 1060: Clinical-Nursing-Registered Nurse Training
VNSG 1060: Clinical-Licensed Practical/Vocational Nurse Training

Preceptorship Student Manual

Preceptorship Pre-requisites:

The following requirement must be met prior to entering the clinical setting and engaging in patient care activities:

1. Completion of hospital/facility orientation (specific to Preceptorship site)
2. HIPAA training (available within Unit 3 of the on-line nurse re-entry course)
3. Computer training (dependent on clinical facility)
4. ID Badge (dependent on clinical facility)
5. Licensure verification/temporary permit to complete refresher course
6. Current CPR certification (American Heart Association-Health Care Provider)
7. Current immunizations documented
8. Criminal Background Check and
9. Completion of the Clinical Placement Checklist

Typically, the course coordinator/instructor in your local area will work to establish placement with one of the local facilities in your community. Once placement is established, the coordinator contacts the student with the phone number of the facility's director/manager/supervisor. The student may be interviewed in-person (or by phone) by the director/manager/supervisor of the facility in which they will precept. After the interview, the facility gives the phone number of their preceptor/staff employee to the student. It is then the student's responsibility to make contact with the identified preceptor and coordinate a schedule that will accommodate the completion of the 80 hours of clinical time.

Remember, the expectation of the clinical preceptorship is to perform patient care under the practice scope of your nursing license.

Preceptorship Requirements:

Preceptorship usually will not begin until Units 1-3 have been completed and you have successfully completed (score 80% or more) each unit post-test and the dosage calculation/medication administration examination in Unit 2. It is the student's responsibility to demonstrate competency on each basic nursing skill listed on the Nursing Skills Completion Checklist (form included in the orientation unit of the on-line course) and obtain "sign-off" from your preceptor (s). This form supports documentation for the BON. If you are fulfilling this re-entry course in order to obtain current RN/LVN licensure, then a verification form (from the BON website) should be signed-off by the program coordinator/instructor or preceptor at the completion of the course. This document will be sent to the BON by the local community college coordinator/instructor.

Preceptorship –Shift Attendance:

The student is responsible for contacting the preceptor if he/she needs to cancel a scheduled shift for any reason. It is the student's responsibility to ensure completion of 80 hours of clinical time. The student will maintain clinical time on the Clinical Placement Log (available in the orientation unit of the on line course) and turn the completed log into the program coordinator/instructor following completion of the 80 hours of preceptorship. The student will be asked to complete an evaluation of their preceptor(s), The preceptor will be asked to complete an evaluation on the student as well..

Emergencies during Preceptorship:

In the event a student is injured (trauma or blood borne exposure), the student is to be directed to the nearest ER and the instructor/coordinator notified immediately. In the case of a possible blood borne exposure, the student must be seen by the ER physician immediately for determination of exposure level. Information regarding student insurance through the community college should be available through the course instructor/coordinator. The Protocols for blood borne exposure are addressed on page 8 of this document.

BOARD OF NURSING GUIDELINES FOR PRECEPTED CLINICAL EXPERIENCES

Rule 215.10, (e) sets forth the criteria for use of clinical preceptors. Written agreements shall delineate the functions and responsibilities of the affiliate agency, clinical preceptor and nursing program. Preceptored experiences may occur after the student has received basic theory and clinical experiences necessary to safely provide care to clients (within course or curriculum).

Nursing Program/Faculty Responsibilities:

Ensure that preceptors meet the following requirements:

- Licensed as a Registered Nurse in Texas
- Preferably have a bachelor's degree in nursing or shall have a bachelor's degree as a health care professional (Non-RNs)
- Competence in designated area of practice
- Philosophy of health care congruent with that of the nursing program.
- Orient both the student and the preceptor to the preceptored experience.
- Provide the preceptor an orientation to the philosophy, curriculum, course, and clinical objectives of the nursing education program
- Discuss student expectations, skills performance, student guidelines for performance of procedures, and methods of evaluation.
- Assume overall responsibility for teaching and evaluation of the student.
- Assure student compliance with standards on immunization, screening, OSHA standards, CPR, and current liability insurance coverage.
- Work cooperatively with the preceptor and the agency to determine student learning needs and appropriate assignments.
- Make appropriate student assignments with the preceptor.
- Communicate assignments and other essential information to the agencies.
- Meet regularly with the clinical preceptor and the student in order to monitor and evaluate the learning experience.
- Monitor student progress. Examples include rounds, student clinical seminars, student-faculty/preceptor conferences and review of student clinical assignments.
- Be readily available, e.g., telephone, pager or e-mail for consultation when students are in the clinical area.
- Receive feedback from the preceptor regarding student performance.
- Provide recognition to the preceptor for participation as a preceptor. i.e.: adjunct faculty plaque, certificate.

Preceptor Responsibilities:

- Participate in a preceptor orientation.
- Function as a role model in the clinical setting.
- Facilitate learning activities for no more than 2 students.
- Orient the student(s) to the clinical agency.
- Guide, facilitate, supervise, and monitor the student in achieving the clinical objectives.
- Supervise the student's performance of skills and other nursing activities to assure safe practice.
- Collaborate with faculty to review the progress of the student towards meeting clinical learning objectives.
- Provide feedback to the student regarding clinical performance.
- Contact the faculty if assistance is needed or if any problem with student performance occurs.
- Discuss with faculty/student arrangement for appropriate coverage for supervision of the student should the preceptor be absent.
- Give feedback to the nursing program regarding clinical experience for student and suggestions for program development.

Agency Responsibilities:

- Retain ultimate responsibility for the care of patients..
- Retain responsibility for preceptor's salary, benefits, and liability.
- Arrange preceptors' work schedule so they are available on student clinical days.
- Interpret the preceptor program and expectations of students to other agency personnel who are not directly involved with preceptorship.

Student Responsibilities:

- Maintain open communications with the preceptor and faculty.
- Maintain accountability for his or her learning activities.
- Prepare for each clinical experience as needed.
- Be accountable for his/her nursing actions while in the clinical setting.
- Arrange for preceptor's supervision when performing procedures.
- Contact faculty e.g. telephone, pager or e-mail if faculty assistance is necessary.
- Respect the confidential nature of all information obtained during clinical experience.

Factors to be considered when developing criteria for selection of preceptored experiences include but are not limited to:

- The role of nursing in the setting
- Location and accessibility of the setting
- Safety of students
- Diversity of population served
- Willingness to accommodate student experiences
- Number of other programs/students using the setting
- Interdisciplinary nature of setting
- Present health care trends of health care delivery

Guidelines for a Successful Preceptorship

Communication between Student & Preceptor:

- The student will contact the preceptor to discuss clinical objectives and establish dates and times for the clinical preceptorship and communicate with the host site coordinator.
- The student will meet the preceptor at the scheduled time and place each day.
- The student will notify the preceptor prior to the start of the shift if the student will be tardy.
- The student will notify the preceptor and the host site coordinator prior to the start of the assigned shift in the event of an absence.
- The preceptor will notify the student prior to the start of the shift in the event of an absence.

Learning in the Clinical Setting:

- The preceptor will assist in orienting the student to the nursing unit as per agency policy.
- The student may perform any skill or procedure that is within the scope of the student's current or temporary nursing license, that the student feels confident performing, and that the preceptor feels confident in delegating. The skills listed on the "Nursing Skills Completion Checklist" must be completed by the end of the program.
- The student will talk with the preceptor to be clear on what level of assistance/supervision the student requires or desires when practicing the clinical skills.
- The student may observe but NOT perform any skill not covered by their current or temporary license or for any skill in which they have not been adequately trained.
- The preceptor will immediately report to the host site coordinator any unsafe or unprofessional conduct by the student.
- During the course of the preceptorship experience, the host site coordinator will visit the clinical setting to evaluate the effectiveness of the clinical experience.

Evaluation of Clinical Experience:

- The preceptor will formally evaluate the student's performance by completing a preceptor evaluation of the student (form provided by the host college) and directing the completed form to the host site coordinator. The preceptor may share this information with the student.
- The preceptor will formally evaluate the preceptorship experience by completing an evaluation of the preceptorship form and directing the completed form to the host site coordinator.
- The student will evaluate the clinical preceptorship by completing a student evaluation of the clinical preceptorship form and directing the completed form to the host site coordinator.

Re-Entry Nursing Update (Nursing Refresher)

Unsafe or Unprofessional Conduct

Physical Safety: Unsafe behaviors include but are not limited to:

- Inappropriate use of side rails, wheelchairs, other mechanical equipment;
- Lack of proper protection of the patient which potentiates falls, lacerations, burns;
- Failure to correctly identify patient(s) prior to initiating care (i.e. perform preprocedure safety checks, and educate the patient);
- Failure to perform pre-procedure safety checks of equipment, invasive devices or patient status.

Biological Safety: Unsafe behaviors include but are not limited to:

- Failure to recognize violations in aseptic technique;
- Violates “6 rights” in medication administration, performing nursing actions without appropriate supervision;
- Failure to seek help when needed;
- Failure to properly identify patient(s) prior to medication administration;
- Failure to perform pre-procedure safety checks of equipment, invasive devices or patient status.

Emotional Safety: Unsafe behaviors include but are not limited to:

- Threatening or making a patient fearful;
- Providing patient with inappropriate or incorrect information;
- Performing nursing actions without appropriate supervision;
- Failure to seek help when needed, unstable emotional behaviors.

Unprofessional Practice: Unprofessional behaviors include but are not limited to:

- Verbal or non-verbal language, actions, or voice inflections which compromise rapport and working relations with patients, family members, staff, or physicians and may potentially compromise contractual agreements and/or working relations with clinical affiliates, or constitute violations of legal/ethical standards;
- Any breach of patient confidentiality as described in the “Student Confidentiality Agreement” will be considered grounds for dismissal from the program.

**Student Evaluation of Clinical Preceptorship/Preceptor
Program: Re-Entry Nursing Update**

Student's Name: _____

Name of preceptor: _____

Clinical agency: _____ Clinical area: _____

Dates of preceptorship: _____

Evaluate the preceptorship/preceptor for each item listed, by circling your level of agreement.

9. The preceptorship in this clinical area provided adequate opportunities to enhance my clinical skills and knowledge.

Strongly Disagree Disagree Agree Strongly Agree

2. The preceptorship in this clinical area provided adequate opportunities to strengthen my communication skills with other members of the health care team.

Strongly Disagree Disagree Agree Strongly Agree

3. The preceptorship in this clinical area provided adequate opportunities to individualize my learning experiences to function as a provider of care.

Strongly Disagree Disagree Agree Strongly Agree

4. The preceptorship enhanced patient care.

Strongly Disagree Disagree Agree Strongly Agree

5. The Instructor/Coordinator was available for questions, concerns or problems.

Strongly Disagree Disagree Agree Strongly Agree

6. The preceptor was adequately prepared for the preceptorship experience.

Strongly Disagree Disagree Agree Strongly Agree

7. The preceptor was supportive of my learning needs.

Strongly Disagree Disagree Agree Strongly Agree

8. The preceptor was able to answer my questions, and instruct me in my skills practice.

Strongly Disagree Disagree Agree Strongly Agree

9. Comments:

Post-Exposure Protocol-Procedures

Students and instructors who experience an exposure to any potentially infectious materials (needle stick, mucous membranes, or non-intact skin) or airborne inhalation require specific follow-up. It is the responsibility of the individual to initiate certain actions and to report the incident as soon as possible (preferably within one hour) to their immediate supervisor, preceptor, instructor, or coordinator. It is the responsibility of the clinical supervisor, preceptor, instructor, or coordinator to take the appropriate steps to ensure the safety and well-being of the student. Host site coordinators/instructors will ensure copies of the appropriate forms (see below) will be made available to the students prior to their first clinical experience.

- Student Accident Procedure per host community college
- Appropriate insurance forms per host community college

Immediate Procedures:

1. Treatment of exposure site is to include cleaning the wound with soap and water; mucous membranes should be flushed with water. There is no evidence that the use of antiseptics for wound care or expressing fluid by squeezing the wound further reduces the risk for HIV transmission. However, the use of antiseptics is not contraindicated.
 2. The student or instructor is to be seen by the clinical facility's emergency or employee health physician immediately for determination of exposure level. As soon as a determination on level of exposure has occurred, a decision needs to be made regarding treatment. Decisions for treatment should be made based on known information, not information to be gathered at a later date. **Initial post exposure prophylaxis (antiviral medications) is recommended to begin in the first 2 hours after the exposure.**
 3. If possible, after an occupational exposure the source-person and the exposed health care worker/student should have blood drawn for baseline Hepatitis B and C, HIV and RPR (syphilis) status. These lab tests will be evaluated to determine the continuing need for HIV post exposure prophylaxis (after the decision regarding the immediate treatment) and/or appropriate treatment for exposure to other communicable diseases.
- NOTE: The student should contact his/her personal physician or an emergency center of their choice and follow the Student Accident Procedure to ensure proper insurance coverage and proper reporting for the incident.
4. The instructor will contact the appropriate health officer at the clinical site, if appropriate, regarding the need to gather appropriate information for clinical site records.
 5. All information must be reported to the host site coordinator. Relevant information includes:

- Date/time of exposure;
 - Details of the procedure being performed, including where and how the exposure occurred, and if the exposure was related to a sharp device, the type of device and how and when in the course of handling the device the exposure occurred;
 - Details of the exposure, including type and amount of fluid or material and the severity of the exposure (i.e. for Percutaneous exposure, depth of injury and whether fluid was injected; or for a skin or mucous membrane exposure, the estimated volume of material and duration of contact and the condition of the skin {chapped, intact});
 - Details about the exposure source (i.e. whether the source material contained HIV or bloodborne pathogens), and if the source is an HIV-infected person, the stage of disease, history of antiretroviral therapy, and viral load, if known; and
 - Details about counseling, post exposure management, and follow-up.
- Details regarding the exposure source and follow-up counseling will need to be done in narrative style and attached to the Incident Report Form.

Essential Physical Competencies for Nursing

In response to the Americans with Disabilities Act, a national survey of administrators of health care facilities, which employ nurses, validated a list of essential competencies a nurse must possess in order to function safely and effectively in a variety of clinical settings. Results indicate that relative high numbers of activities were identified in each essential competency category by the health care agencies as being necessary for nursing practice. These competencies include:

- Extended walking and standing daily
- Ability to grasp, push, and /or pull
- Ability to bend and stoop
- Moving quickly in response to an emergency
- Using upper body movements
- Ability to reach
- Carrying and moving equipment
- Reaching and/or lifting

Other essential competencies identified for nursing care include:

- Vision that allows detecting physical changes
- Hearing that allows responding to physical and verbal cues
- A sense of touch that allows for assessment and palpitation

Adaptations most frequently reported as being used by nursing staff were hearing aids, adaptive phones and calculators.

This is posted for general information only. Individual nursing programs and employers will have a specific set of criteria related to physical competencies for nursing students and / or employees.