

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, RNSG 1006)
3. Computer training (dependent on clinical facility)
4. ID Badge (dependent on clinical facility)
5. Licensure verification
6. Current CPR certification
7. Current immunizations documented
8. Background Check (dependent on facility) and
9. Completion of the Clinical Placement Checklist (located on the Project website)

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 72 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 available from the website) and obtain "sign-off" from your preceptor (s). This form supports documentation for the BNE. If you are fulfilling this re-entry course in order to obtain current RN/LVN licensure, then a "red/pink" form (which was sent to you by the BNE) should be signed-off by the program coordinator/instructor or preceptor at the completion of the course. This document will be sent to the BNE 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 72 hours of clinical time to gain

credit for the course. The student will maintain clinical time on the Clinical Placement Log (available on the website) and turn the completed log into the program coordinator/instructor following completion of the 72 hours of preceptorship. The student will be asked to complete an evaluation of their preceptor(s), form found on the website. 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 your community college should be available through the course instructor/coordinator.

BOARD OF NURSE EXAMINERS 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 clients.
- 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

Important: Please be aware that references to Rule 215 and Rule 219 are not all inclusive.

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 pre-procedure 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.

Re-Entry Nursing
Nursing Skills Completion Checklist

Name _____

TX Board of Nursing OBJECTIVES	DIDACTIC	SKILLS	Demonstrated in Skill Lab	Demonstrated in Clinical Setting
			Initials / Date	Initials / Date
Role of the Nurse	Standard precautions	Hand washing	____ / _____	____ / _____
	Personal protective equipment (PPE)	Donning/Removing PPE	____ / _____	____ / _____
Nursing Process assessment plan implement evaluation	Patient Assessment	Vitals	____ / _____	____ / _____
		Specimen collection	____ / _____	____ / _____
		Pain assessment	____ / _____	____ / _____
Documentation-QA, legal	Documentation SOAP Focus Narrative Kardex Meds charting Med errors Computer Assisted End-of-shift reporting Infection control principles Use of sharp safety devices Fall protection TPAPN	Patient mobility & safety Body mechanics Patient positioning Lifting/repositioning equipment	____ / _____	____ / _____
		Sharps container management	____ / _____	____ / _____
		Patient Safety/Restraint use	____ / _____	____ / _____
Meds Administration	Blood administration TPN administration Central line therapy	IV infusion	____ / _____	____ / _____
		IV meds administration	____ / _____	____ / _____
		Parenteral IM,SQ meds	____ / _____	____ / _____
		Oral meds	____ / _____	____ / _____
		Enteral meds	____ / _____	____ / _____
		Topical meds	____ / _____	____ / _____
		PCA therapy-pain control analgesia	____ / _____	____ / _____

TX Board of Nursing OBJECTIVES	DIDACTIC	SKILLS	Demonstrated in Skill Lab	Demonstrated in Clinical Setting
			Initials / Date	Initials / Date
Preceptorship-RN supervised, direct patient care	Chest tube management Glucose monitoring	Basic Wound care	____ / _____	____ / _____
		Oxygen therapy	____ / _____	____ / _____
		NG intubation	____ / _____	____ / _____
		Phlebotomy	____ / _____	____ / _____
		Catheterization	____ / _____	____ / _____
		Suctioning Upper airway Trach Endotracheal	____ / _____	____ / _____
		Enteral nutrition	____ / _____	____ / _____
		Sutures/staples/steri-strips	____ / _____	____ / _____
Pharmacology	Medication test (pass by 80%)		DATE: _____	Instructor/ Coordinator initials _____
Current CPR		(see Clinical Placement Requirement Checklist)	Expires: _____	Instructor/ Coordinator initials _____

Student Signature _____ Initials _____ Date _____

Preceptor Signature _____ Initials _____ Date _____

Preceptor Signature _____ Initials _____ Date _____

Preceptor Signature _____ Initials _____ Date _____

Instructor Signature _____ Initials _____ Date _____

**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.

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

Strongly Disagree Disagree Indifferent 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 Indifferent 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 Indifferent Agree Strongly Agree

4. The length of the clinical preceptorship was adequate to meet my personal learning objectives.

Strongly Disagree Disagree Indifferent Agree Strongly Agree

8. The length of the clinical preceptorship was adequate to evaluate my clinical performance.

Strongly Disagree Disagree Indifferent Agree Strongly Agree

9. The preceptorship enhanced patient care.

Strongly Disagree Disagree Indifferent Agree Strongly Agree

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

Strongly Disagree Disagree Indifferent Agree Strongly Agree

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

Strongly Disagree Disagree Indifferent Agree Strongly Agree

12. The preceptor was supportive of my learning needs.

Strongly Disagree Disagree Indifferent Agree Strongly Agree

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

Strongly Disagree Disagree Indifferent Agree Strongly Agree

14. Comments:

Thank you for your support of the Re-Entry Nursing Program!

This completed form should be directed to:

Chickenpox (i.e. varicella) vaccine DATE: _____, _____.

Other conditions – Student is recommended to report any additional physical conditions that might effect their performance in a clinical setting - any physical, cognitive, or emotional conditions that would interfere in the safe delivery of patient care (i.e.: injured back, dyslexia, etc.).

Latex allergy: No, I have not developed a latex allergy Yes, I have a latex allergy and will need : _____

Criminal Background Check – date application submitted: ____/____/____ (NOTE: not required at all colleges)

By signing below: 1. I state that the information I have provided above, as well as any attachments to this document, are true and correct to the best of my knowledge. I understand that by stating that this information is true, that I cannot hold the community college liable for any injury of occurrence resulting from my misrepresentation of the above information. 2. I give permission to the community college (s) to conduct any necessary verification of licensure (if required), or release of necessary personal information to the precepting facility prior to the clinical placement. 3. Additionally, I have read and understand the potential for exposure to blood or other potentially infectious materials (information available at www.cdc.gov/ncidod/diseases/hepatitis/b/factvax.htm), or exposure to inhalation of airborne microorganisms (i.e. smallpox, latex, tuberculosis) during the clinical placement and I will not hold the community college liable for any accidental exposure I may experience in the clinical setting.

Student Signature
Signature

Date

Date

Coordinator/Instructor

Host Community College

For questions regarding this checklist check with the clinical coordinator at your community college.