

West Virginia Wesleyan College



# **BSN Preceptor Orientation Manual**

**For NURS 420: Leadership in Healthcare**

A decorative graphic at the bottom of the page consists of several overlapping, semi-transparent orange and grey geometric shapes that resemble a stylized banner or ribbon.

**2017**

Welcome to NURS 420, Leadership in Healthcare! This *preceptor orientation manual* has been designed for students, faculty, and preceptors to assist students to have a successful clinical experience.

The Philosophy of the West Virginia Wesleyan College endeavors to graduate men and women, who think critically and creatively, communicate effectively, act responsibly and demonstrate their local and world citizenship through service. We appreciate the registered nurses who agree to function as preceptors and role models for our students. It is our intent to make this journey personally and professionally growth producing for students and preceptors, and an enjoyable learning experience for all.

Please take the time to carefully review this manual. If you have questions or suggestions, please don't hesitate to contact the Wesleyan College Department of Nursing office, 304-473-8224.

West Virginia Wesleyan College  
Revised December 2017

Pam L. Lewis, MSN, RN  
Associate Professor of Nursing  
Email: lewis\_p@wwwc.edu  
Office: 304-473-8524; cell phone: 304-203-5500

Note original BSN preceptor manual created by:  
Susan P. Rice PhD, MPH, RN/NM

## Table of Contents

### PART I: Course Information

Introduction to the course.....	4
NURS 420 Clinical Objectives.....	4
SON Mission & Goals.....	5
Student Learning Outcomes.....	6-7
Preceptor-Guided clinical: Overview.....	8
West Virginia Board of Registered Nursing: Regulations.....	8
Roles and Responsibilities of Preceptors, Students, Faculty.....	9-13

### PART II: Useful Information and Reference

Phases of Preceptor-Student Working Relationship.....	14
Adult Learner-Centered Teaching Strategies.....	15-16
“Reality Shock”.....	17
Weekly Guidelines for Student Activity.....	18-19
SomeTips from Expert Preceptors.....	20
References.....	21

### APPENDECES

Appendix A; Preceptor Resume.....	22-23
Appendix B; Student/Faculty/Preceptor Agreement Form.....	24-26
Appendix C; Clinical Hours Log.....	27
Appendix D; Clinical Evaluation of Student .....	28-31
Appendix E; Student Data Sheet.....	32
Appendix F; Student Evaluation of Preceptor.....	33

## **PART I: Course Information**

### **Introduction to the Course**

NURS 420, Leadership in Healthcare is a senior level course taken during the students final semester and is designed to support the students' transition to professional nursing practice. During the theory portion of this course, students learn leadership and management perspectives from an institutional level to a broader national level.

In the clinical portion of this course, students work individually with a preceptor to apply knowledge and skills learned in previous courses in a "real world" setting. Emphasis is on enhancing the use of the nursing process with an emphasis on prioritization of care and delegation of tasks. The clinical experience provides opportunities for students to enact professional practice and become competent in standards of care, application of evidence-based research, and safe and legal practice.

### **NURS 420 Clinical Objectives**

1. Analyze and evaluate the quality care to clients with your preceptor. Be knowledgeable about their medications, treatments, and disease process. Create health promotion activities for your clients.
2. Review physician's orders for accuracy and safe practice and follow through with carrying out the orders per agency's policy.
3. Analyze the type of patient care delivery system on your assigned unit. Compare and contrast the advantages and disadvantages. Analyze and evaluate unit staffing protocols.
4. Examine and evaluate the ways in which customer (client) satisfaction is measured and remediation strategies for problems.
5. Judge the efficiency of nursing governance and the decision making of your assigned agency or unit.
6. Identify and analyze risk reduction activities utilized on your assigned unit and discuss relevance with your preceptor.
7. Attend a staff meeting, patient care conference, or nurse manager meeting and observe interactions, leadership styles, and process. Document these observations in your journal.
8. State the purpose of the institutional ethics committee. Define the personnel who make up this committee and their roles. Explain the process for referral to the committee.
9. Discuss and check for consistency of values with your preceptor the pros and cons of professional unions. Determine if there are unions in the agency where you are completing your preceptorship.
10. Analyze how delegation works on your unit. Give explicit examples of roles and how each team member functions. Assist the preceptor with making assignment and follow-up these activities.
11. Verify and appraise the type of institutional provider (profit, non-profit, governmental) in which you are currently precepted. Describe the philosophy and mission and explain how your unit fits into each.
12. Assess and evaluate the individual client's plan of care via the electronic health record and document safe nursing practice per agency policy.

## **MISSION and GOALS**

### **Mission – School of Nursing**

The mission of the School of Nursing is to provide accessible, high quality nursing education to a diverse group of undergraduate, graduate, and post-graduate APRN certificate students, preparing them to be reflective healthcare leaders and scholars able to respond to the growing complexity in the healthcare system. This mission will be accomplished by offering innovative, nursing education programs that meet the needs of society and incorporate best-practice evidence and contemporary nursing science. Beliefs fundamental to the mission, development, and arrangement of the curriculum include: an understanding of the fundamental dignity of human beings; the essence of nursing as science, art and service to humanity informed by the caring nature of the discipline; the perspective of health as a dynamic entity varying with time and life circumstances; and the life-long process of education. Undergraduate and graduate study in nursing prepares women and men to promote human thriving in the care of diverse persons through culturally-sensitive, evidence-based practice. The unique meanings persons associate with knowledge, language and behavior inform caring practice in nursing. People flourish in the context of partnerships with individuals, families, communities, and populations that reflect respect for the dignity and uniqueness of others, recognizing each person's capacity for grace and empowerment.

### **Goals – School of Nursing**

The goals of West Virginia Wesleyan School of Nursing reflect the overall mission of the program to enhance the health and quality of life for all.

1. Develop academic programs that meet the needs of society and incorporate best-practices in nursing education.
2. Provide a supportive, collegial environment that encourages excellence in teaching-learning, professional development, and faculty/student scholarship.
3. Develop leaders capable of improving clinical practice outcomes, health policy, and care delivery methods.
4. Prepare graduates able to provide safe, evidence-based, culturally-competent, patient-centered care that reflects ethical clinical judgment and interprofessional collaboration.
5. Cultivate in students an intellectual desire for advanced study and inquiry.

### Expected Student Learning Outcomes (Program Level) – BSN

**SLO I: Integrate knowledge from liberal arts, nursing science and related disciplines to inform practice and make reasonable clinical judgments.**

**Level Competencies:**

**Translating and Integrating Scholarship into Practice:** Integrate evidence, clinical judgment, and inter-professional perspective and patient preference in planning, implementing and evaluating outcomes of care.

- ❖ **Senior Level Competency:** Incorporate evidence, clinical judgment and interprofessional perspective and patient preference in planning, implementing and evaluating outcomes of care.

**Background for Practice:** Integrate theories and concepts from liberal education to build an understanding of the human experience.

- ❖ **Senior Level Competency:** Incorporate theories and concepts from liberal education to build an understanding of the human experience.

**SLO II: Effectively communicate and collaborate as a member and leader within the interdisciplinary healthcare team to improve patient care outcomes**

**Level Competencies:**

**Inter-professional collaboration and communication to provide quality patient-centered care:**

Demonstrate effective inter-professional communication and collaboration to provide quality patient-centered care.

- ❖ **Senior Level Competency:** Demonstrate team-building and collaborative strategies when working with interprofessional teams.

**SLO III: Ethically manage the direct and indirect care of individuals, families, groups, communities and populations to promote, maintain and restore health.**

**Level Competencies:**

**Baccalaureate Generalist Nursing Practice:** Demonstrate evolving competence in professional role within a dynamic, multicultural, global society.

- ❖ **Senior Level Competency:** Implement holistic, culturally-appropriate, patient-centered care that reflects understanding of human growth and development, pathophysiology, pharmacology, and medical and nursing management for persons across the lifespan in all healthcare settings

**SLO IV: Provide population-focused, culturally-competent, holistic nursing care focusing on health promotion and disease and injury prevention.**

**Level Competencies:**

**Clinical Prevention and Population Health for Improving Health:** Assess protective and predictive factors that influence the health of individuals, families, groups and populations.

- ❖ **Senior Level Competency:** Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral and follow-up throughout the lifespan.

**SLO V: Demonstrate leadership and management skills in the use of human, fiscal, material and information resources in the provision of safe, quality nursing care.**

Level Competencies:

**Organizational and Systems Leadership; Quality Improvement and Safety:** Use leadership skills and knowledge of healthcare to advance high quality, safe professional practice.

- ❖ **Senior Level Competency:** Use leadership skills and knowledge of healthcare for high quality, safe, professional practice.

**Health Policy and Advocacy:** Demonstrate basic knowledge of healthcare policy, financing, and regulatory environments in advocating for safe professional practice.

- ❖ **Senior Level Competency:** Assess how healthcare policy, financing, and regulatory environments affect safe professional practice.

**Informatics and Healthcare Technologies:** Manage information and technology to deliver quality patient care in a variety of settings.

- ❖ **Senior Level Competency:** Use information management tools to monitor outcomes of care in a variety of settings.

**SLO VI:** Demonstrate a commitment to professional growth and improvement, valuing life-long learning and the betterment of the profession.

Level Competencies:

**Advancing Professionalism and Professional Values:** Demonstrate the professional standards of moral, ethical and legal conduct.

- ❖ **Senior Level Competency:** Identify personal, professional and environmental risks that impact personal and professional choices and behaviors

## **The Preceptor Led Leadership and Client Care Management Practicum: Overview**

A preceptor is a person who gives specialized training to a student (Duteau, 2012). The preceptor guided clinical practice can be described as a bridge across the theory to practice gap and is a one-to-one professional relationship between the student and the preceptor. (Duteau, 2012).

This model offers students the opportunity to work directly with experienced and highly educated BSN prepared nurses who are actively involved in direct care to clients in a variety of settings. The purpose of this model is to facilitate the transition from student to professional nurse and is a popular nursing education strategy (IOM, 2011, Duteau, 2012, Riley-Doucet, 2008).

### **West Virginia Board of Registered Nurses: Legislative Regulations**

Preceptors, faculty, and students may find it helpful to review the regulations delineated by the West Virginia Board of Registered Nurses regarding clinical preceptors for undergraduate nursing education in West Virginia.

Definition of a Clinical Preceptor;

2.6 "Clinical Preceptor" means a registered professional nurse who:

2.6a is currently licensed as a registered professional nurse in good standing in the state in which he or she is providing the preceptorship with educational preparation at or above the level for which the student is preparing;

2.6b has a minimum of 2 years of experience as a registered professional nurse providing direct patient care during the 5 years immediately preceding the date of the written agreement;

2.5c has a philosophy of health care congruent with that of the nursing program, and;

2.5d has current knowledge of nursing practice at the registered professional nurse level.

Reference: <http://apps.sos.wv.gov/adlaw/csr/readfile.aspx?DocId=19022&Format=PDF>  
West Virginia Board of Registered Nurses website <http://www.wvrnboard.com/>

## **Roles and Responsibilities: Preceptors, Students, Faculty**

### **Preceptor Responsibilities**

The preceptor assists the student to bridge the gap between academia and clinical practice in the workplace. The preceptor is a role-model, mentor, guide, and coordinator for student experiences. The following responsibilities are included in the preceptor role;

#### Orientation

- Read this preceptor handbook.
- Complete the preceptor resume included in this orientation manual (see Appendix A). This is a requirement of the West Virginia Board of Registered Nurses.
- Complete an agreement to guide the student for a specific time period during the semester (see Appendix B)
- Provide student with adequate orientation to the clinical setting, health care team and key aspects of nursing care delivery in the environment.

#### Clinical Supervision and Teaching

- Work closely with student for positive experience
- Serve as a role model in the clinical setting.
- Immerses and engages students in clinical practice experiences, integrating them into the practice setting.
- Assist the student to meet goals/objectives and to progress from participant observer to responsible professional practice by questioning students about the rationale for nursing and medical interventions.
- Reviews all medications prior to student administration.
- Directly supervises all clinical skills the first time they are performed, and until the preceptor is comfortable that the student can perform the skill unsupervised.
- Direct and supervise the student's nursing care to ensure safe and effective care.
- Support the student and provide feedback at the end of each clinical day and negotiates clinical learning objectives prior to each
- Uphold West Virginia Wesleyan School of Nursing's Philosophy

#### Communication

- Gives verbal feedback to the student at the end of the clinical day, after procedures, and as needed.
- Consult with faculty as needed.
- Initial and sign the student hourly log sheet at the end of each clinical experience. (see Appendix C)
- Notify the faculty immediately with any concerns/questions concerning student's behavior, competency

**Preceptor Responsibilities continued:**

## Evaluation of the Clinical Experience

- Provide frequent feedback to the student regarding clinical performance
- Participate in mid-term and complete and preceptor evaluations (see Appendix D, E).
- Offer feedback to faculty regarding any clinical experiences for student and/or suggestions for program development.

## Student Responsibilities

This final clinical event is designed to be a progressive immersion experience to prepare the student for professional practice. Students will write individual goals to be approved by the faculty before the student presents them to the preceptor. The student is required to complete 120 hours to meet the clinical requirements. Additional responsibilities include;

### Orientation

- Contact the preceptor to arrange a meeting to discuss goals/objectives prior to beginning the first clinical shift.
- Students **MUST** bring the completed preceptor forms to faculty prior to beginning the first clinical shift (see Appendix F).
- Participate in hospital orientation, computer training prior to beginning the first clinical shift.
- Share and discuss objectives for the preceptorship (after approval by faculty). Student and preceptor collaborate throughout the experience to revise objectives as the particular clinical experience proceeds. Updates faculty of any revisions.
- Schedule the clinical shifts to coincide with the preceptor's schedule; submit schedule and all changes for faculty approval. **Note: students must attempt to be scheduled one shift or more/week between mid January and the last week of April with the exception of spring break week and Easter weekend, which are school holidays, and the required ATI Live review for NCLEX.**

### Clinical Education and Learning

- Arrive at least 15 minutes in advance for all scheduled shifts.
- Comply with the WVWC and facility dress code.
- Be accountable for achievement of objectives and for own nursing actions.
- Respect confidentiality of ALL information with regard to patient and facility records.
- Demonstrate self-direction by actively seeking learning experiences.
- Adhere to agency policy related to documentation, student administration of medications, and any other nursing student policies.
- The student functions within legal and personal limitations in the student role.
- Ensure that appropriate supervision by the preceptor is provided for the performance of tasks/procedures.
- In the event of student injury while working in the clinical setting, follow the agency policy for employees, and then notify faculty promptly.
- Students practice in a manner consistent with Nursing: Scope and Standards of Practice (ANA, 2010) and follow the West Virginia Board of Registered Nursing Scope of Practice. While on the unit with the preceptor, students may perform tasks that a registered nurse is expected to perform, *with the preceptor's supervision* and within the WVBRN Scope of Practice.

## Communication

- Provide notice to the charge nurse and preceptor for unplanned absenteeism or unexpected tardiness in reporting for your shift; notify faculty of absences or tardiness immediately. Students are responsible for contacting faculty of any changes in previous scheduling.
- Report all incidents or variances which involve the student to faculty; be sure that the preceptor has signed all variance reports.
- Ask preceptor to initial and sign student hour sheet at the end of each clinical experience.

## Evaluation of the Clinical Experience

- Provide frequent feedback to the preceptor regarding experience
- Complete a self-evaluation in collaboration with preceptor and faculty at mid-term and when the clinical hours are completed.
- Complete Preceptor Evaluation form (see Appendix G) and provide any agency feedback for preceptors as directed.

## **Faculty Responsibilities**

The coordination of the clinical placement is the responsibility of the West Virginia Wesleyan College nursing faculty. Preceptors are provided with a copy of this document that contains faculty names and contact information. Faculty members are responsible for collaborating with preceptors, based on student need, to support student goals/objectives and to assure periodic monitoring of student progress. Preceptors will be asked to provide formative (at midterm) and summative (final) evaluation of student's mastery of course objectives but the final course grade/evaluation will be determined by the course faculty. Specific responsibilities of faculty include;

### Orientation

- Assure that orientation is completed by student (including submission of forms);
- Be available by phone for questions, problem identification, and resolution of student issues during all clinical hours.

### Clinical Supervision and Teaching

- Assume overall responsibility for teaching and evaluation of the student
- Assists students in establishing appropriate objectives for each clinical experience, based upon the clinical setting, student strengths and deficits, and general course objectives.
- Guides the preceptor and student in the selection of alternative clinical experiences to support achievement of learning objectives
- Provides the preceptor with a copy of the course syllabus and evaluation tools as well as BSN Preceptor Orientation Manual.
- Makes site visits/calls during the clinical experience.

- Assesses student performance by reviewing all student logs, assessing student knowledge in clinical setting, clinical conferences, and at midterm conference.
- Reviews preceptor evaluations of student, and solicit verbal feedback about student performance from the preceptor and his/her colleagues.
- Monitor student's completion of clinical hours (student will submit form signed by preceptor)
- Communicate weekly with student via clinical journal.

#### Communication

- Communicate with the healthcare agency before the preceptorship begins.
- Meets with student at midterm of experience to review progress toward individual and course objectives.
- Communicate with preceptors throughout the clinical experience as needed.

#### Evaluation of the Clinical Experience

- Seek regular feedback from student and preceptor on progress in meeting clinical objectives.
- Evaluate student journals during semester
- Collaborate with student and preceptor to develop remediation plans when course expectations are not satisfactorily met
- Review and approve student-preceptor midterm and final evaluations
- Uphold the policies in the WVWC Student Handbook and WVWC Department of Nursing's Philosophy.
- Assure that student completes all clinical evaluations and agency evaluations of preceptor, clinical experiences, clinical facility, and faculty as required per agency and School of Nursing. These evaluations are used to foster ongoing preceptor/faculty development and program improvement.

## **PART II: Useful Information and Resources**

### **Introduction**

This portion of the orientation manual contains helpful information and guidelines for your preceptor experience. Preparation is important for success in any endeavor, including the clinical preceptorship. The following information should enhance the experience for both student and preceptor.

### **Phases of the Student-Preceptor Working Relationship**

The development of a professional working relationship between the preceptor and student is vital to the success of the clinical experience. (Haitana & Bland, 2011). A solid professional relationship enables the preceptor to assist the student to achieve goals of the clinical experience and to assess the student's performance. Phases of the relationship and recommended tasks are described below.

#### Establishing the Relationship

In a qualitative study of interviews with preceptors, researchers found that "connecting with the student" and developing trust were important to the success of the experience (Haitana & Bland, 2011). Study participants also stressed the importance of mutual trust and a strong professional relationship when evaluating student performance.

Initially, the focus of the relationship is to clarify roles, discuss the student's individual objectives, review the student's background, and discuss agency policies. The student will need orientation to the clinical setting in order to have a successful experience. Orientation is important for the safety of the patient and it communicates a sense of belonging and respect. The preceptor discusses his/her work schedule with the student so that plans can be made for the student to determine his/her clinical schedule, consistent with the preceptor's schedule. Frequency of conferences between the student and preceptor should be discussed and planned during this initial phase.

#### The Working Phase

During this phase, the preceptor serves as role model, mentor, guide, coordinator, and resource person. By demonstrating his/her role and skills as an expert clinician, the preceptor assists the student in role development, application of theory, problem solving, and decision making. Initially, the preceptor is more directive, encouraging the student to observe and analyze the preceptor's role as he/she interacts with patients, families, colleagues, and staff. Preceptors discuss solutions to problems and patient care strategies with students to enrich the students' understanding how the role of staff nurse is enacted and how problems are solved. Over time, the preceptor becomes less directive and the student becomes more independent and self-reliant.

Evaluation of student performance and achievement of objectives is an ongoing process during the entire preceptorship experience. Daily feedback from the preceptor is helpful. Students must track their own experience via professional journaling and daily attendance logs. Formal, written evaluations using forms provided (see Appendix D & E) are scheduled at the midterm point and at the end of the clinical experience. Students are responsible for providing the preceptor with a paper copy of the evaluations. The observations and feedback by the preceptors is necessary and crucial to determine satisfactory progress, however, the final responsibility for the grade belongs to the faculty member. Even if the student does not agree with the evaluation, he/she should sign the form. The student will have an opportunity to respond, in writing, to any comments made by the preceptor and faculty.

### Ending the Relationship

The preceptor-student relationship is time-limited. Review of the clinical preceptorship is an important part of the experience. The student and preceptor should have a mutual dialogue conducted during the evaluation phase.

### **Adult Learner-Centered Teaching Strategies**

During the clinical time, the preceptor, who was chosen for his/her knowledge and clinical expertise, guides the student to gain similar knowledge and practical experience in preparation for graduation and beginning his/her career. Knowledge related to adult education provides helpful guidelines to preceptors. Nesbitt (2006) reviewed research over the past 20 years and has concluded that principles of adult learning are relevant for nursing. Nesbitt developed eight guidelines that can be used by preceptors to create valuable experiences for student nurses who are transitioning to professional nursing.

Guideline 1: The preceptor must be well-prepared in the content area of the nursing specialty and understand characteristics of adult learners.

Guideline 2: The preceptor and student nurse work together to develop the learning objectives and outcomes for the experience.

The student will bring a list of learning objectives (faculty approved) to the first meeting with the preceptor for review. Changes can be made as agreed upon by the student and preceptor. These objectives should be reviewed during the clinical experience.

Some questions to guide the preceptor when meeting with the student for the first time: What does the student hope to gain from the experience? What are the student's major concerns? What assumptions does the student bring to the experience?

Guideline 3: The learning environment should be respectful to both the preceptor and the student.

The student needs thorough orientation to the facility and unit and a review of the rules of conduct. Open communication and dialogue between student and preceptor facilitates trust and respect.

Guideline 4: Learning should move along a continuum from preceptor-directed at the beginning of the preceptorship to student-directed by the time of closure.

As the student meets his/her learning objectives, the student should take more responsibility for decision-making and patient care outcomes.

Guideline 5: Learning should progress from application of beginning nursing concepts and skills to advanced concepts and skills.

The level of difficulty can be adjusted by the preceptor by providing more straightforward assignment at the beginning and by modeling excellent care. The preceptor can add more difficult/complex assignments as the student gains confidence and proficiency.

Guideline 6: Feedback should be regular, constructive, and effective.

Feedback is crucial to creating positive outcomes. Effective feedback is given in a timely and constructive manner. Also, it is important for the preceptor to emphasize positive performance as well as areas of needed improvement.

Guideline 7: Learning activities should be relevant to the course and clinical goals.

Students in the theory portion of the course are learning leadership and management. Students in clinical can apply leadership and management principles to patient care situations. The learning activities should be safe and offer the student opportunity for success.

Guideline 8: Learning assessments completed by the preceptor should be fair, valid, and clear.

The evaluation tool should be reviewed by the preceptor and the student so that both understand the critical elements of the evaluation. Learners who understand how they are to be evaluated can then take more accountability and responsibility for their own learning experiences.

## “Reality Shock” or “From Novice to Expert”

Sometimes the term “reality shock” has been used to describe the reaction of students when they discover that the clinical experience does not match the values and ideals that they learned in the classroom. Benner (2001) in her classic text has identified four phases of adaptation to this reaction, including; the honeymoon, the shock, the recovery, and the resolution. The following table includes common behaviors and strategies to help students.

Stage	Behaviors	How to Help
The Honeymoon	perceives everything as being wonderful fascinated by the newness of the experience focused on mastery of skills, routines and integration with the staff	utilize the student’s enthusiasm for skills and routines be realistic but don’t stifle the enthusiasm introduce the student to the staff, be inclusive
The Shock/Crisis	sets in when needs and goals are not met experiences outrage rejects school and work values preoccupied with the past globally negative	be a good listener have the student record his/her suggestions for improvement provide opportunities to vent Feelings help the student to see more of the situation and view it more objectively and/or more broadly
The Recovery	sense of humor returns tension lessens discrimination between effective and ineffective behaviors	assist student to see positives talk about ways to improve the work environment verify and support critical thinking efforts
The Resolution	conflicts in values resolve in either constructive or destructive ways (crisis doesn’t last forever) could see rejection of role/nursing or burnout, or new ways to cope positively	assist the student with constructive problem solving help the student with new, more helpful coping mechanisms acknowledge and manage conflicts that persist

## Weekly Guidelines for Student Activity

The following guidelines are based on ten 12-hour shifts. These guidelines can be adapted for situations where students work 8-hour shifts. They are SUGGESTED (EXCEPT for THE ORIENTATION guideline which must be met) guidelines only! If the setting is intensive care or other specialty area, the number of patients and other aspects will need to be altered.

Orientation and 1<sup>st</sup> meeting with preceptor prior to first clinical day.

- Meet preceptor at agency to discuss and share clinical objectives and determine work schedule.
- Establish best way to communicate with preceptor re: any schedule changes due to inclement weather or illness.
- Ensure that all orientation and agency paperwork, name badges, parking information, etc. are completed.
- Documentation of this visit must be reviewed and approved by course faculty before you can begin your shifts

### Shifts 1 & 2

- Review objectives
- Increase comfort level in agency and unit
- Develop rapport
- Assume care for ONE or TWO patients (unit dependent, i.e.- less for ICU)
  - Complete documentation
  - Give end-of-shift report to oncoming nurses if preceptor believes you are ready to do this
- Evaluate strengths and weaknesses
- Plan goals/objectives for subsequent shift (not submitted to faculty)

### Shifts 3 & 4

- Review shift goals/objectives
- Focus on **ORGANIZATION** skills
- Assume care for TWO or THREE patients (unit dependent)
  - Complete documentation
  - Give report to oncoming shift
- Evaluate strengths and weaknesses
- Plan goals/objectives for subsequent shift (not submitted to faculty)

### Shifts 5 & 6

- Review goals/objectives
- Focus on **PRIORITIZATION** skills
- Assume care for THREE or FOUR patients (unit specific)
  - Complete documentation
  - Give report to oncoming shift
- Evaluate strengths and weaknesses
- Plan goals/objectives for subsequent shift (not submitted to faculty)

Shifts 7 & 8

- Review goals/objectives
- Focus on **DELEGATION** skills
- Assume care for FOUR or FIVE patients (unit dependent)
  - Complete documentation
  - Give report to oncoming shift
- Evaluate strengths and weaknesses
- Plan goals/objectives for subsequent shift (not submitted to faculty)

Shifts 9 & 10

- Review goals/objectives
- Assume care of FIVE patients (unit dependent)
  - Complete documentation
  - Give report to oncoming shift
- Evaluate strengths and weaknesses
- Plan goals/objectives for subsequent shift (week 9 only)
- Complete evaluation forms for submission to faculty (shift 10)

## **Some Tips from Expert Preceptors (Columbia University School of Nursing)**

- 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 weakness 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.

## References

Benner, P. (2001). *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*. San Francisco CA: Jossey Bass.

Columbia University School of Nursing Preceptor Handbook at <http://www.cumc.columbia.edu/dept/nursing/preceptors/handbook.html#12>  
Retrieved on 27 January 2013.

Duteau (2012). Making a difference: The value of preceptorship programs in nursing education. *Journal of Continuing Education in Nursing*. 43 (1), 37-43.

Haitan, J & Bland, M. (2011). Building relationships: The key to precepting nursing students. *Nursing Praxis in New Zealand*, 27 (1), 4-12.

IOM (2011). *The future of nursing: Leading change, advancing health*. Washington DC: National Academic Press.

Riley-Ducot (2008). A self-directed learning tool for nurses who precept student nurses. *Journal for nurses in staff development*, 24 (2), E7.

**APPENDIX A**  
WEST VIRGINIA WESLEYAN SCHOOL OF NURSING  
PRECEPTOR RESUME

*(The State Board of Nursing requires that we keep this on file)*

We are required to keep your information for the WVBRN and will keep it in a secured file. This information will not be shared. Thank you!

NAME: \_\_\_\_\_

EMPLOYING AGENCY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ -  
\_\_\_\_\_

WV RN LICENSE NUMBER \_\_\_\_\_ (Required by State Board)

PHONE: \_\_\_\_\_

Cell phone \_\_\_\_\_

Best time to call is: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EDUCATION

INSTITUTION

DEGREE

YEAR

CERTIFICATIONS:

CONTINUING EDUCATION WITHIN THE PAST 3 YEARS:

EMPLOYMENT RECORD AS AN R.N.

<u>AGENCY</u>	<u>POSITION</u>	<u>UNIT</u>	<u>YEARS</u>
---------------	-----------------	-------------	--------------

PROFESSIONAL MEMBERSHIPS:

PROFESSIONAL RECOGNITION/HONORS:

**Appendix B**  
**West Virginia Wesleyan**  
**STUDENT/FACULTY/PRECEPTOR AGREEMENT**  
**Undergraduate Senior Clinical Preceptorship**

Student: \_\_\_\_\_

Nurse Preceptor: \_\_\_\_\_

Thank you for agreeing to work with our Wesleyan nursing student. The purpose of the preceptorship experience is to provide the student with an opportunity to work in a clinical setting that will facilitate and strengthen the student's knowledge and skills, and ease the transition from student to professional. You will be a resource person, role model and a supervisor for the student. This clinical experience will enable the student to become familiar with the demands of the health care setting and the leadership role of the nurse.

**The preceptor agrees to:**

1. Collaborate with student and instructor in developing specific individualized learning objectives which reflect the student's needs, interest, and the expectations of the clinical setting.
2. Provide adequate and appropriate supervision of the student while in the clinical setting. Clinical skills involving medication administration and invasive procedures require physical presence of the preceptor while the student is performing the skills.
3. Plan with the student experiences that provide for a progression from participant observer to responsible professional practice.
4. Assist the student in selecting experiences to facilitate learning.
5. Participate in the evaluation of the student's performance.
6. Give reasonable notice to the student of schedule changes that require adjusting rotation time and dates.
7. Be available to the student at all times while in the clinical setting, and if necessary, arrange for appropriate substitute or assistance.
8. Notify the nursing instructor immediately if concerns/questions arise as to the student's behavior or nursing competence.
9. At all times, takes reasonably prudent action to protect the rights of the patients.
10. Maintain open communication with nursing instructor and student.
11. Uphold the West Virginia Wesleyan School of Nursing's philosophy.  
(Refer to WVWC School of Nursing Philosophy, attached).

**The student agrees to:**

1. Collaborate with the preceptor and nursing instructor in the development and achievement of specific individualized learning objectives and goals which reflect the student's needs, interest, and the expectations of the clinical setting.
2. Accept accountability for achievement of those objectives, as well as the performance criteria as stated on the class objectives,
3. Be responsible for planning, implementing, and evaluating learning experiences.
4. Give reasonable notice to the preceptor and instructor of schedule changes.
5. Report to the preceptor prior to each learning experience, unless other arrangements have been made.
6. Keep the preceptor and nursing instructor informed of learning activities.
7. Be accountable for own nursing actions while in agency.
8. Respect the confidentiality of all information with regard to the patient's and facility's records.
9. Collaborate with the preceptor and nursing instructor in evaluation of learning experiences.
10. Practice within the WV State Nurse Practice Act according to professional standards of practice.
11. Uphold the affiliating agency's policies and procedures.
12. Uphold the policies in the WVWC Nursing Student Handbook and the WVWC School of Nursing's Philosophy.

**The nursing faculty agrees to:**

1. Collaborate with the preceptor and student in the development of specific individualized learning objectives which reflect student's needs, interest, and the expectations of the clinical setting.
  2. Provide the preceptor and student with course objectives and expectations/guidelines at the beginning of the experience.
  3. Be available for consultations/conferences, with student and/or preceptor via email, phone or in person during scheduled clinical hours.
  4. Participate in collaboration with student and preceptor in formative and summative evaluation of the student's mastery of the course objectives and student's personal objectives.
  5. Share student evaluation data with the preceptor upon completion of the learning experience.
  6. Uphold the policies in the WVWC Nursing Student Handbook and the WVWC School of Nursing's Philosophy.
- All parties agree to promote and maintain direct, open communications. Should problems or conflicts arise, each agrees to discuss them directly with the person involved and work toward mutual resolution through mediation of the nursing instructor, agency's education department liaison, and nurse

manager of the involved unit. Upon mutual agreement, all parties involved may request modification in writing terms of the agreement at any time.

All parties agree to respect the confidential nature of the learning experience and the health care setting.

**Period of Agreement**

This agreement shall be in effect beginning: \_\_\_\_\_

And ending on: \_\_\_\_\_

Student \_\_\_\_\_

Preceptor \_\_\_\_\_

Nursing Faculty \_\_\_\_\_

**APPENDIX C: Student Clinical Hours**  
STUDENT/PRECEPTOR TIME FORM

Student's Name \_\_\_\_\_

Preceptor Name \_\_\_\_\_

**NOTE: Preceptor to initial time daily.**  
**Total 120 hours required in clinical experience.**

DATE                      Shift Began                      Shift Ended                      Preceptor Initials

Day 1			
Day 2			
Day 3			
Day 4			
Day 5			
Day 6			
Day 7			
Day 8			
Day 9			
Day 10			
Day 11			
Day 12			
Day 13			
Day 14			
Day 15			
Day 16			
Day 17			
Day 18			

APPENDIX D

Pass – Proficiency Level 1: High Level of Proficiency –Accurate and Confident the majority of the time Pass – Proficiency Level 2: Intermediate Level of Proficiency – Accurate and Confident most of the time Pass – Proficiency Level 3: Beginning Level of Proficiency – Accurate and Confident some of the time Fail - Proficiency Level 4: Performs at risk – Not always Accurate; lacks Confidence ● <b>Competencies denoted with an asterisk are Critical Competencies and ALL must be rated at level 1 or 2 for a satisfactory (passing) clinical evaluation</b>	Midclinical 1 to 4		Final 1 to 4	
	Student	Faculty	Student	Faculty
<b>SLO I: Integrate knowledge from liberal arts, nursing science and related disciplines to inform practice and make reasonable clinical judgments.</b> ■ BSN Competency 1: Translating and integrating scholarship into practice. ■ BSN Competency 2: Background for practice.				
a. Senior Level Competency 1: Incorporate evidence, clinical judgment, and interprofessional perspective and patient preference in planning, implementing, and evaluating outcomes of care. <b>Incorporates evidence and clinical knowledge in providing nursing care to patients.*</b>				
b. Senior Level Competency 2: Incorporate theories and concepts from liberal education to build an understanding of the human experience. <b>Incorporate knowledge from sciences and liberal education in caring for patients.*</b>				
c. Behavioral Exemplars: Incorporates previously learned information to new situations (K);Integrates knowledge from nursing theory and evidence-based practice to specific client care situations with minimal faculty guidance (S); adapts the nursing process in caring for clients with complex health needs; creates and modifies nursing concept maps using EBP and clinical reasoning in managing patients with complex disease processes (S); Values the concept of EPB practice (A)				
Comments:				
<b>SLO II: Effectively communicate and collaborate as a member and leader within the interdisciplinary healthcare team to improve patient care outcomes.</b> ■ BSN Competency 1. Inter-professional collaboration and communication to provide quality patient-centered care:				
a. Senior Level Competency: Demonstrate team-building and collaborative strategies when working with interprofessional teams. <b>Effectively communicate using verbal, written and electronic means.*</b> <b>Effectively collaborate with members of the inter-disciplinary team.*</b>				
b. Behavioral Exemplars: Collaborate with inter-professional team member roles and scopes of practice (K); Communicate effectively to convey relevant data about the patient. Be skillful in timely verbal, written, electronic communication with patients, team members and families (S). Identify the need for help when appropriate to the situation. Delegate skills as appropriate to team members. Value the importance of communication and collaboration of the interdisciplinary team (A)				
Comments:				

APPENDIX D

Pass – Proficiency Level 1: High Level of Proficiency – Accurate and Confident the majority of the time Pass – Proficiency Level 2: Intermediate Level of Proficiency – Accurate and Confident most of the time Pass – Proficiency Level 3: Beginning Level of Proficiency – Accurate and Confident some of the time Fail - Proficiency Level 4: Performs at risk – Not always Accurate; lacks Confidence • <b>Competencies denoted with an asterisk are Critical Competencies and ALL must be rated at level 1 or 2 for a satisfactory (passing) clinical evaluation</b>	Midclinical 1 to 4		Final 1 to 4	
	Student	Faculty	Student	Faculty
<b>SLO III: Ethically manage the direct and indirect care of individuals, families, groups, communities and populations to promote, maintain and restore health.</b>				
<ul style="list-style-type: none"> <li>▪ BSN Competency 1: Baccalaureate generalist nursing practice</li> </ul>				
a. Senior Level Competency: Implement holistic, culturally-appropriate, patient-centered care that reflects understanding of human growth and development, pathophysiology, pharmacology, and nursing management for persons across the lifespan in all healthcare settings. <b>Demonstrate evolving competence in professional role caring for individuals, families, communities and populations.*</b> <b>Perform safely in the clinical setting.*</b>				
b. Behavioral Exemplars: Apply ethical and legal principles that apply in specific, complex, nursing practice situations. Articulates how the Nursing Code of Ethics including the provision for respect and dignity for persons of diverse populations. (K) (S) (A); Assess levels of physical and emotional comfort (S); assess presence and extent of pain and suffering (S) Assess communities and populations as clients and plan interventions to promote, maintain and restore health. Value seeing health care situations “through the patient’s eyes” (A).				
Comments:				
<b>SLO IV: Provide population-focused, culturally competent, holistic nursing care focusing on health promotion and disease and injury prevention.</b>				
<ul style="list-style-type: none"> <li>▪ BSN Competency 1. Clinical Prevention and population health for improving health.</li> </ul>				
a. Senior Level Competency: Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral and follow-up through the lifespan. Assess health/illness beliefs, values, attitudes and practices of individuals, and families. Discuss how diverse cultural, ethnic and social backgrounds function as sources of patient values. <b>Respect diversity in individuals*</b>				
b. Behavioral Exemplars: (K); Implement an individualized plan of care with a focus on assessment and developmental stages, using the nursing process. Respect diversity of individuals (S); Demonstrate caring behaviors. Recommend and implement interventions to address actual and/or anticipated physical, emotional or spiritual pain or suffering. (S); Value seeing health care “through the patient’s eyes” (A)				
Comments:				

APPENDIX D

Pass – Proficiency Level 1: High Level of Proficiency –Accurate and Confident the majority of the time Pass – Proficiency Level 2: Intermediate Level of Proficiency – Accurate and Confident most of the time Pass – Proficiency Level 3: Beginning Level of Proficiency – Accurate and Confident some of the time Fail - Proficiency Level 4: Performs at risk – Not always Accurate; lacks Confidence • <b>Competencies denoted with an asterisk are Critical Competencies and ALL must be rated at level 1 or 2 for a satisfactory (passing) clinical evaluation</b>	Midclinical 1 to 4		Final 1 to 4	
	Student	Faculty	Student	Faculty
<b>SLO V: Demonstrate leadership and management skills in the use of human, fiscal, material and information resources in the provision of safe, quality, nursing care</b>				
<ul style="list-style-type: none"> <li>▪ BSN Competency 1. Organizational and systems leadership, quality improvement and safety.</li> <li>▪ BSN Competency 2: Demonstrate basic knowledge of healthcare policy, financing and regulatory environments.</li> <li>▪ BSN Competency 3: Informatics and healthcare technology.</li> </ul>				
a. Senior Level Competency 1: Use leadership skills and knowledge of healthcare for high quality, safe, professional practice.				
b. Senior Level Competency 2: Assess how healthcare policy, financing, and regulatory environments affect safe, professional practice.				
c. Senior Level Competency 3: Use information management tools to monitor outcomes of care in a variety of settings. <b>Maintain patient safety at all times.*</b>				
d. Behavioral Exemplars: Incorporate national patient safety goals in planning for patients (K); Integrate use of technology and standardize practices that support safety and quality; implement strategies that reduce harm to others (S); Protect the confidentiality of the electronic health record, as well as any patient information and knowledge in an ethical manner				
Comments:				
<b>SLO VI: Demonstrate a commitment to professional growth and improvement, valuing life-long learning and the betterment of the profession.</b>				
<ul style="list-style-type: none"> <li>▪ BSN Competency 1. Advancing professionalism and professional values</li> </ul>				
a. Senior Level Competency: Identify personal, professional, and environmental risks that impact personal and professional choices and behaviors. <b>Demonstrate the professional standards of moral, ethical and legal conduct.*</b> <b>Demonstrate expected behaviors of a senior level student and complete tasks in a timely manner*</b> <b>Maintain professional behavior and appearance*</b> <b>Accept individual responsibility and accountability for nursing interventions, outcomes, and other actions.*</b> <b>Engage in self-evaluation and assume responsibility for learning.*</b>				
b. Behavioral Exemplars: Demonstrate core professional values (caring, altruism, autonomy, integrity, human dignity and social justice) (K). Comply with Code of Ethics, Standards of Practice and Undergraduate Student Handbook of the SON (K).				
Comments:				

APPENDIX D

Pass – Proficiency Level 1: High Level of Proficiency –Accurate and Confident the majority of the time Pass – Proficiency Level 2: Intermediate Level of Proficiency – Accurate and Confident most of the time Pass – Proficiency Level 3: Beginning Level of Proficiency – Accurate and Confident some of the time Fail - Proficiency Level 4: Performs at risk – Not always Accurate; lacks Confidence • <b>Competencies denoted with an asterisk are Critical Competencies and ALL must be rated at level 1 or 2 for a satisfactory (passing) clinical evaluation</b>	Midclinical 1 to 4		Final 1 to 4	
	Student	Faculty	Student	Faculty
<b>MIDCLINICAL/FINAL EVALUATION SUMMARY</b>				

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Preceptor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPENDIX E**  
WEST VIRGINIA WESLEYAN COLLEGE  
SCHOOL OF NURSING  
STUDENT DATA FOR PRECEPTORSHIP

To be given to preceptor at first meeting

Student's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Date: \_\_\_\_\_

Residence during Preceptorship:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Person to notify in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Hospitalization Insurance:

Company \_\_\_\_\_

Do you have any major health problems that the preceptor should be aware of or are you pregnant?

Yes, if so, explain \_\_\_\_\_

Faculty Advisor: Pam Lewis, MSN, RN

Telephone: Office: 304-473-8524

Cell: 304-203-5500

Nursing Department # if unable to reach me otherwise 304-473-8224

**APPENDIX F**  
WEST VIRGINIA WESLEYAN COLLEGE  
DEPARTMENT OF NURSING

STUDENT EVALUATION OF PRECEPTOR

Preceptor Name \_\_\_\_\_  
Student Name \_\_\_\_\_  
Agency \_\_\_\_\_  
Unit \_\_\_\_\_  
Date \_\_\_\_\_

1. Did you think there was open communication between you and your preceptor?
  
2. Evaluate your preceptor with respect to the following areas:
  - a. Willingness to share his/her expertise.
  
  - b. Demonstration of procedures, etc., when appropriate.
  
  - c. Assistance in finding other resources when appropriate.
  
3. Evaluate your preceptor with respect to the following aspects of your placement:
  - a. Orientation to facility by preceptor.
  
  - b. Introduction to the staff.
  
  - c. Discussion of each other's expectations of the learning experience.
  
4. Was your preceptor able to guide you toward useful and interesting experiences?
  
5. Did you think your preceptor provided appropriate supervision?
  
6. Did your preceptor have conferences with you? Were they satisfactory?
  
7. Describe in what ways your preceptor excelled as a preceptor. How could your preceptor improve?