NIPISSING UNIVERSITY/CANADORE COLLEGE COLLABORATIVE PROGRAM

Bachelor of Science in Nursing

SCHOOL OF NURSING

PRECEPTORSHIP and STUDENT MANUAL

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NURS 4027 Clinical Practicum - Preceptorship

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Faculty Advisors: To Be Announced
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Dear Colleague

I would like to take this opportunity to thank you for offering to be a preceptor for one of our students during this preceptorship practice experience at the end of the student’s fourth year of the nursing program.

Your invaluable practice expertise and your role as preceptor provides the student an opportunity to consolidate the knowledge and skills learned in the four years of the program while experiencing, with you, the working world of a Registered Nurse. As a preceptor you are a role model, guide, teacher and coach, assisting the student to grow professionally and to gain personal and professional confidence.

Throughout this practice experience, on-going support and follow-up will be provided by a nursing faculty liaison. In addition, this handbook has been designed to be a resource for both you and the student during the experience.

It is hoped that this manual will answer your questions. Hopefully it will assist you in fulfilling your professional nurse role as outlined in the *The Compendium of Standards of Practice for Nurses in Ontario*.

Again, thank you. We hope this is a rewarding experience for you.

Faculty
School of Nursing
Nipissing University/Canadore College Collaborative BSCN Program
ORIENTATION OF NEW PRECEPTORS

The following are all sources to help guide the preceptorship experience:

- The Course Professor is available to come to your place of work to provide a session on preceptorship. These sessions can be scheduled in the fall or winter if desired.


- There is a free resource guide provided online at: [http://www.preceptor.ca/index.html](http://www.preceptor.ca/index.html)

- All preceptors and students will be provided a Preceptorship and Student Manual prior to the start of the preceptorship experience. This manual is available online on the webpage of the course professor at: [http://www.nipissingu.ca/faculty/kareym/](http://www.nipissingu.ca/faculty/kareym/)


- Your agency may have an existing preceptorship program available.

- The Faculty Advisors or the Course Professor is available to answer any questions that may arise from reading these resources.
GUIDELINES FOR PRECPTORSHIP CLINICAL EXPERIENCE

1. The student must successfully complete 12 weeks of clinical rotations to meet the requirements of the nursing program. A total of 420 hours. It is the student’s responsibility to work the required number of hours in the clinical setting and to track those hours.

2. The experience is arranged according to the needs of the student, agency, and the educational institution. The specific dates have been supplied for you. Each student is assigned a Faculty Advisor, this name has also been provided to you and this is your contact for all issues that may occur throughout the rotation.

3. It is recommended the first day be a day of orientation to the agency, charting and documentation, infection control, quality assurance, and the layout of agency/unit.

4. As the student will be paired with a preceptor, he/she should follow the preceptor’s rotation or the alternate’s as closely as possible. If the preceptor should be absent, the student must be paired with a substitute RN preceptor.

5. Students are not to request a change in their assigned schedule except in extenuating circumstances. No change should be granted without the approval of the Faculty Advisor.

6. The student is expected to comply with the policies and procedures of the health agency, e.g., policy regarding reporting in sick.

7. Students may have to make up sick time.

8. Students should seek opportunities to practice nursing skills for registered nurses (RNs) as outlined in the Standards of Nursing Practice. There is no longer an ‘added nursing skills’ list provided by CNO. Alternatively, students must comply with the institution’s policies and procedures.

9. If the student is involved in a medication error or another incident, the agency’s policy for reporting should be followed. In addition, the Faculty Advisor must be notified. The student will be required to complete a School of Nursing medication incident report for some instances.

10. The student is not permitted to be left “in charge” of a unit at any time. An RN must be readily available to the student at all times.
11. Preceptees are not permitted to take telephone orders from doctors at any time unless directly witnessed by a RN who will then co-sign the accuracy of the written order.

12. Individual hospital/agency policy will determine expectations of the preceptee in other functions of the RN.

13. If a student is injured, the agency’s policies for reporting should be followed. In addition, the Faculty Advisor must be informed as soon as possible in order that the WCB can be notified if necessary.

14. The student will have developed objectives or goals reflecting the Program Outcomes. They will also provide the preceptor with a summary of their experiences in the past 4 years. The student will share these with his/her preceptor.

15. It is suggested that the student keep a daily log of clinical experiences as a guide for weekly objectives and self-evaluation of performance.

16. Ongoing verbal feedback with the student is a must. There should be a formal time each week in which the student and preceptor can exchange information. If the preceptor is concerned about the student’s performance, anytime in the experience, behaviours requiring improvement should be clearly identified, in writing, using the attached Evaluation Form. The form can be used at any point during the preceptorship experience. Please contact the Faculty Advisor to help you with this situation. This will be shared with the student.

17. At the midpoint in the rotation, the student will complete a written self-evaluation of his/her own performance using their developed goals and the Program Outcomes.

18. The final evaluation done by the preceptor, should be exchanged and discussed with the student during the final week. The preceptor will complete the Preceptor Final Evaluation Form that reflects the Program Objectives. The final evaluation will be returned to the Faculty Advisor. The forms can be mailed or returned by the student.
How to Contact your Faculty Advisor:

Nipissing University  
P.O. Box 5001  
North Bay Ontario  
P1B 8K9

705-474-3461  
Fax: 705-474-6111

How to Contact the Course Professor:

Karey McCullough  
Nipissing University  
P.O. Box 5001  
North Bay Ontario  
P1B 8K9

705-474-3461 ext. 4552  
Fax: 705-474-6111  
kareym@nipissingu.ca

The student will contact the Faculty Advisor as soon as he/she starts the preceptorship experience to make arrangements for information sharing. The student will inform the Faculty Advisor of your exact phone number and extension so that the Faculty Advisor can stay in contact.

The Faculty Advisor may visit you and the student.

WHAT ISSUES SHOULD I SHARE WITH THE FACULTY ADVISOR?

1. Do not ignore that “gut feeling” or intuition. The Faculty Advisor is the person with whom to validate your hunches about a student.

2. It is important to keep the faculty liaison informed of what is happening with the preceptee. The Faculty Advisor needs to know how things are going even if there are no concerns.

3. Teaching students is a demanding role. Share your feelings with the faculty liaison.
4. The faculty liaison needs to know of schedule changes, student sickness, etc. The student should keep the teacher informed of schedule changes and absences from the clinical area.

5. All interactions with the Faculty Advisor are confidential. Feel free to share feelings concerning the student, problems the preceptorship experience may be causing, or anything about the experience. Seek out support from the faculty liaison and feel better about the situation. You are not alone.

6. The Faculty Advisor is available to help solve problems with you.

7. The Faculty Advisor has final say on any and all grades awarded to the student.
PROGRAM OUTCOMES

The Nipissing/Canadore Collaborative BScN Program graduates nurse leaders who:

1. Apply the concept of caring to practice professionally within legislative and ethical parameters.
2. Develop and sustain therapeutic relationships and/or partnerships with clients (individuals, families, communities, and populations).
3. Co-create health and well being with complex clients.
4. Use the nursing process to safely and competently facilitate clients in identifying, planning for and achieving their health goals through the perspectives of health promotion, health protection, health maintenance and health restoration.
5. Communicate effectively and participate actively in the health care team.
6. Use critical thinking skills to apply relevant principles and theories in nursing practice.
7. Practice evidence based nursing by applying and assisting others to apply appropriate research results.
8. Purposefully engage in the process of change to support the application of nursing leadership.

These outcomes can be found in the NURS 4027 Course Outline as well.

STUDENT RESPONSIBILITIES

Maintaining Communications with Preceptor and Faculty Advisor

Maintaining ongoing communications throughout the preceptorship is very important and you are expected to maintain close and clear communication with both the preceptor and the faculty liaison.

With the preceptor…

1. Make the initial contact with the preceptor. You will be supplied with the contact information. When you contact the preceptor, you will want to talk about: what your work schedule will be for the time you are working together, plans for orientation and preparation, make an appointment to meet prior to the preceptorship experience (if possible)
2. Ensure the preceptor and the health care agency have all relevant contact information for you (phone numbers, e-mail)
3. Ensure you have all relevant contact information for the preceptor and for the health care agency
4. Discuss and share your performance goals
5. Seek ongoing feedback on your performance
With the Faculty Advisor

1. Ensure the liaison has all relevant contact information for you (phone numbers, e-mail)
2. Ensure you have all relevant contact information for the liaison (phone numbers, e-mail)
3. E-mail your schedule as soon as possible
4. Promptly notify if any changes occur in your schedule
5. As soon as possible notify if you are ill and unable to work
6. Notify if you are having any practice difficulties or problems
7. Discuss and share your performance goals
8. Seek ongoing feedback about your performance

ACCOUNTABILITY

Registered Nurse Accountability for Supervision of Nursing Students

The College of Nurses of Ontario has a responsibility to the public of setting and enforcing nursing standards in order to protect the public. The CNO defines professional accountability as “that standard of expectation for the nurse which is imposed by the discipline itself.”

Mary Philpott, in her book entitled Legal Liability and the Nursing Process, states the following:

“Accountability concerns itself with an examination of the manner in which certain duties or responsibilities are carried out. It is a process of examining what in fact was done in a particular instance, in comparison with the responsibilities which had been delegated. Accountability infers that some authority has the power to enquire into the matter in dispute for the purpose of determining whether the required standard had been met. If there is a finding that the standard has been breached, the authority may impose a sanction, or provide a remedy or compensation, depending on whether the authority concerned is a labour tribunal, a disciplinary body, or a court of criminal or civil jurisdiction. Subject to appeal, the person against who the sanction has been invoked will have no choice but to accept the consequences for the sanctioned action.”


The CNO clearly states that it is a professional expectation that as a registered nurse you will share your expertise with those who have less experience.
A nursing student is always accountable for the quality of his/her nursing care as determined by the established objectives. A registered nurse, who is employed in an agency setting where nursing students are receiving their clinical practice, accepts responsibility for the supervising of those students.

When a nursing student makes an error, accountability for this error is determined after examination of the total situation.

**Accountability**

**Student/Preceptor Relationship:**

1. A student does not work under your license to practice.

2. A student has the right to practice nursing by law incidental to the educational process. The standard of nursing care must be the same as that which would be given by a competent RN.

3. The preceptor has the responsibility to delegate according to the student’s abilities and to supply adequate supervision.

4. Under the law, each person is responsible for his/her own actions. Be sure to be clear about what the student can or cannot do and what he/she has not yet experienced.

5. When a student does not possess the skills needed to carry out an assigned function, acting with reasonable care requires him/her to refuse to perform the function, even at the risk of appearing insubordinate.

**Example:** You ask a student to insert a foley catheter and obtain a urinary specimen for culture and sensitivity. The student is too embarrassed to tell you that she has never done it, or you tell her that it’s no big deal and to check the procedure book. If harm comes to the patient, the student is personally liable, and so is the preceptor because the preceptor delegated the task knowing the student’s inexperience.

**Reasonable and Thoughtful:**

1. If you had behaved, as any reasonably prudent RN would have in the same situation, you would not be seen as negligent.
2. The student must also behave as reasonably prudent, e.g. if you ask a student to give an IM injection and the student has demonstrated skill in this area, if injury results, the student would be held responsible.

What To Do Regarding Accountability:

1. At the very beginning of the preceptorship experience, find out what the student can and cannot do.

2. Let the student know that he/she should inform you if unsure and needs your help or supervision.

3. You may feel it necessary to check things carefully at first. This is a new situation for both of you. Take more risks as the experience progresses.

In the preceptorship experience, while there are more opportunities for the preceptor to direct a student, there are also more opportunities to observe the student, to communicate, and to be aware of the capabilities--thus to delegate wisely.

Safeguards:

1. Faculty Advisor
2. One-to-one preceptor-student relationship
3. Learning outcomes for the experience which give direction

HELPFUL HINTS FOR THE NOVICE PRECEPTOR

1. Make sure that the student receives a thorough orientation to the nursing unit/clinical area. Tell the student that he/she is responsible for knowing specific policies, routines, etc.

2. Students need clear explanations of what is expected of them. Be specific.

3. Encourage the student to seek out, in addition to reviewing charts and the Kardex, a variety of sources to enhance his/her nursing practice and general knowledge base. (e.g. textbooks, other health care professionals, in-service conferences)

4. After clinical assignments have been made, review with the student what and when supervision will be needed. Decide when you will need to do things together. A student will learn a great deal from watching you give quality care.

5. Before the student begins patient/client interaction for the day, you may wish to ask several questions: What is the focus of your patient assessment? What is the specific care the patients require? What are the priorities for care? For what
might you need supervision or further guidance? What other expectations would you like today?

6. Encourage critical thinking and problem solving. Discuss different solutions to a problem. Suggest different ways of doing things. Think out loud!

7. Share the helpful hints that you have learned through your own experience.

8. Once you are reasonably sure that the student can function safely in certain situations, you can stop checking on everything he/she does. An occasional spot check will reassure you that he/she is continuing to function well.

9. Let the student take on responsibilities that he/she feels capable of undertaking. Remember you both must feel comfortable with the workload and skills.

10. Introduce them gradually to various skills. When you feel he/she is ready, increase the load.

11. Remember, the goal is for them to be able to function in your role on an average day.

12. Remember, learners take longer to perform a task that you would be able to do very quickly.

13. Provide feedback on the spot. Give concrete examples of ways they can improve.

14. Do not be afraid to say, “I don’t know.”

15. Medication errors tend to occur when the student perceives his/herself under stress (for example, giving medications plus assuming other responsibilities). Allow them to do only medications until they feel very comfortable with the task before adding on other duties.

16. A word of praise goes a long way to bolster self-esteem.

17. Remember, you are a role model for your preceptee. Students will practice what they see and hear in the real world.

18. Keep lines of communication open. Take a few minutes each day to let the student know how he/she is progressing.

Remember, the Faculty Advisor is just a phone call away.
ASSIGNMENTS

The basic requirements for assignments to be submitted to the faculty/professor must be handed in and marked prior to the student commencing in preceptorship. Copies of these assignments (a complete skills list of the student’s accomplishments thus far and learning goals set for the preceptorship rotation) will be provided to you (the preceptor) at the commencement of the preceptorship experience.

During preceptorship, the student must complete a midterm self evaluation in collaboration with the preceptor. The student’s self midterm evaluation together with the final evaluation and midterm evaluation that the preceptor must complete will be submitted to the student’s Faculty Advisor at the conclusion of the rotation.

CONCLUSION

The main reason for preceptorship is to give the student the opportunity to experience the workload more fully. Those who have experienced preceptorship report that there are beneficial spin-offs that accrue to the individual preceptor, nursing student, nursing service, and employer.

A preceptorship offers a “real life” learning that cannot be obtained by simulation or through continuation of the formalized teacher/student relationship that has existed up to this point. The student will be able to gain a first-hand, detailed understanding of the requirements of nursing practice and the many components of the staff nurse’s role.

The preceptorship serves as a bridge to social integration and involvement in unit routines. As a preceptee, the student may lack experience with specific products, trade names, or be unfamiliar with jargon peculiar to a unit. As the student tests out skills, responsibilities, and roles, the student will need reliable and useful feedback within the context of the activities.

The preceptor refreshes his/her theory through dialogue with the student and becomes more aware of his/her own nursing actions in the process of role modeling and answering questions. The student’s enthusiasm and questions will motivate you to review theory and the rationales for nursing actions.

The preceptor also tests him/herself in a new role that he/she may find interesting for future professional direction. The preceptor provides direct input into the preparation of students who may later become peers in a work situation. Nursing service and education, through their collaborative efforts, become more attuned to the needs and problems of each other resulting in a more relevant education and a facilitating learning climate for students and their teachers. Employing agencies benefit from having a better-prepared graduate as a new employee.
Thank you for your interest and contribution to the future of nursing.

References


Crawford, M. J., Dresen, S. E., & Tschikota, S. E. (2000). From 'getting to know you' to 'soloing': The preceptor-student relationship... including commentary by Vaughan B. *NT Research, 5*(1), 5-20.


