



Registered Nursing Program

PRECEPTORSHIP ORIENTATION

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Thank you for participating in De Anza College's Prelicensure Preceptorship! The Prelicensure Preceptorship was developed during a major curriculum change of the nursing program. Much thought and effort was given to determining the need for such a preceptorship.

The nursing faculty at De Anza College developed this program by analyzing data defining, describing, and evaluating preceptorships. It is the belief of the nursing faculty that a positive advantage will be given to newly graduated nurses if such an experience is provided.

***AND NOW HERE IS MY SECRET,
A VERY SIMPLE SECRET.
IT IS ONLY WITH THE HEART THAT
ONE CAN SEE RIGHTLY,
WHAT IS ESSENTIAL IS
INVISIBLE TO THE EYE.***

Antoine Saint D'Exupery

ACKNOWLEDGEMENTS

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Final acknowledgement must be given to the faculty at Ohlone College who developed the concept of prelicensure preceptorships on which this program is based. Their vision has contributed to the addition of an exciting educational avenue for nearly graduated nursing students.

Table of Contents

Overview_____	5
De Anza College Nursing Program Philoshophy_____	6
Conceptual Framework_____	8
The Adult Learner_____	13
Novice to Expert_____	14
Preceptorship Overview_____	17
Weekly Clinical Guidelines_____	22
Orientation Guidelines_____	23
Legal/Ethical Dilemmas in Nursing Practice_____	24
Evaluating Students, Helpful Hints_____	25
Nursing Student Inventory List (Skills Checklist)_____	27
Clinical Objectives_____	30
Providing Constructive Criticism_____	31

Program Overview
De Anza College Nursing Program Philosophy
Introduction to Orem
Student Nurse Demographics
Working with Adult Learners

At the end of this session the preceptor will be able to:

1. List the key components of the De Anza College Nursing Program Philosophy.
2. Briefly describe Orem's self-care deficit theory.
3. Differentiate between the following self-care requisites.
 - Universal
 - Developmental
 - Health deviation
4. List the five major threads utilized throughout the curriculum.
5. Describe the typical De Anza College nursing student.
6. Define adult education.
7. Identify key characteristics of the adult learner.

Philosophy

We believe man to be a highly complex biopsychosocial being engaged in a constant dynamic process with both his internal and external environments. As a responsive integrated whole, the various aspects of his nature interrelate in his quest to achieve and maintain physical, emotional, cognitive, spiritual, social-cultural goals and equilibrium. He surpasses all other creatures in his capacity to adapt and alter the environment to suit his purposes and to reflect his creative potential.

We share Maslow's view that man possesses a hierarchy of needs and is engaged in an on-going process of creating and recreating himself; of actualizing the potentials inherent in his sense of self.

We support the idea that basic to man's efforts toward self-actualization is a state of relative wellness that allows efforts to be directed meeting needs higher than physical survival, safety, stability, and comfort, and that he is always on some portion of a dynamic health-illness continuum in his endeavor to find a fulfilling balance. We see this continuum as a range of potentials that extends from high level vitality (or health) to serious illness and eventual death.

We perceive health to be a dynamic state of optimal physical, mental, psychosocial, and spiritual functioning employing age-appropriate responses to one's environment and resulting in a sense of balance, well being and capacity for further development. In health, self-care and the right to self-determination is the norm.

During illness an individual's status as an independent agent is at risk and his ability to function optimally without assistance is either potentially or actually disrupted. Physical survival, safety, and comfort assume prominence in his hierarchy of needs as health related limitations interfere with his capacity for continuous self-care. This self-care deficit renders him likely to benefit from nursing.

We hold the view that the nursing profession exists to serve the health needs of the individual and is one of many interrelated professions that comprise our present day health care system.

We recognize the relationship between health-care professional as complementary and interdependent. While we support the view that the aspect of nursing's caring role is primary and independent of medicine's efforts to effect a cure, we recognize that nursing is actively involved in the curative aspect of the patient's care, most of our graduates encounter clients in health care settings dealing with illness, i.e., acute care and extended care hospitals; therefore, we believe their effectiveness is enhanced by a basic knowledge and understanding of pathophysiologic events in the human body.

We subscribe to Henderson's classic definition which asserts that the unique function of nursing is:

“ to assist individuals, sick or well, in performing activities contributing to health or its recovery (or to a peaceful death) that they would do unaided if they had the necessary strength, will, or knowledge. And to do this in such a way as to help them gain independence as rapidly as possible.”

We view nursing as a profession as both a science and an art, employing a particular kind of knowledge and qualities of caring to provide care to individual whose abilities to care for themselves is impaired.

The Associate Degree Program prepares the nurse to practice in a structured health-care setting within the scope of the following nursing roles: provider of care, communicator, and advocate, health teacher, coordinator of care, and member of the profession. Within the scope of these roles, the nurse employs the Nursing Process to diagnose and treat man's response to actual or potential health problems, and assists him in attaining and maintaining the highest level of wellness possible within the range of his potentials.

We favor a program design which utilizes principles of natural and behavioral science and includes both nursing courses and general education courses. To optimize learning, we believe in approach that is student-centered with provisions for accommodation to the individual needs of students having varied cultural and ethnic backgrounds, social and learning abilities, support systems, and personal career goals.

We believe nursing education is facilitated by taking place in a college setting where a broad spectrum of interdisciplinary academic resources is readily available. We support the idea that nursing education carried out on a collegiate environment upholds the philosophy of the college and is responsive to the health care needs of the community. Supportive services are provided in the college setting which enhance student's attainment of educational goals. We believe our program prepares graduated to begin a career as a practitioner in nursing.

CONCEPTUAL FRAMEWORK

INTRODUCTION

Based on the beliefs outlined in the philosophy, the faculty of De Anza College Department of Nursing has chosen Dorothea Orem's model of nursing practice on which to base the curriculum. This need-oriented model is based on the premise that human beings are the focus of nursing and that all human beings interact with the environment. The care of self and others is based on the individual's ability to act with purpose. There are times when this ability is compromised and must be allocated to others. Orem's theory provides a set of concepts that serve to define, to organize, and to integrate our program in accordance with our stated belief system.

The nursing process is the means whereby the nurse provides care when the individual is unable to meet his own self-care needs or self-care needs of dependents. It is a method of systematic problem solving and a major theme in this curriculum. The North American Nursing Diagnosis Association (NANDA) has identified nursing diagnoses that are utilized in this curriculum to provide a standardized means of identifying self care deficits of human beings.

The faculty demonstrates commitment to implementation of the philosophy and objectives through the use of Chater's ideas for development of the program's conceptual framework. The conceptual framework is not complete without consideration of the environment, which includes the college and the community, and the individual characteristics of the student population served. Explanation of and interrelationship between the components are derived from the faculty's stated philosophy. This conceptual framework provides a comprehensive, cogent guide for total program development, implementation, and evaluation.

THE SETTING

The De Anza Associate Degree Nursing Program functions within the framework of the parent institution. Foothill-De Anza Community College District is committed to the ideals of a democratic society and practices shared governance. De Anza College is a community oriented, comprehensive college which offers a wide variety of educational programs. Recognizing its responsibility to the health needs of society, the college maintains a nursing program which prepares the graduate to function as a beginning registered nurse. The college is located within the culturally and economically diverse Bay Area, which supports a wide variety of technologically advanced industries.

Health care services in this community are many and varied. In-patient, acute care facilities are easily accessible as are skilled nursing and extended care facilities. In the heavily populated Bay Area, there are also numerous colleges and universities which offer nursing education. Clinical placement for students must be carefully coordinated to provide good learning experiences.

THE STUDENT

Individuals entering the Associate Degree Nursing Program represent a wide variety of educational, experiential, and cultural backgrounds, ages, interests, and goals. The typical student is a 30 year old woman who may be experiencing a major life transition. While some hold degrees in other disciplines, others are pursuing career enhancement within the health care field. A wide variety of learning experiences are planned to assist the student in achieving the objectives, since individuals learn at different rates and by different methods. The following teaching-learning principles support this effort:

- Learning is life-long process
- Learning is reflected in attitudinal and behavioral changes through the integration of facts, principles, and concepts.
- Teaching-learning is an interdependent process.
- Learning is facilitated when learning experiences are planned to provide sequence, continuity, and feedback.
- Learning is best accomplished when the student actively participates.
- Learning builds upon existing knowledge and abilities of the student.

The faculty recognizes its responsibilities in the educational process as well as its responsibility to society. In light of this, the program has been developed to: 1) recognize commonalities and uniqueness in individuals involved in the teaching-learning process; 2) promote development of individual potential and individual contribution to society; 3) utilize the self-care model for nursing practice; and 4) provide society with nurses capable of providing safe, effective nursing care. A variety of teaching-learning techniques are employed by the faculty to enable a student to acquire the skills necessary to become a registered nurse. The faculty functions as facilitators and provides experiences based upon the learning needs of the students. The faculty also function as role models and find many ways to maintain their skills in practice settings.

THE SUBJECT

Certain rights and responsibilities are delegated by society to the profession of nursing. Nursing seeks to fulfill these rights and responsibilities through research, education and practice to provide optimal care to meet the needs of individuals within an ever-changing society.

The De Anza Associate Degree Nursing Program is designed to prepare a nurse whose scope of practice serves patients experiencing commonly occurring health problems. The graduate functions in a structured acute and/or extended health care setting where supervision and assistance is available. The graduate fulfills the nursing roles of: provider of care, communicator and advocate, teacher, manager of patient care, and member of the nursing profession (NLN, 1978). The program of study provides opportunities for the student to develop the knowledge, skills, and attitudes needed by the registered nurse. Dorothea Orem's model provides underlying theoretical base of the practice of nursing as defined for our students.

OREM'S SELF-CARE MODEL OF NURSING

Orem's self-care deficit theory places strong emphasis on the capabilities, rather than the limitations of patients, and further, does not view the patient in a dependent, passive role. Instead, the patient is conceptualized as a complex biopsychosocial being engaged in a dynamic process of reaching beyond basic physical survival toward his highest potential for well being.

Nursing is viewed by Dorothea Orem (1985) as an art and a science.

“The art of nursing is the skilled use by nurses of their practical intelligence in the creative designing of care for individuals or groups living under unique and prevailing or changing conditions or circumstances.... The science of nursing refers to nursing technologies and knowledge utilized by nurses to obtain nursing results.”

Nursing is “a practical endeavor” directed toward promoting self-care in human beings.

According to Orem (1985), individuals have self-care requisite. Self-care requisites are defined by the faculty and categorized as universal, developmental and those resulting from health deviations. These three categories of self-care requisites are assessed in order to calculate the therapeutic self-care demand. The therapeutic self-care demand is a prescription for continuous, maintain, restore, or increase the ability to increase self-care.

Universal self-care needs are common to all human beings to include basic physiological needs such as food, water, and air, as well as basic psychological needs such as the need for human interaction and emotional well being.

Developmental self-care needs are physical and mental maturation according to age and stage; and task-level as related to age.

Health deviation self-care needs are specific pathologies associated with physical or psychological functioning and usually, but not always requiring medical diagnosis and treatment.

When an event occurs which disrupts man's ability to meet his therapeutic self-care needs, interventions of a therapeutic nature are required to promote self-care and provide the means by which self-care deficits are met. Nursing is in the unique position of providing the knowledge, skills, and individuals to assist man in meeting therapeutic self-care needs. Utilizing the nursing process is essential to identifying man's self-care needs and assisting him to meet those needs.

Assessment is the first step in identifying the self-care deficit. The Nursing diagnosis, the culmination of analysis of the assessment data, is selected from the NANDA classification.

Nursing Diagnosis is the identification of problems with the ability to meet self-care needs, actual or potential.

Goals are expected outcomes or plans for meeting patient self-care needs. They are stated in terms of patient behavior.

Interventions are specific and tailored to meet individual patient needs. Interventions are

- action or doing for another
- supporting (physical or psychosocial) that promotes personal development
- teaching

Evaluation/Modification is an integral part of demonstrating the nursing process as a cyclic process. Critical thinking skills are utilized by the student to look

at each step carefully and determine success and/or modification of the plan.

CONCLUSION

The curriculum is organized into seven courses during six quarters. Pervasive through the program and reflected in each course are five major threads. They are:

- Patient Teaching
- Communication
- Legal/ethical-managerial
- Pharmacology
- Nutrition

The five roles of the associate degree graduate, as defined by the National League of Nursing, are developed throughout the curriculum and used as a basis for the assessment of the student's progress toward meeting program objectives which increase in complexity.

Utilizing Orem's definition of Nursing practice, the nursing process and the NANDA classifications for nursing diagnosis, the student learns to intervene in meeting needs resulting from health deviations as progression occurs through the final courses of the curriculum.

THE ADULT LEARNER

Adult education Defined

“Adult education is a process through which learners become aware of significant experience. Recognition of significance leads to evaluation. Meanings accompany experience when we know what is happening and what importance the event includes for our personalities” (cited in Hilgard, 1975)

Characteristics of the Adult Learner

1. Adults are motivated to learn as they experience needs and interests that learning will satisfy.
2. Orientation to learning is life-centered.
3. Experience is the richest resource for adults' learning.
4. Adults have a deep need to be self-directing.
5. Individual differences among people increase with age.

A recent classroom survey of the De Anza College nursing program delineated the following statistics.

- 78.2% of the students are in the 26-45 year old age groups.
- 53.3% listed “preparing for a new career” as their purpose for attending.
- 20.0% listed “preparing for job advancement” as their purpose for attending.
- 25.4% of the students are working full-time.
- 42.3% of the students are working part-time.

NOVICE TO EXPERT

At the end of this session the preceptor will be able to:

1. State the five major levels of skill acquisition in the Dreyfuss Model of Skill Acquisition.
2. Identify one major characteristic of each skill level.
3. Select the stage that best describes the preceptor's present nursing skill level.
4. Explain, in two to three sentences, how knowledge of the five levels of skill acquisition may affect the preceptor-student relationship.

NOVICE TO EXPERT

The Dreyfuss Model of Skill Acquisition

“Increased acuity levels of patients, decreased length of hospitalization, and the proliferation of health care technology and specialization have increased the need for highly experienced nurses. The complexity and responsibility of nursing practice today requires long-term and ongoing career development. This, in turn, requires an understanding of the differences between the experienced nurse and the novice”.

(Benner, 1982)

FIVE LEVELS OF PROFICIENCY

Novice

- ✓ The novice has no experience of the situation in which they are expected to perform.
- ✓ Novices need rules that can be learned and that do not vary with the particular patient situation.
- ✓ Novices tend to focus on only one aspect of care at a time.

Advanced Beginner

- ✓ The advanced beginner has had previous clinical experiences and has begun to group these experiences together to be able to anticipate some patient situations and trends.
- ✓ The advanced beginner continues to require rules and guidelines to practice nursing.

Competent

- ✓ The competent nurse has usually been working in a similar nursing setting for 2-3 years.
- ✓ This nurse uses long-range goals or plans, but continues to lack speed and flexibility.
- ✓ The competent nurse is characterized by a feeling of mastery, and ability to cope with and manage the many aspects of nursing.

Proficient

- ✓ The proficient nurse usually has 3-5 years experience in a similar nursing situation.
- ✓ This nurse perceives patient care as a whole rather than in pieces. This “perception” is not thought out, but seemingly presents itself, based upon experience and recent events.
- ✓ If given many rules, the proficient nurse will try and find exceptions as to why rules do not work all the time.

Expert

- ✓ An expert nurse has had more than 5 years experience in a similar nursing situation, and often serves as a “consultant” to other nurses.
- ✓ This nurse has an intuitive grasp of each clinical situation. He/she is able to grasp this situation, without laboring over multiple diagnoses and solutions.

PRECEPTORSHIP OVERVIEW

At the end of this session the preceptor will be able to:

1. Define preceptorship.
2. State when the preceptorship occurs.
3. Brief describe benefits of a Prelicensure preceptorship for the following groups.
 - a. Students
 - b. Preceptors
 - c. Faculty
 - d. Participating agencies
4. State expectations of preceptor, student, and faculty liaison participating in the Prelicensure preceptorship.
5. Brief describe the orientation and weekly clinical guidelines.
6. List what students may or may not do in relation to IV therapy.

DE ANZA COLLEGE PRECELICENSURE PRECEPTORSHIP

What is a preceptorship?

Webster's Ninth Collegiate Dictionary defines preceptor as "teacher, tutor," implying any student-teacher relationship between two or more people. In nursing, a preceptorship has been defined as "a more formal arrangement that pairs a novice with an experienced person for a specific educational purpose" (de Tornyay & Thompson, 1987).

When does the preceptorship occur?

The preceptorship occurs during the sixth and final quarter of the nursing program.

Why a preceptorship?

It is the belief of the De Anza College nursing program faculty that the benefits of a preceptorship are numerous. The following benefits have been identified, and serve to define the purpose of the Prelicensure preceptorship.

STUDENT BENEFITS

- Increase competence when performing clinical skills.
- Provide a supportive arena to practice nursing without assuming full responsibility.
- Enhance adult learning through involvement in a learning activity that meets personal objectives.
- Provide opportunities to develop leadership and management skills.
- Enhance role transition from nursing student to staff nurse.
- Reduce "reality shock" as defined by Kramer.

PRECEPTOR BENEFITS

- Develop new professional relationships.
- Improve ability to teach and critically evaluate others.
- Increase others' awareness of strengths/areas for improvement when providing nursing care.
- Enhance professional development, increasing status within agency.

FACULTY BENEFITS

- Develop new professional relationships with nurses in participating agencies.
- Increase satisfaction in teaching role, related to providing a positive student learning experience.

AGENCY BENEFITS

- Provide objective input from student regarding hospital image and quality of client care provided.
- Improve recruitment and retention of newly graduated nurses.

PRECEPTOR

Definition

A preceptor is an RN who has met criteria for selection. The RN serves as role model, mentor, and supervisor to a student in the final quarter of the nursing program.

Criteria

1. Expresses a wish to work as a preceptor.
2. Active California RN license.
3. Employed in the institution and specific area for a minimum of one year.
4. Scheduled to work a minimum of 24 hours per week.
5. Communicates effectively as an important component of the health care team.
6. Documented expertise in the delivery of patient care (by supervisor recommendation).

Expectations

1. Complete preceptor data form (to be turned in before preceptorship begins).
2. Complete a four-hour preceptor workshop prior to assuming preceptorship role.
3. Participate once yearly in preceptorship evaluation meetings.
4. Provide a copy of work schedule to student.
5. Notify student of any absence. Students are not to be in the clinical setting without the preceptor present. (Unless other arrangements have been made).
6. Provide the student an orientation to the clinical setting, utilizing Orientation Guidelines.
7. Base daily assignment on students' abilities, with appropriate guidance and support.
8. Review daily the goals and objectives of the student, planning such activities to facilitate achievement of desired outcomes.
9. Evaluate weekly the work of the student, maintaining notes using the forms provided.
10. Participate in weekly student evaluations.
11. Contact faculty liaison as soon as possible should any problems/difficulties arise.

STUDENT

Definition

- A student is an adult learner, seeking attainment of a professional nursing license.
- Active participation in the Prelicensure preceptorship must be satisfactorily completed before graduating from the De Anza College nursing program.

Criteria

- Ability to arrange life schedule around 176 hour preceptorship.
- Enrolled in the sixth and final quarter of the nursing program.
- Completing all current courses work at a satisfactory level.

Expectations

- Review all materials within this preceptorship packet/syllabus. Clarify any uncertainties with the faculty liaison prior to beginning the preceptorship.
- Provide faculty liaison with data sheet regarding desired clinical placement. Prioritize greatest need (e.g., dayshift versus location), realizing a perfect match to need is not always possible.
- Establish contact with preceptor and arrange schedule within work hours preceptor is available.
- Provide faculty liaison with planned work schedule, using the form provide.
- Notify preceptor and faculty liaison of any absence before the shift begins. All absences will be made up before final grade will be given.
- Work a minimum of 24 hours per week until all preceptorship hours are completed. Shifts may be days, evenings, or nights, and will include weekends.
- Utilize the orientation and weekly guidelines when setting goals and objectives to achieve desired outcomes.
- Review weekly goals and objectives for course with preceptor. Clinical assignments should be based on determined need in order to meet desired outcomes.
- Review weekly the Nursing Student Inventory List, identifying areas of strengths/areas for improvement.
- Organize and provide nursing care for entire team of clients with minimal preceptor assistance.
- Actively participate in weekly and final evaluations.
- Participate in the evaluation of preceptor, utilizing the form provided.
- Complete all preceptorship work at a satisfactory level. Any student not completing satisfactory work will be subject to policies as set forth in the De Anza College Student Handbook.
- Contact faculty liaison as soon as possible should any problems/difficulties arise.

FACULTY LIAISON

Definition

The faculty liaison is one of the sixth quarter clinical nursing instructors. Addition De Anza College nursing faculty member will serve as liaisons where needed to maintain a 1:12 faculty student ratio. Preceptors and students will know which faculty to call at all times, utilizing the Faculty Liaison On-Call List.

Criteria

1. Sixth quarter clinical nursing instructor, and any other faculty scheduled in assisting with Prelicensure preceptorship.

Expectations

1. Assist with identification and recruitment of qualified preceptors.
2. Keep on file completed preceptor data sheets, and a list of current list of preceptor availability.
3. Plan and conduct Preceptor Workshop.
4. Meet every three weeks (more often if necessary) with student and preceptors, evaluating attainment of stated objectives.
5. Assist preceptor in identifying appropriate learning experiences for students to achieve desired outcomes.
6. Provide preceptor with support, counseling, and guidance where needed.
7. Available, for emergencies, within 30 minutes by phone and one hour in person to assist students/preceptors, should the need arise. The sixth quarter lead nursing instructor will coordinate the faculty liaison on-call hours.
8. Assume full responsibility for final evaluations, retains all completed evaluations on file.
9. Arrange yearly Prelicensure preceptorship evaluation meeting.
10. Actively participate in continual evaluation of preceptors, and the Prelicensure preceptor program.

STUDENT WEEKLY CLINICAL GUIDELINES

Week One and Two

- Orientation to clinical setting
- Identify areas in which skills are weak, utilizing Nursing Student Inventory List (NSIL) and nursing skills checklist.
- Assume care for 25-50% of normal patient assignment, with preceptor assistance.
- Review goals and objectives for the weeks in consultation with the preceptor, write additional goals as needed.
- Participate in weekly evaluations.

Week Three through Five

- Assume care for 50-75% of normal patient assignment with assistance of preceptor, focus on organizational skills. Seek experiences to improve earlier identified week skill areas.
- Review goals and objectives for the weeks in consultation with the preceptor, write additional goals as needed.
- Participate in weekly evaluations.

Week Six through Seven

- Assume care for 75-100% of normal patient assignment, with minimal or no preceptor assistance. Clinical focus will include consideration of legal/ethical dilemmas in nursing practice.
- Review goals and objectives for the weeks in consultation with the preceptor, write additional goals as needed.
- Participate in weekly evaluations

Week Eight (if necessary)

- Assume care for 100% normal patient assignment with minimal or no assistance from preceptor.
- Review goals and objectives for the weeks in consultation with the preceptor and faculty liaison.
- Participate in final evaluation.

ORIENTATION GUIDELINES

The following are suggested guidelines for the first day of the Prelicensure preceptorship. All items may or may not be covered on the first clinical day. However, to establish a sound base on which to build a positive experience, as much as possible should be accomplished the first day.

1. Unit Orientation, Including;
 - Scavenger hunt
 - Documentation procedures
 - Introduction to other health team members
2. Establish safe place to keep student folder that preceptor received at preceptor workshop.
3. Review student, preceptor, and faculty liaison expectations.
4. Review student I.V therapy guidelines.
5. Review weekly clinical guidelines, student goals, nursing skills checklist, nursing student inventory list, and evaluation procedures.
6. Develop plan to accomplish clinical goals on a weekly basis.

LEGAL/ETHICAL DILEMMAS IN NURSING PRACTICE

Nurses are constantly faced with patient care situations that pose legal and ethical dilemmas. The nurse must have a firm grasp of her responsibilities within the employing institution, and an understanding of her own moral views, in order to effectively handle these situations.

During the fifth and sixth weeks of the preceptorship, spend some time analyzing actual or potential legal and ethical dilemmas within your preceptor and co-workers. In addition complete the readings as assigned. Be prepared to actively participate in a lively discussion of the dilemmas you have observed within your practice. It may be of some help to consider the following questions, when analyzing actual or potential legal and ethical dilemmas.

1. What are the legal responsibilities of the nurses while working in the nurse-patient relationship?
2. What is the difference between malpractice and negligence?
3. How do we as a profession identify reasonable and prudent care?
4. Which standards of care are used in your particular preceptorship setting?
5. Determine the ethical position on which you base your nursing care?
6. Which (if any) ethical position should nursing endorse for practice?
7. What is the nurse/s role in facilitating informed consent within your preceptorship agency?

EVALUATING STUDENTS CONSTRUCTIVE CRITICISM “HELPFUL HINTS”

At the end of this session the preceptor will be able to:

1. Describe in detail the daily and weekly responsibilities of the student, preceptor, and faculty liaison in relation to the evaluation process.
2. Describe how the student completes the Student Evaluation Worksheet.
3. Describe the manner in which the student, faculty, and preceptor utilize the Student Evaluation Worksheet to determine the student's success during the preceptorship.
4. Describe utilization of the Clinical Skill Checklist.
5. Identify important data the preceptor can obtain when considering the Clinical Skill Checklist.
6. List several behaviors to utilize when giving constructive criticism to others.
7. Discuss helpful hints the preceptor may employ, to improve the preceptorship experience, for the student.

EVALUATION PROCEDURES

Student Responsibilities

- Daily -complete Nursing Student Inventory List
 -discuss clinical day with preceptor
 -evaluate areas of weaknesses/strengths
 -evaluate outcomes of goals and objectives
- Weekly -re-evaluate plan for achievement of desired outcomes
- Final Week -complete course and preceptor evaluations

Preceptor Responsibilities

- Daily -discuss clinical day with student
 -identify areas of student weakness/strengths
 -evaluate outcomes of goals and objectives
 -complete clinical objective checklist
- Weekly -re-evaluate plan to assist students' achievement of desired outcomes
 -discuss strengths/weaknesses of student with faculty liaison
 -write weekly summary

Faculty Liaison Responsibilities

- Daily -available by phone or in person (when needed) to help problem-solve
- Weekly -identify any problem areas or difficulties
 -evaluation meeting with student and preceptor in person or by phone
 -discuss students progress toward achieving desired
 -anecdotal notes of strengths/weaknesses of student
- Final Week -final evaluation meeting with student (during the 11th and 12th week of the
quarter)
 -final evaluation completed
 -copies of final clinical evaluation (to student and placed in student files)

NURSING STUDENT INVENTORY LIST (NSIL) CLINICAL SKILL CHECKLIST INSTRUCTIONS FOR USE

The NSIL was originally developed by Joanne Araki-Yamaoka (De Anza College nursing faculty) for use in monitoring areas students needed further experience. The form is being re-worked for adoption throughout the nursing curriculum. It is important to note that there are not evaluatory tools, rather mechanisms for students to indicate areas of patient care in which further experience is needed.

As a preceptor, it is important to consider the data on these forms for multiple reasons.

1. The student has had limited experience with NG tubes. This information will help in selection of patients the student should care for to gain the necessary experience.
2. The form indicates that the student has had multiple experiences in passing po meds, but limited central line experience. On observation, the preceptor should note that the student is able to pass po meds without assistance, and needs maximal assistance with central lines.
3. The forms indicate that multiple IM injections have been given, but while observing the student, the preceptor notes that IM injection technique is flawed. This indicates further review and evaluation should be completed by the faculty liaison.

The student does not keep the form. The forms should be kept in the folder the student brings to the first preceptorship day. It is recommended that the folder be kept in a secure place on the clinical unit throughout the preceptorship. The faculty liaison will collect the folder at the end of the preceptorship.

CLINICAL SKILL CHECKLIST

COMPLETE THE FOLLOWING TOOL BEFORE STARTING YOUR PRECEPTORSHIP. DURING YOUR FIRST DAY, THIS TOOL WILL BE DISCUSSED WITH YOUR PRECEPTOR, AND THEN PLACED IN OUR FILE ON THE UNIT. FOR ANY ANSWER LESS THAN ONE, DETAIL IN THE COMMENT SECTION WHAT CONCERNS YOU HAVE REGARDING THIS SKILL. . PLEASE BE SURE THIS FORM IS RE-EVALUATED AT THE END OF PRECEPTORSHIP. DO THE RE-EVALUATION IN A DIFFERENT COLOR INK.

WRITE THE APPROPRIATE NUMBER NEXT TO EACH ITEM, USING THE FOLLOWING;

1. – I feel confident doing this skill on my own.
2. – I have done this skill many times, but still need supervision.
3. – I have done this skill once and need close supervision.
4. – I have never done this skill with a patient.

_____ -
_ITEM_____ NO# _____ COMMENTS_____

Physical assessment

Lab value interpretation

EKG interpretation *

Medications

_____ SL/PO _____

_____ IM/SC _____

_____ IV Piggybacks _____

Catheterization

_____ male/Female _____

_____ removal/insertion _____

Naso-gastric tube

_____ insert/removal _____

_____ feeding _____

Dressing changes

_____ sterile/clean _____

Suctioning

Trach care

IV-peripheral

_____ tubing/dressing_change _____
_____ removal _____

IV-central line

_____ tubing/dressing
change _____

_____ CVP_reading _____

_____ TPN_dressing _____

Blood and TPN

_____ monitoring _____

Colostomy

_____ empty _____

_____ change_bag _____

Chest Tubes

_____ set-

up/change _____

Pulmonary toilet

_____ MDI _____

_____ O2_set _____

up _____

_____ ear_oximetry _____

_____ ventilator_support* _____

CLINICAL OBJECTIVES: CLINICAL EVALUATION TOOL PRECEPTOR DOCUMENTATION PAGE

Each student must complete clinical objectives for successful completion of this course. The Clinical Evaluation Tool provides a guide for learning experiences required in the preceptorship setting. Completion of the tool is the responsibility of the student and the instructor; however, review of the tool by the student and preceptor on a weekly basis will provide opportunities to assess what further experience are needed by the student.

This form, along with the Student Goals Worksheet is a valuable instrument in making decisions regarding patient assignment and other activities in which the student may participate during the Prelicensure preceptorship. In addition, the clinical evaluation tool allows the preceptor a vehicle to start evaluation of student conduct during the preceptorship.

The directions for completion of the tool are included on the tool itself. Objectives and their meaning have been explained in detail to each student. Should a question arise regarding meanings of specific objectives, the student should be able to answer. If not, please contact the faculty liaison.

Each student will come to the preceptorship with their own copy of the Clinical Evaluation Tool.

*****Please note: The Clinical Evaluation Tool and Preceptor Documentation Pages are located in a separate document, as the orientation (landscape) is different from the orientation of the document you are now reading (portrait)*****

In order for the clinical instructor to provide an accurate and complete evaluation of student progress, it is critical that the instructor receive regular verbal and written input from the preceptor regarding student progress. To this end, each instructor is asked to complete a brief summary of student progress on a bi-weekly basis, using the Preceptor Documentation Page. This document does not replace, but rather, augment, the Clinical Evaluation Tool in determining student achievement of objectives.

PROVIDING CONSTRUCTIVE CRITICISM

Be clear about your expectations and with directions.

Give suggestions as to how improvements can be made.

Allow for the opportunity to improve.

Correct at the time of the incident.

Be consistent.

Make sure the behavior is being corrected, not the person.

Acknowledge when improvement occurs.

(Ellis & Hartley, 1991)

SAMPLE DESCRIPTORS FOR CRITERIA USED IN MEASURING CLINICAL ACHIEVEMENT

Outstanding: Consistently superior in clinical performance, skill, synthesis of learning and application of nursing principles. Functions above expectations of student (nurse) at this level.

Is able to function safely and effectively with minimal guidance.

Demonstrates superior ability to make alert and informed observations.

Demonstrates analytical thinking.

Demonstrates superior ability to synthesize knowledge; clinical performance is beyond expected level.

Seeks out and assumes responsibility beyond that required.

Makes appropriate nursing judgments with minimal guidance.

Initiates appropriate nursing intervention with minimal guidance.

Consistently seeks learning experiences.

Consistently demonstrates expected professional conduct.

Satisfactory: Safe clinical performance; demonstrates expected skills, synthesis of learning and application of nursing principles at expected level.

Functions safely with guidance.

Demonstrates ability to make expected observations.

Demonstrates ability to relate to apply textbook knowledge; clinical performance at expected level.

Assumes responsibility for assignments.

Makes appropriate nursing interventions with guidance.

Initiates appropriate nursing interventions with guidance.

Usually seeks learning experiences.

Adequately demonstrates expected professional conduct.

Unsatisfactory: Clinical performance inadequate; indicates lack of skill, unsafe nursing practice, inadequate depth of knowledge, or application of nursing principles. Functions below expectations of student (nurse) at this level.

Does not function safely even with guidance.

Does not demonstrate ability to make expected, obvious observations related to patient care.

Does not demonstrate ability to relate textbook knowledge to clinical situation at expected level.

Has difficulty accepting responsibility.

Does not make safe nursing judgments.

Does not initiate nursing intervention without maximum guidance.

Seldom seeks learning experiences.

Demonstrates unprofessional conduct.

Adapted from Battenfiele, B. L. (1986) Designing clinical evaluation tools: the state of the art. New York: NLN, pp. 15-16.