

**De Anza College**  
**Nursing 86L -- Prelicensure Preceptorship**  
**Spring Quarter 2016**

<b>Units:</b>	5
<b>Prerequisites:</b>	C or better in Nursing 85, 85A, 85AL, and 85L
<b>Co-Requisite:</b>	Nursing 86
<b>Instructor:</b>	Patricia Williams, R.N., M.S.N., CCRN patriciawilliamsRN@yahoo.com
<b>Cell:</b>	_____TBA at clinical orientation (urgent clinical situations only - cell only on while students on duty)
<b>Instructor:</b>	Julie Friend, R.N., M.S.N., FNP-C <a href="mailto:friend408@aol.com">friend408@aol.com</a>
<b>Cell:</b>	_____TBA at clinical orientation (urgent clinical situations only - cell only on while students on duty)
<b>Clinical Hours:</b>	Prelicensure Preceptorship (follow preceptor's schedule)

**Orientation:** Clinical orientation has a video portion (on 3CMedia, link provided by instructor) that must be viewed before attending the on-campus portion. The orientation schedule is available on instructor's website. There may be additional orientation days at the start of the quarter at the hospital to which you are assigned. **Orientation is mandatory.** All students are to attend the full orientation dates and times. Students who do not attend full orientation days may be unable to attend clinical during this quarter. If this occurs, the student will require a LOA, with readmission to the program the following quarter (pending space availability).

**Course Description:** The Prelicensure Preceptorship is designed to prepare the student to function as a graduate nurse. Students will participate in a prelicensure preceptorship during eight weeks of the quarter. Students will work three 8h shifts (or two 12h shifts) on either the day, evening, or night shifts, including weekends. Emphasis will be given to management/leadership and ethical/legal issues during the prelicensure preceptorship.

**Clinical Objectives:**

1. Design nursing care for a group of clients experiencing actual or potential self-care deficits.
2. Modify nursing care as needed for a group of clients experiencing actual or potential self-care deficits.
3. Modify nursing care taking into account the client's cultural and social differences.
4. Formulate an admission plan with clients and families.
5. Formulate a discharge plan with clients and families.
6. Participate in an interdisciplinary care planning meeting.
7. Apply hospital policy regarding ethical dilemmas in the clinical setting.
8. Discuss identified legal issues with appropriate nursing personnel.
9. Coordinate nursing care for a group of clients.
10. Approximate the role of a new nursing graduate under the direct supervision of an assigned nurse.

**SLOs (Student Learning Outcomes):**

- Provide safe and effective nursing care to 75%-100% of a typical nursing patient assignment in clinical setting.
- Using Orem's model of nursing, apply the nursing process to assigned clinical setting.

**Required/Recommended Texts and Materials:**

1. Nursing 86L web pages.
2. Gahart, B. (latest edition). Intravenous medications. St. Louis: Mosby.
3. Potter & Perry (latest edition). Basic Nursing: Essentials for Practice. Philadelphia: Elsevier Science. *Note: if you have an earlier edition from earlier courses in the nursing program, you need not buy current edition.*
4. Kee, J.L. (latest edition). Handbook of Laboratory and Diagnostic Tests with Nursing Implications, Prentice Hall.
5. Lipson, Dibble, & Minarik (1998). *Culture and Nursing Care*. San Francisco: UC Nursing Press
6. NCLEX Prep book of your choice.

**Evaluation Criteria:**

An evaluation is completed twice per quarter, at midpoint and final clinical shifts of the preceptorship. Since every student's schedule will be different, it is the student's responsibility to have the clinical evaluation tool **completed** on shifts # 10 (or shift #6 if you precept 12 hour shifts) and #20 (shift #13 if precepting 12 hour shifts) and **with the student at clinical**, available to the instructor on her site visits. Clinical performance is rated as satisfactory or unsatisfactory. The evaluation is formative and not all elements will be satisfactory at the beginning evaluations. However, at the completion of the program all critical elements must be satisfactorily completed in order to sit for the final examination. Also with your Clinical Evaluation Tool, please print and keep with your preceptor packet the Preceptor Documentation Page (available on instructor website). This form is completed by the preceptor and is considered when the instructor writes your clinical evaluation.

**Note:** It is expected that you will retain your clinical skills from prior quarters. From the beginning of your preceptorship you must perform with the appropriate level of independence and confidence that a student in sixth quarter would typically exhibit. Failure to progress and increase your patient assignment at an appropriate pace, failure to demonstrate to your preceptor that you can safely be advanced without above average supervision, or failure to function without constant guidance and/or prompting will result in termination of the preceptorship and failure of Nursing 86L. Such termination will occur at any point during the preceptorship, from the beginning, up to and including the last shift.

**Written Work:** Click the following links for detailed instructions; see calendar for due dates. *(Detailed descriptions of these can be found on Catalyst course page – available first day of the quarter)*

- One Patient Care Plan
- Clinical Leadership Assignment
- 4 Weekly Preceptorship Updates (the first 4 weeks of your preceptorship, due by the start of class)

All assignments are eligible for full credit only if turned in at the beginning of class on the due date. Half credit (maximum) will be given on work submitted up to one week late, at the following class. No work will be accepted after that time. All assignments also must be completely original work that you created for this course. For example, no credit will be given if it discovered that you merely updated a presentation that you prepared for another class, or for your outside work.

There are no "re-dos" allowed for written assignments. It is expected that your best work be presented to the teacher at the first and only submission.

**Absences:**

No clinical absences are allowed. In the event of illness, any missed preceptorship hours must be rescheduled and made up, as all preceptorship hours must be completed to pass the course.

**E-mail and Telephone Communication:**

Due to the nature of the preceptorship, irregular hours, shifts and hospital assignments, the instructors of the course are on call for the majority of the quarter. In return, there are times when we require an urgent or semi-urgent response (for example, about a scheduling issue or question). For those reasons, we require that (a) you provide both instructors with a both a telephone number and email address that are current, and (b) that all instructor-originated emails are answered within 24 hours.

**Point Breakdown:**

Nursing Care Plan	200
Weekly Preceptorship Updates (4 due total)	100
Preceptorship Orientation Quiz	100
Clinical Leadership Assignment (see Catalyst)	<u>100</u>
<i>Total</i>	<i>500</i>

**Final Course Grade / Grading Scale:**

A = 460-500 points

B = 415-459.99 points

C = 375-414.99 points

F = <375 points, or failure of the theory component (Nursing 86)

Since this is a "P/NP" course, a grade of "A" "B" or "C" will be assigned the grade of "P" and "F" will be assigned a grade of "NP"

**Note:** It is expected that you will organize your personal life (work, social, family) around your preceptorship and class schedule - not the other way around. If you are unable to do so, you need to withdraw from the course and re enroll (on a space available basis) at a future point in time.

**Note:** The student must receive a passing grade in both N86 (theory class) and N86L (clinical component) concurrently to pass the course and graduate from the nursing program. Failure of either the theory class or the clinical component requires **both** to be repeated concurrently in order to complete the nursing program (See Nursing Student Handbook for information on re-entering the program). If a student needs to repeat Quarter 6 due to either theory or clinical failure (or LOA), it is likely that s/he will be unable to repeat Quarter 6 immediately, and will probably have a one or more quarter lag (e.g., a Fall failure might repeat in the Spring), as preceptorships are difficult to secure and typically require months of lead time to arrange, per hospital deadlines.

**Incidents at Clinical:** You must report any unexpected occurrence that happens at clinical immediately (after stabilizing the patient) by calling your clinical instructor. This must happen no matter how small the incident seems, and regardless of whether or not a hospital incident report was filed. Failure to disclose any such event (which might be something you did - or something you *failed* to do) can lead to Disqualification from the nursing program (see Student Handbook).

**Note:** Using alcohol or other drugs during or before clinical experience or possessing, distributing, or being under the influence of alcohol or other drugs during clinical experience is absolutely prohibited -- see Impaired Nurse Policy in Student Handbook. Hospital policies covering impaired employees also apply to students precepting at those hospitals. These policies can either be found in the hospital orientation materials or on the website specific to the hospital.

#### Cheating Policy:

All assignments and homework are considered to be individual (not group) work unless explicitly stated by the instructor. Dishonest behavior such as cheating (or attempts to cheat, or placing yourself in a situation where cheating may be perceived) on *any* required class-related work will result in a failing grade *on that assignment and a program long Plan for Improvement*.