



DEPARTMENT OF NURSING
NURSING 214-PRECEPTORSHIP

REGISTERED NURSING
PROGRAM
PRECEPTORSHIP
HANDBOOK

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Glendale Community College
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GLENDALE COMMUNITY COLLEGE
DEPARTMENT OF NURSING
NURSING 214-PRECEPTORSHIP

TABLE OF CONTENTS	PAGE
Philosophy Statement.....	3
Elements of Competencies to Improve Quality and Safety Outcomes	4
Introduction to Preceptorship Program.....	6
Description of Preceptorship.....	6
Preceptorship Required Regulations.....	7
Preceptorship Policies and Procedures.....	8
Preceptorship Roles and Responsibilities.....	10
“Reality Shock” or “From Novice to Expert”	14
The Phases of Preceptorship.....	14
The Learning Process.....	15
Principles of Effective Communication.....	16
Steps in Problem Solving.....	16
Steps in Decision Making.....	17
Methods of Conflict Resolution.....	17
Some Tips from Expert Preceptors.....	18
References.....	19

ADN Preceptorship Program Forms & Tools:

Clinical Contract.....	20
Preceptor Orientation Checklist.....	21
Student’s Preceptorship Experience Tracking Log (of Hours).....	22
Faculty Documentation of Student/Preceptor Visits.....	23
Student Evaluation of Preceptorship.....	24
Preceptor Evaluation of Course.....	25
Student’s Daily Clinical Objectives.....	26
Preceptorship Clinical Evaluation Tool	30

GLENDALE COMMUNITY COLLEGE
DEPARTMENT OF NURSING
NURSING 214-PRECEPTORSHIP

PHILOSOPHY STATEMENT

This philosophy statement of the Department of Nursing has been written by the nursing faculty and represents a consensus of their beliefs. As stated, it attends to three domains:

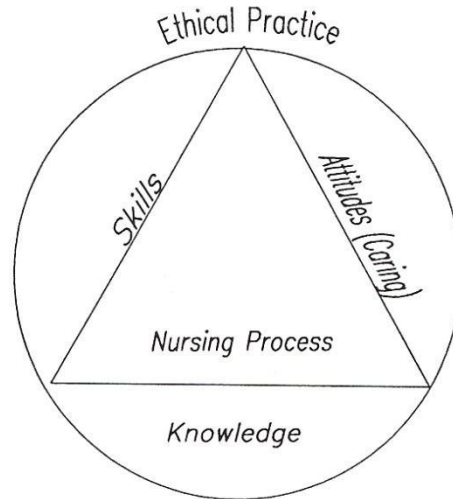
1. The discipline of nursing; its practice and instruction
2. The patients/clients that the graduates will serve
3. The students who are enrolled in the Programs.

The faculty believes that associate degree nursing graduates are essential to the health care delivery system. We further believe that nursing will become an increasingly essential resource in improving the health of our community and nation. It is the primary focus of all nursing career pathways at Glendale Community College to prepare graduates who will have the knowledge, skills and attitudes necessary to continuously improve the quality and safety of the healthcare systems within which they will eventually serve.

The practice of the associate degree graduate employs that core of nursing knowledge and skill that is common to all registered nurse practice, namely, Patient-Centered Care, Teamwork and Collaboration, Evidence-Based Practice, Quality Improvement, Safety, and Informatics. At this level, it does not include advanced or highly specialized practice, but does serve as the foundation for educational advancement into professional practice, when more extensive experiences of quality improvement and healthcare informatics techniques may be developed. The sphere of the registered nurse encompasses the promotion of health as well as the diagnosis and treatment of human responses to actual and potential health problems (American Nurses Association, 1980). The nursing faculty at Glendale Community College views these human responses as unmet or potentially unmet needs. The curriculum uses the nursing process to fulfill the roles of nursing practice described by the National League for Nursing (1990) as educational outcomes: provider of care, manager of client care, and member of the discipline of nursing.

Nursing is a service, practiced in an ever-changing scope of settings that includes, but is not limited to, acute care, ambulatory care, community-based sites, and the home. It is an applied discipline that encompasses the elements of Knowledge, Skills, and Attitudes (KSAs), in order to improve upon quality and safe patient care competencies. Caring is a critical attitude in nursing. The accompanying schematic illustrates the relationships which the faculty believes exist among these elements. We additionally believe that because of the increasing complexity of the health care system, it is essential that Ethical Practice frame these elements. The nursing process is at the center of these elements, providing for them both a focus and a framework. This scope of practice clarifies the dependent, independent, and interdependent functions of nursing.

GLENDALE COMMUNITY COLLEGE
DEPARTMENT OF NURSING
NURSING 214-PRECEPTORSHIP



ESSENTIAL ELEMENTS NECESSARY TO IMPROVE QUALITY & SAFETY OUTCOMES

Knowledge provides the cognitive and conceptual base upon which skills and attitudes are built. It includes not only nursing knowledge and concepts, but incorporates all applicable areas of physical and social sciences, communication theory, and technology. A firm knowledge base is essential to the use of the nursing process.

Skills (manual, intellectual, and interpersonal) are used to implement the care prescribed by knowledge and the nursing process. These psychomotor actions are acted upon from the knowledge base.

Attitudes, and attitude formation in nursing refers to the framework for psychosocial interactions critical to the provision of care. They include, but are not limited to respect, appreciation, valuing, professionalism, and caring. Caring encompasses both the **ability** to understand self and others and the **willingness** to consistently place the welfare of the patient first.

We view **people** holistically as complex biological, psychological, social, and spiritual beings. The psychological, social, and spiritual components interact continuously with the highly interrelated body systems that are the biological component. We believe that while each person is unique and dynamic, all people share similar hierarchical human needs and develop in identifiable stages throughout their life cycle. These developments throughout the life cycle is dynamic and interactive in that people, as social beings, both affect and are affected by an internal and external environment.

Health is a condition in which all functions of the mind, body, and spirit are appropriately active in promoting individual potential and achieving desired self-actualization. It has biological, psychosocial, spiritual and environmental facets. It is a culturally defined state, which as a part of the life process, fluctuates along a health-illness continuum. Individual health can be maximized along this continuum by the appropriate distribution and use of health care resources.

GLENDALE COMMUNITY COLLEGE
DEPARTMENT OF NURSING
NURSING 214-PRECEPTORSHIP

Glendale Community College is committed to creating and preserving an educational and cultural environment which meets the needs of a changing community. Its practices are based on a stated belief in the inherent dignity and worth of all individuals. It is further intended that instructional programs are designed to awaken latent capacities and challenge recognized abilities.

The beliefs of the faculty of the Department of Nursing are consistent with those of the College. Faculty members seek to provide access to the knowledge and experiences needed to prepare the graduate for employment and achievement of individual potential. Furthermore, the nursing curriculum has been designed specifically to provide an instructional framework that is consistent with the faculty philosophy of improving quality and safety of patient care.

The teaching-learning process is viewed as dynamic and interactive and a responsibility shared by the student and faculty. It requires participation and group discussion in the classroom, resource laboratory, and varied clinical settings. The faculty believes that students are unique individuals who bring a variety of strengths, needs, and life experiences to the learning environment.

It is further held that all students need the opportunity to practice and acquire increasingly complex skills to gain a proficiency in order to minimize risk of harm to patients, yet maximize individual potential. Proficiency in using the nursing process and information management resources requires the cognitive skills of knowledge, comprehension, application, and analysis, as well as psychomotor and interpersonal ability. Varied clinical settings and experiences, including service learning activities, are an essential part of the preparation of the student for employment.

The faculty affirms the importance of a positive and supportive learning environment. Helping students identify learning styles and abilities using Department and College resources, as well as the technological resources of our partner healthcare institutions is viewed as central to guiding all students to achieve their goals. We are committed to improving our teaching effectiveness and exploring the use of alternative teaching strategies and technologies within the framework of patient-safe care. The role of the instructor is seen as a role model and facilitator of learning for students to gain an appreciation and proficiency of the quality and safety techniques and endeavors important their profession. To this end, we strongly believe the student is responsible for active participation in the educational process.

The nursing faculty also acknowledges our collegial responsibilities to each other as members of a common scholarly community. We believe that respect for the opinions of each other is necessary to foster free inquiry, the right to seek revision, and academic freedom.

The faculty believes in lifelong learning and seeks to instill this in the students, envisions its graduates actively pursuing continued development of nursing knowledge and skill as well as broadening other educational and personal horizons.

**GLENDALE COMMUNITY COLLEGE
DEPARTMENT OF NURSING
NURSING 214-PRECEPTORSHIP**

INTRODUCTION TO PRECEPTOR PROGRAM AT GLENDALE COMMUNITY COLLEGE

The Department of Health Sciences, Nursing at Glendale Community College utilizes preceptors in their Associate Degree Program in the fourth semester level to:

- a) Bridge the gap between nursing practice and nursing education.
- b) Provide orientation, supervision, and guidance to students to practice safely in various medical-surgical settings that include Medical-Surgical Units, ICU/CCU, Emergency Room, and Telemetry Units.
- c) Prepare students for entry-level nursing practice.
- d) Serve as role models, leaders, and mentors to students.

The Nursing Department maintains responsibility for student learning as faculty plans, monitors and evaluates student experiences. The faculty recognizes that preceptors need preparation and assistance in their role with students. The preparation and assistance are provided through the hospital-specific organizational structure, this handbook, and faculty orientation. The word “preceptor” means teacher or instructor. In the nursing profession, preceptorship, is defined as a time of practical, real-world training.

DESCRIPTION & PURPOSE OF THE PRECEPTORSHIP

Preceptorship is a one-to-one relationship between an expert nurse and a nursing student in order that the student may learn the roles and responsibilities of clinical nursing in a particular area of practice. This learning occurs as nursing students practice alongside the expert nurse. Preceptors serve as role models for students. A role model allows students to observe, experience, and practice safely what the experts in nursing do on a daily basis while encouraging the student to ask questions. Preceptors challenge, direct, and supervise. Students benefit from an in-depth understanding of the role through exposure to everyday practice with its satisfactions and frustrations; increased ability to problem solve; and feelings of satisfaction resulting from professional nurturance. Preceptors benefit from the opportunity to share knowledge and facilitate the growth of an enthusiastic learner. Preceptors may find that the preceptor role brings status, recognition of expert practice, increased job satisfaction, increased learning, and advancement of their practice. As a guide in this clinical practice setting, preceptors allow students to perform direct patient-care activities under their supervision. The preceptor and the student plan the specific clinical experiences selected to meet learning and clinical objectives. This may involve caring for patients at different acuity levels, providing patient-centered care for patients requiring specific monitoring interventions, or teaching of individuals within the agency. Preceptors are encouraged to work closely with the student to provide interesting or challenging opportunities to learn. Preceptors should consider that they are working with adult learners. The characteristics of an adult learner are:

- Adults prefer to know why they need to learn something before undertaking to learn it.
- Adults will invest considerable energy in something they want to learn and with perceived value.
- Adult learners wish to be treated with respect and are capable of self-direction.
- Adults bring with them a volume of past experience, including experiences with learning. The experiences can be either positive or negative.
- Adults want to learn materials that have practical application.

GLENDALE COMMUNITY COLLEGE
DEPARTMENT OF NURSING
NURSING 214-PRECEPTORSHIP

PRECEPTORSHIP REQUIRED REGULATIONS

(Based on California Board of Registered Nursing regulations for Preceptorships:)

1. **Definition:** The Preceptor Program at Glendale Community College (GCC) is a component of the Nursing Program which includes a teaching strategy designed to provide the fourth semester students with a learning experience that is guided by an experienced registered nurse who may also be an expert in his or her area of specialty.
2. **BRN Requirements:** Preceptors shall be licensed as a Registered Nurse in the state of California and be employed by a GCC affiliated health care facility for **at least one year**.
3. **Preceptor Selection:** A preceptor is an experienced registered nurse, employed by a clinical facility affiliated with GCC, assigned to assist and supervise GCC fourth semester nursing students during educational clinical experiences that are designed and directed by a GCC faculty member.
4. **Orientation:** The Preceptor Handbook shall provide guidelines regarding roles and responsibilities of Preceptor, Student, Clinical Instructor/Course Coordinator and Liaison Nurse-Nurse Educator.
5. **Preceptor Information/files:** The Preceptor files shall be housed in the Nursing Department office and shall include the following information for the designated semester assigned:
 - a) Dates of preceptorship
 - b) Preceptor names
 - c) Proof of current licensure as an RN in the state of California
 - d) Expiration dates of current licensure
 - e) Current preceptor contracts
 - f) Preceptor orientation to the program
6. **Syllabus:** The syllabus for Nursing 214 (theory and clinical) for the semester will be provided upon request.
7. **Faculty availability:** Faculty shall be readily available to the preceptor and student during the entire semester in which the student is assigned to a preceptor for clinical learning experiences.
8. **Communication:** The Clinical Instructor shall periodically meets with the preceptor and student to monitor progress of the student's learning experiences.
9. **Student Evaluation:** The syllabus and clinical evaluation forms serve as resources for conveying student performance requirements and course evaluation criteria.
10. **Preceptor Evaluation:** Preceptor will provide input regarding student's nursing progress through validation of daily clinical objectives, faculty-preceptor visits, as well as have an opportunity to evaluate preceptor experience with her/his student.
11. **Faculty Evaluation of Student** - Clinical faculty will have the final evaluation of the student's performance during the preceptor rotation. This will be based on the planning of faculty conferences with the Preceptor during the midpoint and final day of the preceptorship.

GLENDALE COMMUNITY COLLEGE
DEPARTMENT OF NURSING
NURSING 214-PRECEPTORSHIP

PRECEPTORSHIP POLICY AND PROCEDURES

The Preceptor Program at Glendale Community College (GCC) is a component of the Nursing Program that includes a teaching strategy designed to provide the fourth semester students with a learning experience that is guided by an experienced registered nurse who may also be an expert in his or her area of specialty. Affiliated Hospital preceptors shall function as clinical teaching assistants in collaboration with Glendale Community College nursing faculty for the purpose of providing students with a clinical experience which will enable them to meet the objectives of their Leadership and Management Course, Nursing 214, as well as to prepare them to provide safe, patient-centered, high quality nursing care at the entry level of practice.

The following are guidelines for selection of preceptors, and includes responsibilities of the Faculty, Preceptors, and Students:

1. Preceptor selection is based on the preceptor as an experienced practicing registered nurse who meets the following criteria:
 - a. Minimum of one year of experience in the clinical area in which they will be precepting
 - b. Minimum of one year of employment at the facility in which they will be precepting
 - c. Must have completed a preceptor training course or preceptor orientation program given by the College for which they will be precepting. (The Preceptor Handbook shall provide guidelines regarding the roles and responsibilities of the preceptor, faculty, and student during preceptor experience)
 - d. Must have an active and clear California RN license
 - e. Relief preceptors must also meet the above criteria and be available on primary preceptor's day off
2. Faculty responsibilities include, but are not limited to: (Please see Preceptorship Handbook)
 - a. Identify and document appropriate preceptors who meet the BRN minimum qualification in coordination with the precepting facility
 - b. Identify appropriate clinical areas within the facility for precepting in coordination with facility nursing educational department
 - c. Meet with appropriate preceptors in order to orient them to the preceptorship program of Glendale Community College
 - d. Establish access and/or emergency phone numbers by which both students and preceptors can reach the faculty during the duration of the precepting experience
 - e. Schedule no less than three visits to both students and preceptors in order to identify student progress or any issues that may arise
 - f. Evaluate the student in collaboration with the preceptor on an on-going basis and complete the midterm and final evaluation
 - g. Evaluate the ability of the preceptor to assist the student in meeting the objectives of the course
 - h. Evaluate the appropriateness of the clinical site in meeting the objectives of the course
3. Preceptors responsibilities include, but are not limited to: (Please see Preceptorship Handbook)
 - a. Collaborating with the faculty in assisting the student with meeting the objectives of the course
 - b. Assisting the nursing student in meeting their clinical objectives by direct patient care supervision

GLENDALE COMMUNITY COLLEGE
DEPARTMENT OF NURSING
NURSING 214-PRECEPTORSHIP

- c. Being present and available on the patient care unit during the entire time the student is in his or her Preceptorship rendering nursing services
 - d. Adhering to the Medication Administration Policy
 - e. Collaborating with the faculty member in providing on-going evaluation of the student and contributing to the midterm and final evaluation process
 - f. Keeping the student and faculty apprised on any schedule changes
 - g. Evaluating the preceptor experience and providing feedback to the faculty
4. Student responsibilities include, but are not limited to: (Please see Preceptorship Handbook)
- a. Understanding and fulfilling the objectives of the Preceptorship program, which center around providing safe, patient-centered, high quality healthcare to patients under their care
 - b. Keeping both the preceptor and faculty member informed of any changes in their schedule or the preceptor schedule, which will include preceptor floating or sick calls
 - c. Seeking and giving feedback regarding the precepting process to both the preceptor and faculty, to develop an awareness of their own strengths and limitations as a team member, in order to foster teamwork and collaboration
 - d. Completing daily objective journal entries in the designated time frame
 - e. Completing a Preceptorship program evaluation upon completing the objectives at the conclusion of the Preceptorship

Pertinent to external review, the Preceptorship files shall be housed in the Glendale Community College Nursing Department office and shall include the following elements for presentation to the Board of Registered Nursing:

1. Primary Preceptor names
2. Relief Preceptor names
3. Proof of current licensure as an RN in the State of California
4. Expiration dates of current licensure clearly delineated
5. Preceptor orientation forms to the program
6. Preceptor-Student Contracts and Agreements
7. Preceptor evaluations of the Glendale Community College Registered Nurse Preceptorship Program

GLENDALE COMMUNITY COLLEGE
DEPARTMENT OF NURSING
NURSING 214-PRECEPTORSHIP

PRECEPTORSHIP ROLES AND RESPONSIBILITIES:

Preceptor:

1. Functions as a role model and support liaison for the nursing student.
2. Facilitates and guides the learning process of the student.
3. Orients the student to the health care facility unit and introduces student to nursing staff.
4. Orients the student to the unit-specific procedures.
5. Assists the student in the attainment of course objectives.
6. Collaborates with the student to establish mutually accepted clinical and personal objectives, within the framework of the existing clinical objectives for the fourth semester level.
7. Collaborates with the student to evaluate measures to determine the attainment of objectives, and appropriate learning opportunities and activities to meet the objectives.
8. Assists the student to gain a proficiency of the hospital's information technological resources to improve upon the healthcare communication within the health organization.
9. Meets with the student as needed off the floor to clarify inconsistencies.
10. Develop a communication plan to contact faculty as needed to clarify any issues and concerns.
11. Provide input in the evaluation of the student's performance and achievement of learning experience.
12. Informs student when cancelled from work or sick.

Student:

1. Reviews course requirements, course objectives, and clinical objectives with faculty and preceptor.
2. Reviews and abides by Policies and Procedures of the hospital and unit assigned.
3. Collaborates with the faculty and preceptor to establish mutually acceptable schedule.
4. Communicate clinical schedule with instructor and update as progressing.
5. Provide preceptor and instructor with emergency contact phone numbers.
6. Orient to the assigned unit to determine services and supplies, such as medication administration stations, and documentation structure and processes, as well as working with the hospital's technological clinical resources to improve patient care outcomes.
7. Maintains a clinical log of time in and out which is to be signed by preceptor daily.
8. Completes daily clinical objectives which are to be validated by the preceptor and made available at all times for review by the instructor.
9. Notify the instructor, the unit, and the preceptor in the event of schedule change, late or absence.
10. Consult with the instructor upon instructor rounds and seek clarification when needed.
11. Conducts themselves in a professional and collegial manner with patients and staff.
12. Completes assignments and submit to course faculty on designated due dates.
13. Participates in ongoing hospital quality improvement initiatives and or committees, and provides self-evaluation with feedback from faculty and preceptor.
14. Dresses in a professional manner consistent with clinical facility guidelines and be clearly identified as being a student.
15. Maintain open communication with the preceptor and faculty to improve teamwork and collaboration.
16. Maintains accountability for own learning activities and actions.
17. Contacts faculty via telephone in a timely manner in the event of any adverse clinical events
18. Respects the confidential nature of all Protected Health Information (PHI) obtained during the clinical experience.
19. Abides by all policies and procedures as stated in the GCC Student Handbook.

GLENDALE COMMUNITY COLLEGE
DEPARTMENT OF NURSING
NURSING 214-PRECEPTORSHIP

Faculty:

1. Participates in the selection and verification of appropriate preceptors including documentation of qualifications and credentials with the nursing education department of the hospital
2. Determines the presence of existing contract or letter of agreement with the Liaison Nurse-Nurse Educator responsible for School Affiliation. (If no contract is on file, the faculty informs administration of the need for formal contract.)
3. Provides administration with contact information to develop a formal contract.
4. Ensures required agency paperwork and preceptor agreement is completed and is on file in the office of the Liaison Nurse.
5. Provides the preceptor with faculty contact information, the preceptor handbook, copy of course syllabus, course objectives, and orients to the preceptor role.
6. Coordinates and participates with the preceptor in setting up the process, the timelines, students' schedule and role expectations and strategies for problem solving.
7. Monitors and assists in facilitation of student learning and maintains communication with students and preceptors throughout the preceptor experience.
8. Documents visits with student and preceptor. Makes at least 3 visits during the preceptor rotation to discuss progress of the preceptor experience.
9. Collaborates with the student to establish mutually accepted personal and clinical objectives, within the framework of the existing clinical objectives.
10. Participates in ongoing evaluation of student's learning experiences with student and preceptor. Assists students to establish mutually accepted objectives and design activities to meet clinical objectives.
11. Evaluates student practicum performance and achievement of learning objectives, using input from the preceptor and student.
12. Assesses the student's evaluation of the practical experience and the preceptor's evaluation of the student.
13. Instructs student and preceptor regarding the completion of the student documentation
14. Completes student's final evaluation of the preceptor experience.

Agency:

In facilitating preceptorship experiences, the **agency:**

1. Assists faculty and students in the selection of appropriate preceptors for the preceptorship experience including those who have attended official preceptorship training.
2. Actively supports the preceptor and student during the preceptorship with adequate time, clinical units and experiences as possible.
3. Provides a contact person to act as a liaison between the Nursing Department and the agency.
 - A. Contact person will check currency of contract with the affiliating school.
 - B. Approves list of selected preceptors in various units.
 - C. Meets and orients students on hospital policies on preceptorship and other standard policies common to all "new employees" of the agency.
 - D. Participates in the evaluation of the preceptorship experience.
 - E. Meets regularly with clinical faculty for updates regarding progress of preceptor rotation.
 - F. Provides information to faculty regarding changes of agency policy on student affiliation/preceptorship and others.

GLENDALE COMMUNITY COLLEGE
DEPARTMENT OF NURSING
NURSING 214-PRECEPTORSHIP

- G. Maintains records for the hospital regarding annual requirements for faculty/students affiliating with the agency - i.e. currency of CPR immunization requirements, current faculty licensure, etc.
 - H. Obtains access numbers for students for computerized charting and schedules students for orientation to computerized charting as needed.
 - I. Meets with the students at the end of the clinical rotation for evaluation and feedback.
- 4. Retains ultimate responsibility for the care of clients.
 - 5. Interpret the preceptor program and expectations of students to other agency personnel who are not directly involved with preceptorship.

Clinical Forms

To provide clear expectations for those involved in this educational experience the following forms will be required.

- 1. Clinical Contract
- 2. Preceptor Orientation Checklist
- 3. Clinical Experience Tracking (of hours)
- 4. Student Evaluation of Preceptor
- 5. Student Clinical Performance Evaluation
- 6. Student's Daily Plan of Activities/Objectives
- 7. Preceptor Evaluation of Course
- 8. Faculty Visits with Preceptor and Student

The **Clinical Contract** identifies the required number of clinical hours for the specific nursing course. It also indicates preceptor's commitment to her role with her appropriate signature and RN license number.

The **Preceptor Orientation and Training Checklist** Confirms the required elements for orientation of selected preceptors.

The **Clinical Experience Documentation (of hours)** form is a recording form of the hours completed during the clinical experience. The preceptor signs "tie sheet" when the student completes his/her shift. While the clinical hours may exceed the number identified in the contract, the total number of hours should not be less.
Total hours - 120

The **Student Evaluation of Preceptor** is a means for students to evaluate the effectiveness of the preceptor and the clinical experience within the facility.

The **Student Clinical Performance Evaluation** form is used by the Preceptor to provide feedback about the student's performance during the clinical experience. The faculty of the course is responsible for the final evaluation of the student.

GLENDALE COMMUNITY COLLEGE
DEPARTMENT OF NURSING
NURSING 214-PRECEPTORSHIP

The **Student's Daily Plan of Activities/Objectives** is a means of guiding the student and his/her preceptor in attaining the objectives and monitoring the clinical progress of the student by the preceptor.

The **Preceptor Evaluation of Course** form is a means for preceptors to evaluate the course and faculty availability and support.

The **Faculty Visits Form** is a means for the faculty to track his/her visits with each student and preceptor to discuss student progress and any pertinent issues during the preceptorship rotation.

"Reality Shock" or "From Novice to Expert"

The term "reality shock" is sometimes used to describe the reaction of students when they discover that the clinical experience does not always match the values and ideals that they had anticipated. There are four phases of adaptation to this reaction: the honeymoon, the shock, the recovery and the resolution. This same paradigm is described by Patricia Benner and her colleagues in the classic text *From Novice to Expert: Excellence and Power in Professional Nursing Practice*.

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	harness 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 assist the student to see more of the situation and view it more objectively
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

The Phases of Preceptorship

I: Establishing the Relationship

Establishing trust is one of the most crucial steps in the preceptor-student relationship and provides the foundation upon which the learning experience will develop. The student frequently experiences anxiety in this new learning situation and can benefit from structure provided by the preceptor in the form of carefully scheduled meetings and conferences. The preceptor's availability at the beginning of the student's placement is crucial in planning the student's experience.

In the first few weeks of the semester, the focus of the relationship is to clarify roles to foster teamwork and collaboration, discuss mutual experiences, review the student's background, career goals and learning objectives and to discuss agency policies. Orienting the student to the clinical setting, especially if the student has not been there before, promotes entry into the system and communicates respect and acceptance. The preceptor and student negotiate and determine the frequency of scheduled conferences that best meets the needs of the student and the schedule of the preceptor. Weekly or bi-weekly conferences are recommended.

II: The Working Phase

The implementation of an educational plan is the focus of the working phase. Reviewing the student's experience, discussing patients, exploring feeling regarding the experience and identifying the meeting of learning objectives are all appropriate areas that can be discussed. Feedback from the preceptor on a regular basis assists the student in maximizing his/her strengths and systematically addressing problems that may interfere with the achievement of the professional role and hinder teamwork and collaboration.

During this phase, the preceptor serves as role model, resource person and consultant to the student. By demonstrating his/her own skills as an expert clinician, the preceptor assists the student in role development, application of theory and science, problem solving and decision making. An effective strategy is to encourage the student to observe and analyze the preceptor's role as s/he works with patients and families and interacts with colleagues and staff members. Mutually sharing observations and discussing strategies for nursing practice enables the student to enrich his/her own understanding of how the role is operationalized and how problems are solved so that teamwork and collaboration are enhanced.

By applying the principles of adult education, the student's self-direction and autonomy are fostered. Over time, utilization of the preceptor changes: the preceptor becomes less directive and the student becomes more independent and self-reliant. A loss may be felt by the student and preceptor as the relationship changes. Evaluation is an ongoing process to assess how the learner is achieving his/her goals. At least daily verbal feedback is helpful. Students, through their clinical logs and competency check lists, should track their own progress and accomplishments. Formal, written evaluation procedures should occur at midterm and at the end of the experience, using the program evaluation forms provided. *The clinical faculty liaison is responsible for the grade but the input of the preceptor is invaluable. Nevertheless, the final responsibility for the grade belongs to the faculty member.* Even if the student does not agree with the evaluation received, all parties involved should sign the evaluation form. The student has the opportunity to write a response to their evaluation.

There are many aspects of being a preceptor to a nursing student. Each student in the ETP program is an adult learner. Recognizing this as well as the steps involved in learning a new role that are specific to an adult learner will assist you in being a successful preceptor. Following are several tips on problem solving, decision making, communication, conflict resolution and advice from other preceptors.

The Learning Process

- Learning is an active and continuous process manifested by growth and changes in behavior.
- Learning styles vary from one individual to another.
- Learning is dependent on the readiness, emotional state, abilities and potential of the learner, as well as his/her life experiences.
- Learning happens when the material to be learned is relevant to the learner.
- Learning takes place 'within' the learner: unless a new behavior or competency has been 'internalized,' it hasn't been 'learned.'
- Moving from simple to complex and known to unknown facilitates learning and improves patient safety.
- Learning is facilitated when the student has an opportunity to test ideas, analyze mistakes, take risks and be creative.
- Learning how to learn and that learning is a life-long process enables the students to deal with expansion of knowledge and changes in nursing and society.

- Learning is facilitated when the learner has feedback of his/her progress toward the goal.
- Learning takes place more effectively in situation where satisfaction is derived: good work deserves praise just as problem performance requires correction.
- Interpersonal relationships are important in determining the kind of social, emotional and intellectual behavior that emerges in the learning situation.
- Recognition of similarities and differences between past and current experience facilitates the transfer of learning.

Principles of Effective Communication

- An active listener shows interest and acceptance.
- Eye contact is important.
- Be open-minded and avoid prejudging the speaker or the message.
- Tune into words, meanings and feeling conveyed.
- Focus on the central message or the message being sent.
- Note the other person's body language (and your own...).
- Avoid interrupting.
- Listen first, then respond.
- Respond to what is communicated rather than how the message is sent.
- Ask questions to verify your understanding of the message: 'Do I understand you correctly that...?' 'What I hear you saying is...?'
- Communication involves both the sending and receiving of a message.
- 'I' messages (I think, I feel) are more effective than 'you' messages; they minimize defensiveness and resistance to further communication. 'Shoulds' and 'Oughts' hinder communication.
- Communication is more effective when it involves talking with and to rather than at the listener.

Steps in Problem Solving

- Define the nature of the problem.
- Identify possible causes of the problem.
- List a number of possible solutions for each cause: identify the evidence for each one.
- Select the best solution.

- Decide on necessary actions and implement them.
- Reassess, evaluate and replan as necessary.

Steps in Decision Making

- Determine situations that require some action be taken.
- Analyze possible courses of action and the potential effects (determine pros and cons, gather facts and opinions).
- Select the best course of action from the available alternatives.
- Implement the selected action.
- Monitor the effect of the decision.
- Reevaluate the decision in the light of the effects.

Methods of Conflict Resolution

- **Denial or Withdrawal**

Using this approach, the person attempts to get rid of the conflict by denying that it exists. S/he simply refuses to acknowledge it. Usually the conflict does not disappear but will grow to the point where it becomes all but unmanageable. When the issue or the timing is not critical, denial can be a very productive way of dealing with conflict.

- **Suppression or Smoothing Over**

A person using suppression plays down the differences and does not recognize the positive aspects of handling conflict openly. Again, the source of the conflict rarely goes away. Suppression may be used when it's more important to preserve a relationship than to deal with an insignificant issue through conflict.

- **Power or Dominance**

Power is often used to settle differences. The source of power may be vested in one's authority or position. Power may take the form of a majority, or of a persuasive minority. Power strategies result in winners and losers, and the loser will not usually support the final decision in the same way winners will. Future meetings of the group may then be marred by the conscious or unconscious renewal of the struggle previously 'settled' by the use of power. In some instances, where other forms of handling conflict are clearly inappropriate, use of power can be effective.

- **Compromise or Negotiation**

Although often regarded as a virtue, this method has some drawbacks. Bargaining often causes both sides to assume an inflated position, since each is aware that the other is 'going to give a little.' The compromise solution may be watered down or weakened to the point where it will not be effective, and there is often not enough commitment by any of the parties. There are times when compromise makes sense, such as when resources are limited or when it is necessary to avoid a win-lose situation.

- **Integration or Collaboration**

This approach requires that all parties recognize the abilities and expertise of the others. Each individual's position is well prepared, but the emphasis of the group is in trying to solve the problem at hand, rather than in defending particular positions or factions. All involved expect to modify their original view as the group's work progresses. Ultimately the best of the group's thinking will emerge. The assumption is that the whole of the group effort exceeds the sum of the individual member contributions. If this approach can become and either/or statement or if because of lack of resources the conflict is resolved using power, the final decision will suffer accordingly.

Some Tips from Expert Preceptors

- 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 weaknesses 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, Patricia (1984). *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*, Jossey Bass, San Francisco CA.

Alspach, Jo Ann Grif. [2000]. *From Staff Nurse to Preceptor: A Preceptor Development Instructor's Manual* [2nd ed.]. Aliso Vieji, CA. American Association of Critical Care Nurses.

Columbia University School of Nursing Preceptor Handbook (2011)

California State University, San Bernardino, Preceptor Handbook, September (2011)

Glendale Memorial Hospital and Health Center, Preceptor Policy, September (2019)

Guidelines for Preceptorship, California Board of Registered Nursing. Sacramento, CA (2020)



GLENDALE COMMUNITY COLLEGE
DEPARTMENT OF NURSING
NURSING 214-PRECEPTORSHIP

CLINICAL CONTRACT

Spring, 2023

STUDENT/FACULTY/PRECEPTOR AGREEMENT

(1 contract to be completed for ALL Preceptors)

STUDENT'S NAME: _____

PRECEPTOR'S NAME: _____
(With title)

FACULTY NAME: _____

PRECEPTOR'S RN LICENSE NUMBER: **(REQUIRED)** _____ EXPIRATION DATE: _____/_____/_____**(REQUIRED)**

Preceptor has completed Preceptor Training Program: **OR** Hospital-Approved Preceptor:

NURSE MANAGER'S NAME: _____

NAME OF CLINICAL FACILITY AND UNIT: _____

Educational Employment Background:

School Attended	Degree or Certificate Earned	Year Degree Obtained
Employment or Title (REQUIRED)	Employing Agency	Years of Employment (REQUIRED)

I agree to serve as a preceptor of the above named student during the period of: (Dates)

(____ / ____ / ____ to ____ / ____ / ____)

Signature of Preceptor: _____ Date: _____

Signature of Faculty: _____ Date: _____



GLENDALE COMMUNITY COLLEGE
DEPARTMENT OF NURSING
NURSING 214-PRECEPTORSHIP

PRECEPTOR ORIENTATION AND TRAINING CHECKLIST
Spring, 2023

I have oriented: _____ who is the Preceptor

For: _____ Student Nurse at

GLENDALE COMMUNITY COLLEGE (Nursing Program) to the following related to the policies and procedures of the preceptorship program:

- The purpose of the preceptor program
- Preceptor Handbook, including Preceptorship Policy
- Preceptor, faculty and student responsibilities
- Planning of in-person beginning, midpoint, and final student/preceptor/faculty conferences
- Availability of faculty during preceptor learning activities, including contact information and response time
- The communication plan about student performance during the preceptor rotation

(Faculty Name/Signature)

Glendale Community College
(Nursing Program)

(Preceptor Name / Signature)

(Date)

(Adopted from Glendale Memorial Hospital Preceptor Policy Manual, 2019)



GLENDALE COMMUNITY COLLEGE
DEPARTMENT OF NURSING
NURSING 214-PRECEPTORSHIP

Student's Preceptor Experience Tracking Log— *Spring, 2023*

PRIMARY PRECEPTOR'S NAME: _____

CLINICAL SITE: _____ UNIT: _____

STUDENT TIME LOG

DATES	SHIFT	TIME IN	TIME OUT	PRECEPTOR'S SIGNATURE
				*TOTAL HOURS: _____

**Total Hours MUST add up to 120 hours:*

STUDENT NAME (**PRINT**): _____ STUDENT SIGNATURE: _____

Instructor Verification Signature: _____

GLENDALE COMMUNITY COLLEGE - DEPARTMENT OF NURSING - NURSING 214 - PRECEPTORSHIP
FACULTY DOCUMENTATION OF VISIT IN THE CLINICAL FACILITY

<u>Name of Student</u>	<u>Date of Visit</u>	<u>Preceptor</u> <i>(Primary or Alternate)</i>	<u>Discussion with Student</u>	<u>Discussion with Preceptor</u>	<u>Concerns, Comments and Resolutions</u>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					



STUDENT EVALUATION OF PRECEPTOR

Spring, 2023

Student Name: (**PRINT**) _____ Date: ____/____/____
 Principle Preceptor Name: _____
 Agency/Hospital: _____

Please indicate with a check mark how your experiences were with your clinical preceptor.

	SELDOM	SOMETIMES	FREQUENTLY	NA
Is available to student				
Is accessible to the student				
Is responsive to the student				
Demonstrate understanding of preceptor role				
Demonstrate understanding of leader/manager role				
Demonstrates positive professional skills with members of nursing team, which fosters teamwork & collaboration				
Serves as an effective role model for leadership and management principles				
Demonstrates negotiation and conflict management skills toward patient-centered care				
Facilitates student's identified goals and objectives				
Encourages student to assume responsibility and accountability throughout the preceptorship				
Considers student's background and level of competence				
Provides feedback, when questions or situations arise, which is timely and appropriate.				
Demonstrates proficiency in the hospital's clinical information systems				
Assists student in decision making process & provides feedback on student's strengths and weaknesses				
Allows student to suggest alternatives to preceptor's problem-solving ideas				
Suggests and provides additional learning experiences when appropriate to meet student's learning needs				

Additional Comments: _____



GLENDALE COMMUNITY COLLEGE
DEPARTMENT OF NURSING
NURSING 214-PRECEPTORSHIP

PRECEPTOR EVALUATION OF CLINICAL EXPERIENCE

Spring, 2023

Hospital/Health System _____ Unit _____ Preceptor Name: _____
 Student Name: _____

Instructions: Rate each item below on a 5-point scale. Please return to the student.

*Rate the usefulness and effectiveness of the following course activities by circling 1, 2, 3, 4, or 5:
 (1 = not very useful nor effective; 3 = neutral; 5 = very useful and effective).*

- | | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 1. | The preceptor’s packet helped me understand my role | 1 2 3 4 5 |
| 2. | The course objectives are relevant for use in my area | 1 2 3 4 5 |
| 3. | The course objectives are relevant for use in my unit/role | 1 2 3 4 5 |
| 4. | Interacting with the clinical instructor about course objectives and expectations increased my understanding of the performance expectations for the student. | 1 2 3 4 5 |
| 5. | Interacting with the student helped me to identify clinical experiences to meet his/her learning needs. | 1 2 3 4 5 |
| 6. | On-going communication with the and the clinical instructor increased my ability to identify learning experiences to aid the student's progress. | 1 2 3 4 5 |
| 7. | The course expectations seem appropriate for preparing the student to function in a beginning nursing role. | 1 2 3 4 5 |
| 8. | I had the resources I needed from GCC Nursing Faculty to fulfill my role as preceptor. | 1 2 3 4 5 |

Part II - Clinical Experience/Activities:

Overall I rate my ability to perform the preceptor role as: 1 2 3 4 5

**Please write any clinical suggestions for the student, and for this course. Thank you!*

Glendale Community College
 Health Sciences Division • Nursing Department
NURSING 214 PRECEPTORSHIP CLINICAL OBJECTIVES (1A-3A)

STUDENT'S NAME: _____ Date: _____
 PRECEPTOR: _____ Unit: _____

CLINICAL OBJECTIVES	CLINICAL OBJECTIVES	CLINICAL OBJECTIVES
<p>1A</p> <p>Competency Area: Assessment and Diagnosis</p> <p><u>Assess patient needs accurately using:</u></p> <ul style="list-style-type: none"> a. All written and electronic patient documents pertinent to nursing care of assigned patient(s), b. Information from oral reports, c. Information and data from patient/family interaction, and; d. Comprehensive, developmentally appropriate, physical assessment skills. e. Identify purpose, status, and responsibility for tubes, appliances, and/or equipment used in care of assigned patients 	<p>2A</p> <p>Competency Area: Intervention</p> <ul style="list-style-type: none"> a. Implement the plan of care in consultation with preceptor Clarify inconsistent or contradictory clinical information or observations. b. Provide safe care for assigned patient(s). c. Administer medications safely and according to protocol: <ul style="list-style-type: none"> 1. Research all prescribed medications prior to administration; 2. Correlate research with assigned patient(s); and d. Administer medication according to Department Procedure and hospital protocol e. Use standard precautions consistently when caring for your patient. 	<p>3A</p> <p>Competency Area: Communication & patient Confidentiality</p> <ul style="list-style-type: none"> a. Provide patient teaching to individuals and families relevant to patient healthcare needs. b. Communicate with patient in a developmentally appropriate and therapeutic manner. c. Complete charting that is: <ul style="list-style-type: none"> 1. Accurate and pertinent 2. Timely 3. According to Hospital Protocol d. Acknowledge confidentiality of healthcare records by: <ul style="list-style-type: none"> 1. Access information pertinent only to assignment; and 2. Dispose of any patient information per hospital protocol prior to leaving unit

Glendale Community College
 Health Sciences Division • Nursing Department
NURSING 214 PRECEPTORSHIP CLINICAL OBJECTIVES (4A-6A)

Preceptor Handbook (2022-2023)

STUDENT'S NAME: _____ Date: _____
 PRECEPTOR: _____ Unit: _____

CLINICAL OBJECTIVES	CLINICAL OBJECTIVES	CLINICAL OBJECTIVES
4A Competency Area: Evaluation	5A Competency Area: Planning Nursing Care	6A Competency Area: Individual Growth
<ul style="list-style-type: none"> a. Evaluate effectiveness of overall plan of care based on patient/family outcomes. b. Document and report patient response to plan of care and nursing interventions. c. Review the appropriateness of existing plan of care and update as needed. d. Evaluate, in a realistic manner, own effectiveness and skill in varying patient care situations. e. Evaluate the clinical outcomes to your patient 	<ul style="list-style-type: none"> a. Establish realistic and measurable short- and long-term outcomes with relevant time frames. b. Plan nursing interventions which clearly address unmet needs, developmental level, and desired patient/client outcomes. c. Anticipate patient needs and scheduling demands and establish appropriate nursing priorities prior to giving care, adjusting them to individual circumstances and acuity. d. Plan care which demonstrates application of classroom content to assigned patient(s) e. Establish and implement a strategy for completion of patient care tasks. 	<ul style="list-style-type: none"> a. Accept and profit from constructive criticism. b. Seek opportunities for new learning by: <ul style="list-style-type: none"> 1. Adding to Skills List Checklist 2. Approaching staff for unscheduled clinical activities. 3. Seeking new procedures and caring opportunities c. Demonstrate consistent growth of skill level used in performing nursing care. d. Assist peers and staff in patient care areas.

Glendale Community College
 Health Sciences Division • Nursing Department
NURSING 214 PRECEPTORSHIP CLINICAL OBJECTIVES (7A-9A)

Preceptor Handbook (2022-2023)

STUDENT'S NAME: _____ Date: _____
 PRECEPTOR: _____ Unit: _____

CLINICAL OBJECTIVES	CLINICAL OBJECTIVES	CLINICAL OBJECTIVES
<p style="text-align: center;">7A</p> <p>Competency Area: Commitment to Caring</p> <ol style="list-style-type: none"> a. Demonstrate interest in nursing by spending time with patient b. Identify and use resources (e.g., Hospital Formulary, procedure or standards manual, facility protocols, patient records) and other disciplines (e.g., pharmacy, social services, dietary) to increase knowledge and improve patient care. c. Seek needed information when confronted with unfamiliar health problems, medications, or situations. d. Interact with and provide care for patients in a manner which indicates respect for individual beliefs and 	<p style="text-align: center;">8A</p> <p>Competency Area: Leadership</p> <p style="text-align: center;">CHARGE NURSE OBSERVATIONS</p> <ol style="list-style-type: none"> a. Facilitates the placement of patients based on acuity and staffing within assigned departments. b. Acts as a clinical resource to assist with admissions and discharges. c. Acts as a liaison and resource to nursing staff, troubleshoots and facilitates. d. Collaborates with Administrative Supervisor and manager regarding daily staffing. e. Takes direct patient care assignment as needed and is held accountable for patient safety, quality and financial implications of the unit. 	<p style="text-align: center;">9A</p> <p>Competency Area:</p> <p style="text-align: center;">Leadership role of student</p> <ol style="list-style-type: none"> a. Assures continuity of care and flow on assigned unit. b. Establishes appropriate contacts with attending physicians/consults and other involved healthcare professionals as necessary to ensure timely admissions and discharges. c. Delegates tasks and duties to appropriate team members in accordance with the patient's appropriate information re: patient condition or concerns to other healthcare team members to provide the necessary care for the patient d. Establishes guidelines for the health and wellbeing of staff members e. Practices effective problem identification & resolution

preferences.
e. Maintain patient privacy and dignity while giving care.

Glendale Community College
Health Sciences Division • Nursing Department

Preceptor Handbook (2022-2023)

NURSING 214 PRECEPTORSHIP *DAILY* CLINICAL OBJECTIVES (Worksheet)

STUDENT'S NAME: _____

Date: _____

PRECEPTOR: _____

Unit: _____

DAY #

MY CLINICAL OBJECTIVES	STUDENT'S EVALUATION OF PERFORMANCE	VERIFIED BY PRECEPTOR	PLAN OF ACTION
<p>Based on your patient's clinical condition and treatment plans post-report, circle objectives you plan to accomplish for today.</p> <p>Competency Area: 1A- a, b, c, d, e</p> <p>Competency Area: 2A- a, b, c, d, e</p> <p>Competency Area: 3A- a, b, c, d, e</p> <p>Competency Area: 4A- a, b, c, d, e</p> <p>Competency Area: 5A- a, b, c, d, e</p> <p>Competency Area: 6A- a, b, c, d, e</p> <p>Competency Area: 7A- a, b, c, d, e</p> <p>Competency Area: 8A- a, b, c, d, e</p> <p>Competency Area: 9A- a, b, c, d, e</p>	<p>Identify areas of Satisfactory Performance or Areas you need more practice on. Circle areas with Satisfactory Performance; underscore areas where you need more practice.</p> <p>Competency Area: 1A- a, b, c, d, e</p> <p>Competency Area: 2A- a, b, c, d, e</p> <p>Competency Area: 3A- a, b, c, d, e</p> <p>Competency Area: 4A- a, b, c, d, e</p> <p>Competency Area: 5A- a, b, c, d, e</p> <p>Competency Area: 6A- a, b, c, d, e</p> <p>Competency Area: 7A- a, b, c, d, e</p> <p>Competency Area: 8A- a, b, c, d, e</p> <p>Competency Area: 9A- a, b, c, d, e</p>	<p><u>Please have your preceptor initial</u></p> <p>1a. <input type="checkbox"/> _____</p> <p>2a. <input type="checkbox"/> _____</p> <p>3a. <input type="checkbox"/> _____</p> <p>4a. <input type="checkbox"/> _____</p> <p>5a. <input type="checkbox"/> _____</p> <p>6a. <input type="checkbox"/> _____</p> <p>7a. <input type="checkbox"/> _____</p> <p>8a. <input type="checkbox"/> _____</p> <p>9a. <input type="checkbox"/> _____</p>	<p><u>Please indicate your plan of action regarding your performance by marking appropriate boxes.</u></p> <p>1. Satisfactory Performance a. <input type="checkbox"/> - Continue to practice b. <input type="checkbox"/> - Include in my daily objectives c. <input type="checkbox"/> - No further need. This is one time experience only.</p> <p>2. Need More Practice a. <input type="checkbox"/> - Seek more opportunities for practice b. <input type="checkbox"/> - Continue to work with my preceptor until satisfied with my</p>

			<i>performance.</i>
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**GLENDALE COMMUNITY COLLEGE
HEALTH SCIENCES DEPARTMENT
Nursing 214**

Fourth Semester Preceptorship Clinical Evaluation Tool

SEMESTER: **Spring, 2023**

Student Name: _____

Date: / / **2023**

Clinical Facility/Instructor (print) _____

Absences: _____ Tardies: _____

Overall Earned Evaluation (circle one below):

SATISFACTORY / MUST IMPROVE / UNSATISFACTORY

EVALUATION STANDARD	PERFORMANCE RATING SCALE
<p><u>SATISFACTORY PERFORMANCE:</u> (PASS) as an overall evaluation rating in the clinical component is achieved when the student earns performance ratings in the following manner:</p> <ol style="list-style-type: none"> 1. no zero (0) scores in any area; AND 2. no more than 25% of the competencies in any competency area are rated as one (1). <p><u>MUST IMPROVE:</u> (PASS) as an overall evaluation rating in the clinical component is given when the student earns performance ratings in the following manner:</p> <ol style="list-style-type: none"> 1. no zero (0) scores in any area; AND 2. 25% or more of the competencies in any one competency area are rated as one (1). <p><u>UNSATISFACTORY PERFORMANCE:</u> (NOT PASS) as an overall evaluation rating in the clinical component is given when the student earns performance ratings in the following manner:</p> <ol style="list-style-type: none"> 1. one or more zeros (0) for any competency; OR 2. 25% or more of the competencies in more than one competency area are rated as one (1); OR 3. one or more of the critical competencies (<u>bolded/underlined text</u>) are rated as one (1). 	<p>2- Consistent. Evidenced by the following: a) consistently meets stated competencies, b) requires no more guidance and structure than is typical for this level student in this course, c) bases actions on nursing rationale, and d) provides care that reflects safety precautions and consistent use of accepted procedures and policies.</p> <p>1- Inconsistent Performance. Evidenced by any ONE of the following: a) inconsistent application of knowledge and skills to the patient care environment, or, b) frequent, direct guidance and instructions required, or, c) does not always follow safety precautions.</p> <p>0- Unsafe for Practice. Does not apply knowledge and skill appropriately. Evidenced by any ONE of the following: a) requires constant guidance and instruction, or, b) unsupervised actions endanger client safety, or, c) does not base action on appropriate nursing rationale, or, d) does not request assistance when needed, or, e) unable to administer medications according to Nursing Department/institutional policy.</p>

EXPECTED COMPETENCIES		Performance Rating		
		2	1	0
Role As A Provider And Supervisor Of Care				
A.	Competency Area: DATA GATHERING AND DECISION MAKING			
	1. Assess Patient needs using:			
	a. <u>Using informatics to access the electronic healthcare record (EHR) to gather information;</u>			
	b. <u>Collaborating with nurses to gather information from handoff communication reports;</u>			
	c. <u>Determining patients' and families' learning needs; and</u>			
	d. <u>Comprehensive and developmentally appropriate, physical assessment skills.</u>			
	2. <u>Apply assignment research and/or previously learned content/knowledge to patient assessment.</u>			

EXPECTED COMPETENCIES		Performance Rating			
		2	1	0	
	3.	Identify and report abnormal or inconsistent findings.			
	4.	<u>Identify purpose, status, nursing responsibility, and evidence-based practice principles regarding invasive devices and other equipment used in the care of assigned patients.</u>			
	5.	Identify and prioritize unmet human needs based on hierarchy and patient assessment.			
	6.	<u>Select and validate appropriate nursing diagnosis(es) based on human need assessment.</u>			
B.	Competency Area: PLANNING NURSING CARE TO MEET HUMAN NEEDS				
	1.	Prioritize individualized nursing care plan based on the Human Needs Hierarchy, physiological assessment, and psychosocial/cultural aspects regarding the assigned patient.			
	2.	Develop short and long term goals and outcomes that are specific, measurable and attainable within a realistic time frame.			
	3.	Plan evidence-based nursing interventions that clearly address unmet needs, developmental level, and support desired outcomes.			
	4.	Anticipate patient needs and scheduling demands and establish nursing priorities prior to giving care, adjusting to meet individual circumstances and acuity.			
	5.	<u>Plan patient and family-centered care that demonstrates application of didactic content to assigned patients</u>			
	6.	Manage time and priorities to complete safe and effective patient-centered care.			
C.	Competency Area: INTERVENTIONS				
	1.	Apply previously learned knowledge and skills to new clinical situations.			
	2.	Perform nursing interventions, using relevant knowledge, skills and attitudes in a manner consistent with evidence-based practice and current standards of practice.			
	3.	Demonstrate effective teamwork by collaborating within nursing and interdisciplinary teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.			
	4.	<u>Implement the plan of care, clarifying inconsistencies and modifying as indicated in consultation with staff.</u>			
	5.	<u>Complete own assignment as directed and on time.</u>			
	<i>(Competencies related to Organization and Safety)</i>				
	5.	<u>Clarify inconsistent or contradictory clinical information or observations.</u>			
	6.	<u>Provide safe, compassionate and coordinated care based on respect for patient's preferences, values and needs.</u>			
	7.	<u>Administer medications safely and according to protocol:</u>			
	a.	<u>Access credible references to research all prescribed medications prior to administration.</u>			

		EXPECTED COMPETENCIES		Performance Rating		
				2	1	0
		b.	<u>Demonstrate critical thinking by correlating information from the electronic healthcare record (EHR) and the medication information with assigned patient(s); and</u>			
		c.	<u>Administer medication according to hospital protocol.</u>			
	8.		<u>Explain correct rationales for own actions when asked.</u>			
	9.		<u>Acknowledge own limitations by seeking assistance when unfamiliar with situations or as needed.</u>			
	10.		<u>Implement standard precautions and other applicable infection prevention practices, as applicable.</u>			
	11.		<u>Perform previously learned skills correctly with minimal supervision/assistance.</u>			
	12.		Identify tasks to be delegated to a variety of care providers, in a manner that acknowledges scope of practice.			
	13.		<u>Access the electronic healthcare record to review agency policy and/or protocol regarding skills prior to initiate nursing care and calling instructor.</u>			
	14.		<u>Maintain cleanliness and organization of patient care area.</u>			
	15.		<u>Follow all faculty verbal and written instructions and guidelines.</u>			
<i>(Competencies Related to Patient Teaching and Communication)</i>						
	16.		<u>Provide patient education relevant to patient's health care needs, level of understanding, and knowledge deficit(s) which incorporates cultural, developmental and psychosocial aspects:</u>			
		a.	<u>Prior to delivering care and carrying out skills;</u>			
		b.	<u>Regarding scheduled and PRN medications,</u>			
		c.	<u>Regarding prescribed treatments, equipment, diet, plan of care; and</u>			
		d.	<u>Discharge planning/ instructions.</u>			
	17.		<u>Ensure instructor and assigned staff are aware of changes in patient condition</u>			
	18.		<u>Provide complete "hand-off" (e.g. SBAR) to instructor and staff at the beginning, during and at the end of the shift.</u>			
	19.		<u>Introduce self and roles and responsibilities to patients and staff.</u>			
	20.		<u>Communicate clearly and concisely, both verbally and in writing.</u>			
	21.		<u>Communicate at a level that indicates safe comprehension and listening skills.</u>			
	22.		<u>Communicate with patient in a developmentally, culturally sensitive, appropriate and therapeutic manner.</u>			

EXPECTED COMPETENCIES		Performance Rating		
		2	1	0
23.	<u>Ask appropriate questions.</u>			
24.	<u>Notify instructor and staff by following established protocol before leaving unit at any time</u>			
25.	<u>Communicate through the proper chain of command.</u>			
26.	Maintain composure and appropriate conversation in the presence of the patient and family			
27.	Complete charting which is:			
a.	<u>Accurate and pertinent;</u>			
b.	Done within the time guidelines of the instructor;			
c.	<u>Done according to hospital protocol; and</u>			
d.	Inclusive of correct spelling, terminology, and grammar.			
28.	<u>Maintain confidentiality of healthcare records by:</u>			
a.	<u>Accessing information pertinent to assignment.</u>			
b.	<u>Disposing any printed material that contain patient identifiers to protect patients' health information (PHI), according to agency protocol, and</u>			
c.	<u>Adhering to Health Insurance Portability & Accountability Act (HIPAA).</u>			
D	Competency Area: EVALUATION			
1.	<u>Review the appropriateness of existing plan of care and update as needed.</u>			
2.	<u>Use data and other quality improvement tools (e.g. flow charts, diagrams, trends, bar graphs) to monitor outcomes of the plan of care.</u>			
3.	<u>Document and report patient response to plan of care and nursing interventions.</u>			
4.	Evaluate, in a realistic manner, own effectiveness and skill in varying patient care situations.			
ROLE AS A MEMBER OF THE DISCIPLINE OF NURSING				
A.	Competency Area: INDIVIDUAL GROWTH			
1.	<u>Accept constructive feedback and develop ways for improvement.</u>			
2.	Seek opportunities for new learning by:			
a.	Tracking own progress by adding completed skills to checklist			

EXPECTED COMPETENCIES			Performance Rating		
			2	1	0
	b.	Taking initiative to approach healthcare staff and/or instructor for unscheduled clinical activities. .			
	3.	<u>Demonstrate consistent growth of skill level used in performing, delegating, and supervising nursing care.</u>			
	4.	Use teamwork and collaboration by assisting peers and healthcare staff in patient care areas.			
B.	Competency Area: COMMITMENT TO CARING				
	1.	Demonstrate interest in nursing by spending time with patient when possible.			
	2.	<u>Identify and use resources (e.g. Hospital Formulary, electronic resources, procedure or standards manual, facility protocols, patient records) and other disciplines (e.g. pharmacy, social services, dietary) to increase knowledge and improve patient care.</u>			
	3.	<u>Seek needed information when confronted with unfamiliar health problems, medications, and/or situations.</u>			
	4.	<u>Interact with patients to provide patient-centered care and respect for patient dignity, culture, values, beliefs and personal preferences.</u>			
	5.	<u>Maintain confidentiality of patients, as reviewed in the Health Insurance Portability and Accountability Act (HIPAA)</u>			
C.	Competency Area: INDIVIDUAL ACCOUNTABILITY				
	1.	<u>Participate in all scheduled activities and conferences of clinical rotation</u>			
	2.	<u>Follow protocol established by instructor for reporting an absence or tardy</u>			
	3.	<u>Demonstrate accountability by accepting responsibility for own actions.</u>			
	4.	Maintain meticulous personal hygiene and a neat appearance following Nursing Student Uniform policy and guidelines, as outlined in the Nursing Student Handbook.			
Faculty Narrative Comments					

	EXPECTED COMPETENCIES	Performance Rating		
		2	1	0

 Instructor Signature: _____ Date: / / **2023**

 Student Signature: _____ Date: / / **2023**

(The required student signature verifies only that the student has reviewed the evaluation and does not imply agreement. The student is permitted to append comments related to the evaluation. The student is allowed to make a copy of the evaluation for his or her reference.)

***All bolded and underlined Text indicates a critical element which must be met at a satisfactory level at all times in clinical.**

