



**Welcome
to
Copper Mountain College's Registered Nursing Program
Preceptorship Orientation**

The faculty and staff of the RN Program at CMC are pleased that you are joining our Preceptorship Team. We look forward to helping you in any way we can and making this a wonderful experience for you and our students.

We have a few instructions and suggestions for you to make this online orientation easier:

1. It would be beneficial to print out this orientation and handbook (a copy is available from your faculty liaison member).
2. Read the orientation and handbook as this will give you a clear understanding of everyone's roles and responsibilities.
3. Using the SurveyMonkey link (our online source for verification), please complete the short quiz and enter your name and RN License number on the "Acknowledgement and Agreement Form." You must do this in one sitting – you cannot do part and return to complete at a later time.

Components of the Preceptorship Orientation

CMC's RN Program will provide all necessary components of a successful orientation to all preceptors, faculty, and students as identified below:

1. Student orientation will cover: first-time meetings, expectations, clinical objectives, and responsibilities for all members of the preceptor team.
2. **The Preceptor must complete the online orientation, quiz, acknowledgement AND the BRN Faculty Approval Notification Form (EDP-P-02) prior to commencement of an assigned student's learning activities.**
3. The assigned faculty liaison will facilitate contact between the student and preceptor prior to the commencement of the preceptorship experience.
4. The Online Orientation will provide expectations including student clinical objectives, preceptor roles and responsibilities, BRN requirements, and evaluation guidelines.
5. The faculty liaison will provide resources regarding communication, evaluation, frequency and methods for faculty, preceptor and student contact, and availability of faculty and preceptor.

The intent of this Handbook is threefold:

1. To prepare, and inform the student (student) of stated objectives, list and review required documentation, explain roles and responsibilities, exchange communication avenues, and introduce all parties as part of the "preceptor team".
2. To prepare the healthcare provider to assume the responsibility of a preceptor and provide a means for the preceptor to effectively demonstrate a high level of knowledge, clinical proficiency, professionalism and serve as a clinical instructor to students in the clinical setting. The preceptor will also assist with the transition of students' knowledge to the clinical environment in order to insure quality patient services, maintain organizational standards, and provide patient care in a cost-effective manner.
3. To state the requirements for the student, preceptor and faculty liaison regarding the Preceptorship policies and procedures to be followed during the Preceptorship program as outlined in this packet and the RN Student Nurse Handbook.

For example:

- Any absences are to be reported to preceptor and faculty liaison immediately.
- All student hours need to be completed by the determined deadline (failure to complete hours before the determined deadline may result in dismissal from the Registered Nursing Program at CMC).

The following tenets have been incorporated into CMC's curriculum as organizing principles:

1. The role of the preceptor is crucial to the success of the student.
2. The organization culture must value and support the role by providing a formalized structure for the process.
3. The preceptor's responsibilities include role model, facilitator, educator, advocate, mentor and evaluator.

Definitions

Preceptor:

- For the student, a preceptor serves as a role model with:
 - Competence
 - Experience.
- The student is guided by the preceptor to roles and responsibilities, as well as:
 - Formal and informal rules.
 - Customs
 - Culture
 - Workplace norms.

Student:

- The student should be treated as new to the facility, department, and/or unit while participating in the Preceptorship program.

Preceptorship - Student Clinical Behavioral Objectives

Clinical Objectives

1. During your clinical Preceptorship, you will be required to write clinical learning objectives/goals for each week.

Coordination and Collaborative Care

SLO

- **Implement management and leadership skills during the preceptorship experience utilizing collaborative decision-making to promote quality patient-centered care.**
 1. Identify roles/responsibilities of the interdisciplinary team members.
 2. Consults with appropriate members of the interdisciplinary team.
 3. Act as liaison between patient and members of the interdisciplinary team.
 4. Uses appropriate channels of communication and lines of authority.
 5. Participates in admission/discharge (patient/family teaching, referrals).
 6. Under the supervision and direction of the preceptor, function as a team leader or primary nurse for at least one shift.
 7. Familiarize self with responsibilities and protocols (job descriptions) of nursing team members.
 8. Makes patient assignments according to scopes of practice (ability) of various team members, and patient needs.
 9. Interacts appropriately with the interdisciplinary team in a pleasant, congenial way.

Safety and Quality Improvement

SLO

- **Discuss the Root Cause Analysis process to promote patient safety and quality of care.**
 1. Identifies and reports patient safety issues to appropriate personnel (e.g. preceptor, nurse manager, risk manager), and implements appropriate interventions for the reduction and prevention of injury to patient and or interdisciplinary team members.
 2. Demonstrates Competency of Medication Administration by: safely administering all medications including IVs and treatments to a group of patients within an allotted time. (Safety = demonstrating accurate math skills, knowledge of patient's medications, pharmacologic understanding, and responding with appropriate "Critical Nursing Actions").
 3. Provides for safety, quality and comfort of patients.

Evidence-Based Practice

SLO

- **Integrate current best evidence utilizing clinical reasoning, nursing judgment and patient preferences when constructing plans of care.**
 1. Identifies and evaluates evidence-based protocols, interventions and practices for assigned patients.

Nursing Judgment

SLO

- **Demonstrate nursing judgment in practice, supported by evidence that integrates knowledge, skills and attitudes of a beginning nurse generalist to provide safe, quality care.**
 1. Anticipates the needs of patient(s), families and staff and plans accordingly.
 2. Initiates care without direction from preceptor.
 3. Develop plans of care for each patient.
 4. Establishes priorities interventions based on patient needs and preferences.
 5. Evaluates patient outcomes and develops revised plans of care; with rationales.
 6. Participate in performance improvement/quality assurance processes when feasible.
 7. Demonstrates critical assessment skills and the appropriate tools for gathering and recoding data.
 8. Implements patient orders from the chart or the electronic healthcare order system (computer print-out).

Culture

SLO

- **Create patient-centered plans of care which demonstrate cultural competence and acceptance to facilitate positive patient outcomes.**
 1. Defines risk factors related to ethnicity and culture and plans care accordingly.
 2. Incorporates patient cultural practices and beliefs when providing care and evaluates outcomes.

Professionalism and Leadership

SLO

- **Demonstrate integrity, ethical standards, principles of leadership, and professionalism during the preceptorship experience.**
- **Implement the five rights of delegation when assigning appropriate personnel to provide patient care.**
 1. Participates in educational activities for staff when able.
 2. Intervenes, as an advocate, to meet the needs of patients.
 3. Demonstrates integrity by respecting rights of privacy of patients, staff, and others.
 4. Recognize and organize appropriate responsibilities to delegate to appropriate team members.
 - a. Utilize five "rights" of delegation (right circumstances, right person, right direction or communication, right supervision or feedback).
 - b. Assess need for delegation based on patient needs.
 - c. Ensure appropriate education, skills and experience of personnel performing delegated task.
 - d. Communicate task to be completed and patient concerns to be reported immediately.
 - e. Evaluate delegated tasks to ensure correct completion of activity.
 5. Gives an accurate, concise, complete report to staff members and to on-coming shift.
 6. Charts accurately and completely for a group of patients/patients.
 7. Plans and directs at least one team-conference, functioning as a facilitator when feasible.
 8. Observes a case-management conference when offered.
 9. Recognizes own limitations and seeks assistance when necessary.
 10. Plans with preceptor to select daily work assignments in order to meet weekly written and/or daily objectives.
 11. Utilizes available resources to assist when developing and improving nursing management/leadership competencies/skills.
 12. Uses constructive criticism as a means of growth.
 13. Apply principles of conflict resolution as needed when working with healthcare staff
 14. Demonstrates respect for opinions of others.
 15. Follows CMC clinical dress code; meets standards of hospital/agency/college dress code and health requirements.
 16. Consistently reports on time (early) for shift report and all meetings.
 17. Completes assignments within the assigned shift.
 18. Formulates suggestions for improvement and discusses with preceptor.
 19. Accepts responsibility and accountability for own actions.
 20. Demonstrates problem-solving ability with critical thinking skills.
 21. Follows all facility policies to maintain the integrity of the hospital/facility philosophy.

Informatics and Technology

SLO

- **Manage information and technology to communicate with interdisciplinary teams, make informed clinical decisions, and minimize patient and personal harm.**
 1. Maintains HIPPA guidelines when accessing patient data within the electronic healthcare record.
 2. Verifies that lab-procedures and other tests are done; initiates quality action as necessary.
 3. Anticipates relevant tests, and nursing responsibilities (pre and post-procedure) and potential complications.

Registered Nursing Student Responsibilities

1. Reporting on time and as scheduled (call preceptor **and** faculty for all schedule changes or if unable to report for your shift).
2. Openness - student needs to be open to begin to learn.
3. Being attentive to preceptor responsible clinical duties including patient care.
4. Communicate – Communicate – Communicate
5. Regard for limits - knowing and understanding their limits in regards to knowledge and skill set.
6. Having the *Clinical Shift Log* completed, reviewed and signed by preceptor **daily** (no “catch-up”).
7. *Student Daily Objectives and Outcomes* completed (**every shift**), reviewed and signed by preceptor.
8. Completing the *Weekly Self-Evaluation Form* at the end of each week or every three rotations.
9. Identifying his/her own learning needs.
10. Active participation in the learning process.
11. Participating in regularly scheduled progress meetings.
12. Identifying daily and weekly goals and objectives.
13. Readily asking questions regarding any nursing related or department issues.
14. Reading and following policy and procedure manuals.
15. Completing all requirements by the end of the program.
16. Reporting concerns to preceptor, manager, faculty or director as appropriate.
17. Evaluating the Preceptorship program, preceptor and self.
18. RN Student Nurse Handbook, syllabus, Preceptorship Packet in a 3-ring binder and available every shift.

RN Student **MAY NOT**:

1. Draw blood from any central line, ART line or PICC Line. They MAY Manage fluids IF there are maintenance fluids ALREADY RUNNING, Medications and be given only if fluids are running and with the preceptor present at all times. NO central line dressing changes
2. Administer any IV “Push” medications unless **PRECEPTOR IS PRESENT**.
3. Administer any critical care drug such as IV Cardizem, any “code” drugs.
4. Administer, sign for, or be witness of signatures of any documentation or administration of any blood or blood products.
5. Perform or administer any procedure or skill that was not taught in the Copper Mountain College Registered Nursing Program (regardless of what your preceptor says, or being shown how to do it).
Simple - when in doubt - don't do it.
6. Administer any medications IV, PO, sub-Q, IM, or by any other route **unless supervised by preceptor.**
7. Document incident reports without having preceptor signature on document. (two signatures)

RN Student **MAY** do the following but not limited to:

Students may not do any procedure or skill in which they were not trained or checked off of in the CMC skills lab (Students know your limitations, if in doubt, do not provide the skill, or intervention without checking with faculty).

1. Assessments – general and focused (i.e. head to toe, neuro, cardiac, GI, etc.)
2. Medication Administration – PO, IM, Subcutaneous, NGT, IV, IVPB, insulin, ophthalmic, nasal, suppositories, topical, inhalers
3. Feeding tubes
4. Sputum collection, cultures
5. Foley Catheters, clean catch, obtaining specimens
6. Trach. care and suctioning – inline, closed inline
7. NG tubes, insertion and medication administration
8. Oxygen administration- NC, simple mask, ambu bag, etc.
9. Dressing changes (sterile and non-sterile)
10. Sterile procedures – various kinds- i.e. dressing changes, Foleys, setting up sterile fields
11. Asepsis
12. Wound care – irrigation, packing, evaluation
13. Ostomy care
14. EKG
15. IV insertion, and D/C
16. Fluid administration – hanging IV medications, fluids, changing bags of fluids
17. Blood draws – venous
18. Blood Glucose monitoring
19. Assisting nurse - Chest tube
20. Pre-post op care
21. CPR

Preceptor Description

Selection of the Preceptor

Per BRN CCR §1426.1(b)(3):

Identification of preceptor qualifications for both the primary and the relief preceptor that include the following requirements:

- (A) *An active, clear license issued by the board;*
- (B) *Clinically competent, and meet the minimum qualifications specified in section 1425(e);*
- (C) *Employed by the health care agency for a minimum of one (1) year; and*
- (D) *Completed a preceptor orientation program prior to serving as a preceptor.*
- (E) *A relief preceptor, who is similarly qualified to be the preceptor is present and available on the primary preceptor's days off.*

Per BRN §1425(e)

A clinical teaching assistant shall have at least one (1) year continuous, full-time or its equivalent experience in the designated nursing area within the previous five (5) years as a registered nurse providing direct patient care.

The clinical preceptor is a clinical agency staff licensed Registered Nurse who works with specifically assigned faculty and students to enrich the student's clinical learning experience and to better prepare the student to function as a beginning nurse generalist

Roles and responsibilities of the Preceptor

1. Attends preceptor preparation and orientation training session, or completes the Online Orientation Packet.
2. Participates with the faculty liaison team member in weekly conferences (or as needed) during the experience.
3. Provides a copy of the work schedule for a period of time 2-3 weeks before the experience begins and for the 4-7 weeks of the Preceptorship experience to the Faculty liaison team member. Also, notifies instructor/student of updates and changes that affect the student
4. In addition to being present with the student during the clinical time, preceptor plans daily conferences and meets with the student to evaluate daily performance and progress in meeting personal and course objectives and goals.
5. Reviews students' Daily Learning Plan and collaborates in determining daily assignments, and guides student's learning through selection of increasingly complex duties and responsibilities.
6. Reviews student's weekly self-evaluation and provides a mid-evaluation to instructor with necessary written and verbal input, and supports judgments with pertinent anecdotal notes.
7. Completes the Final Evaluation of the student with input as needed by the student and instructor.
8. Supervises and teaches the student in the clinical area, conferring with the Faculty Liaison Team Member and student as needed as to prior learning experiences and appropriateness and complexity of the experience.

Roles and responsibilities of the Faculty Liaison

1. The faculty liaison team shall be readily available to the preceptor and the RN nursing student during the Preceptorship program.
2. The management of the preceptor program and final student outcomes are the responsibility of the nursing faculty liaison team members.
3. Faculty liaison team members will meet with preceptors and RN nursing students weekly or every three shifts to assess any issues, clinical objectives, and daily clinical goals.

4. The faculty liaison team member will complete the weekly evaluation form.
5. The faculty liaison team member will also complete and conduct the final evaluation of the student with input from the preceptor.

Preceptor-Student-Faculty Liaison team

1. Each student is assigned to a specific Preceptor for the preceptorship period. The Student-Preceptor team will work the Preceptor's usual full-time weekly schedule, shift and unit for a 36 to 40 hour workweek. 2. Students must complete 135 hours of clinical time. (No more, no less, per BRN)
2. The preceptor models patient care and management skills and, as the preceptorship experience progresses, facilitates the student assuming increasing responsibilities for patient care management for a group of patients.
3. By the beginning of the third week, the student will have primary responsibility for the patient group, utilizing the preceptor as a consultant-liaison.
4. The preceptor cannot be assigned other staff duties while acting as a preceptor.
5. The faculty member will act as a liaison to the preceptor and have limited contact with the student during the preceptorship experience. This encourages the student to make the transition from student to beginning nurse generalist. The student should begin to identify staff members, peers and resource persons for problem-solving and professional recognition.



COPPER MOUNTAIN COLLEGE

Registered Nursing Program

Preceptorship

Spring 2018

Preceptorship Orientation

- **Goal of Online Orientation**
 - To gain a understanding of CMC's Preceptorship requirements and objectives.
- **Objectives:** at the completion of this orientation the participant will be able to identify:
 - Roles, responsibilities, and expectations of the Preceptor, Student and Faculty Liaison Team Member.
 - CMC's RN Program philosophy and framework.
 - Addressing potential conflicts and **resolutions**,
 - Resources available for a successful **preceptorship**,
 - Communication avenues and **contact information**.

Philosophy and Conceptual Framework

Student Nurse Handbook

<http://www.cmccd.edu/prospective-students/health-sciences/>

Conceptual Framework

The primary conceptual framework are Organizing Concepts which integrate the QSEN model of excellence within a concept driven format. The Organizing Concepts of the RN Program are:

- *Coordination and Collaboration of Care,*
- *Safety and Quality Improvement,*
- *Evidence-Based Practice,*
- *Nursing Judgment,*
- *Culture,*
- *Professionalism and Leadership,*
- *Informatics and Technology.*

These Organizing Concepts are used to define the competencies required for graduates and are consistent with Copper Mountain College's RN Program philosophy and Program learning outcomes.

Preceptor Roles/Responsibilities

Roles

- Role model
- Supervisor
- Guide
- Teacher
- Student Advocate

Responsibilities

- Assess learning needs
- Co-Plan the learning experience/collaborative
- Provide opportunities to implement learning plan
- Nurture and protect

EXPLAIN EVERYTHING

Preceptor Duties

- Orient Student to unit
- Validate Student hours: Clinical Shift Log (sign every shift)
- Approve Student's goals using the Student Daily Objective & Outcomes form (at beginning of shift)
- Create Student assignments
- Monitor/Assess/Document Student performance:
 "Preceptor/Faculty Evaluation of Student Performance"
 (mid-rotation and final rotation)
- Assist, direct, guide and mentor Student
- **Perform evaluation of Preceptorship experience**

Role Transition

Staff Nurse

to

Preceptor



Knowledge

- Policies/procedures
 - Practice standards
 - Routines
 - Documentation
 - Student's scope of practice
- Cultural Diversity
 - Resources
 - Principles of teaching/
learning/adult education
 - Teamwork

Attitudes

Respectful

Supportive

Realistic

Positive

Patient

Sense of humor

Open-minded

Constructive

Dependable

Mature

Good Listener

Honest

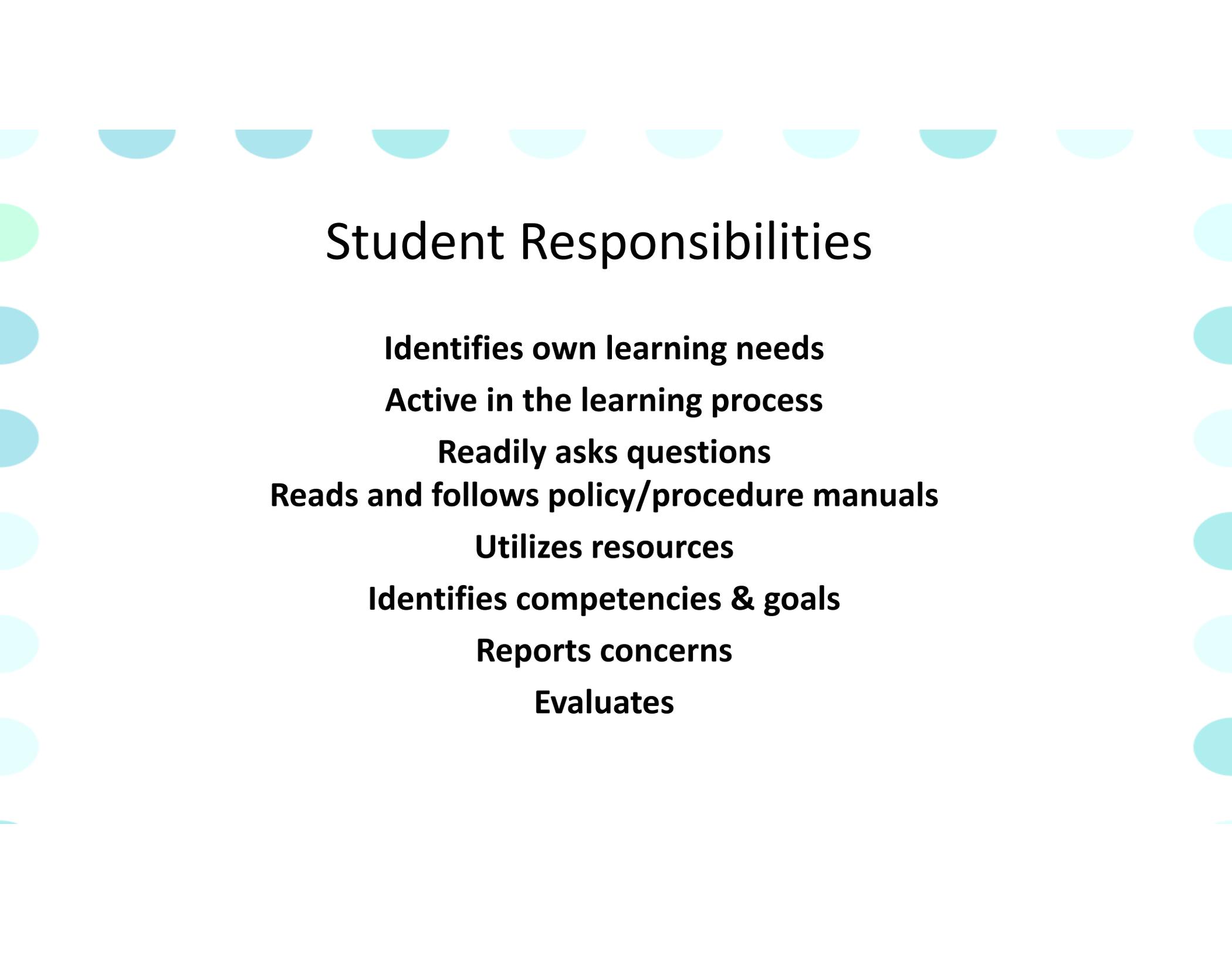
Skills

- Patient care
- Communication
- Use of equipment
- Use of resources
- Collaborative Care
- Organization
- Problem-solving
- Decision-making
- Priority-setting
- Delegation

Student Responsibilities

- Student Nurse Handbook - Syllabus (in binder)
- Report **ON TIME and** as scheduled
 - Call preceptor **and** faculty for all schedule changes or if unable to report for your shift
- Clinical Shift Log (**every shift** – no “catch up”)
- Student Daily Objectives/Outcome (**every shift**)
- Student Self-Evaluation Form (**weekly**)
- Maintain an Open Mind and Pay Attention

Communicate – Communicate - Communicate



Student Responsibilities

Identifies own learning needs

Active in the learning process

Readily asks questions

Reads and follows policy/procedure manuals

Utilizes resources

Identifies competencies & goals

Reports concerns

Evaluates

Faculty Responsibilities

- Meet with Preceptor and Student (initially, then every 3rd or 4th shift)
- Ensure CMC Policies and Procedures are upheld
- Review: Daily Objectives and Outcomes, Weekly Self-evaluation, Daily Shift Log and Preceptor Evaluation of Student Performance
- Monitor student's learning experience
- Serve as resource to Preceptor

Limitations - What **CAN'T** they do?

- Draw blood from any central line, ART line or PICC Line.
- Administer any IV “Push” medications **unless PRECEPTOR IS PRESENT.**
(Medications administered, by a student, are at the discretion of the Preceptor)
- Administer, sign for, or be witness of signatures of any documentation or administration of any blood or blood product. Students **are** encouraged to **observe** blood bank processes and procedures, and may assist preceptor with patient assessments, vital signs, and general care during administration.
- Perform any procedure or skill that was not taught in the Program (**regardless of what a Preceptor or doctor says**).
- Administer any medications IV, PO, sub-Q, IM, or by any other route **unless assisted and/or supervised by Preceptor.**

Simple-when in doubt - don't do it!

Problem Solving & Communication

When do I call the Faculty member ?

- Questions
- Student problems
- Student “no show” for scheduled shift

When do I call the Program Director?

- If faculty member cannot be reached
- Any time a student is involved in a serious incident
- Prior to a student being dismissed and/or suspended

Bottom line....call any time you need to

Problem Solving = Critical Thinking

Use of the Nursing Process

Assess - Diagnosis - Plan - Implement - Evaluate - Revise - Re-evaluate

Build Confidence

Give feedback that tells the Student you trust their ability

“You can handle this, I’m right here if you need me”

Validate the Student’s assessment

“That’s exactly what I heard in the lungs”

Acknowledge when the Student has made an appropriate decision

“I would have done the same thing”

When setbacks or “bad days” occur,
remind Student of their progress and successes.

Summary

The Faculty Liaison Team Members are available to help and serve as a resource.

RN Program Mission Statement

In accordance with the mission statement of Copper Mountain College, the nursing programs serve humanity by preparing professional nurses who meet the healthcare needs of culturally diverse communities. Committed to providing quality education, through a concept driven curriculum, faculty instill the core values of integrity, respect, accountability, honesty and a caring attitude to provide evidence-based, patient-centered collaborative care. Cultivating a student-centered learning environment, through the promotion of educational excellence, the nursing programs challenge students to develop clinical reasoning and sound nursing judgment as well as facilitate educational mobility, personal growth, and a pattern of lifelong learning.

Contact Information

1st Preceptor Faculty

Sheila Tyne-Cantrell styne@cmccd.edu 760-904-9822

Dawn Page dpage@cmccd.edu 760-668-8128

Lorenza DeGuzman ldeguzman@cmccd.edu 760-819-1186

Trisha Robinson trobinson@cmccd.edu 760-902-4857

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Office #: 760-366-3791 ext. 0299 or 760-366-5242 or 760-987-6772 cell

3rd Health Sciences Assistant – Christine Gotoski

Email: cgotoski@cmccd.edu

Office #: 760-366-3791 ext. 5801 or 760-366-5241



You have read and learned about CMC's Preceptorship Program, the roles and responsibilities of each person and viewed the documents required during the Preceptorship.

One more thing to do and complete.....

Please follow the link below to answer a few questions and electronically sign the "Acknowledgement and Agreement Form" (required)

****This needs to be done in one sitting****

<https://www.surveymonkey.com/r/2018-PRECEPTORSHIP>

Preceptorship Forms
and
Additional Resources

FACULTY APPROVAL / RESIGNATION NOTIFICATION
(Submit forms electronically or if mailed in DUPLICATE)

EDP-P-02 (Rev. 09/2012; Approved 2/09)

INSTRUCTIONS:

Print or type. Complete **BOTH PAGES SIDES** of form for Faculty Approval.
Check a box for approval or resignation notification.

Provide the appointee with a photocopy of this form after it has been approved by a BRN consultant.

Program Name: COPPER MOUNTAIN COLLEGE REGISTERED NURSING PROGRAM		
Appointee's Name:		
CA RN License:	Expiration Date:	Verified by: CHRISTI BLAUWKAMP RN MSN

CLASSIFICATION AND STATUS

In addition to California Code of Regulations (CCR) Section 1425, all faculty must meet CCR section 1424(h), which states nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned and Section 1420(d), which defines clinically competent to mean that a nursing program faculty member possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by staff level registered nurses of the clinical unit to which the faculty member is assigned.

<p>Faculty Approval / Resignation Notification: Check one box. Complete Page 1 for all approvals / resignation notifications.</p> <p><input type="checkbox"/> Initial Faculty Approval (Submit prior to employment) Complete Second Page: Section A for Instructor. Section B for Assistant Instructor Section C for Clinical Teaching Assistant.</p> <p><input type="checkbox"/> Faculty Reclassification (Complete Second Page) Attach previous approval form and documentation to demonstrate qualifications for requested change.</p> <p><input type="checkbox"/> Faculty Resignation (Complete only the top section; submit only one form) Effective Date _____</p>	<p>Clinical Assignment Area(s) Requested: (Check the area(s) next to the classification being requested)</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Classification</th> <th>M-S</th> <th>O</th> <th>C</th> <th>P/MH</th> <th>G</th> </tr> </thead> <tbody> <tr> <td>Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Assistant Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Clinical Teaching Assistant</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: center; font-size: small;">M-S = Medical-Surgical O = Obstetrics C = Children (Pediatrics) P/MH = Psych/Mental Health G = Geriatrics</p>	Classification	M-S	O	C	P/MH	G	Instructor						Assistant Instructor						Clinical Teaching Assistant					
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The above information is verified by: CHRISTI BLAUWKAMP RN MSN

Name of Program Director CHRISTI BLAUWKAMP RN MSN	Signature:	Date: SPRING 2017 PRECEPTORSHIP
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For Board Use Only:

NEC / Approval Date	Approved Clinical Area(s)					Approved Classifications		
	M-S	O	C	P-MH	G	I	AI	CTA

Date: _____ NEC _____

Does not qualify for _____ for the reason(s) listed below. Resubmit with **COMPETENCY EVIDENCE**.

Lacks required education.

Lacks previous teaching experience in pre-or post-licensure nursing programs or course in practice teaching.

Lacks one year of professional nursing experience.

Lacks evidence of clinical competence

Other: _____

SECTION A - INSTRUCTOR

Section 1425(c) states, " An instructor shall meet the following minimum qualifications: 1425(a)(1) A Master or higher degree from an accredited college or university which includes course work in nursing, education, or administration. If degree other than in nursing submit information verifying course work in nursing education."

COLLEGE/UNIVERSITY/CITY/STATE	DEGREE & YEAR COMPLETED	AREA OF PREPARATION

1425(c)(3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes PRACTICE IN TEACHING REGISTERED NURSING. Submit official course description to verify course content.

1. COLLEGE/UNIVERSITY/CITY/STATE (Teaching in Pre-Post RN program)	COURSE CONTENT/AREA	FROM MONTH/YR	TO MONTH/YR
2. COLLEGE/UNIVERSITY/CITY/STATE (Teaching in Pre-Post RN program)	PRACTICE TEACHING COURSE	UNITS	DATE

1425(c)(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent.

AGENCY NAME AND CITY/STATE (List most recent first)	POSITION	CLINICAL AREA	FROM MONTH/YR	TO MONTH/YR

SECTION B - ASSISTANT INSTRUCTOR

1425(d) An assistant instructor shall meet the following minimum qualifications: (1) A Baccalaureate degree from an accredited college which shall include courses in nursing, or in a natural behavioral or social science relevant to nursing practice;

COLLEGE/UNIVERSITY AND CITY/ STATE	DEGREE & YEAR COMPLETED	AREA OF PREPARATION

1425(d)(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalents.

AGENCY NAME AND CITY/STATE (List most recent first)	POSITION	CLINICAL AREA	FROM MONTH/YR	TO MONTH/YR

SECTION C - CLINICAL TEACHING ASSISTANT

1425(e) A clinical teaching assistant shall have at least one (1) year continuous, full-time or its equivalent experience in the designated nursing area within the previous five years (5) as a registered nurse providing direct patient care.

AGENCY NAME AND CITY/STATE	POSITION	CLINICAL AREA	FROM MONTH/YR	TO MONTH/YR





Copper Mountain College Registered Nursing Program

N-045 Nursing Management, Leadership and Preceptorship
Student/Faculty/Program Director/Preceptor Contact Information

STUDENT	
Name:	
Phone:	Cell:
	Home:
	Other (explain):
General contact instructions:	
FACULTY MEMBER	
Name:	
Phone:	Cell:
	Home:
	Other (explain):
General contact instructions:	
RN PROGRAM DIRECTOR	
Name: Christi Blauwkamp, RN BS MSN	
Phone:	CMC Office: 760.366.3791 x0299 OR 760.366.5242
	Cell: 760-987-6772
General contact instructions: Please feel free to contact me at any time if an issue arises. During the week (Monday through Friday 9am to 4pm) please try to reach me at the CMC office number. If I am not available, please call my cell phone number – I check for messages frequently.	
PRECEPTOR	
Name:	
Phone:	Cell:
	Home:
	Other (explain):
General contact instructions:	



Copper Mountain College Registered Nursing Program

N-045 Nursing Management, Leadership and Preceptorship Student Daily Objectives & Outcomes

Name:	
Date:	
Patient Assignment:	

Goals/Objectives:	Reviewed by Preceptor (initial): _____

Outcomes:

Reviewed by Faculty (signature)



Copper Mountain College
Registered Nursing Program

SAMPLE

N-045 Nursing Management, Leadership and Preceptorship
Student Daily Objectives & Outcomes

Name (student): SAMPLE OF HOW TO FILL THESE OUT.	
Date:	
Patient Assignment:	
Goals/Objectives:	Reviewed by Preceptor (initial): _____
Your goals and objectives are based on your patient assignment and report from off-going Preceptor. So based on your report, what are your plans for your patient(s) today, and what are your goals for learning? You may need more than one sheet. And DO NOT FILL THIS OUT AFTER YOUR SHIFT , This needs to be filled out in the first couple of hours of your shift, and signed by your preceptor. Your Outcomes may be filled out toward the end of the shift.	
Example # 1: Pt with chest tube. You received in report that your pt's chest tube will need to be changed. What is your goal for the this procedure with Preceptor?.	
Goal: Assist Preceptor with setting-up and changing chest tube. Learn what to chart including patient's response to chest tube change.	
Example # 2: Received report patient in rm... is going to surgery for hip replacement. Need forms signed, and Foley inserted.	
Goal: Learn what forms are needed for consent, and assist Preceptor in obtaining appropriate signatures, patient teaching for post-op education, and what patient should expect. Chart what is needed.	
Example # 3: - ER patient. Do complete discharge and admission of patients.	
Goal: Identify what is needed for admission of patient, based on report from triage, communicate to Preceptor what YOU feel needs to be ordered and why. Compare your assessment with that of your Preceptor. Discharge patient, and demonstrate education and discharge instructions to patient and Preceptor.	
Outcomes:	
Ex # 1 - Assisted with setting up new chest tube. Learned how to add and hook-up suction. Watched as Preceptor d/c'd old chest tube, and then hook up new chest tube. Assisted with taping and was able to explain procedure and potential complications.	
Ex. # 2 – Gathering appropriate forms for signatures and assisted Preceptor in obtaining signatures, observed Preceptor talking with patient and family about what will happen after surgery.	
Ex. 3. Observed first admission into ER through triage. Did assessment and hooked patient up to monitors. Learned all about how to ask patients questions based on presenting symptoms. After observing discharge of several patients, what able to do discharges with Preceptor on 2 patients. Also explain discharge instructions and taught one patient how to change a dressing.	
Still working on what a patient needs when they present to the ER from an ambulance. Learning about the monitors and charting. Was not able to discharge a patient that came in from an ambulance.	
Reviewed by Faculty (signature)	



Copper Mountain College
Registered Nursing Program

N-045 Nursing Management, Leadership and Preceptorship
Student Self-Evaluation

Student Name:	Facility	Preceptor:
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Student must complete this evaluation prior to beginning their preceptorship experience to determine areas of weakness and strength so that goals for the preceptorship can take these into account. The evaluation must then be completed weekly to evaluate performance and document goal attainment. The completed evaluation form must be brought to all meetings between the student, preceptor and/or faculty.

Performance Elements S = Satisfactory NI = Needs Improvement U = Unsatisfactory N/A = Not Applicable	Pre-Eval				Week 1				Week 2				Week 3				Week 4				Week 5				Week 6				COMMENTS Unsatisfactory requires explanation and plan of correction - use bottom of form for comments				
	S	NI	U	N/A	S	NI	U	N/A	S	NI	U	N/A	S	NI	U	N/A	S	NI	U	N/A	S	NI	U	N/A	S	NI	U	N/A					
Coordination and Collaboration of Care																																	
- Implement management and leadership skills during the preceptorship experience utilizing collaborative decision-making to promote quality patient-centered care.																																	
Identifies roles/responsibilities of the interdisciplinary team members																																	
Consults with appropriate members of the interdisciplinary team when appropriate																																	
Acts as liaison between client and members of the interdisciplinary team																																	
Uses appropriate channels of communication and lines of authority																																	
Participates in admission/discharge (patient/family teaching, referrals)																																	
When feasible, under the supervision and direction of the Preceptor(or charge nurse), function as a team leader or primary nurse, make patient assignments according to scopes of practice of various team members and patient needs																																	
Familiarizes self with responsibilities and protocols (job descriptions) of nursing team members																																	
Interacts appropriately with the interdisciplinary team in a pleasant, congenial way.																																	

Week 1	Date:	Overall Evaluation <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Unsatisfactory Student signature
Week 2	Date:	Overall Evaluation <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Unsatisfactory Student signature
Week 3	Date:	Overall Evaluation <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Unsatisfactory Student signature
Week 4	Date:	Overall Evaluation <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Unsatisfactory Student signature
Week 5	Date:	Overall Evaluation <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Unsatisfactory Student signature
Week 6	Date:	Overall Evaluation <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Unsatisfactory Student signature

COMMENTS:



Copper Mountain College
Registered Nursing Program

N-045 Nursing Management, Leadership and Preceptorship
Preceptor/Faculty Evaluation of Student Performance

Student Name					Facility:				Unit:				
Preceptor Name					Preceptor Faculty Name								
Performance Elements S = Satisfactory NI = Needs Improvement U = Unsatisfactory N/A = Not Applicable		Mid-Rotation				Final				COMMENTS Unsatisfactory rating requires explanation and plan for correction - use back of form for documentation.			
		S	NI	U	N/A	S	NI	U	N/A				
Coordination and Collaboration of Care - Implement management and leadership skills during the preceptorship experience utilizing collaborative decision-making to promote quality patient-centered care.													
Identifies roles/responsibilities of the interdisciplinary team members													
Consults with appropriate members of the interdisciplinary team when appropriate													
Acts as liaison between client and members of the interdisciplinary team													
Uses appropriate channels of communication and lines of authority													
Participates in admission/discharge (patient/family teaching, referrals)													
When feasible, under the supervision and direction of the Preceptor(or charge nurse), function as a team leader or primary nurse, make patient assignments according to scopes of practice of various team members and patient needs													
Familiarizes self with responsibilities and protocols (job descriptions) of nursing team members													
Interacts appropriately with the interdisciplinary team in a pleasant, congenial way.													

Performance Elements S = Satisfactory NI = Needs Improvement U = Unsatisfactory N/A = Not Applicable	Mid-Rotation				Final				COMMENTS Unsatisfactory rating requires explanation and plan for correction - use back of form for documentation.
	S	NI	U	N/A	S	NI	U	N/A	
Safety & Quality Improvement - Discuss the Root Cause Analysis process to promote patient safety and quality of care.									
Identifies and reports patient safety issues to appropriate personnel and implements appropriate interventions for the reduction and prevention of injury									
Demonstrates competency of medication administration by safely administering all medications within allotted time (pharmacologic understanding & Critical Nursing Actions)									
Provides for safety, quality and comfort of patients									
Evidence-Based Practice - Integrate current best evidence utilizing clinical reasoning, nursing judgment and patient preferences when constructing plans of care.									
Identifies and evaluates evidence-based protocols, interventions and practices for assigned patients									
Nursing Judgment - Demonstrate nursing judgment in practice, supported by evidence that integrates knowledge, skills and attitudes of a beginning nurse generalist to provide safe, quality care.									
Anticipates the needs of patients, families and staff, and plans accordingly									
Develops plans of care for each patient									
Established priority interventions based upon patient needs and preferences									
Evaluates patient outcomes and develops revised plans of care with rationales									
Participates in performance improvement/ quality assurance processes when feasible									
Demonstrates critical assessment skills and the appropriate tools for gathering and recording data									
Implements patient orders from the chart or electronic healthcare order system with Preceptor									
Culture - Create patient-centered plans of care which demonstrate cultural competence and acceptance to facilitate positive patient outcomes.									
Incorporates client cultural practices and beliefs when providing care and evaluates outcomes									

Professionalism & Leadership

- **Demonstrate integrity, ethical standards, principles of leadership, and professionalism during the preceptorship experience.**

- **Implement the five rights of delegation when assigning appropriate personnel to provide patient care.**

Participates in educational activities and case management conference for staff when able									
Demonstrates integrity by respecting rights of privacy of patients, staff and others									
Recognizes and organizes appropriate responsibilities to delegate to appropriate team members									
Gives an accurate, concise and complete report to staff members and to oncoming shift									
Charts accurately and completely for a group of patients/clients									
Plans and directs at least one team conference, functioning as a facilitator, when feasible									
Recognizes own limitations and seeks assistance when necessary									
Utilizes available resources to assist when developing and improving nursing management/ leadership competencies and skills									
Uses constructive criticism as a means of growth									
Demonstrates respect for the opinions of others									
Follows all facility policies including standards of hospital/agency/college dress code and health requirements									
Consistently reports on time (early) for shift report and all meetings									
Completes assignments within the assigned shift									
Formulates suggestions for improvement and discusses with Preceptor									
Accepts responsibility and accountability for own actions									
Demonstrates problem-solving ability with critical thinking skills									

Informatics & Technology

- **Manage information and technology to communicate with interdisciplinary teams, make informed clinical decisions, and minimize patient and personal harm.**

Maintains HIPAA guidelines when accessing patient data within the electronic healthcare record									
Verifies that lab procedures and other tests are done; initiates quality action as necessary and as allowed									
Anticipates relevant tests and nursing responsibilities (pre- and post-procedure) and potential complications									

Mid-Rotation Evaluation

Strengths:

Areas for Improvement:

Overall Evaluation: Satisfactory Unsatisfactory

Student signature:

Date:

Preceptor signature:

Date:

Faculty signature:

Date:

Final Evaluation

Strengths:

Areas for Improvement:

Overall Evaluation: Satisfactory Unsatisfactory

Student signature:

Date:

Preceptor signature:

Date:

Faculty signature:

Date:



Copper Mountain College Registered Nursing Program

N-045 Nursing Management, Leadership and Preceptorship Preceptor Evaluation of Clinical Experience

Facility: _____ Unit: _____ Date: _____

Thank you for serving as a Preceptor for the Copper Mountain College Registered Nursing Program. Please place an 'X' in the box that best expresses your opinion of this experience. Then, please give this document to the Student's faculty member at the final conference between you, the Student and the faculty member.

Thank you for your honest feedback. This information will be used for improving the quality of future programs.

The preceptor experience helped to:	Very Valuable	Somewhat Valuable	Of Little Value	Of No Value	No Opinion
Broaden my knowledge base/clinical skills through teaching and supervising the clinical practice of the Student.					
Increase my personal and professional growth by acting as a role model.					
Increase my job satisfaction.					
Enable my Student to develop effective communication skills for interacting with patients and other healthcare providers.					
Broaden my Student's knowledge base about the types of patients cared for on my unit.					
Increase my Student's technical competence in performing nursing procedures.					
Develop organizational skills in my Student necessary for the delivery of patient care.					
Ease the transition of my Student from the role of student to the role of staff nurse.					
Provide adequate experiences to meet the Student's learning needs.					
Enhance the Student's learning without compromising the quality of patient care.					
Comments:					

Reality Shock

In her work on reality shock in nursing, Marlene Kramer describes two concepts that are useful to preceptors who work with new graduates: reality shock and biculturalism.

Reality Shock is the shock-like reaction of new graduate nurses when they find that the work situation for which they have prepared does not operate with the values and ideals they had anticipated. This reaction is caused by a discrepancy between the culture the nurse was educated for and the one that actually exists in the work setting.

Biculturalism is the desired form of resolution to differences between the value systems of nursing students and staff nurses wherein the new nurse retains the best values and practices of both the school and work cultures.

There are four distinct phases to reality shock:

1. **Honeymoon**
Characterized by a euphoric feeling. The new employee is eager to master new skills. Tasks are concrete and results are easily seen. Everything is great.
2. **Shock**
Suddenly the job isn't so great, the managers are difficult and cynical, and the patients are demanding and ungrateful. If an employee remains at this phase, it can prove fatal. This phase includes;

Outrage	=	you should have done...
Hypocrisy	=	people saying one thing and doing the other
Rejection	=	loss of interest in work related issues
Fatigue	=	feeling of negativity
3. **Recovery**
Characterized by a general feeling of accepting things because they will not change.
4. **Resolution**
The world does not seem so bleak, a sense of well-being.

Strategies for coping with Reality Shock:

Phases of Reality Shock	Characteristics of Phase	Strategies to Lessen Reality Shock
1. Honeymoon	<ul style="list-style-type: none"> • Everything is wonderful • Excited • Looking at the world through rose-colored glasses • Enthusiastic • High energy level • Co-workers “helpful” • Pleased with being a “real nurse” • Focus is on learning routines and perfecting skills • Wants to learn everything at once. 	<ul style="list-style-type: none"> • Take an interest in the preceptee • Help to set realistic expectations • Encourage to ask questions about the history of the organization • Assist to focus on developing a reputation for competence in skills and interpersonal relationships
2. Shock	<ul style="list-style-type: none"> • Anger, moral outrage • Frustration, rejection • Confusion • Disappointment • Disillusionment • Realizing that the values are not the same • Discouraged because they are not grasping all the information as fast as they thought they would • S/S: Excessive fatigue, superficial criticisms and a tendency to have a negative view of all things 	<ul style="list-style-type: none"> • Be a good listener • Encourage preceptee to look at things they have learned so far and tasks they are able to do independently • Focus on the good things that have happened during the shift rather than on the frustrating events • Create a climate for learning where less than perfect behavior at new skills is acceptable • Communicate to preceptee that it is all right to be learners and that they are not expected to be proficient at performing every clinical skill • Prevent preceptee from feeling abandoned • Encourage the preceptee to write down things they think should be changed. These ideas can be used later in their career when the preceptee has earned the respect of their colleagues.
3. Recovery	<ul style="list-style-type: none"> • Stress is reduced • Able to grasp the role • Realized the truth and more than one perspective exists • Sense of humor begins to return 	<ul style="list-style-type: none"> • Nurture the ability to see humor in a situation • Give positive feedback about progress and share stories about the preceptor’s own first work experiences • Assist to turn disappointments and unpleasant situations into learning experiences

<p>4. Resolution and Bicultural Adaptation</p>	<ul style="list-style-type: none"> • Adjustment begins by job-hopping, fleeing work by returning to school, quitting or withdrawing from nursing, burnout (the result of unresolved conflict; characterized by chronic complaining) • Bicultural Adaptation, the only constructive type of resolution • Biculturalism is the integration of two conflicting value systems, e.g. school vs. work, balancing between the academic ideals with work realities. 	<ul style="list-style-type: none"> • Assist to evaluate work situation objectively and effectively predict the actions and reactions of other staff • Help identify appropriate and obtainable goals • Discuss constructive problem-solving, including how to go about positive change
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Other strategies that a preceptee can adopt to reduce reality shock include:

- Being flexible
- Getting organized
- Asking questions
- Staying healthy
- Finding a mentor
- Having some fun
- Knowing what is expected
- Being aware of self and job
- Knowing the job description and expectations
- Knowing what is expected
- Time management and keeping a time log
- Talking to other recent graduates, sharing feelings and experiences
- Peer teaching; reflecting on one's nursing practice
- Having adequate knowledge to provide safe care
- Knowing own strengths and weaknesses
- Seeking feedback constantly