



# Copper Mountain College

## RN Program Preceptorship

The Copper Mountain College RN Program Preceptorship Handbook  
is available at:

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

then scroll down and

click on the "+" next to **Registered Nursing**

then click on the

***RN Program Preceptorship Orientation*** posted near the bottom of the page



# **Welcome to the Copper Mountain College Registered Nursing Program Preceptorship Handbook**

**We are pleased that you are joining our Preceptorship Team.**

**We look forward to helping to make this  
a valuable experience for you and our students.**

1. Please read this orientation Handbook as it will provide you with a clear understanding of everyone's roles and responsibilities.
2. Complete the BRN Faculty Approval Notification Form (EDP-P-02) and handbook acknowledgment and email them to [nursing@cmccd.edu](mailto:nursing@cmccd.edu).
3. A print copy of this handbook is available from your faculty liaison member if you would like one.

## Components of the Preceptorship Orientation Handbook

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

1. Student orientation covers first-time meetings, expectations, clinical objectives and responsibilities for all members of the preceptorship team.
2. **The Preceptor must complete the acknowledgment 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 Orientation Handbook 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.

This Orientation Handbook will:

1. Prepare and inform the student of stated objectives, list and review required documentation, explain roles and responsibilities, exchange communication avenues, and introduce all parties of the preceptorship team.
2. Prepare the preceptor (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 the student's knowledge to the clinical environment in order to ensure quality patient-centered care.
3. State the requirements for the student, preceptor and faculty liaison regarding the 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 by the student to preceptor and faculty liaison immediately.
  - All student hours must be completed by the determined deadline (failure to complete hours before the determined deadline may result in failure of the course and 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 preceptor by providing a formalized structure for the preceptorship.
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.

# **Preceptorship - Student Clinical Behavioral Objectives**

## **Clinical Objectives**

### **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.

## 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.

### 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 may be given only if fluids are running and with the preceptor present at all times. NO central line dressing changes
2. Administer any critical care drug such as IV Cardizem, any “code” drugs.
3. Administer any medications IV, IV Push, PO, sub-Q, IM, or by any other route unless supervised by preceptor.
4. Administer, sign for, or be witness of signatures of any documentation or administration of any blood or blood products. Students **are** encouraged to observe blood bank processes and procedures, and may assist with patient assessments, vital signs, and general care during administration.
4. Perform 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).
5. Document incident reports without having preceptor signature on document. (two signatures)

## Simple - when in doubt - don't do it.

### Student **MAY** do the following but is 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, ostomy care
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. EKG
14. IV insertion, and D/C, Fluid administration – hanging IV medications, fluids, changing bags of fluids
15. Blood draws – venous
16. Blood Glucose monitoring
17. Assisting nurse - Chest tube
18. Pre-post op care
19. 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. Reviews and acknowledges understanding of all components of the orientation handbook.
2. Participates with the faculty liaison 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 faculty liaison and 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 faculty liaison 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 faculty liaison.
8. Supervises and teaches the student in the clinical area, conferring with the faculty liaison 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 shall be readily available to the preceptor and the student during the preceptorship.
2. The management of the preceptorship and final student outcomes are the responsibility of the faculty liaison.
3. Faculty liaison will meet with preceptors and students weekly or every three shifts to assess any issues, clinical objectives, and daily clinical goals.

4. The faculty liaison will complete the weekly evaluation form.
5. The faculty liaison 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)
3. 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.
4. By the beginning of the third week, the student will have primary responsibility for the patient group, utilizing the preceptor as a consultant-liaison.
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.





# Registered Nursing Program Preceptorship

# 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 3<sup>rd</sup> or 4<sup>th</sup> 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. They MAY manage fluids IF there are maintenance fluids already running. No Central Line dressing changes.
- Administer any IV “Push” medications **unless PRECEPTOR IS PRESENT.**  
(Medications administered, by a student, are at the discretion of the Preceptor)
- Administer any critical care drug such as IV Cardizem, or code drugs.
- 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**

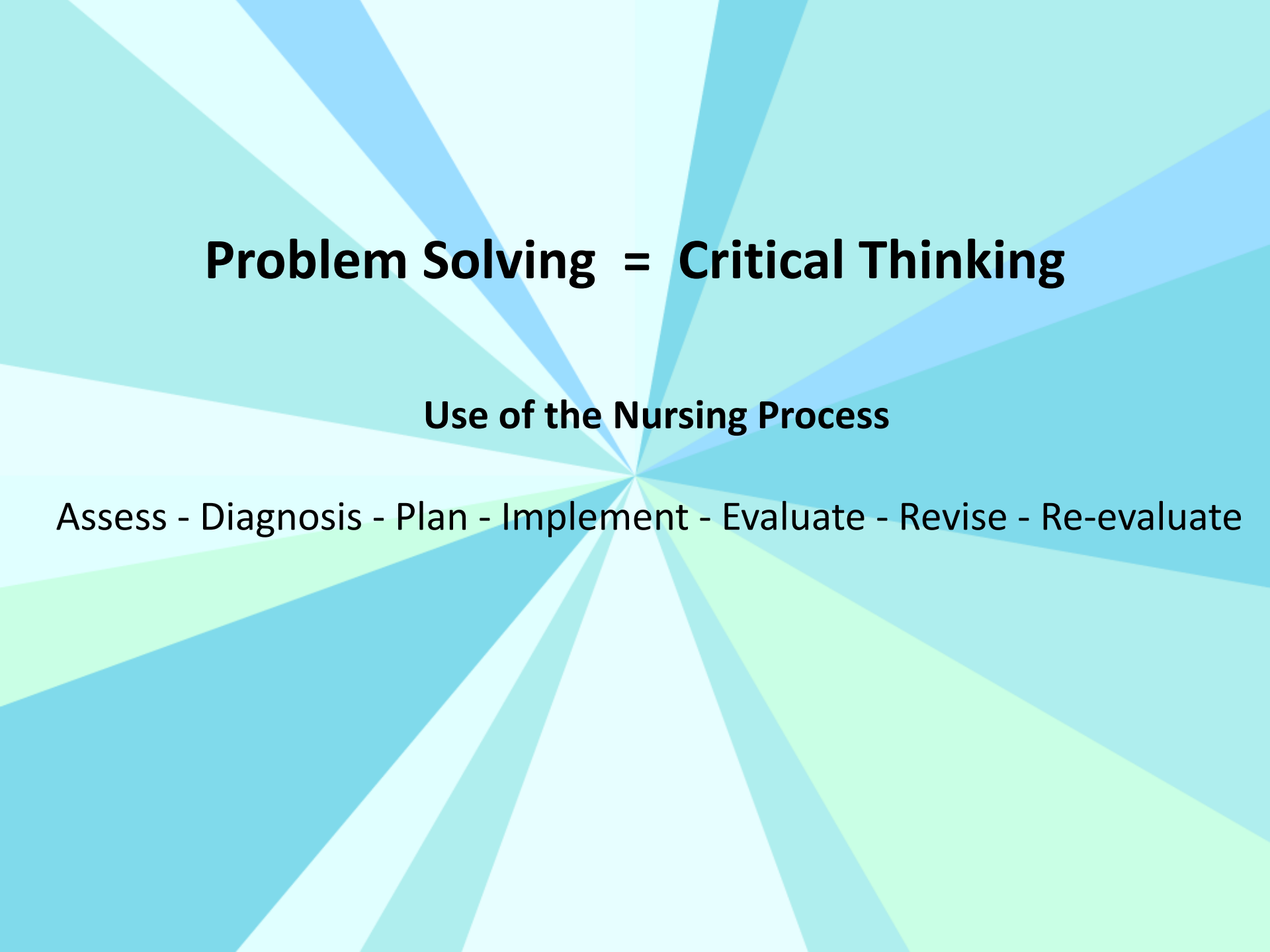
## **When do I call the Faculty member ?**

- 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**

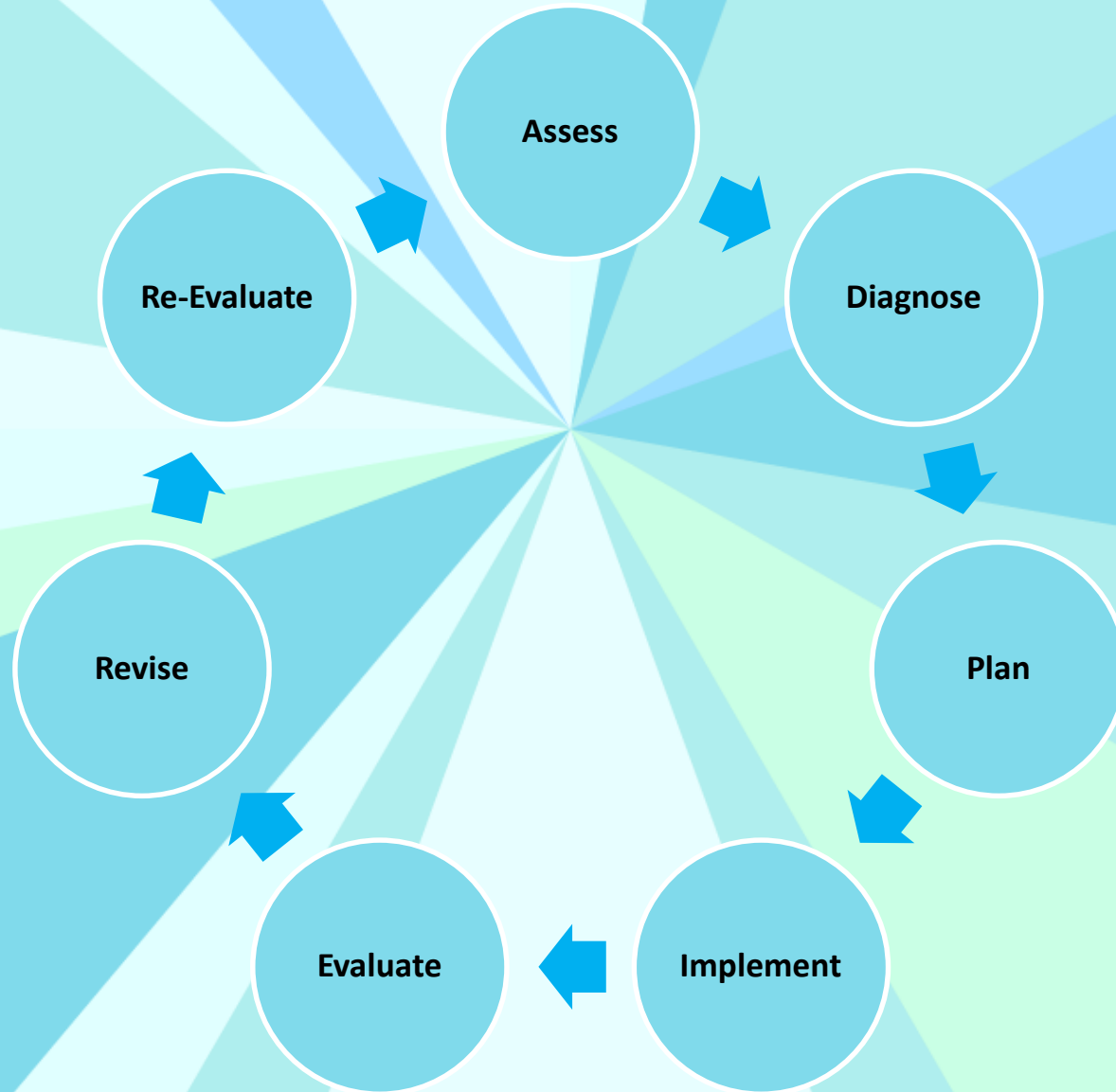
## **Use of the Nursing Process**

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



# Problem Solving = Critical Thinking

## Use of the Nursing Process



# 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

## 1<sup>st</sup> Preceptor Faculty

- Michelle French, RN, Assistant Director, [mfrench@cmccd.edu](mailto:mfrench@cmccd.edu) 760-366-3791 ext. 0466
- Theresa McCarthy, RN, [tmccarthy@cmccd.edu](mailto:tmccarthy@cmccd.edu) 760-366-3791 ext. 0542
- Heidi Steines, MSN, BSN, RN, [hsteines@cmccd.edu](mailto:hsteines@cmccd.edu) 760-366-3791 ext. 0437 or 760-910-3038
- Dr. Clarissa Swanson, DNP, MSN-Ed, BSN, BA, CSRN, RN, Assistant Director, [cswanson@cmccd.edu](mailto:cswanson@cmccd.edu) 760-366-3791 ext. 0482

## 2<sup>nd</sup> Program Director – Dr. Danette Mondary, DNP(c), MSN, RN-C, MNN

Email: [dmondary@cmccd.edu](mailto:dmondary@cmccd.edu)

Office #: 760-366-3791 ext. 0540

Emergency Contact: 760-885-5582

## 3<sup>rd</sup> Health Sciences II Specialist – Deanna Johnson

Email: [nursing@cmccd.edu](mailto:nursing@cmccd.edu)

Office #: 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...**

**Complete the BRN Faculty Approval Notification Form (EDP-P-02) and handbook acknowledgment and email them to [nursing@cmccd.edu](mailto:nursing@cmccd.edu).**



## 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: Dawn Page, RN BSN MSN	
Phone:	Cell: 760-668-8128
General contact instructions: Please feel free to contact me at any time if an issue arises. 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 Preceptor/Student Referral for Remediation

Student Name: \_\_\_\_\_ Faculty Liaison: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_ Facility: \_\_\_\_\_ Unit: \_\_\_\_\_

Student referred for remediation because:

- ☐ Student fails to demonstrate critical thinking skills.
- ☐ Student unable to work independently.
- ☐ General inability to perform clinical skills procedure with minimal direction.  
Describe: \_\_\_\_\_
- ☐ Failure to observe basic infection control practices.  
Describe: \_\_\_\_\_
- ☐ Failure to observe basic safety rules.  
Describe: \_\_\_\_\_
- ☐ Lack of professionalism.  
Describe: \_\_\_\_\_
- ☐ Other  
Describe: \_\_\_\_\_
- ☐ Student MAY CONTINUE clinical preceptorship hours (but must contact the Faculty Liaison before the end of the shift), but will not be allowed to perform this procedure until remediation has been completed.
- ☐ Student IS SUSPENDED from the preceptorship until evidence is provided that remediation has been completed. **Any suspension must be reported immediately to the Program Director by the Preceptor.**

Remediation Plan to be COMPLETED by Student and APPROVED by Faculty Liaison

Remediation Plan to be COMPLETED by Student and APPROVED by Faculty Liaison		
Faculty Liaison notified	Date:	Time:
Program Director notified	Date:	Time:
Preceptor signature	Date:	Time:
Student signature _____	Date _____	
Student signature indicates above information has been reviewed and Student understands referral for remediation.		
Remediation completed with successful performance.		
Preceptorship Faculty Liaison Signature	Date:	
Student Signature	Date:	



# Copper Mountain College Registered Nursing Program

## N-045 Nursing Management, Leadership and Preceptorship Clinical Shift Log

Name:				Preceptor:		
Facility:				Faculty:		
NOTE: Student must complete 135 hours total excluding breaks and lunch periods						
Date (MM/DD/YYYY)	Shift (day, pm, noc)	Unit	Time In	Time Out	Total Hours (time in minus time out minus breaks & lunch)	Preceptor signature (and printed name if alternate preceptor)  NOTE: Signature verifies that all hours were completed as stated on this form.
Student Signature:						
NOTE: Signature verifies that all hours were completed as stated on this form.						





# 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):	
<b>SAMPLE OF HOW TO FILL THESE OUT.</b>	
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 drainage device will need to be changed. What is your goal (nurses responsibility, interventions, priorities, etc) for the this procedure with Preceptor?.

**Goal:** Assist Preceptor with setting-up and changing chest tube drainage. Learn what to do, 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:** **DO NOT USE DOCTOR NAME - USE "DR"**

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, was 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	Clinical Facility	Unit						
Faculty Liaison	Preceptor							
<p>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.</p>								
<p style="text-align: center;">E = Excellent    S = Satisfactory    *N = Needs Improvement    *U = Unsatisfactory **See Key Below**</p>		Pre-Eval	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
<b>Coordination and Collaboration of Care</b> <b>- Implement management and leadership skills during the preceptorship experience utilizing collaborative decision-making to promote quality patient-centered care.</b>								
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.								
<b>Safety &amp; Quality Improvement</b> <b>- Discuss the Root Cause Analysis process to promote patient safety and quality of care.</b>								
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							
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							
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**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							

**Key**

**E=Excellent:** Exceeds expected level of requirements related to thoroughness, initiative for learning and demonstrating depth of accurate insight with minimal cues.

**S=Satisfactory:** Expected level of safety to meet course outcomes; safe, effective use of time; efficient, generally organized, punctual, and confident; completes tasks in allotted time; maintains professional attitude and effective communication/documentation; well-prepared; needs occasional assistance; asks relevant, insightful questions, and responds positively to feedback. Meets standard.

**When an occurrence is documented as “N” or “U” the STUDENT is required to submit a plan for remediation to the preceptor and faculty liaison.**

**\*N=Needs Improvement:** Not completely satisfactory or unsatisfactory; not acceptable for final clinical evaluation.

**\*U=Unsatisfactory:** Frequent or constant supervision needed to assure safety; performs at risk, not always accurate, lacks confidence, unorganized; unable to complete tasks within allotted time; lacks judgment with patients, staff, and/or faculty; unable or unwilling to demonstrate procedures; written work late, unclear, or incomplete. Unprofessional attitude or response to others; ineffective communication/documentation; does not follow written and/or verbal guidelines; not prepared and/or late ; does not ask questions or engage in discussion; does not adhere or follow through with feedback. Not meeting standard.

**Pre-Eval  
COMMENTS**

**Week 1  
COMMENTS**

**Week 2  
COMMENTS**

**Week 3  
COMMENTS**

**Week 4  
COMMENTS**

**Week 5  
COMMENTS**

**Week 6  
COMMENTS**

Legend:

Student Signature	_____	Student Initials	_____
Faculty Liaison Signature	_____	Faculty Liaison Initials	_____
Preceptor Signature	_____	Preceptor Initials	_____



**Copper Mountain College**  
Registered Nursing Program

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

Student Name	Clinical Facility	Unit
Faculty Liaison	Preceptor	
E = Excellent   S = Satisfactory   *N = Needs Improvement   *U = Unsatisfactory <b>**See Key Below**</b>		<div style="display: flex; justify-content: space-between; padding: 5px;"> <span>MIDTERM</span> <span>FINAL</span> </div>
<b>Coordination and Collaboration of Care</b> <b>- Implement management and leadership skills during the preceptorship experience utilizing collaborative decision-making to promote quality patient-centered care.</b>		
Identifies roles/responsibilities of the interdisciplinary team members		
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Provides for safety, quality and comfort of patients		
<b>Evidence-Based Practice</b> <b>- Integrate current best evidence utilizing clinical reasoning, nursing judgment and patient preferences when constructing plans of care.</b>		
Identifies and evaluates evidence-based protocols, interventions and practices for assigned patients		
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		
<b>Culture</b>		
<b>- Create patient-centered plans of care which demonstrate cultural competence and acceptance to facilitate positive patient outcomes.</b>		
Incorporates client cultural practices and beliefs when providing care and evaluates outcomes		
<b>Professionalism &amp; Leadership</b>		
<b>- Demonstrate integrity, ethical standards, principles of leadership, and professionalism during the preceptorship experience.</b>		
<b>- Implement the five rights of delegation when assigning appropriate personnel to provide patient care.</b>		
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Demonstrates respect for the opinions of others		
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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		
<b>Informatics &amp; Technology</b>		
<b>- Manage information and technology to communicate with interdisciplinary teams, make informed clinical decisions, and minimize patient and personal harm.</b>		
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		

### **Key**

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**MIDTERM  
COMMENTS**

Student Signature

Preceptor Signature

Instructor Signature

**FINAL  
COMMENTS**

Student Signature

Preceptor Signature

Instructor Signature





## 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:					

## **Stress**

### **Internal Stress**

#### **Emotional Responses:**

Fear	Self-doubt, insecurity	Isolation
Anxiety, nervousness	Excitement	Loneliness
Guilt over mistakes	Need to prove self	Competitiveness
Peer's expectations of tough, non-emotional response to stress	Emotional crisis	

#### **Physical Responses:**

Fatigue, exhaustion	Working when ill	Sore muscles
Lack of sleep	Working against circadian rhythm	Working through breaks, mealtime
Body not accustomed to heavy workload or fast pace		

#### **Mental Responses:**

Worry about performance	Inadequate education	Criticism of performance
Unclear priorities	Forgetting information used in school	Expecting perfection in self
Lack of clear job description	Lack of knowledge about organizational policies and procedures	

### **External Stress**

#### **Environmental Sources:**

High noise level	Unattractive or disorganized work site	Interruptions
Exposure to pain, suffering or death	Unpleasant odors	Inability to find supplies or information
Hot/cold working area	Accents interfering with communication	

#### **Interpersonal Sources:**

Loss of patient	Patients' knowledge level	Working overtime
Inflicting pain on patients	Working holidays	Patients' manifestation of stress
Staff conflicts	Large number of assignments	Being evaluated
Expectations of manager	Level of responsibility	New peer group – lack of trust
New leadership role	Lack of performance feedback	Work short staffed
Problems with physicians	Pressure to document	Academic standards vs "real life"
Missing old friendships	Interdepartmental conflicts	Lack of support or help from peers
Intimidation by co-workers from a previous work experience		

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

4. Resolution and Bicultural Adaptation	<ul style="list-style-type: none"> <li>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)</li> <li>Bicultural Adaptation, the only constructive type of resolution</li> <li>Biculturalism is the integration of two conflicting value systems, e.g. school vs. work, balancing between the academic ideals with work realities.</li> </ul>	<ul style="list-style-type: none"> <li>Assist to evaluate work situation objectively and effectively predict the actions and reactions of other staff</li> <li>Help identify appropriate and obtainable goals</li> <li>Discuss constructive problem-solving, including how to go about positive change</li> </ul>
<p><b>Other strategies that a preceptee can adopt to reduce reality shock include:</b></p> <ul style="list-style-type: none"> <li>Being flexible</li> <li>Getting organized</li> <li>Asking questions</li> <li>Staying healthy</li> <li>Finding a mentor</li> <li>Having some fun</li> <li>Knowing what is expected</li> <li>Being aware of self and job</li> <li>Knowing the job description and expectations</li> <li>Knowing what is expected</li> <li>Time management and keeping a time log</li> <li>Talking to other recent graduates, sharing feelings and experiences</li> <li>Peer teaching; reflecting on one's nursing practice</li> <li>Having adequate knowledge to provide safe care</li> <li>Knowing own strengths and weaknesses</li> <li>Seeking feedback constantly</li> </ul>		

## Role Modeling

### Definition

Role Modeling is a process in which an individual identifies with and assumes the values and behaviors of another person that ultimately results in behavior modification that is usually permanent. (Bidwell & Braswell)

### Role Model Attributes

- Clarity
- Consistency
- Openness
- Communicativeness
- Specificity
- Accessibility

### Role Model Activities

- Provides competent patient care
- Maintain current practice
- Participate in Unit Governance
- Serve as resource person
- Demonstrate time management and organizational skills
- Promote effective communication