MEPN Preceptor Handbook

University of South Carolina
College of Nursing

University of South Carolina
College of Nursing
1601 Greene Street
Columbia, South Carolina 29208
Phone: 803-777-3861
Fax: 803-777-2027
Website (http://www.sc.edu/nursing)

Dear UofSC College of Nursing Preceptor,

Thank you for agreeing to serve as a clinical preceptor to a MEPN nursing student from the University of South Carolina College of Nursing. This program would not be successful without your commitment and investment of time, wisdom and energy to the clinical learning of our students. The students will benefit from the sharing of your experiences and expertise in practical, real world specialty practice, allowing them to try new skills while gaining confidence and validation. Your willingness to contribute to their clinical learning is an essential part of their academic paradigm and reflects your collegiality and professional commitment to the nursing profession.

Preceptorship is a one-to-one relationship between the expert nurse to a nursing student in order to produce high quality, competent nurses in a specialty area of practice. Preceptors guide, direct, and challenge students while serving as a role model, facilitator, and support system. The nursing faculty and clinical preceptors work as a collaborative team to promote attainment of course outcomes and student learning objectives.

As a preceptor, you are the key to successful learning experiences for students as they transition from student to professional nurse. The clinical faculty member will assure that ongoing communication occurs between faculty, preceptor and student through site visits to the clinical facility to discuss student progression, preceptor consultation, and phone or email correspondences. Faculty is always available to preceptors and students by phone. Please feel free to contact faculty to offer input at any time.

Again, thank you for your time and commitment as we work together to educate our future nurse leaders and transform the profession of nursing. Please do not hesitate to contact us for any additional questions or concerns.

Sincerely,

Eboni Harris, Ph.D, APRN, FNP-BC, CNE
University of South Carolina
College of Nursing
MEPN Program Director

NURSING PRACTICUM FACULTY AND PRECEPTORS

The MEPN Final Practicum Clinical Course Coordinator will send preceptors information with the specifics of the course, required clinical hours, and contact information. The Coordinator bears overall responsibility for the selection, coordination, and evaluation of the appropriateness of the agency to meet student objectives. Each student in the course is assigned a Capstone Clinical Faculty Advisor who will be in contact with the preceptor to provide individual contact information.

What is a MEPN program?

Our MEPN program is tailor made for students holding baccalaureate degrees in other fields who desire to become a nurse. It allows students to enter the nursing field with a masters degree.

Goals of the program:

The MEPN provides an advantage to adult learners choosing nursing as a
second career allowing them to become a nurse in a shorter amount of time and to earn a higher degree as opposed to a second baccalaureate degree. The program will add highly qualified, capable RN's to the workforce in the state.

How long is the program?

The MEPN program will encompass full-time residential plan of study for a total of 76 credit hours over 5 semesters.

TABLE OF CONTENTS

THE COLLEGE

PRECEPTOR HANDBOOK

The College of Nursing MEPN Nursing Capstone Practicum Course provides supportive, faculty-supervised clinical learning experiences designed to emphasize physiological and psychosocial concepts of caring for complex clients in a variety of settings across the healthcare continuum. This Handbook establishes the College of Nursing guidelines for using qualified nurses as preceptors to assist with clinical instructions in a variety of health care delivery settings. For the purpose of this Handbook, a "preceptor' is defined as a registered nurse employee of a healthcare agency, who agrees to serve as a role model, teacher, and clinical expert directing MEPN student learning experiences in the clinical setting. The purpose of the preceptor and faculty clinical arrangement is to provide a one-to-one relationship between an experienced registered nurse and a nursing student through valuable experiences in a specific area of practice. The faculty member and preceptor plans clinical activities to meet the learning needs and objectives of the students as related to the course outcomes.

This document defines the roles and responsibilities of preceptors, students, and faculty in a clinical learning environment. These guidelines apply to preceptor and student relationships that are consistent and last for a predetermined timeframe. The faculty retains the responsibility for student instruction and supports both the student and preceptor by providing expertise to ensure that the learning experiences meet the course outcomes and objectives. The preceptor and the faculty member collaborate in planning, monitoring, and evaluating the student clinical experiences. Faculty maintains the ultimate responsibility for the student evaluations.

INTRODUCTION

About the College of Nursing

More than 9,600 nurses have graduated from the College of Nursing since it became the state's first nationally accredited baccalaureate nursing program in 1957. Our undergraduate program produces the largest number of BSN graduates in the state, have excellent NCLEX pass rates and high employability. Our RN-BSN, MEPN, Masters, and Doctor of Nursing Practice programs are offered online to allow additional flexibility for the working nurse. Both of these programs utilize our state-of-the-art simulation lab facilitated by national leaders in the field to enhance learning experiences, promote patient safety and facilitate student competencies in the clinical arena. In 2017, we launched our first Nursing Honors program (a.k.a. Smart Start Honors College) in the South Carolina.

History of the College of Nursing

Nursing at the University of South Carolina began in 1942 as a part of an effort to meet the nation's nursing needs during World War II. Vianna McCown led the program in those early years (1957-1969). Viana McCown later established a lectureship in 1963, which continues annually. The school of nursing was nationally accredited in 1957, and Amy Viglione was appointed the first dean and professor, serving until 1969. Under Dean Viglione's leadership, the University of South Carolina created the state's first 4-year baccalaureate program consisting of 37 students who were admitted in 1958. The Associate Degree of Nursing (ADN) began in 1965. Dean Viglione Cockcroft later established funds for the Amy V. Cockcroft Leadership Program, with the first fellows admitted in 1995. In 1966, the Alpha Xi Chapter of Sigma Theta Tau was established at UofSC, which was the 36th chapter established internationally, and the 1st in South Carolina.

In 1969, Marjorie Sanderson was appointed as professor and second dean, serving until 1974. During her tenure, the BSN curriculum was revised and a master's program was established in 1971. Due to the creation of the master's program, the College of Nursing was born. Under Dean Betty Johnson (1975-80), the college's programs were consolidated in the new Williams-Brice building and obtained initial NLN accreditation for the master's program in 1977. Dean Constance Baker (1981-88) oversaw the addition of the first PhD in Nursing Science program in South Carolina and the first distance-learning courses offered by television. In 1984, the UofSC ADN program closed after graduating more than 1,300 students. Mary Ann Parsons took over as interim dean in 1988, serving 17 years and becoming the college's longest-serving dean. During her tenure, the college added the Amy V. Cockcroft Leadership Program (1995), primary care sites for faculty and student practice (1996-97) including the Children and Family Healthcare Center, and the Center for Nursing Leadership (2004). Dean Peggy Hewlett (2005-2012) expanded the college's undergraduate program to the UofSC Salkehatchie and the UofSC Lancastercampuses.

The College of Nursing Today

Dean Jeannette Andrews, the seventh dean of the college, began in January 2013. She is an alumna of the Ph.D. program (2004). From 2013-2015, the college has extended its global outreach with four study abroad programs, and increasing global research initiatives. The College has had a record number of graduate student enrollment, record achievements in NIH funding, and record ranking by the US News & World Report for graduate nursingprograms.

The College of Nursing offers programs leading to the Bachelor of Science in Nursing (BSN) Traditional Program and a Registered-Nurse Bachelor of Science in Nursing (RN-BSN) Online Program and is fully accredited by the Commission on Collegiate Nursing Education. Graduate programs are offered in the following entry to practice, advance practice nursing and leadership specialties: Entry to Practice (MEPN), Adult Gerontology Acute Care Nurse Practitioner (AGACNP), Family Nurse Practitioner (FNP), Psychiatric Mental Health Nurse Practitioner (PMHNP) and Nursing Administration (NA), which are accredited by the Commission on Collegiate Nursing Education. Certificates of Graduate Study (CGS) in Advanced Practice Nursing allows nurses to become certified as a nurse practitioner in three specific practice area: primary care (FNP concentration), acute care (AGACNP concentration), and psychiatric care (PMHNP concentration). Additionally, a Certificate of Graduate Studies in Nursing Administration is also offered. The College offers two doctoral degrees: Doctor of Philosophy in Nursing and Doctor of Nursing Practice. The College also offers a variety of conferences and workshops issuing Continuing Nursing Education Credits (CEUs) throughout the year.

MISSION, VISION, AND VALUES

Mission

Integrate education, research, and service to develop competent and caring nurse leaders who will shape health and health care delivery with new knowledge, evidence-based practice, partnerships, and policy to facilitate optimal health outcomes for individuals, families, and communities.

Vision

To achieve prominence as an innovator in the integration of education, research, and practice to advance the profession of nursing, health care delivery, and policy

Core Values

Diversity, Inclusivity, Commitment, Caring, Integrity, Respect, Professionalism

MASTER OF SCIENCE IN NURSING ENTRY TO PRACTICE

Semester 1
NURS 709 - Pathophysiological Concepts for Nursing Practice
NURS 711 - Pharmacotherapeutics for Nursing Practice
NURS 712 - Health Assessment for Nursing Practice
NURS 713 - Nursing Practice Fundamentals
Semester 2
NURS 700 - Theoretical and Conceptual Foundation for Nursing
NURS 714 - Maternal/Newborn Nursing Practice
NURS 715 - Pediatric Nursing Practice
NURS 721 - Gerontological Nursing Care
NURS 730 - Population Health Nursing
Semester 3
NURS 723 - Medical Surgical Nursing Practice I
NURS 729 - Psychiatric Nursing Practice
NURS 745 - Nursing Ethics, Policy & Advocacy
NURS 746 - Informatics, Technology, and Emerging Issues
Semester 4
NURS 726 - Medical Surgical Nursing Practice II
NURS 747 Leadership and Safety for Nursing Practice
NURS 789 - Statistical and Research Methods for Nursing Practice
NURS 750 - Transition to Nursing Practice I
Elective
Semester 5
NURS 748 - Care Coordination and Outcomes Management in Nursing Practice
Elective
NURS 751 - Transition to Nursing Practice II
NURS 791 - Seminar in Nursing Research
NURS 720 - Clinical Applications of Population Analysis

OUTCOMES, PRACTICUUM, AND QUALIFICATIONS

MSN PROGRAM OUTCOMES

Upon completion of the MSN/MEPN Program, the graduate will be able to achieve the following outcomes:

1. Provide evidence-based clinically competent care across the continuum of care.
2. Integrate core and clinical course content in application to nursing leadership roles.
3. Demonstrate nursing knowledge to facilitate efficient and effective interdisciplinary teams.
4. Apply theory to practice problems, to analyze practice guidelines, and to understand an evidence-based practice project.
5. Demonstrate leadership behaviors within the scope of professional practice.

NURS 750: TRANSITION TO NURSING PRACTICE I

1. **Course Number and Name** NURS 750 Transition to Nursing Practice I
2. **Catalog Description** This course focuses on quality/safety in the healthcare setting and includes a field study.

Student Learning Outcomes

After completing this course, students should be able to:

1. The Student Learning Objectives are missing from NURS 750 on Page 10. These are the ones I have from the latest syllabus.:
2. Identify quality/safety measures and strategies employed by health care facilities.
3. Analyze quality improvement and safety principles utilized by healthcare settings and evaluate outcomes.
4. Identify essential patient safety measures in the healthcare setting.
5. Observe and participate in planning for quality patient care.
6. Determine the use and benefits of SWAT analysis in the healthcare setting.

NURS 751: TRANSITION TO NURSING PRACTICE II

1. **Course Number and Name** NURS 751 Transition to Nursing Practice II
2. **Catalog Description** Application and synthesizing knowledge and skills learned throughout the nursing program. Students will integrate content from previous courses during class time and clinical experiences.

Student Learning Outcomes

After completing this course, students should be able to:

1. Demonstrate skills in using patient care technologies, information systems and communication devices that support safe nursing practice.
2. Demonstrate effective and therapeutic communication techniques during patient, family, peer and interdisciplinary team encounters.
3. Utilize psychomotor skills for efficient, safe, and compassionate delivery of patient care.
4. Demonstrate clinical knowledge, reasoning and judgement to deliver safe and evidenced based nursing care.
5. Demonstrate clinical judgment and accountability for patient outcomes when delegating and supervising other members of the health care team.
6. Integrate review of pathophysiologic didactic course content into the delivery of safe and efficient patient care.

CLINICAL REQUIREMENTS

1. Students must complete **56 hours of clinical experiences in NURS 750** and **224 hours of clinical experiences in NURS 751** performing hands-on patient care with the preceptor and successfully accomplish the clinical objectives.
2. Students will meet with their individual preceptor to arrange clinical hours. In order to complete the required hour, it may be necessary to work evenings, nights, or weekends.
3. Students must submit their **work schedules a minimum of two weeks in advance** to the clinical faculty. Once the schedule is submitted to the clinical faculty, students are expected to work that schedule with no changes. Any changes to the submitted schedule must be cleared with the preceptor and clinical faculty or it will be considered a clinical day failure. More than one clinical day failure will result in a failure for the clinical portion of this course and will result in a course failure.
4. Students will complete a **Weekly Reflective Log** with the preceptor and submit to the clinical faculty member on a designated day following the clinical week. The Weekly Reflective Log should be based on goals and objectives set by the student and preceptor for the week.
   All logs must be completed prior to the preceptor evaluation .

QUALIFICATIONS OF THE PRECEPTOR

The qualifications of the preceptors include the following established criteria:

1. Preceptors will be selected based upon clinical competency in their practice setting according to the nurse manager or nurse educator recommendation.
2. Meets qualifications as a preceptor described by the South Carolina Board of Nursing and South Carolina Nurse Practice Act.
3. Ideally, preceptors will have a Master of Science in Nursing (MSN) degree.
4. Will have a minimum of two years of clinical experience and demonstrated competencies related to the area of assigned clinical teaching responsibilities.
5. Able and willing to precept the student in the practicum setting for the required number of hours within the timeframe of the course.
6. Provide input in the evaluation of the student's performance and achievement of learning objectives.
7. Able to make available time to periodically review the student's learning objectives and provide the student with direction related to his/her achievement in that setting.
8. Willing to critically evaluate the student's progress during and at the end of the practicum experience.
9. Willing to meet with the College faculty as needed during the semester to facilitate the student's progress.

ROLES AND RESPONSIBILTIES

ROLES AND RESPONSIBILITIES OF PRECEPTOR

Role: The preceptor is a registered nurse employed by the clinical agency who agrees to serve as a role model, teacher, mentor and clinical expert for the MEPN student in the clinical setting. Preceptors must demonstrate strong cognitive, technical, and interpersonal skills intertwined with the ability to set goals, plan outcome-driven learning experiences, and provide meaningful feedback to the student.
Preceptors work with students to move them from novices to experts and to assure that they are competent to care for patients and perform their roles.
Responsibilities: Preceptors are expected to:

1. Act as a role model, teacher, mentor and clinical expert for the student.
2. Facilitate and guides the learning process for the student in an enthusiastic and engaging manner.
3. Orient the student to the clinical unit and staff including identification of facility policies, procedures and protocol during the first clinical week.
4. Collaborate with student to develop learning experiences to achieve course outcomes and student learning objectives.
5. Provide the student with ongoing constructive feedback that will assist and improve critical thinking, deductive reasoning, and decision-making.
6. Select the most appropriate patient assignment and guides the student in providing safe patient care.
7. Assist the student with effective communication using SBAR (Situation, Background, Assessment, and Recommendation) within the health organization.
8. Facilitate professional socialization (i.e. attending staff meetings, in-service education).
9. Encourage and assist the student in reaching the goal of increasing independence, competence, and confidence keeping in the mind that the ultimate goal is always **high quality, safe patient care.**
10. Contact faculty member as needed to clarify any issues and concerns.
11. Provide input in the evaluation of the student's performance and achievement of learning experience.
11. Validate student's clinical and leadership hours on a course specific verification tool at mid-point and at the end of the practicum experience. The forms will be returned to the course coordinator.
12. Document student clinical performance on a course specific clinical evaluation tool at mid-point and at the end of the practicum experience. The forms will be returned to the course coordinator. The evaluation tools will be given to you at the beginning of the practicum.
13. While preceptors provide feedback to the course faculty about student performance, the final clinical evaluation of the student is the responsibility of course faculty. Evaluation of the preceptors and clinical site is also the course faculty's responsibility, based upon site visits, communication and student feedback.

ROLES AND RESPONSIBILITIES OF STUDENT

Roles: The MEPN student is an adult learner who bears the responsibility for learning and for completing all assignments on time and in accordance with ethical standards and published guidelines. The MEPN student is expected to treat the clinical site as they would employment.

Responsibilities: Students are required to:

1. Abide by all the applicable rules of conduct and the academic guidelines that are included in the UofSC Catalog and College of Nursing MEPN Student Handbook and other course related materials.
2. Abide by all applicable agency rules of conduct, policies, procedures, and protocols with guidance from preceptor.
3. Review course requirements, course objectives, and personal objectives and goals with clinical faculty and preceptor.
4. Accrue **56 hours of clinical time for NURS 750** and **224 hours of clinical time for NURS 751** performing hands-on patient care Students will meet with their individual preceptor to arrange clinical hours.
5. Collaborate with the clinical faculty and preceptor to determine specific, achievable learning objectives and appropriate learning experiences. The objectives may focus on developing competency in specific psychomotor skills, integration of pathophysiology, pharmacology, and specific treatment regimens, prioritization of patient care, clinical decision-making, and, in general, getting the "big picture" of the total patient.
6. Engage in self-directed, assertive learning activities.
7. Participate in on-going communication with preceptor and faculty member.
8. Engage in nursing practice in accordance to institutional, professional, legal, and ethical guidelines.
9. Demonstrate professional clinical behaviors at all times as outlined in the MEPN Student Handbook including but not limited to being on time and prepared for clinical, respect, honesty, flexible, confidentiality, motivation to learn, accountability for actions, corrective behaviors from feedback).
10. Demonstrate analysis and synthesis of knowledge from other foundational and clinical courses in the application of the nursing process to their assigned patients.
11. Demonstrate accountability for knowing or seeking appropriate references to learn the rationale for medical and nursing therapies. Self-direction and initiative are essential.
12. Promptly notifies preceptor and faculty in the event of a schedule change or absence from the scheduled time or date for the clinical experience.
13. Contact faculty member by phone or e-mail if assistance is needed.
14. Complete assignments and submits to course faculty on designated due dates.
15. Participate in ongoing self-evaluation with feedback from faculty and preceptor.
16. Evaluate the student/preceptor relationship at the end of the clinical experience.

ROLES AND RESPONSIBILITIES OF FACULTY

Roles: The faculty are registered nurses with advanced degrees who are employed by the College of Nursing. The faculty retains the responsibility for student instruction and supports both the student and preceptor by providing expertise to ensure that the learning experiences meet the course outcomes and objectives. The faculty member and preceptor collaborate in planning, monitoring, and evaluating the student clinical experiences. Faculty maintains the ultimate responsibility for the student evaluations.

Responsibilities: Faculty are required to:

1. Collaborate with facility clinical coordinator in selection of preceptor when necessary.
2. Provide course orientation and clinical expectations for students during the first week of the semester.
3. Verify appropriateness of preceptor including documentation of qualifications and credentials.
4. Provide preceptor with contact information and a written and verbal orientation to the preceptor packet consisting of preceptor handbook, copy of course syllabus, verification of clinical hours form, andclinical evaluation form.
5. Collaborate with the student and preceptor to establish mutually acceptable clinical learning outcomes and personal objectives within the framework of the existing practicum objective and designs activities to meet outcomes and objectives.
6. Coordinate and participate with the preceptor in setting up the process, the timeliness, role expectations and strategies for problem solving.
7. Monitor and assist in facilitation of student learning experiences, student progression and schedule changes with student and preceptor throughout the semester.
8. Maintain communication and regular contact with student and preceptor via e-mail, site visits, or phone using the schedule of clinical days/hours provided by the student.
9. Respect preceptors and provides timely feedback for concerns expressed by preceptors.
10. Participate in ongoing evaluation of student's learning experiences with student and preceptor. Evaluate student clinical performance and achievement of learning outcomes, using input from the preceptor and student.
11. Faculty will guide students on a continual basis through the clinical practicum by utilizing written clinical logs, clinical conferences, and didactic assignments related to the clinical experience.
12. Faculty will provide formative feedback to the student regarding progress during practicum experienceon an on-going basis and will develop a remediation plan with preceptor and student in situations where the student's clinical performance is unsatisfactory.
13. Assess the student's evaluation of the clinical experience and the preceptor's evaluation of the student.

PRECEPTOR RESOURCES FOR SUCCESS

THE PHASES OF PRECEPTOR-MEPN STUDENT WORKING RELATIONSHIP

The Phases of Preceptor-MEPN Student Working Relationship
As with any professional working relationships, preceptorship involves phases through which the preceptor and student experiences. There is not always a clear distinction between the end of one phase and the beginning of another as many goals and tasks are ongoing throughout the preceptor-guided practicum experience. A sound professional relationship enables the preceptor to better assess and evaluate the student's performance in achieving practicum goals to objectives. Phases and characteristics of the professional preceptor-student relationship as well as recommended tasks are described in the section below.

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

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

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

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

By applying the principles of adult education, the student's self-direction and autonomy are fostered. Over time, utilization of the preceptor changes: the preceptor becomes less directive and the student becomes more independent and self-reliant. A loss may be felt by the student and preceptor as the relationship changes.

Evaluation is an ongoing process to assess how the learner is achieving his/her goals. At least daily verbal feedback is helpful. Students, through their clinical logs and competency check lists, should track their own progress and accomplishments. Formal, written evaluation procedures should occur at midterm and at the end of

the experience, using the program evaluation forms provided. *The clinical faculty liaison is responsible for the grade, but the input of the preceptor is invaluable. Nevertheless, the final responsibility for the grade belongs to the faculty member*. Even if the student does not agree with the evaluation received, all parties involved should sign the evaluation form. The student has the opportunity to write a response.

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

III. Ending The Relationship Phase

The preceptor-MEPN student relationship is similar to other time-limited professional relationships and thus must have an ending phase. Just as important as how you begin the preceptor-MEPN student relationship, it is equally important to end it in an appropriate, professional manner. A final meeting with the preceptor and student and another meeting with the preceptor, student and manager are important for closure and to assure that the student's growth and learning will continue. When ending the relationship, it is most satisfying when there is a mutual dialogue during the evaluation phase of the practicum.

BENEFITS TO PRECEPTOR

As a benefit to you for being a participating in this role, we offer the following additional extensions of our gratitude.

Personalized Certificate:
You will earn a personalized certificate acknowledging your participation in precepting a University of South Carolina College of MEPN Nursing student. The certificate will be presented after the completion of the student earning 224 clinical. This recognition is often useful when applying for clinical ladder status or other advances in job status.

Contact Hours for National Re-Certification:
Acting as a preceptor counts towards your contact hours for certification. The clinical faculty member will complete the documentation to verify the contact hours if needed.

Clinical Faculty Appointment:
If you become a regular preceptor for our students, you may be invited to a UofSC Affiliate Appointment. This appointment is reserved for preceptors that precept on a regular basis and are BSN prepared or higher.

TEACHING STRATEGIES IN THE CLINICAL AREA

Many preceptors have experience working with new graduates and new employees but have not provided direct instruction to generic/unlicensed MEPN students. It is important to emphasize the need for ongoing direction to and evaluation of the learner as well as appropriate contact with the faculty member. Areas of concern should be addressed as soon as they are identified for the benefit of the student's learning as well as for patient safety. These learners have limited experiential basis and require careful monitoring in the clinical setting.

Clinical instruction is the process of providing students with opportunities for putting theory into practice. Essential elements for a clinical experience include:

- **Direct contact** with patients
- Clearly delineated **objectives** for the experience
- Competent **guidelines** from experienced instructors/staff nurses
- Individualized **assignments based on learner needs** and interests
- Opportunities to **practice cognitive and psychomotor skills**
- Opportunities for **problem solving**, including the use of creativity
- Opportunities for **experimentation**
- Opportunities for **observation**
- Development of **independent** professional judgment/decision-making

Adapted from the *University of Maryland School of Nursing: Preceptor Manual.*

BENNER'S FROM NOVICE TO EXPERT MODEL

Benner's Novice to Expert Model is key to nursing because it allows a nurse to continuously expand their knowledge base and to provide holistic, competent care to the patient. This model was developed through descriptive research using the Dreyfus Model of Skill Acquisition, which identified five stages of competence. The significance of this theory is that these levels reflect a movement from past, abstract concepts to past, concrete experiences. Each step builds from the previous one as these abstract principles are expanded by experience, and the nurse gains clinical experience.

Benner's From Novice to Expert Model
Five Stages of Clinical Competence

Level of Development	Characteristics
Novice	Has little background and limited practical skills; relies on "the rules" and the expectations of others for direction; no situational or contextual factors are considered.
Advanced Beginner	Marginal competent skills; uses theory and principles much of time; becoming more aware of situation but still direct actions, still stimulus-response level of nursing; cannot see the whole therefore has difficulty establishing priorities.
Competent	Usually 2-3 years of experience; feels competent, organized; plans and sets goals; thinks abstractly and analytically; coordinates sever tasks simultaneously; reaches planned nursing rather than stimulus-response.
Proficient	Usually 3-5 years of experience; views patients holistically; perceived situations as wholes rather than parts; recognizes subtle changes; learn from experience and modify plans according to the situation; sets priorities with ease; focuses on long-term goals.
Expert	Usually 5-10 years of experience; operates from deep understanding of total situation as a contextual whole without relying on rules, guidelines, maxims; Intuitive grasp of situations; performs fluidly; grasps patient needs automatically; responses are integrated, expertise comes naturally. Not all nurses will become experts.

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park, California: Addison-Wesley.

CHARACTERISTICS OF AN EFFECTIVE PRECEPTOR

Preceptors are expected to have the skills to be able to form an effective learning environment and facilitate a constructive clinical learning experience for students. The following principles can be distilled into what is required for the clinician to provide effective teaching to a learner:

Communication Skills
- Possesses and demonstrates broad knowledge
- Explains the basis for actions and decisions
- Answers learner questions clearly and precisely
- Open to conflicting ideas and opinions
- Connects information to broader concepts
- Communicates clear goals and expectation
- Captures learners attention
- Makes learning fun

Careful Analysis of the Learner
- Accurate assessment of learner's knowledge attitudes and skills
- Uses direct observation of the learner
- Provides effective feedback
- Performs fair and thoughtful evaluations

Skill in Practice and Teaching
- Provides effective role modeling
- Demonstrates skillful interactions with patients
- Generates interest in the subject matter
- Presents information with organization and clarity
- Organizes and controls the learning experience
- Balances clinical and teaching responsibilities
- Gives appropriate responsibility to the learner

Motivation of the Learner
- Emphasizes problem solving
- Translates specific cases into general principles
- Promotes active involvement of the learner
- Demonstrates enjoyment and enthusiasm for patient care and teaching
- Develops a supportive relationship with the learner

Tumulty, P.A. (1973). *The effective clinician: His methods and approach to diagnosis and care.* Philadelphia: W.B. Saunders.

TIPS FROM EXPERT PRECEPTORS

Planning

1. First...Think Back! Remember how you felt as a new nurse or when you started a new job. Initially, this is an overwhelming experience for students, plan ahead to make it a welcoming experience.
2. Discuss goals and expectations set by the student, faculty, and preceptor. In the beginning, explicitly explain expectations and ask the student to repeat. This decreases anxiety and fear of the unknown for students.
3. Involve the student in your planning when possible.
4. Review and plan the clinical day before discussing it with the student.
5. Plan 10-15 minutes at the end of the shift to meet for questions, reflections, and to set goals for the next time.
6. Make the student feel welcome by introducing to other staff members.

Teaching

1. Create an environment that is conducive to learning (i.e., supportive, non-threatening) because learning from a new teacher and in a new environment can be stressful for the student.
2. Be friendly, honest, fair, approachable, understanding, enthusiastic about teaching, and confident with teaching.
3. It is equally important that you are knowledgeable and able to convey that knowledge to students.
4. Encourage the student to explore and ask questions without penalty.
5. Encourage the student to seek out learning experiences on the unit.
6. Treat the student as individuals with individual learning needs. Listen to what the student wants and needs to learn, in addition to what you want to teach.
7. Understand your teaching style.
8. Talk to the student about their learning style and adjust your style as needed.
9. Remember that clinical experiences of students may vary across settings. Sit down with the student and review skill set using a checklist. Make suggestions to students about skills that are most frequently performed on the unit. Students can be directed to practice skills in the simulation lab if needed.
10. Have the student explain rationale for interventions.
11. Encourage the student to make connections between pathophysiology, pharmacology, response to treatment and nursing interventions by asking open ended and several potential answer questions.
12. Go Step-by-Step. Teach students the step-by-step approach to patient care, not shortcuts. However, if there is a safe and practical shortcut, by all means—share it!
13. Encourage the student to come see you – "When in doubt, seek me out!
14. Let the student make mistakes – as long as it does not jeopardize patient safety. This is an excellent way for learning to have an impact.
15. Encourage the student to talk out a process aloud.
16. Foster increasing level of independence so the student can learn how to learn.
17. Have fun! Learn to laugh at yourself.

The College of Nursing faculty is one of your sources of support. Contact faculty with any questions about student expectations or performance

Communication

1. Listen to the ideas and underlying feelings of the student.
2. Eye contact is important.

3. Acknowledge potential student anxiety. Watch for the verbal and nonverbal messages.
4. Be open-minded and avoid prejudging the speaker or the message.
5. Be patient and understanding.
6. Nonverbal communication usually exerts more influence on communication than verbal communication.
7. Tune into central words, meanings, and feelings conveyed.
8. Note the other person's and your own paralanguage (i.e. the nonlexical component of communication by speech, for example intonation, pitch and speed of speaking, hesitation noises, gesture, and facial expression).
9. Avoid interrupting. Listen first and then respond
10. Respond to what is communicated rather than how the message is sent.
11. Ask questions to verify your understanding of the message: "Do I understand you correctly that…" or "What I hear you saying is…".
12. Resolve any misunderstandings directly with the student and early. If misunderstanding cannot be resolved, contact faculty immediately.
13. 'I' messages (I think, I feel) are more effective than 'you' messages; they minimize defensiveness and resistance to further communication. 'Shoulds' and 'Oughts' hinder communication.
14. Communicate with faculty often.
15. Encourage the student to either ask for advice or consult with any member of the staff if unsure of his or her own assessment of a patient.

Steps in Decision Making

1. Determine situations that require some action be taken.
2. Analyze possible courses of action and the potential effects (determine pros and cons, gather evidence and opinions).
3. Select the best course of action from the available alternatives.
4. Implement the selected action.
5. Monitor the effect of the decision.
6. Reevaluate the decision in light of the effects and outcomes.

Steps in Problem Solving

1. Define the nature of the problem.
2. Identify possible causes of the problem.
3. List a number of possible solutions for each cause: identify the evidence for each one.
4. Select the best solution.
5. Decide on necessary actions and implement them.
6. Reassess, evaluate and re-plan as necessary.

Feedback

In a preceptor-student relationship, giving and receiving feedback are equally important. Some of the most important data we can receive from, or give to others, consists of feedback related to behavior. Such feedback can provide learning opportunities for each of us if we can use the reactions of others as a mirror before observing the consequences of our behavior. What follows is a brief outline of some of the factors that may assist you in checking and developing your use of feedback as a giver, receiver and role model.

1. Feedback should be:
    a. Honest, but presented in a non- judgmental manner. Be sure to provide positive feedback as well as areas of improvement.

    b. Given daily and weekly throughout the practicum, not just at midterm, and final.
    c. Shared verbally or written, formally or informally.
2. Provide one-on-one feedback in a private setting when possible. A neutral area such as a staffroom may be more comfortable to the student, more conducive to learning, and less threatening.
3. Refer to what a person does, rather than what we think he or she is.
    - Example: "You were very quiet tonight Linda."
    - Not: "You are not interested in our discussion, are you?
4. Refer to what you see or hear, not why you thought it happened.
    - Example: "You suddenly went quiet when we talked about life planning.
    - Not: "You are probably afraid to think ten years ahead."
5. Describe the behavior you are responding to in terms of "more or less" rather than "either/or."
    - Example: Describe someone's participation or performance on a continuum of high to low rather than "good" or "bad".
6. Feedback is most useful if given as soon as possible after the observation or reaction. This way the other person can relate it to the facts and emotions of the situation and make better use of the feedback.
7. Give feedback with the intention of sharing your ideas and information rather than giving advice.
    - Example: "That was a close call. If you bend at your knees and hips when lifting a patient, you are less likely to hurt your back."
    - Not "You had better be more careful with body mechanics."
8. Give just enough information to digest. If we overload the other person with information, it reduces the possibility that he or she may use it effectively. Giving more than can be used probably satisfies some need of our own rather than helping the other person to learn.
9. When the student responds to your feedback, really listen to what the student has to say. Maintain eye contact, remain silent and avoid interrupting. Encourage the student to communicate with you by asking open-ended questions such as "Tell me what you are feeling right now?"

Managing Difficult Conversations

One of the most useful skills to have is the ability to manage difficult or crucial conversations. Many times, we find ourselves avoiding these critical conversations, which perpetuates strained relationships and de-energizes workplaces. It is always helpful to seek to understand the other person's perspective before sharing your own views and to look for points of agreement to bridge the gap of the disagreement (Ulrich, 2012). The following are a process for managing these difficult conversations (Patterson, Grenny, McMillian & Switzler, 2002).

1. *Start with your heart.* Identify what you really want for yourself, others, and the working-relationship.
2. *Learn to look.* Identify when a conversation is crucial and identify the risk. Is there stress involved?
3. *Make it safe.* Apologize, resolve misunderstandings, and maintain mutual respect.
4. *State your path.* Learn to speak persuasively, not abrasively.
5. *Explore other's paths.* Learn to listen to others when they blow up or clam up.
6. *Agree and move on to actions.* Turn crucial conversations into actions and results.

Patterson, K., Grenny, J., McMillian, R., & Switzler, A. (2002). Crucial conversations: Tools for talking when stakes are high. New York, New York: McGraw-Hill.

4 E's of CONSTRUCTIVE CRITICISM

1. **ENGAGE**
    a. Preparation (How, Where & What)
    b. Give feedback with the constructive outcome you wish to achieve
    c. When giving feedback on the spot
    d. Frame it in terms of what behavior/situation you want to improve
2. **EMPATHIZE**
    a. Focus on facts and feelings
    b. Utilized active listening
    c. Determine best time and place to convey message
    d. Move to private area if on the spot feedback is necessary
3. **EDUCATE**
    a. Describe observation and impact of behavior
    b. Educate on how to make it better
    c. Focus on situation or behavior not the person
    d. Remain objective
4. **ENLIST**
    a. Elicit person's response
    b. Use probing questions
    c. Listen and summarize
    d. Establish mutual goal
    e. Accountability & follow-up

METHODS OF CONFLICT RESOLUTION

Conflict is a natural part of human relationships (Baker, 1995). Whenever there are two or more people together, such as a workplace environment, conflict will arise as a result of their differences (Porter-O'Grady, 2003). Ineffective communication is a common cause of conflict in the workplace. To be effective leaders, nurse preceptors must acknowledge their own perceptions, values and understanding of conflict before they find methods of conflict management that empower their preceptee in successful conflict resolution.

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

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

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

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

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

DEALING WITH THE CHALLENGING PRECEPTEE

It is not uncommon for preceptees to struggle through the transformation process of student process of student nurse to graduate nurse. Fortunately, adaptation problems can be detected early in the preceptorship experience by looking for specific behaviors elicited by the preceptee. These "**red flags**" include disorganization, unreliability, inconsistent performance, deficiencies in basic skills, lack of exercising caution, inability to grasp facets of care, denial of errors and unconscious incompetence.

In these situations, it is important for preceptors to maintain confidence in their own abilities, rather than to place blame on themselves for the behavior of their preceptee. To facilitate resolution, open and honest communication between preceptor and preceptee is required. When discussing the issue with the preceptee, focus on the behavior, work together to identify possible solutions, develop an action plan, and set a date and time for an evaluation. Effective feedback increases satisfaction, inspires commitment to excellence and fosters leadership.

BEER Method for Challenging Preceptee

Remember back when you were a preceptee or a new nurse. One of the hardest skills to learn was how to get along with other members of the interprofessional team while attempting to "fit in" and impart to everyone that you are knowledgeable. The following model provides the preceptor with an effective process for creating and delivering difficult feedback. Try to include all four elements in your feedback to the preceptee.

BEER Method

Elements of Feedback	Descriptions
Behavior	Identify what the preceptee is doing or not doing that is unacceptable. Use clear and concise language about what you find undesirable including date, time, and situation if possible. Do not generalize. **Focus on behaviors only, not personality!**
Effect	Explain why the behavior is unacceptable. Explain clearly how the unwanted behavior or action could potentially affect patient care and safety.
Expectations	Explain what you expect the preceptee to do or not do to change. Very often, the preceptee is aware that there is a problem but requires help to fix the situation. The preceptor is in a great position to offer guidance. In subsequent meeting with the preceptee, share your observations in accomplishing the mutually agreed goal.
Results	Identify what will happen if the preceptee changes (positive tone) or what will be the consequences if the behavior continues (negative tone) in context to patient care and safety with examples. Express confidence in the preceptee's ability to improve, and offer your continued support.

Developed by Amy Shoemaker (2015).

Ciocco, M. (2016). Fast facts for the nurse educator: Keys to providing a successful preceptorship in a nutshell. New York, NY: Springer.

The College of Nursing faculty is one of your sources of support. Contact faculty with any questions about MEPN student expectations or performance

PRECEPTOR STRESS REDUCTION

Adequate preparation and support are critical for the staff nurse assuming the role of preceptor. These practical guidelines can help when planning time is shortened.

Precepting in a Pinch – Guidelines for Stress Reduction

Abbreviations	Guidelines
P	**PREPARE** • Know clinical skill level of the student. • Who is doing what for each patient? • When does the day end for the student? • Do student goals and objectives match faculty input?
R	**RIGHT EXPERIENCE** • Is the goal multiple skills or total care of patients? • How many patients? • Is observation appropriate or is skill performance expected?
E	**ENGAGE** • Require written, personal objectives for each student. • Is this unit new for the student? Are roles clear? • Introduce yourself *and* your team members.
C	**COMMUNICATION** • Do you have a cell phone or pager number for faculty? • Do you know the faculty member's location for the assigned time period?
E	**ENERGIZE** • Share your enthusiasm and knowledge. • Include observation/learning outside routine activities. • Keep safety as the first priority; intervene when necessary, but allow the student to learn from experience.
P	**PROGRESS** • Require reports on achievement of personal goals/objectives. • Is the student appropriately engaged? • If little or no progress is being made, call faculty immediately!
T	**TALK OUT LOUD** • Have the student talk out loud when making clinical decisions. • Require frequent patient updates.

REFRAMING CONSTRUCTIVE CRITICISM USING REFLECTION BASED ON THE QSEN COMPETENCIES

According to Almiller (2010), caring in the faculty student relationship plays an important role in prevention of incivility in nursing education. Although it is not intended as such, many students interpret constructive criticism as uncaring behavior, especially because it comes from an individual that is serving as a role model for a caring profession. Student incivility is frequently triggered by the conundrum that is created for students when poor performance on the part of the student necessitates direct constructive criticism from the instructor.

Using the QSEN competencies, particularly the attitudes, as a guide, instructors can reframe their discussions with students regarding poor performance. With the instructor's assistance, students can reflect on their performance and extract a realistic appraisal of the level of safe practice they have demonstrated, viewing it from the patient perspective. Such processes of reflection may help the students arrive at the conclusions that frequently are now communicated directly by the faculty member and so frequently serve as the triggering event for incivility in the faculty student relationship.

Examples of Reframing Direct Statements
Using QSEN Competencies

Direct Constructive Criticism	Reflection Based on QSEN Competencies	QSEN Knowledge, Skills and Attitudes
I am concerned about your performance	**From the patient perspective, if you knew this event occurred, would you feel you were receiving safe, high quality care?**	**Patient Centered Care Value seeing health care situations "through patients' eyes."**
Your patient needs attention now. You cannot leave him like that.	**If you were that patient lying in that bed, what would be the most important thing the nurse could do for you at this minute?**	**Patient Centered Care Appreciate the role of the nurse in relief of all types and sources of pain or suffering.**
Can you hear what you are saying and understand what you body language conveys? You spoke to him like he was a child. No wonder he is refusing.	**Think about how the patient feels being told all day by others what he has to do. How can you present this to him and still allow him to be part of the decision?**	**Patient Centered Care Value continuous improvement of own communication and conflict resolution skills.**
The report you gave was missing very important information. How will the nurse know what is going on? You need to use SBAR.	**How could you have ensured that your report included all the information needed so that the receiving nurse could provide safe care to the patient?**	**Teamwork and Collaboration Appreciate the risks associated with handoffs among providers and across transitions in care.**
You are responsible for that lab value not being communicated in a timely manner.	**How should critical lab values be managed? Why do we do it that way?**	**Teamwork and Collaboration Acknowledge own potential to contribute to effective team functioning.**

Direct Constructive Criticism	Reflection Based on QSEN Competencies	QSEN Knowledge, Skills and Attitudes
You do not assist your peers.	**What can you do to put that patient at the center of care?**	**Teamwork and Collaboration Respect the centrality of the patient/family as core members of any health care team.**
Why would you do it that way?	**Is there scientific basis for how you are doing that?**	**Evidence-based Practice Appreciate strengths and weaknesses of scientific bases for practice.**
You need to demonstrate immediate improvement.	**What strategies can you use in your own practice to prevent this problem/error/risk?**	**Quality Improvement Appreciate the value of what individuals and teams can do to improve care.**
You need to be more careful.	**What aspects of your practice in this situation would you change in retrospect to provide safer patient care?**	**Quality Improvement Value own and others' contributions to outcomes of care in local care settings.**
You are demonstrating unsafe nursing practice.	**If you were the patient, what would you be concerned about in this situation?**	**Safety Value your own role in preventing errors.**
Your medication administration is disorganized and you need to have a better focus to avoid errors.	**What role do you play in the possible causes for what happened?**	**Safety Appreciate the cognitive and physical limits of human performance.**
You must use these strategies to stop making errors.	**What strategies can you use in your own practice to minimize the risk for this type of error in the future?**	**Safety Value the contributions of standardization/reliability to safety.**
The medications have changed since yesterday. You must use the MAR.	**How should you verify those medication doses?**	**Informatics Value technologies that support clinical decision-making, error prevention, and care coordination.**

Exemplar:
A student pulls the wrong medications for a patient. While reviewing them with the student, the instructor recognizes the error and guides the student to recognize the error also. Correction is made. Afterward, the instructor would address the unsafe practice with the student.

Direct Constructive Criticism	Reflection Based on QSEN Competencies
I am concerned about your performance.	**From the patient perspective, if you knew this event occurred, would you feel you were receiving safe, high quality care?**

Direct Constructive Criticism	Reflection Based on QSEN Competencies
Pulling the wrong medications is unsafe nursing practice.	**What would be your concerns as the patient?**
You need to be more careful.	**What aspects of your practice in this situation would you change in retrospect to provide safer patient care?**
Your medication administration is disorganized and you need to have a better focus to avoid errors.	**What role do you play in the possible causes for what happened?**
I want you to do three checks with medication administration, verifying it against the medication administration record and use the five rights as a way of decreasing potential errors.	**What strategies can you use in your own practice to minimize the risk for this type of error in the future?**
It is important that you demonstrate immediate improvement so that you provide safe care to patients.	**What outcome in your own performance would you want to see after this experience?**

Almiller, G. (2010). Reframing constructive criticism using reflection based on the QSEN competencies. QSEN Institute. Retrieved from www.qsen.org

LEGAL CONSIDERATION OF BEING A PRECEPTOR

Nursing students are accountable for their own actions. The signed contract between the UofSC College of Nursing and the clinical agency delineates the legal relationship between students, the school and the clinical site and includes language related to liability coverage.

Student nurses are responsible for knowing their abilities and limitations and for asking questions as needed. Following orientation by the instructor, the preceptor is responsible to assign the student appropriately based on the students' level of nursing education. Any questions regarding what a student may or may not do during clinical should be immediately directed to the course instructor. Safety and critical thinking are the dominant components of a successful clinical experience. If a preceptor has concerns about the safety of the student's clinical practice or the student's ability to demonstrate appropriate critical thinking skills, the clinical instructor should be contacted **immediately.**

Preceptors should review and be familiar with state board regulations regarding delegation and supervision of non-licensed students and agency policy. Incidents involving the patients under the care of the student DO NOT exempt the preceptor from legal consequences. Students must be observed for competence in skills prior to functioning independently.

Legal Accountability

The contractual relationship between the University of South Carolina, College of Nursing and the agency allows students to be in the agency without the instructor being present at all times.

MEPN Student-Preceptor Relationship

1. The student is not "working on your license." A student nurse does not "practice nursing" under the license of a registered nurse.
2. A student nurse has demonstrated competency in performing the necessary nursing skills in skills laboratory prior to attending clinical experiences.
3. Healthcare facilities must comply with regulatory guidelines: "Staff supervises students when they provide patient care, treatment, and services as part of their training" (The Joint Commission, HR.1.20). ("Staff" means healthcare facility staff, not school of nursing faculty.)
4. The student has the right, by law, to practice incidental to the educational process. Standard of care must be the same as that rendered by a registered nurse, for the reason that everyone has a right to expect competent nursing care, even if provided by a student as part of clinical training (Measured against conduct of other reasonable prudent registered nurses with similar knowledge and experience under the same circumstances).
5. Preceptor has the responsibility to delegate according to the subordinate's (student's) abilities and to supply adequate supervision.
6. Under the law, each person is responsible for his/her own actions.
7. If the clinical instructor's and/or preceptor's evaluation of the student nurse's behavior or health status indicates that the student is unlikely to provide safe nursing care, the clinical instructor and/or preceptor has the legal responsibility to deny the student access to clinical learning experiences.
8. When the student does not seem to possess the skills needed to carry out an assigned function, action with reasonable care requires him/her to refuse to perform the function, even at the risk of appearing subordinate.
    - For example: The preceptor asks the student to insert a nasogastric tube and begin tube feeding. The student is embarrassed to convey to the preceptor that she has never done this skill or the preceptor tells the student to check the procedure manual and then complete the task. If the patient is harmed, the student is personally liable and the preceptor is considered liable as well because he/she delegated a skill with knowledge of the student's inexperience and incompetence.

All information presented here could vary based on state and health care facility involved.

Legal/Liability Issues

- **Negligence** – a general term referring to acts and behaviors, which would be construed to be irresponsible or unreasonable for any person in a particular set of circumstances (Fiesta, 1983).
- **Malpractice** – professional negligence; specific type of negligence in which a practitioner fails to follow a professional standard of care; nurses, doctors, and other professional may be liable for malpractice (Fiesta, 1983). Failure to follow professional standard of care may involve:
    - Doing something incorrectly
    - Not doing something when it should have been done
- **Nonmaleficence** – avoidance of harm or hurt; core of medical oath and nursing ethics.
- **Vicarious liability** – liability for conduct of another person who is, theoretically, under your control.
- **Negligent supervision** – negligent way you supervised an employee or student. Did you exercise reasonable judgment in supervising the individual?
- **Corporate liability** – every chartered, legally recognized organization is expected to conduct business in a reasonable, responsible manner.

- Organization is negligent in its own right not because of an employee's actions – see respondent's supervisor (e.g. short staffing situations, continuing to admit critically ill patients when essential services are not available).

- **Joint liability** – multiple individuals held responsible; RN + MD + Healthcare Facility
- **Rule of personal liability** – every person (including student) is responsible for their own actions, even if another has stated that they will assume the responsibility.
  - "Captain of the Ship Doctrine" – NO LONGER EXISTS!!!
    - MD *cannot*, by 'assuming responsibility', relieve you of your responsibility.
  - Nurse must question unreasonable, irresponsible professional practice (student, MD, CRNA, PT, RT, etc.)
    - Point out your concerns/disagreement with practitioner
    - Refuse to carry out order
    - Notify your immediate supervisor, and one level higher (e.g. your nurse manager and director, or nurse manager and supervisor or hospital administrator)
    - Notify practitioner's immediate supervisor (faculty member, attending physician, partner, chief of service)
    - DOCUMENT ALL OF THE ABOVE!
    - The above actions will shift liability to higher authority (i.e. hospital, group practice)
    - If practitioner is student who you are supervising, you also need to
      - Restrict the student's practice
      - Send the student back to the clinical simulation lab for remediation

Adapted from the *University of Maryland School of Nursing: Preceptor Manual* and *University of Wyoming Fay W. Whitney School of Nursing: Professional Preceptor Handbook.*

CHRONOLOGY OF MEPN STUDENT PROGRESSION
What Should the Student Be Doing When?

A common question from preceptors is "What should the student be doing when?" The following timeline is offered as a guideline and not to be construed as a rigid set of rules. While the student is expected to identify learning objectives and be self-directed, often the student will need your help to accomplish these tasks.

8-24 hours

Student

- Student will develop learning objectives after 1-3 shifts on the unit and becoming familiar with the patient population and routines.
- Complete two-week clinical work schedule in advance and submit to faculty.
- Student should start to feel comfortable on the unit.

Preceptor

- Orientation to the unit, staff, policies/procedures, and documentation.
- Recommend pertinent readings including articles, texts for specific unit and patient population.
- A skills checklist may be utilized to ascertain student skills levels. Review with the student skills appropriate to the specific unit.
- Plan for the student to start caring for patients on the first clinical day. Students learn more effectively by "doing" instead of "watching" at this point.
- Have the student take your assignment with you. In this way, you can work closely with the student to establish a relationship and get to know him/her.
- Remind student to bring objectives to next clinical experience. Student should share objectives for the clinical practicum with you. If you feel that any of the objectives, based on the unit and patient population, are not achievable, suggest alternatives for the student.
- Review organizational skills and time management. Share with the student the way you organize and manage your time to accomplish all the goals of the day.
- Provide positive feedback, as well as improvement suggestions.

24-60 hours

MEPN Student

- Begin to demonstrate proficiency in skills and documentation.
- Alternative - Should be able to take at least one patient independently, including medication administration; taking into consideration the unit patient population and patient acuity level.
- Review goals and objectives, organizational skills, and time management.

Preceptor

- Provide feedback.
- Solicit input from students for decision-making and goal setting for plan of care.

90- 112 hours (Midpoint)

MEPN Student

- Increasing independence. Should be able to care for three-fourths of the patient workload of a new graduate independently, including medication administration. This takes into consideration the unit patient population and patient acuity level.

- Increased independence in developing plan of care and decision-making.
- Increased competence in skills, organizational skills and time management.

Preceptor

- Complete Mid-term Clinical Evaluation Form (after approximately 112 hours of clinical experience)
    - Please review these forms in the beginning of the semester so that you have an idea what is expected of the student. On the form, you will document student behaviors related to the clinical objectives that demonstrate whether the student has or has not met those objectives. Share with student, sign and return to faculty.
    - Discuss each area that needs improvement and develop a plan for improvement with student.
- Provide feedback.
- Preceptor should be less "hands-on".

112-150 hours

MEPN Student

- Increasing independence in patient care. Should be at level of new graduate in number of patients cared for, including medication administration. This takes into consideration the unit patient population and patient acuity level.
- Increased independence in developing plan of care and decision-making.
- Review objectives, organizational skills and time management.

Preceptor

- Provide feedback.
- Preceptor should less "hands-on".

150-224 hours

MEPN Student and Preceptor

- Completion of student clinical hours (224).
- Student should be able to independently care for the number of patients (still under supervision) expected of a new graduate on the unit, including medication administration (taking into consideration the unit patient population and patient acuity level).
- Increased independence in developing plan of care, prioritizing, and decision-making.
- Complete Final Clinical Evaluation and Final Clinical Verification of Hours Form

Adapted from the *University of Maryland School of Nursing: Preceptor Manual* and *University of Wyoming Fay W. Whitney School of Nursing: Professional Preceptor Handbook.*

CLINICAL POLICIES AND PROCEDURES

GUIDELINES FOR SCHEDULING CLINICAL

In consultation with you, the MEPN student will develop a schedule for the semester to meet the 56 clinical (NURS 750) or 224 clinical hours (NURS 751) . The MEPN student can perform skills that has been taught in the program and is within the scope of nursing practice at your agency. However, the agency can limit the student's scope of practice. For example, an agency can prohibit the student from performing venipuncture even though the nurses perform this skill. For any invasive procedure, the preceptor must observe the student to determine their competency to perform the skill.

1. Students must work the complete shift of the preceptor for clinical hours including a weekday day, weekday nights, weekend days, or weekend nights shift. This allows the student to realistically view the workings of the unit and how the staff functions. The student must not complete the clinical in less than 11 weeks.

2. Students must not work longer than a 12-hour shift. They should have at least 10 hours off between shifts. Do not schedule more than three, 12-hour shifts in three consecutive days.

3. A clinical week starts on a Sunday and ends of a Saturday. Students should work an average of approximately 16 hours per week (e.g. all clinical hours, all leadership hours, or a combination of clinical and leadership hours). Students must receive special permission from the clinical faculty to work more than 16 hours per week.

4. Students are not allowed to schedule clinical hours during regularly scheduled class time. **DO NOT MISS CLASS TO SCHEDULE PRACTICUM CLINICAL HOURS**. **DO NOT SCHEDULE PRACTICUM HOURS THE NIGHT BEFORE CLASSES, EXAMS, AND SIMULATION.**

5. Clinical is mandatory. The student will be held accountable for hours in clinical.

6. A clinical schedule must be submitted to the faculty two weeks in advance of the workweek. Faculty must approve clinical schedules. Faculty must approve all changes in clinical schedules. Hours not approved are subject to "make up" time. For emergency changes, leave a message as requested by your faculty clinical instructor (e.g. voice mail, email, text, etc.).

GENERAL GUIDELINES FOR CLINICAL

1. Students must participate in a clinical unit orientation. Topics may include staff introductions, emergency policies, clinical policies and procedures manual, location of supplies and crash cart, etc.

2. All student clinical assignments must be co-assigned with the student's preceptor. Since the preceptor is ultimately responsible for the care administered to patients, regular assessment and follow-up of student performance is to be expected.

3. Some facilities require that any student signature needs to be co-signed by the preceptor. This is to be validated as part of the end of shift routine. If the student does not have computer access, an alternate form of "shadow charting" for student learning, that is not an official part of the patient record, should be arranged.

4. All incident reports involving the student or student's clients need to be co-signed by the preceptor and faculty must be notified.

5. **Students must be supervised for ALL MEDICATIONS administered. Please note that some agencies may limit your ability to administer medications. Students must adhere to the agency policy as it relates to medication administration. If a medication error has occurred, the student must notify their faculty clinical instructor as soon as possible.**

6. Students can perform skills that has been taught in the program and is within the scope of nursing practice at your agency. However, the agency can limit the student's scope of practice.

7. Students should be supervised for all invasive procedures (e.g., catheterizations, suctioning, etc.) by the preceptor. The preceptor has the right to observe the student a performing the skill as many times as you feel it is necessary for them to demonstrate competency.

8. Primary care is only to be provided to the assigned patient. However, supervised technologies or observations with other patients on the units can occur at the discretion of the preceptor.

9. Students who are reporting absent need to call the unit at least one hour prior to clinical, leave a message for the preceptor, and notify faculty by email or voicemail.

10. Students are expected to arrive at least 15 minutes before the start of the clinical day.

11. Electronic devices of any kind are not to be brought into the clinical area unless under the direction of your faculty member. This includes but is not limited to I-watches, phones, iPODs, IPad, tablets, etc.)

12. Student's scheduling night clinical must verify safe transportation to and from the hospital. **USE HOSPITAL ESCORT SERVICES AS NEEDED --USE GOOD JUDGEMENT!**

13. Midterm and final clinical evaluations will be conducted formally by the preceptor and faculty. Students are responsible for self-evaluations at this time.

14. Students obtaining deficiencies during the rotation must meet with faculty to outline areas for improvement and plan to meet with the preceptor each clinical day to review and document progress.

ATTENDANCE POLICY

All students are expected to work the agreed clinical hours of the preceptor. Students are not to ask preceptors to conform to schedules that only meets their needs. The student must work the entire scheduled shift of the preceptor even if it runs over due to workload requirements. All students must provide their clinical faculty a copy of their proposed schedule at least two weeks prior to the scheduled shifts. The clinical faculty must approve any changes to the schedule prior to the scheduled shift. If the schedule of the preceptor changes, it is the responsibility of the student to notify the clinical faculty of this change. A student schedule change will only be approved if unavoidable due to illness or other extenuating circumstances. The clinical faculty must approve any change to the student's schedule.

STUDENT NOT PREPARED OR NEEDS REMEDIATION

The preceptor is to notify the faculty immediately by phone or email. Faculty will assist these students; the student will be referred to the Clinical Simulation Laboratory, tutoring, and/or counseling.

UNSATISFACTORY CLINICAL PERFORMANCE

If a student has unacceptable clinical or professional behavior during the shift, the faculty will complete a "STAR Counseling" form, which is used to document unsatisfactory clinical performances. Unsafe clinical practice will result in immediate dismissal from the clinical area. The student will be given a clinical failure for the occurrence. Students may be disciplined or dismissed from the nursing major for practice or behavior, which threatens, or has the potential to threaten, the safety of a client, family member, authorized representative, student peer, faculty member, healthcare provider, and/or self, or is unethical or illegal. Unacceptable practice may be a one-time event or a series of events.
The policy in the student handbook will be followed. Please see the current UofSC MEPN Graduate Handbook on the CON Websitefor more details.

Examples of Unsatisfactory Clinical Performance include by not limited to:

- Arriving late to clinical more than twice
- Unsafe clinical practice can include behaviors related to physical or mental health problems(i.e., sleepiness, anxiety, and inability to concentrate)
- Use of alcohol, drugs, or chemicals
- Lack of preparation for clinical
- Continued deficits in problem solving
- Professional, legal, ethical, behavior deficits (i.e., lateness, absences)
- Failure to recognize the need for assistance when unfamiliar with nursing action.
- Failure to take nursing action when such action is essential to the health and safety of the client.

ILLNESS OR INJURY

Please notify faculty as soon as possible (again, as requested by your faculty clinical instructor through phone or email, etc.).

INCIDENT/OCCURENCE REPORTS

The faculty should be notified as soon as possible that an incident has occurred. The preceptor should co-sign the report and faculty will follow-up.

PRECEPTOR IS ILL OR LOW CENSUS

If preceptor calls out sick or low census, please plan to assign the student with an approved, designated staff nurse on the unit to complete their clinical hours OR schedule leadership hours with the charge nurse or another nurse leader. The preceptor should organize this replacement for the student whenever possible. As a last alternative, the student clinical experience can be canceled.

STUDENT ABSENCE

Students are required to notify **faculty, preceptor, and unit** of illness or inability to attend clinical **prior to or at least one hour before the beginning of the scheduled shift**. Failure to do so may result in a clinicalfailure. This time must be made up.

DRESS CODE

Purpose: The dress code is designed to protect the personal safety of students while in the clinical area, project the professional image of nursing, and portray the proud heritage of UofSC nurses. Although this dress code is congruent with the majority of health care agencies, some agencies have more restrictive dress codes. Please check with the instructor prior to the first day of clinical in a particular agency. College of Nursing faculty reserves the right to ask students to leave the clinical area if their attire is deemed inappropriate or out ofuniform.

Student Name Badges

Students are required to wear UofSC, College of Nursing name badges on their chests with their legal first and last name that are clearly visible at all times. In addition, students must wear any required institutional badges while in clinical.

Hair

- Shoulder length or longer hair must be pulled back and secured.
- Ornate hair decorations are inappropriate.
- Hair must conform to natural hair colors and non-extreme styles.
- Moustaches and beards must be neatly groomed and relatively close to the face to avoid contaminating the work environment.

Body Piercing and Other Jewelry

- Body piercing jewelry may not be worn in clinical. No more than one small, stud-style earring per ear may be worn.
- Religious jewelry may be worn inside the uniform. Ring bands may be worn but rings with large stones may not.

Tattoos

- Tattoos must be covered during clinical experiences.
- If the tattoo is in an area that cannot be covered by clothing, it must be covered by a bandage.

Personal Hygiene

- Students are required to maintain high standards of personal cleanliness.
- Non-scented makeup and hair products may be worn. No perfumes or colognes may be worn.
- Makeup must conform to general body tones avoiding extreme colors.
- Nails must be clean, well kept, without nail polish or designs, and no longer than the tip of the finger. Artificial nails may not be worn.

Professional Uniform Attire

Anytime students are in a healthcare setting during scheduled clinical time, the following must apply:

- Approved uniforms are required.
- All uniforms must be neat, clean, opaque, wrinkle free, and properly fitting with appropriate undergarments.
- If desired, students may wear black, grey, or white unadorned t-shirts under their scrub tops. Hoodies are not acceptable.
- A white lab-coat with College of Nursing identification may be worn over the uniform.
- Opaque white stockings or socks must be worn, when in uniform, at all times.
- Black uniform or athletic shoes are required. All shoes must be enclosed, flat-heeled, non-canvas, non-mesh, and kept clean.

Professional Casual Attire

Any time students are in a healthcare setting during scheduled clinical time, the following must apply:

- All clothing must be neat, clean, opaque, wrinkle free, and properly fitting with appropriate undergarments.
- Many community agencies require the student to wear professional casual attire covered by a lab-coat. Unless otherwise specified by the instructor, shorts, denim jeans, see through blouses, halter dresses, athletic attire (sweatshirts/hoodies, sweatpants, and jogging suits), tight knit clothing, leggings, imprinted t-shirts and any type of attire which is low-cut or where the midriff is exposed maynot be worn. Extreme styles should be avoided.
- Students are required to wear stockings or socks at all times.
- White uniform or athletic shoes are required. All shoes must be enclosed, flat-heeled, non-canvas, non-mesh and kept clean.

IMPORTANT CONTACT INFORMATION

Contact Name/Title	Phone Contact
Bloodborne Pathogens Exposure (For needle sticks or other blood borne exposures) & Student Injury	Contact Assigned Clinical Faculty
Student or Clinical Experience Questions/Concerns	Assigned UofSC College of Nursing Clinical Faculty or MEPN Practicum Clinical Coordinator

REFERENCES

Almiller, G. (2010). Reframing constructive criticism using reflection based on the QSEN competencies. QSEN Institute. Retrieved from www.qsen.org

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park, California: Addison-Wesley.

Billings, D., & Halstead, J. (2009). Teaching in nursing: A guide for faculty. (3rd Ed.). St. Louis: Saunders.

Ciocco, M. (2016). Fast facts for the nurse educator: Keys to providing a successful preceptorship in a nutshell. New York, NY: Springer.

Lockwood-Rayermann, S. (2003). Preceptor leadership style and the nursing practicum. *Journal of Professional Nursing*, 19, 32-37.

Ortaliz, M. (2015). Preceptor training handbook: Approaches to clinical effectiveness to nurse preceptors. Middletown, DE: Unknown.

Ulrich, B. (2012). Mastering precepting: A nurse's handbook for success. Indianapolis, IN: Sigma Theta Tau International.

Patterson, K., Grenny, J., McMillian, R., & Switzler, A. (2002). Crucial Conversations: Tools for talking when stakes are high. New York, New York: McGraw-Hill