



## **TCC NURSING PRECEPTORSHIP MANUAL**

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### **NURSING PRECEPTORSHIP: NURS 296 TRANSITION TO PRACTICE CLINICAL**

THANK YOU FOR VOLUNTEERING TO BE A PRECEPTOR. YOUR PARTICIPATION IS ESSENTIAL FOR THE STUDENT'S EDUCATION AND SUCCESS. THE EXPERIENCE AND KNOWLEDGE THAT YOU GIVE OUR NURSING STUDENTS IS INVALUABLE AND WE APPRECIATE IT!

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# 1 LAW PERTAINING TO NURSING PRECEPTORSHIP

WAC 246-840-533 <https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-533>

(1) Nursing preceptors, interdisciplinary preceptors, and proctors may be used to enhance clinical or practice learning experiences after a student has received instruction and orientation from program faculty who confirm the student is adequately prepared for the clinical or practice experience. For the purpose of this section:

(a) A nursing preceptor means a practicing licensed nurse who provides personal instruction, training, and supervision to any nursing student, and meets all requirements of subsection (4) of this section.

(2) Nursing education faculty are responsible for the overall supervision and evaluation of the student and must confer with each primary nursing and interdisciplinary preceptor, and student at least once during each phase of the student learning experience:

(a) Beginning;

(b) Midpoint; and

(c) End.

(3) A nursing preceptor or an interdisciplinary preceptor shall not precept more than two students at any one time.

(4) A nursing preceptor may be used in nursing education programs when the nursing preceptor:

(a) Has an active, unencumbered nursing license at or above the level for which the student is preparing;

(b) Has at least one year of clinical or practice experience as a licensed nurse at or above the level for which the student is preparing;

(c) Is oriented to the written course and student learning objectives prior to beginning the preceptorship;

(d) Is oriented to the written role expectations of faculty, preceptor, and student prior to beginning the preceptorship; and

(e) Is not a member of the student's immediate family, as defined in RCW 42.17A.005(27); or have a financial, business, or professional relationship that is in conflict with the proper discharge of the preceptor's duties to impartially supervise and evaluate the nurse.

## 2 ROLES

### A. Clinical Faculty Liaison

- Sends preceptor an introductory email with his/her contact information, and copy of Preceptorship Manual prior to student's first clinical day.
- Within 2 weeks of students' first day, liaison meets with preceptor to discuss preceptorship. All 3 parties sign Preceptorship Essential Behaviors Agreement (student/preceptor/liaison). Confirms accuracy of preceptor's schedule as provided by student.
- Is responsible for the overall supervision and evaluation of the student, incorporating input from preceptor.
- Prior to mid-term and final week, liaison will email preceptor the link to the Preceptor Evaluation of Student (Survey Monkey) as well as obtain input directly from preceptor during visits.
- Assigns the grade for the Nursing Preceptorship (NURS296) course.
- May give progress report warning or remove student based on clinical performance.
- Answers questions of the Preceptor and the Student.
- Clarifies orientation key points for the Preceptor and Student.
- Meets/confers weekly with the Preceptor and Student on the clinical unit.
- Meets as needed more often than weekly with the Preceptor and Student.
- Meets at halfway and at the end of the course for clinical evaluation with the Preceptor and Student on the clinical unit.
- Is accessible by phone and email 24 hours per day except on weekends and holidays, which are covered in rotation with other faculty liaison.
- Gets a copy of the preceptor schedule. Faculty liaison will check each time they visit to confirm that student is doing the shifts that they are assigned.

### B. Preceptor

- Has at least 1 year of clinical experience as an RN.
- Is oriented to the written course and student learning objectives
- Is not a member of student's immediate family and does not have a financial, business or professional relationship that could affect preceptor's ability to impartially supervise student.
- Is oriented to the written role expectations of faculty liaison, preceptor, and student.
- Will support student's practice of using TCC email and Preceptor's hospital phone/email for communication.
- Gives the student a copy of shifts scheduled. Updates when changes occur.
- If ill or is cancelled from a scheduled shift, notifies the student immediately. Can arrange an alternate preceptor for the student as long they are approved by the manager/charge nurse to precept, meet the WAC requirements (at least 1 year experience, etc.), and do not exceed 3 preceptors total. The preceptor is asked to bring the secondary preceptor up to speed with the student's progress and learning needs.
- Orients the Student to the unit policies and procedures.

- Demonstrates normal duties for the shift until the Student can safely assume some of them.
- Allows the Student to perform clinical activities and adds more patients only when it is safe to do so.
- Facilitates Student performance at a **new novice nurse level** (pre-residency) by the end of the course.
- If any event occurs involving a student or faculty member that resulted in patient harm, an unreasonable risk of patient harm, or diversion of legend drugs/controlled substances, reports to Liaison faculty/Associate Dean immediately.
- Provides input for grading but does not give the grade. The clinical faculty liaison assigns the grade based on documentation from multiple sources.
- Provides documentation on the following:
  1. Signs the Clinical Hours Log for each shift.
  2. Completes the Preceptor Evaluation of Student (Survey monkey) for mid-term and final evaluation.
  3. Notifies the clinical faculty liaison promptly in writing or verbally if progress needs improvement before the midterm and final evaluations.
  4. Provides documentation to substantiate Student needs to achieve outcomes.

### C. Student

- Completes health, CPR, EPIC, and other training prior to or at the beginning of the clinical schedule as specified in Clinical Placements Northwest website, <https://www.cpnw.org>
- Works scheduled shifts and follows policies as indicated in section Scheduling of Shifts.
- Arrives at clinical at least 15 minutes early to prepare for the shift (this does not count towards required hours)
- Does not request personal phone, email or home address from Preceptor. Communications with Preceptor should be done through hospital phone or email and student's TCC email
- If not able to work a specific shift, communicates with Preceptor and Liaison Faculty at least one hour before the shift starts.
- Provides Clinical Hours Log for preceptor to sign each shift.
- Completes the Preceptor survey to allow information for a certificate of thanks to be issued to the Preceptor at the end of the course.
- Gets an ID badge and parking permit per facility policy from the security department of the hospital.
- Follows the policies and procedures of the unit under direction of the Preceptor.
- Follows TCC "Safe Medication Administration by Nursing Students Policy" and provides copy to Preceptor.
- Completes specific learning objectives on the hospital unit:
  1. Identifies specific objectives for each day, and shares with the Preceptor.
  2. Develops plans with the Preceptor to meet these objectives.

3. Works under the supervision of the Preceptor. Uses other persons in the setting appropriately for supervision and consultation.
4. Meets expected outcomes as identified in clinical evaluation.
5. Develops a teaching/learning relationship with the Preceptor, Unit Educator, and Unit Manager.
6. Informs the Preceptor and the clinical faculty liaison if there are concerns or difficulties.
7. Assumes responsibility for independent learning as appropriate.
8. Completes a clinical journal entry each week.

### 3 TCC NURSING DEPARTMENT CONTACT INFORMATION

**A. Associate Dean for Nursing**

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## 4. PREPARING FOR PRECEPTING THE STUDENT

### A. Curriculum

- Student has successfully completed five full quarters comprised of acute care clinical, lab, simulation, and theory courses.

### B. Scheduling of shifts

Except for class days, the student works the preceptor's schedule including weekends, holidays, etc. as necessary until the student accumulates the required 180 hours. Cannot opt out of preceptor's shifts for personal schedule reasons. Exceptions to this are at the discretion of the Liaison Faculty.

- There are an additional 10 hours for orientation outside of clinical shifts.
- The minimum shift time is 8 hours.
- Exceptions:
  1. There should be no clinical shifts during class days or a night shift before or afterwards. There should be at least 8 hrs rest between class and clinical.
  2. There is a maximum of 40 hours per week allowed.
  3. Students should avoid more than three 12-hr shifts in a row (exceptions by approval of Liaison Faculty).
  4. There is no overtime except for a brief extension of the shift due to unusual circumstances.
- All shifts are documented on Clinical Hours Log and signed by Preceptor each day.
- While alternate preceptors can be assigned, if necessary, to accumulate needed student hours, no more than 2-3 total preceptors should be assigned to a student.
- If a preceptor is ill or is cancelled from a scheduled shift, they should notify the student immediately. They can arrange an alternate preceptor for the student as long they are approved by the manager/charge nurse to precept and meet the WAC requirements (at least 1 year experience, etc).
  - The preceptor is asked to bring the secondary preceptor up to speed with the student's progress and learning needs.
  - Student communicates promptly to Faculty Liaison, including alternate preceptor name and email
  - *During their first shift together*, the student needs to provide a copy of the Essential Behaviors Agreement to the alternate preceptor for his/her review and signature. The student must also email a copy of the Preceptorship Manual to them prior to end of shift.
- A 30-minute lunch is not counted as clinical hours.
- Breaks should be taken according to institution policy and are counted as clinical hours.

### C. Clinical Activities

See NURS 296 Student Clinical Guidelines for allowed skills. This document is also accessible via scanning the students' QR Code attached to the back of their facility badge.

Must follow the health care agency's scope of practice for students. See below.

CHI Franciscan: Students will not practice clinical skills that they have not been taught in their nursing program or that typically need additional certification or training beyond basic RN

knowledge (e.g. Chemotherapy administration, insertion of PICC lines, independent double-checking of high alert medications). Students may **not**:

- Check or administer blood or chemotherapy
- Manage epidural and subcutaneous infusions
- Take verbal or telephone orders or acknowledge orders
- Manage PCAs
- Have independent access to Pyxis

Multicare: <https://www.multicare.org/forms-policies/> choose "Clinical Scopes of Practice."

Other hospital systems: determine appropriate policy/document from your orientation materials or your preceptor

#### **D. FERPA Law for Student Privacy** (Family Educational Rights and Privacy Act)

- FERPA generally prohibits the improper disclosure of personally identifiable information derived from education records.
- Under FERPA, a school may not generally disclose personally identifiable information from an eligible student's education records to a third party unless the eligible student has provided written consent.
- <https://www.tacomacc.edu/about/policies/confidentiality-of-student-records>

## **5 PROGRAM AND COURSE OUTCOMES**

### **Nursing Program Learning Outcomes**

Upon successful completion of the program the student will be able to:

1. Provide patient/client-centered care for diverse groups in the community across the lifespan in a manner that is holistic, caring, and demonstrates advocacy (LWC).
2. Demonstrate professionalism in the following ways:
  - a. Demonstrate skill in organization, prioritization, collaboration, delegation, and supervision.
  - b. Function ethically and legally within the standards and competencies of local, state, and national regulatory agencies and professional organizations.
  - c. Demonstrate commitment to lifelong learning.
  - d. Demonstrate humility by participation in evaluation, self-care, and self-reflection.
  - e. Utilize quality improvement processes including responsible use of resources (COK, RES).
3. Demonstrate competency in core nursing principles by being able to:
  - a. Be prepared to pass NCLEX and be employable as an entry level generalist RN.
  - b. Apply strong critical thinking and clinical judgment skills using evidence-based practice to make clinical decisions.
  - c. Efficiently use nursing process for care delivery.
  - d. Demonstrate basic competency in nursing skills.
  - e. Apply safety principles and national safety standards.
  - f. Effectively use healthcare related information and technology (COK, CRT, and IIT).
4. Communicate effectively with individuals and groups in a respectful, professional manner, using both verbal and written formats (COM).

### **Course Learning Outcomes**

Upon successful completion of the course, the student will be able to:

#### **Safety & Quality Improvement**

1. Demonstrate knowledge and application of appropriate organizational strategies that



support safety in the provision of health care. **PLO: 3**

2. Design and present a quality improvement project based on the clinical site's identified performance measures or nursing sensitive indicators. **PLO: 2**

#### **Patient Centered Care**

3. Plan and provide individualized nursing care to a group of assigned patient/clients in order to achieve optimal outcomes. **PLO: 1, 2, 3, 4**

4. Recognize the patient/client as having the control in his/her own health care choices and act as an advocate for the patient/client. **PLO: 1, 2**

#### **Professionalism & Leadership**

5. Demonstrate professional behaviors in the healthcare environment that provides the foundation for future practice. **PLO: 2, 3**

6. Differentiate various leadership roles and styles in the clinical practice site. **PLO: 3, 4**

7. Reflect on own leadership style in preparation for practice as a newly licensed registered nurse. **PLO: 2**

#### **Teamwork & Collaboration**

8. Collaborate with the interdisciplinary care team in shared decision making to provide quality, safe patient-centered care. **PLO: 1, 2, 4**

9. Utilize communication skills that contribute to effective conflict resolution, teamwork and patient/client centered decision-making. **PLO: 4**

#### **Clinical Judgment/Evidence Based Practice**

10. Apply previously acquired clinical judgment skills to the patient/client care setting in order to identify and prioritize nursing care. **PLO: 1, 2, 3**

11. Provide care that demonstrates evidence-based practice **PLO: 3**

#### **Informatics & Technology**

12. Utilize organizational technology infrastructure and support systems to facilitate evidence-based decision-making in patient/client care. **PLO: 3, 4**





## 6 ORIENTATION AND MENTORING OF PRECEPTOR

- Orientation of preceptor by the faculty liaison
  - Preceptor is contacted via email by Liaison Faculty; Preceptorship Manual is attached to email.
  - Agency contact information is exchanged.
  - Preceptorship Essential Behaviors Agreement is reviewed and signed by all parties within 2 weeks of student's first clinical day.
  - Faculty Liaison and preceptor confer weekly for orientation and mentoring.
  - More frequent visits will occur as needed.
  - Student outcomes are communicated.
  - Limitations of student scope of practice are communicated.
  - Evaluation process is explained.
  - Student assignments are explained.
  - Roles of preceptor, student, and Faculty Liaison are differentiated.
- Mentoring
  - Is ongoing through Faculty Liaison visits and other communication.
  - Online Nurse Preceptor Resources are available at <https://tacomacc.instructure.com/enroll/AY9HX8>  
[Click on "Join this course", then "modules"]



## 8 CLINICAL EVALUATION TOOL



NURS 296 Clinical VI Clinical Evaluation Tool		
Student Name:		
Student ID#:		
Qtr/Year:		
Fill in appropriate fields to the right and below. Student must obtain at least a 79% and a "3" grade or higher on all criteria on final evaluation. The areas with the (*) are part of Professional Behaviors Rubric categories.		
	MID-TERM	FINAL
SAFETY & QUALITY IMPROVEMENT		Write a grade of 2-5 in the boxes below
1. Demonstrate knowledge and application of appropriate organizational strategies that support safety in the provision of health care. PLO 3		
2. Design and present a quality improvement project based on the clinical site's identified performance measures or nursing sensitive indicators. PLO 2		
PATIENT-CENTERED CARE		
3. Plan and provide individualized nursing care to a group of assigned patient/clients in order to achieve optimal outcomes. PLO 1,2,3,4		
4. Recognize the patient/client as having the control in his/her own health care choices and act as an advocate for the patient/client. PLO 1,2		
PROFESSIONALISM & LEADERSHIP		
5. Demonstrate professional behaviors in the health care environment that provides the foundation for future practice PLO 2,3*		
6. Differentiate various leadership roles and styles in the clinical practice site. PLO 3,4		
7. Reflect on own leadership style in preparation for practice as a newly licensed registered nurse. PLO 2		
TEAMWORK & COLLABORATION		
8. Collaborate with the interdisciplinary care team in shared decision making to provide quality, safe patient-centered care. PLO 1,2,4*		
9. Utilize communication skills that contribute to effective conflict resolution, teamwork and patient/client centered decision-making. PLO 4*		



<b><u>FINAL COMMENTS</u></b>		
Faculty:		
Student:		

#### **DIRECTIONS FOR STUDENTS:**

1. Students will need to complete a self-evaluation at midterm and final portion of their clinical rotation (see Canvas Clinical Self Eval modules).

2. Your clinical instructor will then meet with you one-on-one and use the NURS 296 Clinical Evaluation Tool rubric to evaluate you. Once your instructor has discussed your progress and reviewed your evaluation, each student will need to sign the evaluation by going into the graded assignment and make a comment in the "comments section" simply stating **"This evaluation was reviewed with me by the instructor"**. You are free to make any additional comments as well in this field, however all that is required is your acknowledgement that the evaluation was discussed and reviewed with you by the instructor each student at midterm and at the end of the quarter clinical rotation. **DO NOT** use a paper form.

**DIRECTIONS FOR INSTRUCTORS:** Each instructor will use the Canvas rubric to evaluate students as no paper evaluations will be accepted. Once the instructor has met with the student and reviewed his or her progress and goals, the instructor is to instruct the student to go into the comment section of the graded assignment and document that the evaluation was reviewed with the instructor. This serves as the student's electronic signature and confirms the evaluation was reviewed with the student. **Instructors will no longer need to turn in completed evaluations to the team lead instructor.**

- |   |
|---|
| 1. The clinical evaluation tool is used for all clinical nursing courses. Each nursing course builds on prior knowledge, skills, and attitudes.   |
| 2. Each row item (boxes) must be checked by placing a number ranging from 2-5 in the appropriate box at midterm and final evaluation week.  |
| 3. All clinical learning experiences will be evaluated at the midterm and upon completion. The midterm evaluation is for formative purposes only, students who are not meeting clinical outcomes at the |

midterm will be counseled individually using a Progress Report for remediation planning. Evaluation will be based on direct observation of clinical skills, evaluation by clinical preceptor, paperwork submitted, and interaction with clinical faculty.
4. Each student will fill out a Canvas self-evaluation at both the midterm and final week which is in the form of an ungraded survey.
5. In the event a Student earns less than 79% or a 2 (Unacceptable) on any criteria at midterm, the instructor will develop a written remediation plan (Progress Note) that will be reviewed with Preceptor and Student.
6. The student must achieve a minimum score of 79% and a 3 (Novice) or higher on all criteria to pass clinical on FINAL eval. A "2" (Unacceptable) on final evaluation is a failure of the course.
7. The clinical evaluation tools will be uploaded to OnBase.

## Grade Descriptions

<b>1. A number "5" means the student (self-directed):</b>
- functions consistently with minimum guidance in the clinical situation
- recognized by staff, peers, patients, families, or community as practicing above and beyond expectations for course objectives
- engages consistently in self direction in approach to learning
- The student consistently exhibits (90% of the time) behavior that indicates achievement of the course learning outcome. Rarely (<10% of the time) the student needs directing, monitoring, or guiding
<b>2. A number "4" means the student (assisted):</b>
- functions satisfactorily with moderate to minimum guidance in the clinical situation
- demonstrates accurate and appropriate knowledge and integrates knowledge with skills and attitudes among interdisciplinary team members
- occasional prompting for engaging in self direction in approach to learning
- provides evidence of preparation for all clinical learning experiences
- follows directions and performs safely
- identifies own learning needs and seeks appropriate assistance
- demonstrates continued improvement during the semester
- uses nursing process and applies scientific rationale
- Most often exhibits (75% of the time): the behavior that demonstrates understanding and meeting the course learning outcomes. Sometimes requires (25% of the time): directing, monitoring, and guiding
<b>3. A number "3" means the student (novice):</b>
- functions safely with moderate to extensive amount of guidance in the clinical situation
- demonstrates adequate knowledge and requires moderate assistance in integrating knowledge and skills
- requires some direction in recognizing and utilizing learning opportunities

- Irregularly exhibits (60% of the time): the behavior that demonstrates understanding and meeting the course learning outcome. Repeatedly requires (40% of the time): directing, monitoring, and guiding
<b>4. A number "2" means the student (unacceptable):</b>
- requires intense guidance for the performance of activities at a safe level
- clinical performance reflects difficulty in the provision of nursing care
- demonstrates gaps in necessary knowledge and requires frequent or almost constant assistance in integrating knowledge and skills
- requires frequent and detailed instructions regarding learning opportunities and is often unable to utilize them
- not dependable
- is unable to identify own learning needs and neglects to seek appropriate assistance
- Rarely exhibits (<10% of the time): the behavior that demonstrates understanding and meeting the course learning outcome. Always requires (>90% of the time): directing, monitoring, and guiding.

**Student must obtain at least a 79% and a 3 (Novice) or higher on all criteria to pass.**

**Each student will need to complete their Self-evaluation Ungraded Survey by the day before the evaluation is due for instructor review.**

