

**UNIVERSITY OF LOUISVILLE
SCHOOL OF NURSING**

**NURS 494-90
Capstone Professional Nursing Practicum**

CLINICAL HANDBOOK FOR PRECEPTORS

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School of Nursing**

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Dear Preceptor,

Thank you for your participation in the clinical preceptorship experience for the University Of Louisville School Of Nursing. As course coordinator, I am very excited about this opportunity that will allow students to have an intensive, precepted clinical experience. These guidelines should provide information for you, the preceptor, as well as the student about the expectations and progression of the student through this experience. The responsibilities of each party involved in the student learning experience are in the following pages as are expected activities and behaviors of students. Guidelines are provided for the preceptor on how to advance the student's activities as the student demonstrates competence with regards to skills and medication administration with some restrictions in this area.

Each student has also been assigned a clinical faculty who will maintain close communication with the student and the preceptor. The clinical faculty will arrange orientation of students to the agency and will orient the preceptor as needed to their role and responsibilities.

The preceptor's perception of student performance is most valuable in assessing the student's progress toward the terminal objectives of the clinical experience. The clinical faculty and the preceptor will exchange phone numbers and email addresses to insure that close communication can be maintained throughout the clinical experience. The clinical faculty may visit the clinical site and/or conduct phone interviews or exchange email messages with the preceptor to evaluate the student's progression.

We trust that your judgment regarding the student's performance is based on your expertise as a practicing registered nurse. **Therefore, we want you to know that we trust your assessment of the student's performance and highly encourage you to contact us at the first indication that there may be concerns with the student's clinical performance and/or professional behaviors.**

If there are concerns about the student's performance, additional communication may be needed. The faculty may choose to follow the student for a number of hours to directly observe the student in the clinical setting. This may be initiated by faculty concerns or the request of the clinical preceptor.

The clinical faculty will further evaluate the student's performance through a reflective journal the student is required to submit each week describing his/her clinical activities and a detailed narrative of the care rendered to patients (adhering to strict HIPAA requirements).

The student's description of patient care must follow the format of the nursing process as follows:

- 1. Assessment:** subjective and objective data including physical, psycho-social, spiritual, cultural assessment, developmental stage and lab interpretation and diagnostic studies results and the associated nursing implications.
- 2. Nursing Diagnoses:** major patient problems identified for the day care is rendered based on the assessment and long-term patient issues that should be addressed
- 3. Planning:** what was the "plan of care" for the day (goals), what did you expect to reasonably achieved during the time which you provided care? How will you measure progress toward the goals.
- 4. Interventions:** what was done or should have been done. This should include collaborative care as well as nursing care. Provide scientific rationale for the interventions. Include your knowledge of medications and the nursing implications of those drugs
- 5. Evaluation:** what was achieved, did you meet your goals, how could you have done this better or differently to achieve the goals? Did you need to redefine your goals?

The clinical preceptor can assist the student in integrating knowledge while learning technical skills by helping the student focusing on the aspects of the nursing process as patient care is delivered.

Please review this document carefully prior to the beginning of the clinical experience. We want you to feel free to contact the student's clinical faculty or myself, the Course Coordinator for any concerns or questions about your role.

Thank you!

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UNIVERSITY OF LOUISVILLE SCHOOL OF NURSING
N494: CAPSTONE PROFESSIONAL NURSING PRACTICUM
GUIDELINES FOR PRECEPTORSHIP EXPERIENCE

The University of Louisville School of Nursing Agrees:

1. To offer an approved curriculum for undergraduate students that meets accepted national accreditation standards.
2. To be responsible for planning with the preceptor and agency administration experiences that facilitate meeting the learning needs of the student.
3. To require students to have current professional liability insurance.
4. To require students to carry health insurance.
5. To be currently certified in CPR.
6. To be current with all required immunizations and TB testing.
7. To require students to obtain final approval for additional learning objectives. Final approval will rest with the designated preceptor and the student's faculty advisor.

The Agency Agrees:

1. To provide opportunity for nursing care in a selected setting.
2. To allow students the opportunity to assume leadership roles learning experience within the confines of the practice setting.
3. To allow students to develop additional learning objectives for the clinical experience in collaboration with preceptor and faculty within the parameters of the agency.
4. To allow students the freedom to independently and/or collaboratively apply the skills of assessing, planning, implementing, and evaluating their own nursing care.
5. To utilize in collaboration with the School of Nursing the following criteria in selecting a student preceptor.

The Preceptor must:

Required qualifications:

1. Hold a current unencumbered license as a registered nurse in the state where the clinical site is located.
2. Show evidence of clinical competencies related to clinical teaching.
3. Hold a minimum of BSN.
4. Have at least 12 months of experience as a Registered Nurse

Additional qualifications

1. Be a registered practicing nurse in the facility.
2. Exhibit expertise in the field of preparation.
3. Have a committed belief in the expanded role of the professional nurse.
4. Be willing to serve as a preceptor.
5. Be willing to assume responsibility for making student assignments for independent practice with careful attention given to the scope of the individual's knowledge and skills.
7. Be willing for the student to pursue individual learning objectives within the parameters of the agency.
8. Share phone numbers and email addresses with the faculty for the purpose of ongoing communication regarding evaluation of student performance.
9. Work a minimum of 24-36 hours each week engaged in direct patient care.

The Preceptor Agrees:

1. To provide opportunity for the student to pursue learning objectives within the parameters of the agency and in accord with the nursing role assumed by the preceptor.
2. To allow the student the freedom to independently and/or collaboratively apply the skills of assessing, planning, implementing, and evaluating their nursing practice.
3. To provide opportunities for the student to assume a leadership role as a learning experience within the confines of the practice setting.
4. To serve as a resource person, consultant, and supervisor for the student's clinical nursing experience.
5. To be willing to assume responsibility for making student assignments for independent practice with careful attention given to the scope of the student's knowledge and skills.
6. To share contact information in order to communicate with the faculty on an on-going basis (email, telephone, face-to-face)
7. To initiate communication with faculty immediately regarding concerns about student performance and to discuss any needed actions.
8. To be licensed to practice nursing in the state of employment.

The Student Agrees:

1. To establish any additional learning objectives for the clinical experience in collaboration with the clinical instructor and preceptor. These objectives must be written and in measurable behavioral terms.
2. To negotiate with the preceptor for experiences that will facilitate meeting personal learning objectives and assist in the development of professional competencies.
3. To maintain pristine communication with the clinical faculty and the preceptor through email, phone calls or personal meetings.
4. To have current professional liability insurance, immunizations (including TB testing) and CPR certification.
5. To have current health insurance, and to assume the cost of any health care services not covered by insurance.

The Clinical Faculty Agrees:

1. To orient students and preceptors to the clinical experience.
2. To arrange for student orientation to the assigned agency and to facilitate student access to the agency.
3. To establish a mechanism for maintaining contact with preceptors during the period of preceptorship. Examples of mechanisms: electronic mail, telephone contact, on-site visits and/or discussions.
4. To provide a midterm and final written clinical evaluation to students.

Preceptorship Guidelines based closely upon those used by the University of Alabama School of Nursing for NUR 458. Used by permission of UAB School of Nursing.

EXPECTED STUDENT BEHAVIORS DURING THE PRACTICUM EXPERIENCE

I. Clinical Week: The clinical week is **SUNDAY** through **SATURDAY**.

II. Student Availability: Students must be available for clinical all days of the week Sunday through Saturday.

III. Attendance / Minimum Hours Requirement:

- The student must attend clinical at their assigned clinical facility a **minimum (not average) of 24 hrs per clinical week (two 12hr shifts)**.
- Partial shifts are acceptable only for students working **7P-7A (night) shifts**.
 - Students on nights may attend clinical from 7PM – 11PM the night before class and/or 11PM – 7AM the night following class if approved by both preceptor and clinical faculty.
 - **Students are not allowed to attend clinical for the full night shift before or after a SON class.**
 - **Violation of this tenet will result in forfeiture of those clinical hours.**
- Partial shifts are not acceptable for students with 7AM – 7PM clinical assignments unless there is agreement by preceptor and clinical faculty.
 - These partial shifts must be pre-approved by the N494 clinical faculty.

- If extraordinary circumstances create a rare need for a partial shift to complete clinical requirements, it must be pre- approved prior to the scheduled day by the clinical instructor.
- Partial shifts will not be approved for personal activities.
- Students are excused from the 24hr minimum of clinical hours only if their preceptor is not available for 24hrs that week or if he/she is working the day of class or the day before an exam and the student cannot be with the preceptor.

IV. Weekends: Students will be required to attend clinical on weekends, if necessary, to achieve the minimum required hours.

V. Maximum Hours Limit:

- Students are not permitted to attend clinical in excess of three 12 hr shifts. The risk for errors is increased with excessive hours and is not safe practice.
- **Clinical patient care hours reported exceeding three 12 hr shifts will be forfeited.**

VI. Scheduled course activities:

- Class time (as outlined on the course calendar) takes priority over scheduled clinical hours.
- Students assigned a night shift clinical will not be permitted to schedule a full clinical the night before a scheduled class or class activity.
- Students are not permitted to schedule professional activities in conflict with class time or other scheduled course activity.
- Students are also not permitted to schedule activities for another class.
- **Violation of this will result in forfeit of the clinical hours and the student will be formally counseled.**

VII. Personal activities:

- Personal activities (weddings, showers, vacations, doctor/dentist appointments, out-of-town trips, job interviews etc.) **must be arranged so they do not interfere with the expected clinical requirements and other required clinical and classroom activities.**
- Failure to obtain the weekly minimal clinical hours because of conflicts with personal activities or excessive absences may result in failure of the clinical experience.
- Students are expected **not to schedule outside work in conflict with class or clinical time.**
- **Students who have an important personal event** occurring during the semester should consult with their clinical faculty as far in advance as possible to arrange a way in which both personal needs and academic requirements can be met.

VIII. Schedules:

- **Clinical faculty are responsible for students and therefore must know at all times when the student is in the clinical area.**
- Students are responsible for submitting their clinical schedule to their Clinical faculty **at least one week ahead of their schedule.**
- No changes are to be made in the submitted Clinical Schedule without the express permission of the Clinical Faculty.
- Failure to notify the Clinical Faculty of schedule changes, missing clinical time (full day or partial day), or adding hours to the schedule without the faculty's permission will be considered failure to communicate and meet professional standards and will result in formal disciplinary action.
- This may also be construed as academic dishonesty and may result in disciplinary action and failure of the clinical experience.
- **Clinical hours reported to the faculty for which the faculty did not receive a previous schedule will be forfeited. It is the student's responsibility to submit the schedule on time.**

IX. Safe Practice:

- If at any time, a student is deemed unsafe or unprepared for clinical, the student may be dismissed from or prohibited from attending clinical.
- Whether or not the student is allowed to return to the area is solely the judgment of the clinical faculty and course coordinator.

X. Optional Professional Activities:

- The student must seek approval for these activities utilizing the “Request Form for Professional Activities” provided under “Course Documents” on Blackboard.
- The student must include an itinerary of planned activities and 2 written objectives for the experience.
- A contact person must be identified at the time the experience is arranged.
 - You must provide your faculty with the contact person’s name and phone number when you seek approval.
 - This person will sign your clinical log as verification of your hours of attendance.
- **The forms must be submitted at minimum 2 business days prior to attending professional activities**
- **Students who do not submit the request form or who submit the form in less than the required time before the activity and do not have faculty approval will forfeit the clinical hours reported for the activity.**
- After approval by the clinical faculty the student may attend the activity.
- Following the activity, the student must provide the clinical faculty with information as to **how the objectives were met in their next journal entry.**
- Please remember to *separate* these “Professional” hours from “Patient Care” hours with the preceptor when recording these on the clinical log and reporting these to the clinical instructor.

XI. Completion of Clinical Hours:

- All **210 clinical hours** must be completed by the date indicated on the syllabus calendar. ***** (maximum of 149 bedside hours) *****

XII. Clinical Evaluations:

- Preceptors will be oriented to the preceptor role by clinical faculty prior to the start of clinical.
- Preceptors will evaluate students on a daily basis and provide feedback to the student regarding clinical objectives.
- Students will have a midterm and final clinical evaluation with the clinical faculty.
- Input will be sought from the preceptor. The preceptor is welcomed to submit input to the clinical faculty on the student evaluation form located in this syllabus, however there is no requirement for the preceptor to complete an evaluation in writing.
- **Input will be given to the faculty during site visits and/or through phone or email conversations.**

XIII. Compliance with U of L SON and Clinical Site Policies:

- The student will comply with all policies and procedures of the clinical facility, including the SON clinical DRESS CODE.
- The students will wear their U of L student nametag and picture ID badge when in clinical at all times.
- If clinical site policies are more rigorous than SON policies, the student will abide by the clinical site policies.

XIV. Alternate Preceptors:

- **No other staff member may serve as the student’s preceptor other than the formally assigned preceptor without prior arrangements by the clinical faculty.**
 - In this case the staff member must meet the qualifications for serving as a preceptor, agrees to do so, and has approval from her/his nurse manger.
- Any hours accrued with an “alternate” preceptor that was not pre-approved by the clinical instructor will be forfeited.

XV. Procedures, Skills and Medications:

- The preceptor will make the determination when the student is competent to perform a skill.
- There are certain activities the student is prohibited from performing during the duration of the clinical experience.
- The student will **NOT**:
 - Initiate chemotherapy but may assist the RN in monitoring the patient during administration
 - Witness client signatures on legal consent forms
 - Take telephone medical orders
 - Sign out medication including narcotics without the preceptor
 - Initiate blood or blood products but may assist the RN in monitoring the patient during administration
 - Administer IV drugs, IV solutions, IV piggyback medication without **the direct supervision of the preceptor**
 - **“Practice” procedures such as IV sticks, phlebotomy, subQ or IM injections on any person (e.g., preceptor or staff) other than a patient on the assigned unit.**
- The preceptor will check all medications prior to administration by the student.
- Students must be supervised by their preceptor in medication administration.
- **Again, the student must always be directly supervised when administering any IV medication or IV fluids.**
- **Violation of any of these tenets may result in immediate failure of the clinical experience.**

CLINICAL DAILY LOG

- The student will maintain a **written log** of all patient care clinical hours that will be **signed DAILY** by your clinical preceptor.
- Additionally, you will maintain a **separate written log** of all professional activities.
 - This log should also be signed in by the contact person for days in which you have an alternative experience or a professional activity.
- Think of the log as your **clinical “time cards”**.
- Your faculty may periodically review this document.
- You will turn in your completed log to your clinical faculty at your final clinical evaluation as proof of your completed clinical hours.
- Falsification of clinical hours is considered academic dishonesty and will result in failure of N494 and be dealt with according to the academic dishonesty policy of the SON and the University.

END OF CLINICAL EXPERIENCE EVALUATIONS

- At the end of the clinical rotation, the student will complete an evaluation of their preceptor and **submit it to their clinical faculty during their final clinical evaluation.**

CLINICAL INCIDENT REPORT POLICY

All incidents, such as medication errors, an injury to a patient, exposure to communicable diseases, needle sticks or any incident that places a student at risk must be reported to the faculty member immediately upon occurrence. The student is responsible for completing the "Clinical Incident Report" (available from the School of Nursing Office) within 24 hours of the incident.

CLINICAL INCIDENT REPORT PROCEDURE

1. Student must notify faculty member as soon as an incident has occurred.
2. Faculty must ensure (a) the student completes the clinical incident report in an accurate and timely manner and (b) the agency receives communication about the incident.
3. If the incident involves a student injury and/or exposure, the student should contact the HSC Student Health Services at 852-6446. There is a HSC Student Health Services physician on-call 24 hours a day, 7 days a week to advise individuals.
4. In the event of a non-sterile needle stick, the physician will determine the need for any required interventions. IF an intervention is determined to be necessary, the physician will explain the process and make arrangements for the student to obtain emergency post-exposure drugs, available 24 hours a day. Any required blood work may be completed during routine office hours (Monday-Friday, 8:00am-4:30pm) up to 3-4 days after the exposure. Students who are rotating out of town should also follow the same process. The HSC Student Health Office will make arrangements for any necessary drugs through a local hospital or pharmacy as needed. The cost of the on-call service, diagnostic testing for the student and the initial 5 day starter supply of medications is included in the student health fee.
5. Any incident involving a student(s) must be reported by completion of the Clinical Incident Report Form within 24 hours of the occurrence.
6. The completed Clinical Incident form must be submitted within 72 hours of the occurrence to the course coordinator who will then forward the form to the Associate Dean for Academic Affairs for signature.
7. Associate Dean for Academic Affairs should forward to the Dean for signature.
8. Signed form should be filed in office of Associate Dean for Academic Affairs.

Approved: HSC Legal Council (Glenn Bossmeyer)

Date: September 13, 1999

Revised: October 3, 2001

Approved by HSC Legal Council, Glenn Bossmeyer October 3, 2001

Reviewed and Updated by Academic Affairs Committee, February 8, 2019

**University of Louisville School of Nursing
CLINICAL INCIDENT REPORT**

Clinical Facility _____ Date/Time of Incident _____

Student Name _____
Address _____
Phone (W) _____ (H) _____
Insurance company _____
Named Policy Holder _____

Clinical Facility/Site Agency Name _____
Address _____
Phone _____
Area incident occurred _____
Name of Facility/Unit Supervisor _____

Student description of incident, including others involved: _____

Student summary of how this incident could have been prevented/how will such incidents be prevented in the future: _____

Use back of report sheet if more room is required.

Medical treatment given; including time and date _____

Any restrictions noted during medical treatment _____

IF THIS CLINICAL INCIDENT INVOLVES AN INCIDENT TO A STUDENT, THE STUDENT HAS BEEN ADVISED THAT THEY ARE RESPONSIBLE FOR THE COST OF HEALTH CARE SERVICES.

Report prepared by _____ Date of this report _____

Signature, Clinical Instructor _____ Date _____

Signature, Clinical Course Coordinator _____ Date _____

Signature, Program Director _____ Date _____

Signature, Assoc. Dean for Academic Affairs _____ Date _____

Signature, Dean _____ Date _____

Clinical Evaluation Tool

Fourth Semester

Student Name _____ Student ID _____

NURS _____ Semester & Year _____ Faculty Name _____

Evaluation Criteria	Midterm			Final	
	S	NI	US	S	NI
Program Goal #1: Prepare professional nurses to use critical thinking and apply ethical standards in the provision of nursing care.					
Program Outcome #1a: Demonstrate professional nursing standards of moral, ethical and legal conduct.					
Appraise the roles and responsibilities of the professional nurse.					
Consider legal and ethical behaviors in the provision of safe and effective care.					
Assume individual responsibility and accountability for nursing interventions, outcomes, and other actions.					
Maintain confidentiality of health records in an ethical manner.					
Program Outcome #1b: Apply critical thinking in the practice of nursing with individuals, families, groups and communities.					
Discriminate the principles of critical thinking.					
Consider evidence of critical thinking when communicating with clients and staff.					
Appraise critical thinking within the nursing process when planning and providing patient care.					
Program Goal #2: Prepare professional nurses to engage in scholarly inquiry and lifelong learning to provide evidence-based, safe, and effective care to individuals, families, and communities.					

Program Outcome #2a: Use current evidence in the planning and provision of patient-centered care.					
Integrate evidence-based interventions that promote the health of individuals, families, and communities.					
Critique evidence-based literature related to clinical practice.					
Defend the need to incorporate evidence-based practice into the plan of care.					
Program Outcome #2b: Demonstrate knowledge & leadership skills in the provision of quality patient-centered care.					
Evaluate the role of leadership in the clinical setting in identifying and meeting health needs of individuals, families, groups, and communities in the healthcare system.					
Value the importance of taking initiative in the clinical setting.					
Integrate principles of delegation and prioritization.					
Value the importance of patient-centered care.					
Program Goal #3: Prepare professional nurses to collaborate with inter-professional teams to provide culturally relevant patient-centered care.					
Program Outcome #3a: Communicate effectively with individuals, families and groups.					
Incorporate principles of therapeutic communication when working with individuals, families, and groups.					
Analyze communicate techniques to convey relevant data.					
Integrate effective communication in the provision of patient-centered care.					
Program Outcome #3b: Collaborate with inter-professional teams to provide effective, patient-centered, culturally competent care.					
Discriminate between intra and inter-professional team member roles and scopes of practice.					
Choose patient care technologies to effectively communicate the patient's health status and needs with the interprofessional team.					
Evaluate culture, values, and beliefs and their effects on the behavior of self and others.					

Integrate principles of culturally competent care.					
Program Goal #4: Prepare professional nurses to act as change agents to achieve optimal health outcomes through quality improvement and changes in health care policy in diverse microsystems of care.					
Program Outcome #4: Describe the role of health policy in the provision of health care.					
Appraise methods to deliver care in a timely and cost-effective manner.					
Analyze opportunities to improve the quality of patient care.					
Examine the use of policy development in the provision of client care.					
Consider the importance of patient advocacy					

Student Signature _____ Date: _____

Faculty Signature _____ Date: _____

Faculty Comments:

Student Comments: