

UMassAmherst

College of Nursing



2019-2020

Undergraduate Preceptor Handbook

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INTRODUCTION

Thank you for agreeing to be a preceptor for an undergraduate nursing student from the University of Massachusetts Amherst College of Nursing. This handbook has been developed to assist you in this role. The information that follows in this handbook provides an overview of preceptorship and the importance of the preceptor role. It includes specific course requirements, key policies of the College of Nursing, and the College's values, vision, and mission.

Please review these materials prior to meeting with the UMass faculty member. The faculty member will contact you for an appointment at a mutually convenient time and place for a brief orientation and to address any questions or concerns you may have. Although our goal is to provide this orientation prior to assignment of students, it is not always possible, given busy schedules. Therefore, it is important to familiarize yourself with this information and become comfortable with it. The orientation will take place as early in the semester as possible.

Please feel free to contact the specific course faculty member with whom you are working at any time. Other resources include:

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PRECEPTORSHIP

The Preceptor Role

A preceptorship is a time-limited professional relationship that assists a student to acquire professional knowledge, attitudes and skills. Because nursing is a practice-based profession, it is critical for nursing students to be able to increase their competency and confidence in decision-making, clinical skills and application of knowledge, within the clinical setting to which they are assigned.

As a preceptor, you have a unique opportunity to share your knowledge, skills and attitude with a nursing student who has only limited experience in your clinical area. As a preceptor, you are the expert and will facilitate the student's learning about your practice setting and your clinical specialty.

The preceptorship begins with establishment of a one to one relationship between you as a clinically skilled individual and the student, who is a novice learner. In that relationship, you and the student will build a sense of trust, which fosters open communication and learning (Trede, Sutton, & Bernoth, 2016). Other facets of this relationship will include open communication, mutual respect, and role modeling, which are also some of the components of an effective mentoring relationship (Eller, Lev, & Fuerer, 2014).

There will be four facets to your role as preceptor: protector, educator, facilitator, and evaluator (Boyer, 2008; Omer, Suliman, & Moola, 2016). In the role of protector, you advocate for the safety of the student as well as the safety of clients as you go about your daily practice. As an educator you provide guidance and support to the student who is learning to enact the professional nursing role. As a facilitator, you act as a role model; you allow the student to observe and experience what you, the expert, do on a daily basis, ask questions, and critically analyze what is observed. As a facilitator, you also socialize the student into the culture of the nursing unit, introduce the student to others, and help to integrate the student into the unit as a whole. As an evaluator, you make observations to gather evidence about the student's capability for safe and effective nursing practice (Staykova, Huson, & Pennington, 2013). It is important to be comfortable sharing your observations directly with the student and also with faculty to best promote the student's overall learning. Raines (2012) found that preceptors generally want to be involved with the educational process. Please know that UMass faculty welcome and will seek out your observations and feedback on student performance.

Fundamental to the preceptorship process is your willingness to share professional values, beliefs, and skills, while incorporating professional standards of practice and legal and ethical parameters. As you practice your profession, the student will be watching, assisting, and asking questions. A preceptor must be comfortable with this approach. During each clinical day, you will be allowing the student to provide direct patient care under your supervision. No UMass faculty member will be with you or on-site on a continuous basis. You and the student will decide what specific learning experiences need to take place to meet the course objectives and the student's goals for professional growth. These experiences may involve caring for patients of different acuity levels or who require specific monitoring interventions, providing case management to families, collaborating with the interdisciplinary team, delegating activities to team members, or teaching individuals within the agency or at home. In some courses, students may be asked to provide care to a multitude of patients or families or act as team leaders in multidisciplinary teams.

In the aggregate over years of time, some of the frequent self-identified needs of students include learning to manage and prioritize workload, apply critical thinking skills to specific situations, communicate with other members of the interdisciplinary team, delegate appropriately, and deal with conflict.

While serving as a role model, it is helpful to remember what it was like for you when you first became a nurse. The student will need your empathy as well as your knowledge to support effective learning. Not all students are alike, and we at the UMass College of Nursing value and support the individuality and diversity of each student, allowing flexibility in learning and teaching to accomplish educational goals.

We would be remiss without including this final note to you, the preceptor. Adding the role of preceptor to the responsibilities associated with a full nursing workload creates additional work because you are meeting clients' clinical needs as well as the student's learning needs (Omansky, 2010). At times, this can lead to an increased sense of pressure in the workplace (Panzaveccia & Pearce, 2014), especially in the early weeks of preceptorship when students are acclimatizing to the unit and expectations for performance. We recognize the added responsibilities you are willing to take on and are grateful for this important work you are willing to do!

Students as Adult Learners

Our students are adult learners who are motivated by professional and personal attributes. While every student experiences some anxiety and uncertainty, he/she is here to learn.

Knowles (1990) identified these characteristics of an adult learner:

1. Adults prefer to know why they need to learn something before undertaking to learn it.
2. Adults will invest considerable energy to something that they want to learn and perceive value in learning.
3. Adult learners wish to be treated with respect and as being capable of self-direction.
4. Adults bring with them a volume of past experiences, including experiences with learning. These past experiences can be positive or serve as a barrier.
5. Adults want to learn materials that have practical application. They want to learn in real life situations.

Teaching Learning Methods

Given these characteristics it might be useful to review some teaching methods for adult learners. Many of these methods are ones you probably already use in teaching patients and families. There is no one "right way" or method to teach clinical skills. It is a process, so you can choose from among several methods depending on the learner's needs and style of learning and the practice setting itself.

Experiential Learning. Experience is a common method of teaching clinical skills in nursing. It provides for direct experience in a practice setting, including patient care, but also interaction with other members of the health care team. While the student may never choose to work in this clinical setting,

critical thinking and problem solving processes are developed as the student confronts unfamiliar situations. Along with considering the student's learning goals, it is important for you as preceptor to assess the student's clinical skills for this practice setting, as well as your ability to provide the necessary supervision. Activities to supplement learning may include assigning the student to read policies and procedures, specific journals or other reference and evidence-based materials, develop worksheets, and provide return demonstration of procedures.

Often in experiential learning the student is required to maintain an electronic reflective journal. Generally in this document the student records thoughts, feelings, and discoveries about the clinical experience and demonstrates the ability to incorporate previous learning in the critical thinking process. The journal may also serve as a place for faculty to ask the student questions to guide learning. The faculty is responsible for evaluating the quality of the journal for purposes of student grading.

Problem Solving. Problem solving is a process that allows the learner to analyze a clinical situation in depth. It can be initiated by asking the student to clearly explain a specific problem, consider multiple interventions while applying clinical knowledge, and then making a decision recognizing the patient's uniqueness. It can be very helpful to have the student differentiate between subjective and objective data, assumptions and inferences. As gaps in knowledge are identified, they can become learning goals.

Conference. A conference is a discussion involving two or more individuals. Problem solving is encouraged as well as the development of communication skills and group process skills. Problem solving, time management and knowledge application are all possible areas for conference topics.

Observation. Observation allows a student to experience an area on a short-term basis. An observation may be participatory in which the student contributes by performing limited activities. Observation allows the student to view a new professional role or see a procedure performed. It is important to have the student express his or her thoughts before the experience and then, after the experience, to identify changes in perception.

In sum, there are a variety of methods to use in helping the student reach his or her learning goals. If you could benefit from additional discussion about teaching/learning methods, feel free to discuss them with the faculty member during a site visit or by telephone or email.

Learning Styles

Each of us can learn in many ways, but many of us tend to have preferred learning styles. Although the literature abounds with information about this topic, some opposites or contrasts in learning styles that tend to apply to nursing are outlined in the following paragraphs. Knowing about these can help to avoid inaccurate conclusions about a student's performance to the extent that it is based on learning style. It is helpful but not necessary for the preceptor and student to have similar learning styles. What is critical is that the preceptor and student can recognize their differences in preferred learning styles, and adjust their teaching or learning for maximum student benefit.

Extrovert versus introvert.

Extroverts think best and prefer to learn by talking. They enjoy being active, as seen in their preference for performing psychomotor skills and working as a member of a group. In contrast, introverts prefer to read and use internal processing for learning. They need time to do this and do not like to have their thoughts interrupted. They also prefer to work individually (Lawrence 1993; Anderson, 1998).

Thinking versus feeling.

“Thinkers” prefer organization as a trait of the individual doing the teaching, enjoy objective materials to study and learn from, and find specific performance criteria useful. In contrast, those who learn best through “feeling” enjoy having a good rapport with the person doing the teaching and learning is enhanced by personal relationships (Lawrence 1993; Anderson, 1998).

Doing versus watching.

“Doers” prefer a hands-on approach to learning, especially related to nursing activities. They may never feel they have learned something until they have “done it themselves.” In contrast, “watchers” prefer to observe an activity one or more times to assimilate it before practicing it themselves (Lawrence 1993; Anderson, 1998).

Creating an Environment for Learning

The student’s first impression (which sets the tone for the entire clinical experience) is formed in response to how you welcome him or her to the nursing unit. Your pleasant expression and welcoming manner not only create a sense of being valued but also assist the student to work at his or her best level of performance (Myrick and Yonge, 2001).

Other ways to create an environment for learning include the following (adapted and expanded from Henneman & Roche, 2002):

- On the first day, introduce the student to the other members of the health care team and give them a physical tour of the unit. Not only will the student feel welcomed, but it helps to reduce the “fear of the unknown,” and can therefore assist learning.
- Share information needed to work successfully on the unit. These include codes to supply rooms, break rooms, and the like, and the location of items such as policies and procedures, key items, phone lists, and others.
- Set the student up for success by choosing over time assignments that will be challenging but will not cause unnecessary frustration. Learning usually proceeds better when following a “simple to complex” pattern.
- Seek out and share complex or difficult patient situations so the student can learn to manage them while in the “protected” or supported student role.
- Tell the student “I don’t know but let’s find out” when it applies. This not only obtains the required information, but also helps the student learn a process for finding similar information in the future.
- Set aside a specified short period each day to communicate with the student solely about his or her learning. This practice seems simple and perhaps silly but can be quite valuable when confronted daily with a busy unit and multiple priorities that compete for your time and attention.

- Celebrate the student's successes. Not only will this provide positive reinforcement for good nursing practice, but also it will help to balance those times when you need to communicate areas needing further development.

Useful Communication Techniques

To maximize a student's learning in the clinical setting, communication needs to be open and honest. General principles for oral communication generally include the following:

- Be generous in providing praise, support, and encouragement (remember what it felt like to be a student).
- Listen fully and openly to what the student is saying.
- Be gentle, honest and constructive when critiquing performance.
- Use a "feedback sandwich" approach when critiquing performance. Begin with a positive comment, add your constructive comments, and end with a positive comment. Be sure to be specific and genuine.
- Provide feedback immediately after a new skill or other event.
- Provide feedback in a safe environment away from patients, families, or other staff.
- Make it a habit to provide daily feedback as well as the more formal weekly feedback.
- Self-evaluate the nature of your feedback. Is it specific rather than general? Factual rather than opinionated? Descriptive rather than judgmental? Timely? Appropriate? Complete? Remember the purpose of feedback is to improve, not to invalidate.
- Encourage questions from the student and reassure them that no question is stupid.
- Share questions and concerns with the faculty member. It is far easier to address a problem that is identified early in the semester than near the end. Avoid the temptation to "wait and see;" if you haven't shared the problem, it is not likely to "get better" on its own.

Strategies for communication to enhance ongoing learning may include the following:

- "Think out loud." As you talk about patient status and daily activities and explain the rationale for your nursing actions, the student hears how you make decisions and prioritize your actions. This is especially useful near the beginning of the learning experience when the student may be more self-conscious about asking questions independently.
 - Ask questions. This stimulates the student's thinking about what is important in any given clinical situation. Be sure to allow at least a 3-second wait period to allow the student time to formulate a response.
- Answer questions. First assure the student there is no "stupid question," except the one that goes un-asked. Provide answers and also show the student where to find the answer to similar questions, which will help the student become more self-reliant in the future.
- Use demonstration and return demonstration. Sometimes one picture is worth a thousand words. This is especially helpful for nursing skills and other activities, such as filling out unfamiliar forms.

Assessing Student Progress

As a preceptor you supervise the actions of the student. Therefore, always develop clear and specific plans regarding those aspects of care for which you will be responsible and those for which the student will be held responsible. Continuously communicate with the student. Share responsibility. Evaluate the student's performance with both positive and constructive feedback.

To aid in communicating information about a student's progress, specific forms may be used in certain courses. For example, a weekly communication form provides a structure and a process for sharing ongoing feedback and evaluating achievement of individual student goals. When reviewed collectively, these forms help support the ratings given for specific behaviors listed on the course clinical evaluation tool (see paragraph that follows).

The student will ultimately be evaluated to the degree that he or she meets the course objectives, which are listed on the course's clinical evaluation tool. Each course objective has specific behaviors written beneath it, to help guide decision-making about the degree to which the overarching objective has been met. It is the faculty member's responsibility to officially evaluate the student, but as a preceptor, you will provide input using weekly communication tools and at specified points, such as mid-course and end-of-course.

UNIVERSITY OF MASSACHUSETTS COLLEGE OF NURSING INFORMATION

Accreditation

The Nursing Program is accredited by the Commission on Collegiate Nursing Education (CCNE), a national nursing education accrediting body, and approved by the Massachusetts Board of Registration in Nursing.

Vision, Mission, & Values

Vision

The College of Nursing is a force for innovation, learning and discovery in preparing culturally proficient nurses for leadership in health for a global society.

Mission

To provide an affordable and accessible education to enhance health and healing through nursing leadership in teaching, scholarship, practice and service.

Values

We, the faculty of the College of Nursing, are committed to:

Caring and Collaborative Relationships

- Caring and compassion as the heart of evidence-based nursing practice.
- Collaboration with clients, nursing and interdisciplinary peers as essential to enhancing health and healing.
- Attending to the needs and input of vulnerable and underserved populations.

Leadership

- Nursing's contribution to reducing health disparities and promoting health in a global society.
- An environment that enhances the social conscience and professional development of all members of the College of Nursing.
- The knowledge that environments are interrelated systems that affect and are affected by nursing practice, culture, and public policy.
- Students developing their identity as agents for innovation in the world.

Excellence

- The reciprocal relationships among teaching, scholarship, and engagement.
- Encouraging integrity and high moral character in all members of the College of Nursing.
- Becoming reflective practitioners to increase the authenticity of our work. (Boyer, 1990)

Innovation

- Creative ways of acquiring, managing and sharing knowledge.

Diversity

- Striving to design and provide culturally sensitive nursing care in a global society.
- Promoting diversity in our College and in the profession.

Lifelong Learning

- Arts, humanities, and sciences as a foundation for nursing education.
- Learning as a dynamic, collaborative process that promotes mutual growth of students and teachers.

(Approved by Faculty Assembly, 5/21/08; reviewed 2018)

Engagement Goals

Establish innovative scholarly engagement models that define and respond to the health of the public. Our goal is to:

1. Contribute to the search for answers to the most pressing social, civic, economic and moral problems facing our profession and world today. (Boyer, 1990)
2. Facilitate and enhance an organizational culture of diversity that promotes the success of collaborative partnerships, relationships, and affiliations within a global community.
3. Promote and expand faculty practice, which reflects the expertise of faculty needs and needs of our communities of interest.
4. Promote faculty development and systematic understanding through a variety of mechanisms that would include:
 - a. Coordinating access to all existing internal university resources.
 - b. Securing external global resources.

- c. Mentoring faculty with the ongoing development of their academic careers.
5. Contribute to systematic and structural improvement of the University and U-Mass systems.
6. Promote service to the underserved and vulnerable populations in our region.

Teaching Goals

We prepare professional nurses by creating an innovative environment for inquiry, discovery, and learning with diverse populations. Our goals are to:

1. Ensure a flexible learner centered environment that utilizes information technology to its highest potential to ensure collaboration and inclusiveness
2. Foster the advancement of students through graduate education
3. Ensure a comprehensive, cohesive curriculum that prepares students for leadership in a changing and diverse sociopolitical world.

Scholarship Goals

Enhance the art and science of nursing by creating, translating, and disseminating knowledge. Our goals are to:

1. Facilitate the scholarship of discovery, integration, application and teaching
2. Foster a creative environment that supports scholarship activities
3. Enhance mechanisms for interdisciplinary scholarship.

(Approved by Faculty Assembly 5/21/08; reviewed 2018)

Nursing Preceptor Policy
 University of Massachusetts Amherst, College of Nursing
RN TO BS STUDENTS
 Nursing 315: Health & Physical Assessment
 Preceptor Agreement Form

PLEASE PRINT
STUDENT:

Student's Name: _____

Date: _____

Student's Email: _____

PRECEPTOR: Please complete all sections of the template and return to the course coordinator. Your signature verifies the accuracy of the information. We welcome your application and interest in students at the College of Nursing!

Clinical Preceptor Verification Form

Please complete all sections of the form and return to the course faculty or course coordinator. If you also have a resume or CV, please attach/send as well. Your signature verifies the accuracy of the information. We appreciate your interest in working with College of Nursing students in internship!

I. General Information

Legal name:	Last:	First:
Clinical Agency and Location:		
Position Title:		
Clinical Unit:		
Work email address:		

II. Education and Credentials:

Year of Degree	Degree	Institution and Location

State(s) in which you hold an active license as a registered nurse:

State	RN License Number	License Expiration Date

III. I verify all information in the application template is correct. If completed electronically and returned by email, the email will be printed to serve as verification of signature and date.

Signature: _____

Date: _____

Dear Prospective Preceptor:

Nursing 315, Health & Physical Assessment, is a required course in the RN to BS completion program at UMass Amherst College of Nursing. As a practicing nurse, you know how important competent nursing health and physical assessment skills are to improving patient outcomes, regardless of the practice or specialty setting. I want to thank you in advance for your willingness to share your time and expertise with this Nursing 315, Health & Physical Assessment, students. Partnerships between practicing nurses and returning nurses can only strengthen our profession and our ability to serve the public to which we are all committed. Please read the following, and if you are in agreement, send a signed copy of the agreement to Liz Theroux, Program Assistant at: **University of Massachusetts College of Nursing, 651 North Pleasant Street, Amherst, MA 01003-9304**, or fax a copy to **(413) 577-2550**, or email scan a copy to [**etheroux@acad.umass.edu**](mailto:etheroux@acad.umass.edu).

Agreement:

The above named student (_____) has shared with me a copy of this course's Nursing 315: Health and Physical Assessment) Syllabus and Course Expectations. I am a registered nurse with a baccalaureate degree in nursing and have completed an undergraduate health and physical assessment course. I agree to act as this student's preceptor for this course and understand that I will be supervising physical assessment assignments, and a final physical assessment hands-on exam, following a schedule developed with the student. It is anticipated that my total preceptor time commitment to this student for the semester will be approximately 20 hours.

I understand that the student will provide me with an updated copy of the complete syllabus and any physical assessment assignments once the semester has commenced.

I understand that the student is expected to complete her/his readings and view her/his assigned videos before doing any hands-on activities. I also know that I may withdraw my offer to precept this student for any reason.

Preceptor Signature: _____

Date: _____

POLICY FOR PROCURING CLINICAL PRECEPTORS for Prelicensure Students

N498E – Clinical Internship (Nursing Major)
N498 – Practicum: Internship (Accelerated Track)

Policy: The College of Nursing at the University of Massachusetts Amherst adheres to the Massachusetts Board of Registration in Nursing: Guidelines for Clinical Education Experiences. According to 244 CMR 6.04: *A preceptor is required to have a baccalaureate degree in nursing, master's in nursing preferred and expertise in the clinical area being precepted.*

In addition, program faculty selected to use a preceptorial learning experience should have:

- 1. a designated faculty member who is responsible for the coordination of the experience;*
- 2. a preceptor who would lead, guide and advise students in a dynamic relationship that facilitates synthesis of skills, promotes independence, autonomy and self-actualization. As a direct supervisor, a preceptor provides guidance for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity;*
- 3. a preceptor who is responsible for directly facilitating learning activities of no more than two (2) students at one time; and*
- 4. a written agreement with the cooperating agency, which includes specific responsibilities of program, student, preceptor and faculty. Such agreement shall be current and reviewed annually.*

Procedure: The following is a recommendation from the MA Board of Registration in Nursing (BORN). The College of Nursing does not procure preceptors, rather preceptors are requested from and assigned by the clinical agency.

To prepare our senior undergraduate students for their clinical internships, the following procedure will be used in procuring clinical preceptors for each undergraduate senior student in the program:

- The Clinical Placement Coordinator will discuss the position of clinical preceptor with nurse managers of the assigned unit who can identify potential candidates.
- All preceptors should possess a Bachelor's degree or higher in nursing.
- The Clinical Placement Coordinator will submit a current resume template of the prospective preceptor to the Course Coordinator in advance of the first day of the semester or as soon as the preceptor is identified by the unit.
- The resume template will be reviewed by the Course Coordinator and Assistant Dean and approval given.
- Upon approval, a formal letter will be sent to the preceptor and saved by the Clinical Placement Coordinator.
- If disapproved, both the clinical coordinator and the potential candidate will be notified.
- Evaluation of the preceptor by the designated faculty responsible for the coordination of the experience is submitted to the Assistant Dean and the Clinical Placement Coordinator within 30 days of the completion of the semester.

Preceptor Form: For Prelicensure Undergraduate Tracks

A copy of the form reproduced below is completed by the preceptor prior to a student's precepted clinical experience and sent to the course coordinator or faculty of record.

Clinical Preceptor Verification Form

Please complete all sections of the form and return to the course faculty or course coordinator. If you also have a resume or CV, please attach/send as well. Your signature verifies the accuracy of the information. We appreciate your interest in working with College of Nursing students in internship!

I. General Information

Legal name:	Last:	First:
Clinical Agency and Location:		
Position Title:		
Clinical Unit:		
Work email address:		

II. Education and Credentials:

Year of Degree	Degree	Institution and Location

State(s) in which you hold an active license as a registered nurse:

State	RN License Number	License Expiration Date

III. I verify all information in the application template is correct. If completed electronically and returned by email, the email will be printed to serve as verification of signature and date.

Signature: _____ Date: _____

Course Faculty Responsibilities

1. All faculty must upload their health records and agency documentation into the Castlebranch system. (Castlebranch is the vendor the College of Nursing uses for background screening and compliance tracking solutions).
2. Provide the preceptors with course outline, course-specific clinical evaluation tool, contract of clinical responsibilities, and any other relevant material.
3. Ensure that students have completed required basic orientation to the clinical facility.
4. Be available to guide and advise students or preceptors as needed.
5. Be available to negotiate or intervene in any problems that might develop between the student and agency.
6. Make site visits (and telephone calls), meeting with the preceptor to monitor the progress of the student.
7. Make site visits (and telephone calls), meeting with appropriate administrators as needed to arrange and maintain the relationship with the agency
8. Provide guidance to the preceptor in the use of the clinical evaluation tool.
9. By the sixth week of the semester, notify in writing any student with a problem in the clinical area, documenting the nature of the problem and a plan to address the issue.
10. Guide any remediation that is required in the Nursing Clinical Simulation Laboratory or clinical setting.
11. Complete the mid-experience and final evaluation of the student, including input from the student's self-evaluation and the preceptor evaluation.

Student Responsibilities

1. Castlebranch is the vendor the College of Nursing uses for background screening and compliance tracking solutions. Maintain current health records and clinical agency documentation at least 4-6 weeks prior to beginning clinical experience.
2. Develop individual objectives based upon the course objectives and individual student skill level, inventory assessment, needed skills, and career goals. (Bring these objectives to the first meeting with the preceptor).
3. Complete a "skills inventory" and present it to the Preceptor at the first meeting.
4. Identify personal limitations and strengths and share with the preceptor to ensure patient safety.

5. 4 year Nursing Majors: Negotiate specific hours and dates with the preceptor within the required time frame (156 hours). Students may not schedule time on Wednesday nights, Thursdays, or on Friday mornings, because of the needs of other required courses. It is expected that students will work some weekend time in order to meet the clinical hours requirement and gain an appreciation for management of groups of patients during weekend hours.
6. Accelerated students have on-campus course work one day a week and have wide availability to work with preceptors six days a week, for a total of 168 hours.
7. All undergraduate students will **notify their faculty instructor of their clinical schedule with their preceptor at least two weeks in advance**.
8. All undergraduate students will arrive on time, prepared for the clinical assignments:
 - Follow agency dress code with University of Massachusetts Amherst Name Badge.
 - When there is an illness or other pressing problem and the student must be late or absent, **contact the preceptor and the agency in advance**. Notify the unit a minimum of 1 hour before the start of the work shift and notify the clinical faculty according to the method and timeframe determined by each faculty.
9. Contact clinical faculty with any problems with the clinical experience. Provide the instructor with a clear description of the problem, contributing factors, and tentative solutions.
10. Keep a daily log of clinical experience to submit to faculty weekly.
11. Share relevant clinical experiences in clinical conferences while maintaining client confidentiality, so as to uphold HIPAA guidelines.
12. Provide the faculty with a mid-clinical and final self-evaluation based on individual and course objectives. Meet with faculty and preceptor for collaborative evaluation.

Preceptor Responsibilities

1. Meet the state requirements of a BS in Nursing; have at least one full year of clinical experience, familiarity with the clinical agency, and familiarity with scope of professional nursing practice.
2. Meet with the student to review objectives and dates and hours for the student clinical experience within the course objectives and requirements.
3. Orient the student to the Nursing Unit (including physical layout, introduction to staff, equipment, policies and procedures specific to unit or agency).
4. Supervise procedures and medication administration to ensure patient safety.

5. Serve as a resource person and mentor the student in the clinical agency. Facilitate increasing independence of the student over time, ensuring safe practice. Preceptor is responsible to oversee the student assignments to ensure that the responsibilities are appropriate for the student skill and experience level.
6. If an illness or other problem occurs and the preceptor is absent, he/she should arrange for an alternate preceptor and notify the student of the change.
7. Contact the Faculty Course Coordinator immediately with problems with the student's clinical performance. Telephone consultation with faculty and agency visits are available on an as needed basis. Any student who is not performing well must have written notification from the faculty by the sixth week of the clinical experience.
8. Be available to meet with the clinical faculty coordinator for prescheduled visits at the clinical sites.
9. Complete weekly student/preceptor evaluation forms.
10. Contribute to the student evaluation process by completing written evaluations of the student at midterm and the end of the experience. The written evaluations should be based on student accomplishments and student and course objectives. Preceptors participate in an evaluation conference with the student and the faculty coordinator to provide feedback regarding the course evaluation.

Clinical Setting Policies and Procedures

Health Requirements

Students in the College of Nursing are required to adhere to certain health maintenance procedures in compliance with standards prescribed by affiliating clinical agencies and The Commonwealth of Massachusetts General Laws, Chapter 76, Section 15C, entitled "Immunization of college health science students" Students may use the services of their own family health care providers or the University Health Services. The policies are intended to protect the health and well- being of the client as well as the nursing student engaged in clinical practice.

Good Moral Character Policy

The Massachusetts Board of Registration in Nursing [BORN] establishes policies (based on MGL c. 112, ss. 74, 74A and 76 and Board regulations at 244 CMR 8.00) for initial licensure as a registered nurse or licensure by reciprocity in the Commonwealth of Massachusetts. One of the criteria for application for licensure involves the determination of "good moral character." Failure to meet this criterion could delay or prevent licensure. Please refer to the Mass.gov website: www.mass.gov/dph/boards/rn for complete information. It is the student's responsibility to seek legal guidance with any concerns about meeting these criteria.

Student Health: Illness/Injury During Clinical

If an injury occurs during a clinical rotation experience, clinical agency policy should be followed. For example, in a medical emergency, needle stick, or other serious clinical injury as defined by the clinical preceptor, the student may be seen in the agency's health service or emergency room or if none, sent to the nearest emergency room. It is the responsibility of the preceptor to alert the faculty and together they will determine if and what forms are to be completed for the satisfaction of both agencies.

In non-emergency situations, the student may verbally tell the preceptor/faculty that they elect to seek care from a private physician/clinic. The student's preceptor will notify the faculty of any of these events occurring in the clinical setting.

The student will cooperate with the preceptor in providing information necessary for the faculty to report the event and/or for the preceptor to complete any required agency forms.

All clinical absences due to illness or injury must be made up. The nature of the make-up clinical experience will be the decision of the faculty in consultation with Course Coordinator and the preceptor.

Frequently Asked Questions

How many hours each week will the student need to be in the clinical facility?

This varies depending on the course. Consult the course outline that is provided.

How are preceptors chosen?

Preceptors are usually chosen through collaboration of the faculty with the clinical agency. This process optimizes selection of talented preceptors while taking into account agency considerations such as numbers of other students or new hires on the unit that also need precepting. **RN to BS students select their own preceptors based on course guidelines.**

Is driving time included in clinical time?

No.

Can the student work with only one preceptor?

No. One preceptor is assigned by the agency as the primary preceptor for the student. However, due to scheduling issues, such as sick calls or cancellations, or other unforeseen circumstances, a second preceptor may be assigned to the student. The primary preceptor may also assign the student to other nurses during a clinical experience for further achievement of course objectives.

How are clinical experiences chosen?

The student indicates to faculty a preference for where the clinical experience will occur. The clinical placement request is then negotiated with the clinical agency, who may approve or deny any request. The unit placement is negotiable within the constraints of course objectives and the learning needs of the student and may include recommendations from a student's faculty advisor.

Can someone who does not work in the agency be a student's preceptor in that agency?

No. To be effective as a mentor, the preceptor needs to be familiar with the agency and working with the staff as colleagues.

How much time will be required of the preceptor?

Time requirements will vary depending upon the course and back/background experience of the student. Faculty will provide this specific information. It is suggested that at least a one half-hour meeting with the student each week be planned to discuss weekly goals/objectives and progress.

Is the preceptor responsible for being with the student every minute of their clinical experience? The primary preceptor is responsible for being with the student during the clinical rotation or to assure that the student has adequate supervision to function safely and appropriately. The student may perform selected nursing interventions independently after the preceptor has ascertained that the student can safely and competently provide nursing care in accordance with agency policy. **All** medication administration must be directly supervised by the preceptor.

Can students be precepted on evenings, nights and weekends?

Students can be assigned clinical experiences on days, evenings or nights, and on weekends. However, this is to be mutually agreed upon by the student, the preceptor and the faculty and be consistent with achievement of the course objectives.

What sort of support will the College of Nursing provide to the preceptor?

Faculty will conduct an orientation for preceptors at the beginning of the semester. Faculty will be available to the preceptors either in person, by telephone, or electronically. The Course Coordinator and the Assistant Dean of Undergraduate Education are also available to the preceptors as needed. All educational materials and evaluation forms will be provided to the preceptors by the faculty.

Why would anyone want to be a preceptor?

The joy of teaching and sharing with a colleague are essential characteristics of preceptors. You play a critical role in the implementation of the curriculum. In many institutions, precepting students can be applied to clinical ladder activities. Letters of appreciation are also sent to the agency recognizing the preceptors' efforts.

How much flexibility do the student and the preceptor have in designing the clinical experience?

A significant amount. Our goal is to provide the student with educational activities specific to their individual needs and career aspirations. Each course has objectives that guide the preceptor in helping the student select experiences intended to meet these criteria. This process is a joint effort of the preceptor, the student and the faculty.

Will there be a faculty member on site during each student experience?

No. Faculty will be available by phone, e-mail, or on an on-going basis. Faculty will be present at the agency by request, for periodic site visits, and as mutually agreed upon between the faculty member, the preceptor and the student.

Is there payment for being a preceptor?

No. The College of Nursing is unable to provide financial compensation for precepting. However, the College and University acknowledge your participation in this program and sincerely appreciate your endeavors in furthering the profession of nursing. You are truly making a difference that will last for years to come. Many thanks!

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