

Sonoma State University
Direct Entry Master of Science in
Nursing
Clinical Nurse Leader Program

DEMSN
Preceptor Handbook

Summer, 2009



TABLE OF CONTENTS

1. Introduction

2. DEMSN PRECEPTOR Orientation: Course Description/Objectives
 - Communication Channels
 - Preceptor Roles & Responsibilities
 - Student Roles & Responsibilities
 - Faculty Advisor Roles & Responsibilities
 - Health Care Agency Roles & Responsibilities
 - How it works
 - Scheduling
 - Skill Building
 - Evaluation
 - Student Skill Acquisition Guidelines
 - CCEM Development

3. Theory Related to Teaching in the Nursing Practice Setting
 - Dreyfus Model of Skill Acquisition
 - Values Clarification
 - Adult Learning Styles
 - Adult Learning Principles
 - Conflict Management
 - Cultural Diversity

Appendix:

- Mission Statement
- Foundational Concepts
- Department of Nursing Philosophy
- Terminal Objectives
- DEMSN-CNL Program
- Curriculum Schema
- Course Descriptions
- Clinical Evaluation Form
- Coaching/Developmental Plan
- RN Cumulative Skills Checklist
- Exposure to Blood-Borne Pathogens
- PRECEPTOR Course Evaluation
- Contact Information
- DEMSN PRECEPTOR Orientation Post Test/Application
- PRECEPTOR Application
- CEU Documentation

INTRODUCTION

The philosophy of the Sonoma State University Department of Nursing centers on caring relationships between all persons engaged in the health care encounters. Outcomes include positive, caring, beneficial relationships between students, patients, nursing staff and faculty. The term used is *inter-subjective* which direct us to consider relationships as units of potential growth and therefore supportive of positive healthy, holistic outcomes for all parties involved. Parties involved include the nurse and patient, the student and preceptor, the preceptor and faculty. All are to benefit from encounters when this philosophy is implemented.

Nursing research supports the notion of *inter-subjectivity* in that students feel most supported when relationships are caring, practical and structured (Hodges, 1988) when staff are committed to student learning and faculty serve as liaisons (Dunn and Hansford, 1997) and faculty (preceptors) feel most competent when serving in the dual relationships of teacher and staff member (Paterson, 1997).

It is our desire to make this endeavor personally and professionally growth producing, and a joyful endeavor for all participants.

Thank you for joining us to develop, evaluate and improve this vital method of teaching nurses.

This handbook is designed to give you information about the program, teaching and learning principles and to provide access to Sonoma State faculty and staff. Once you have read the handbook and completed the required forms (located at the end) you will received 6CEU's.

We wish to give special recognition to Cyndi Evans, RN and Leah Shute, RN for their contribution in the development of this handbook.

Sonoma State University

Melissa Vandevveer, PNP, PhD, CNL
Program Director

Kathleen Rockett, RN, MSN
Clinical Faculty

Eira Klich-Heartt, RN, MSN, CNS
Clinical Faculty

DEMSN PRECEPTOR ORIENTATION

Course Description: 6 CEU's

This offering prepares preceptors for participation in the final clinical semester of the DEMSN program at Sonoma State University. The study material covers roles, responsibilities of preceptors, faculty and students and the DEMSN curriculum.

Objectives:

1. Understand the history and philosophy of the DEMSN program.
2. Understand the role of the preceptor in the supervision of students as they provide safe competent care to clients.
3. Comprehend the curriculum for the DEMSN program including skill acquisition and class activities.
4. Acquire knowledge of skill acquisition, values clarification, adult learning styles, adult learning principles, and cultural diversity and conflict skills.
5. Feel energized and hopeful about the effect this program can have on the nursing profession.

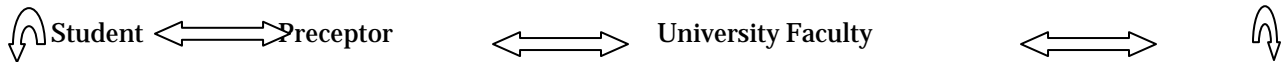
Directions:

In order for the preceptor to receive 6 CEU for the preceptorship study:

1. Complete review of PRECEPTOR Handbook
 - CEU Application
 - PRECEPTOR Course Post Test
2. **Submit and FAX to SSU: 707-664-2653**

COMMUNICATION CHANNELS IN THE DEMSN PROGRAM

The ongoing relationship between the preceptor and the student will facilitate a transition to independence in the nursing role. During this process optimal communication is desired between all persons contributing to the student's education.



This formal communication diagram does not exclude communication between participants. All parties are encouraged to communicate directly as needed and as desired. All parties will benefit through successful conflict resolution and take pride in the development of a successful and vibrant clinical education model.

Preceptors, Faculty, and Students are all encouraged to establish a firm commitment to immediate communication in the event of unsafe, unethical or illegal behavior. This component of the respective role is also key to professional role modeling in both health care institutions and in academe.

PRECEPTOR ROLES & RESPONSIBILITIES

- An SSU Preceptor is an experienced, competent, registered nurse selected and prepared to serve as a role model, teacher, supervisor and evaluator while guiding the student toward competence in providing nursing care to clients in a health care setting. By agreeing to serve, the preceptor communicates enthusiasm and interest in the role of teacher, role model, supervisor and evaluator and will demonstrate attitudes and behaviors that support protocols, goals, philosophy and mission of the employing agency.
-
- A. ORIENTATION
 - a. Complete preceptor handbook modules.
 - b. Provide the student with an orientation to the clinical environment.
 - c. Meet with faculty advisor to discuss preceptorship process.

 - B. CLINICAL SUPERVISION & TEACHING
 - a. Work closely with student in order to provide as positive experience.
 - b. Guide, facilitate, supervise and monitor the student in achieving clinical objectives and organizing care.
 - c. Supervise the student's performance of skills and educational opportunities or activities to assure safe practice.
 - d. Serve as a role model in the clinical setting.

 - C. COMMUNICATION
 - a. Provide feedback to students and faculty regarding skill acquisition and organization of care.
 - b. Contact faculty advisor if assistance is needed or if any problems, concerns or issues arise regarding safe practice, progression of role acquisition and/or professional behavior.

 - D. EVALUATION OF THE CLINICAL EXPERIENCE
 - a. Provide frequent feedback to student regarding clinical performance.
 - b. Offer feedback to faculty advisor regarding any clinical experience for student and/or suggestions for program development.
 - c. Collaborate with faculty advisor to review the progress of the student towards meeting the terminal objectives.
 - d. Participate in mid-term and final student evaluation.

STUDENT ROLES & RESPONSIBILITIES

A. ORIENTATION

- a. Participate in an agency and unit orientation.
- b. Become familiar with skills checklists.
- c. Organize schedule with preceptor to guarantee required hours for completion of semester.

B. CLINICAL EDUCATION & LEARNING

- a. Provide a realistic viewpoint of past experiences and goal/objectives for this experience.
- b. Provide preceptor with learning objectives to map out meaningful experiences associated with didactic content.
- c. Proactively seek learning experiences.
- d. Practice within the legislated California Nursing Practice Acts and in the student role.
- e. Follow guidelines provided in the DEMSN Student Handbook

C. COMMUNICATION

- a. Communicate with preceptor any schedule changes, sickness or questions.
- b. Stay in continuous contact with faculty advisor.
- c. Post weekly clinical journals.
- d. Post clinical schedule on the WebCt Calendar in the designated clinical course.
- e. Establish a site visit with faculty advisor.

D. EVALUATION OF THE CLINICAL EXPERIENCE

- a. Provide frequent feedback to preceptor and faculty regarding experience.
- b. Complete course, faculty and preceptor evaluations.

/FACULTY ADVISOR ROLES & RESPONSIBILITIES

A. ORIENTATION

- a. Identify staff nurses interested in participating in student education.
- b. Provide PRECEPTOR Handbook
- c. Obtain verification of CA nursing license and curriculum vitae.

B. CLINICAL SUPERVISION & TEACHING

- a. Assume overall responsibility for teaching and evaluation of the student.
- b. Assure students are compliant with immunization standards, OSHA standards, CPR certification and current liability insurance coverage.
- c. Act as a liaison to the preceptor's supervision of the student's performance of skills and educational opportunities.

C. COMMUNICATION

- a. Review dates and times of clinical hours as determined by the student.
- b. Participate in formative discussion of student experience.
- c. Participate in all issues regarding safe, legal, ethical and professional practice.
- d. Participate in conflict management and development of teaching strategies.
- e. Provide contact information to preceptor

D. EVALUATION OF THE CLINICAL EXPERIENCE

- a. Provide frequent feedback to the student regarding clinical performance.
- b. Participate in mid-term and final evaluation of student performance.

HEALTH CARE AGENCY ROLES & RESPONSIBILITIES

A. PRECEPTORSHIP

- a. Retain ultimate responsibility for care of the patients
- b. Retain responsibility for preceptor's salary, benefits and liability.
- c. Communicate with department staff of preceptor's roles and responsibilities and expectations of staff who are not directly involved with preceptorship.
- d. Assist preceptor with schedule to facilitate student learning.

HOW IT WORKS

Scheduling:

The faculty and preceptor determine clinical practice availability for the student. The student has clinical practice opportunities when the preceptor is scheduled to work providing patient care and attending select and nursing related hospital committee meetings. The student is essentially available when the preceptor is available.

Skill Building:

Day 1: The student is scheduled for about 8 hours of observation time with the PRECEPTOR. This is a time to build relationships and get to know each other and the unit.

Day 2 and on – Begin skill building. Skills often present themselves and the student may practice any skill that has been covered in the curriculum. The student keeps the Clinical Skills Checklist available for the PRECEPTOR to review, verify that the skill has been covered and verify that the student has demonstrated competence with the skill as needed. The PRECEPTOR will demonstrate a new skill and then watch the student until the student is capable of completing allowable skills independently.

As experiences accumulate the student will demonstrate organizational skills to care for an increasing number of patients with the goal of developing organizational and time management skills.

The preceptor assists the student in progressing from a participant-observer role to a more independent role by serving as a resource in the planning, implementation and evaluation of nursing care for a group of clients.

Evaluation:

Mid-term Evaluation: The student completes the mid-term evaluation and discusses the self evaluation with the PRECEPTOR after completing about 60 hours of practice. The student compares that feedback with his or her self-evaluation and meets with the faculty to complete the process. Faculty provides confirmation of goals. In some

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

instances a Coaching/Developmental Plan will be used to document precise changes in performance needed to demonstrate competence in the student nursing role. The mid-term evaluation is formative.

The process is repeated for the Final evaluation. The final evaluation is summative.

Student Skill Acquisition Guidelines:

1. The DEMSN student may not perform procedures that:
 - a. were not taught in the DEMSN program
 - b. require certification
 - c. violate hospital policy or protocol
2. Initially, the preceptor will supervise all procedures/nursing interventions. Following an assessment of the student's ability to perform the procedures/nursing interventions, the preceptor will determine the degree of supervision required.
3. Procedures/nursing interventions that require direct (preceptor physically present) supervision by the preceptor are:
 - a. IV starts, venipuncture, IV pushes and blood draws from a central line.
 - b. All medication dosages and frequencies in addition to those medications that require that the dosage be checked by two (2) RNs (Insulin, Heparin, Coumadin, lovenox) per agency policy
 - c. Any medication administered to a child
 - d. Assessment of clients returning from PACU
 - e. Suctioning endotracheal and tracheostomy tubes
 - f. Cleaning trachostomy tubes
 - g. Skills that the student require supervision, support and or are not competent in performance.
4. Students may not carry narcotic keys or have password access to narcotics.

Program Development:

The students, preceptors, faculty and Clinical coordinator all participate in ongoing evaluation of through oral communication about what works and what needs to be changed and through survey questionnaires developed by the program.

THEORY RELATED TO TEACHING IN THE NURSING PRACTICE SETTING

Dreyfus Model of Skill Acquisition

The Dreyfus Model of Skill Acquisition speculates that in the process of skill development, students pass through five levels of proficiency: novice, advanced beginner, competent, proficient and expert. These different levels reflect changes in three general aspects of skilled performance:

1. A movement from reliance on abstract principles to the use of past concrete experience as paradigms.
2. A change in the learner's perception of the demand situation. The situation is seen less and less as a compilation of equally relevant bits, and more as a complete whole in which only certain parts are relevant.
3. A passage from detached observation to involved performer. The performer no longer stands outside the situation, but is now engaged in the situation.

Stage 1: Novice

Beginners have had no experience of the situations in which they are expected to perform. Novices are taught rules to help them perform. The rules are context-free and independent of specific cases; hence the rules tend to be applied universally. The rule-governed behavior typical of the novice is extremely limited and inflexible. As such, novices have no life experience in the application of rules. "Just tell me what I need to do and I'll do it."

Stage 2: Advanced Beginner

Advanced beginners are those who can demonstrate marginally acceptable performance. They have coped with enough real situations to note, or to have had them pointed out to them by a mentor, the recurring meaningful situational components. These components require prior experience in actual situations for recognition. Principles to guide actions begin to be formulated. The principles are based on performance.

Stage 3: Competent

Competence, typified by the nurse who has been on the job in the same or similar situations for two or three years, develops when the nurse begins to see his or her actions in terms of long-range goals or plans of which he or she is consciously aware. For the competent nurse, a plan establishes a perspective, and the plan is based on considerable conscious, abstract, analytic contemplation of the problem. The conscious, deliberate planning that is characteristic of this skill level helps achieve efficiency and organization. The competent nurse lacks the speed and flexibility of the proficient nurse but does have a feeling of mastery and the ability to cope with and manage the many contingencies of clinical nursing. The competent person does not yet have enough

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

experience to recognize a situation in terms of an overall picture or in terms of which aspects are most salient, most important.

Stage 4: Proficient

The proficient performer perceives situations as wholes, rather than in terms of chopped up parts or aspects, and performance is guided by maxims. Proficient nurses understand a situation as a whole because they perceive its meaning in terms of long-term goals. The proficient nurse learns from experience what typical events to expect in a given situation and how plans need to be modified in response to these events. The proficient nurse can now recognize when the expected normal picture does not materialize. This holistic understanding improves the proficient nurse's decision making; it becomes less labored because the nurse now has a perspective on which of the many existing attributes and aspects in the present situation are the important ones. The proficient nurse uses maxims as guides, which reflect what would appear to the competent or novice performer as unintelligible nuances of the situation; they can mean one thing at one time and quite another thing later. Once one has a deep understanding of the situation overall, however, the maxim provides direction as to what must be taken into account. Maxims reflect nuances of the situation.

Stage 5: Expert

The expert performer no longer relies on an analytic principle (rule, guideline, maxim) to connect his or her understanding of the situation to an appropriate action. The expert nurse, with an enormous background of experience, now has an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions. The expert operates from a deep understanding of the total situation. The chess master, for instance, when asked why he or she made a particularly masterful move, will just say: "Because it felt right; it looked good." The performer is no longer aware of features and rules; his or her performance becomes fluid and flexible and highly proficient. This is not to say that the expert never uses analytic tools. Highly skilled analytic ability is necessary for those situations with which the nurse has had no previous experience. Analytic tools are also necessary for those times when the expert gets a wrong grasp of the situation and then finds that events and behaviors are not occurring as expected. When alternative perspectives are not available to the clinician, the only way out of a wrong grasp of the problem is by using analytic problem solving.

REFERENCES

Benner, Patricia (2001). From Novice to Expert: Excellence and Power in Clinical Nursing Practice, Commemorative Edition. Prentice Hall.

Values Clarification

Interventions that help nurses understand and use ethical judgment facilitate confidence in their clinical decision-making abilities. Values clarification in nursing emphasizes dealing with feelings about dilemmas or situations regarding critical clinical judgment.

The preceptor participates in the values clarification process throughout the experience. By providing a supportive environment conducive to learning, students will thrive on the examples and stories from practice. By finding opportunities to integrate our value systems into the clinical arena, we identify, form, refine, and progress in our journey toward caring professional practice.

Values change over time in response to changing life experiences. Recognizing these changes and understanding how they affect actions and behaviors is the goal of the values clarification process.

Essential values for professional nursing can include, but are not limited to: aesthetics, altruism, equality, freedom, human dignity, justice and truth.

Definitions

Values: Concepts, ideals, qualities and behaviors that have significant worth and meaning to our lives.

Values Clarification: Growth-producing process that permits one to assess controversial issues from a personal perspective by clarifying one's position and the basis for that position.

Components of the Values Clarification Process

The values clarification process provides a means to discover your true values. Harmin, Raths and Simon identify seven criteria that must be met if a value is to be considered a true value. To be a true value, it must be chosen freely from a list of alternatives, cherished and made known to other people, translated into behaviors that are consistent with the chosen value, and integrated into the nursing practice. These seven criteria can be divided into three components: choosing, prizing and acting. In order to determine if a value is a true value, it is helpful to engage in this process. There are specific questions related to each component that become the criteria for consideration as a value, and a behavior related to that value, are analyzed.

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

<u>COMPONENT</u>	<u>CRITERIA</u>
1. Choosing	1. Did I choose this value freely? 2. Did I choose after considering alternatives?
2. Prizing	3. Did I choose after considering consequences related to each alternative? 4. Am I proud of my value and choices related to the value?
3. Acting	5. Would I publicly affirm my value? 6. Do I act on my value? 7. Do I consistently act on my value?

After completing the values clarification process, we often discover that values we thought were true values, are actually misconceptions. In other words, we think of ourselves as holding a particular value, but realize that our behaviors are inconsistent with that value. That is why this enlightening exercise can be quite useful.

REFERENCES

Fenner, Kathleen (1980). *Ethics and Law in Nursing*. New York: Van Nostrand Reinhold Company.

Harmin, M., Raths, L., & Simon, S. (1966). *Values and Teaching: Working with Values in the Classroom*. Columbus, Ohio: C.E. Merrill Co.

Mamchur, C., & Myrick, F. "Preceptor ship and Interpersonal Conflict: A Multidisciplinary Study." *Journal of Advanced Nursing*. 43(2):188-196, July 2003.

Adult Learning Styles

Introduction

Research has consistently shown that there are considerable differences between adult and child/adolescent learning styles. Additionally, since adults do not learn in the same manner as children, one cannot teach adults using techniques that were originally developed for use with children. Teaching adults requires the utilization of the process model rather than the content model (Cranton, 1989).

The content model, which is usually used with children, relies on one individual (a teacher) who determines what knowledge or skills need to be learned. Conversely, the

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

process model relies on a collaborative environment whereby learners acquire the necessary resources to obtain information and skills that meet their individual needs. Generally, there are some basic contrasts in both assumptions and model design concerning the teaching of children versus adults (Cranton, 1989; Wlodkowski, 1993).

It is important to note that adults themselves vary tremendously in how they acquire knowledge. No one theory on adult learning styles can adequately address the diverse needs, experiences and cultures that adults bring to the learning environment (Elias and Marriam, 1995). However, an exploration of the different theories on adult learning styles can collectively illuminate an understanding of the diverse nature of adult learning.

Learning style has been defined as an individual's characteristic method of responding to and processing learning events as he or she experiences them (Krahe, 1993, p. 17). According to Kolb (1985), individuals develop learning styles that emphasize some learning abilities over others. Additionally, Kolb's experiential learning model assumes that individuals exhibit a preference for certain learning behaviors and these preferences can be grouped into four distinct styles. These four styles include:

Converger

The converger acquires knowledge by thinking/analyzing and then practically applying the new ideas and/or concepts. The ability to practically apply ideas is this learner's greatest strength. Convergents organize information through hypothetical deductive reasoning. The emphasis for convergers is to think rationally and concretely while remaining relatively unemotional.

Diverger

The diverger acquires knowledge through intuition. Individuals with this preferred style of learning draw upon their imaginative aptitude and their ability to view complex situations from many perspectives. Divergers also possess the ability to effectively integrate information into meaningful wholes. However, the diverger's imaginative ability is his or her greatest strength.

Assimilator

The ability to create theoretical models and reason inductively is the assimilator's greatest strength. Assimilators learn by thinking and analyzing and then planning and reflecting. Assimilators do not emphasize practical application; rather they focus on the development of theories, often discarding facts if they do not fit the theory.

Accommodator

Unlike the assimilators, accommodators will discard the theory if the facts do not fit. Accommodators excel in situations where they must apply theories to specific circumstances. Their greatest strength is their ability for getting things done and becoming fully involved in new experiences. Accommodators approach problems in an intuitive, trial-and-error manner and they obtain information from other people rather than through their own analytic abilities.

Kolb's model suggests that learning activities must be developed that would respond to the distinct learning style of learners, as well as encourage the development of a fuller

SONOMA STATE UNIVERSITY NURSING DEPARTMENT

Preceptor Handbook

range of learning styles. At minimum, effective learning environments would assist learners in determining their individual learning styles.

The learning style model developed by Kolb (1985) primarily concentrates on the cognitive processing of information. Other models of adult learning styles depict learning style as being multidimensional and encompassing a range of variables including many that are non-cognitive in nature. These models include the National Association of Secondary School Principals (NASSP) learning styles model (Keefe and Monk, 1986) and the Dunn and Dunn learning styles model (Dunn, Dunn and Price, 1979). Underpinning both of these models is the belief that learners possess biologically based physical and environmental learning preferences that, along with well-established traits like emotional and sociological preferences, combine to form an individual learning style (Murray-Harvey, 1994). Both of these learning style models classify learning style elements into the following specific areas:

- Emotional (motivation, persistence, responsibility, structure)
- Environmental (sound, light, temperature, design)
- Sociological (peers, authority)
- Physical (perceptual modalities, time of day, intake, mobility)

The NASSP and Dunn and Dunn learning styles models assume that adult learners vary in the aforementioned areas. For example, some learners are highly motivated and prefer a learning environment that is dimly lit with little distractions. Conversely, a learner who is marginally motivated might prefer a learning environment that is visually stimulating with an instructor who relies on a collaborative method, utilizing peers to teach (e.g. classroom discussion, experiential activities).

Like the NASSP and Dunn and Dunn models, Endorf and McNeff 's (1991) adult learning styles model emphasizes emotional and sociological attributes. These researchers classified adult learners into five distinct types. These five types and their corresponding attributes are as follows:

1. Confident

- Pragmatic, introspective and self-directed
- Goal-oriented
- Possesses the ability to identify/meet own learning needs
- Competes only with themselves, not their peers
- Exhibits an interactive and experiential learning style
- Prefers interaction and participation
- Realizing personal goals is their top priority

2. Affective

- Responds to the affective elements in learning
- Likes the feeling and process of learning
- Does not question the expertise of the instructor
- Education is seen as an end to itself
- Willingly cooperates in the learning environment

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

3. Learner in Transition
 - Developing independence in thought is the top priority
 - Has difficulty establishing personal learning goals
 - Prefers interactive learning and discussion
 - Rejects the idea of being fed information
4. Integrated
 - Primarily interested in personal success
 - Prefers learning environments that are highly collaborative
 - Demands to be recognized as a meaningful contributor
5. Risk Taker
 - Enjoys new ventures and is eager to learn new concepts
 - Sufficiently self-confident

Given these differences in learning styles, Endorf and McNeff (1991) recommend specific teaching styles and strategies that would respond to the unique needs and preferences of the five distinct types. Specific teaching strategies for the five types are as follows:

1. Confident Learners
 - Assignments need to have a clear purpose
 - Encourage participation
 - Provide opportunities for interactive learning with peers
2. Affective Learners
 - Give clearly stated assignments
 - Provide individualized instruction
3. Transitional Learners
 - Provide appropriate opportunities to explore experiences
 - Assume collaborative approach
 - Provide ample challenge
4. Integrated Learners
 - Provide opportunities for self-direction
 - Encourage flexibility
5. Risk Taker Learners
 - Provide assignments that encourage individuality

Adult Learning Principles

As previously indicated, adults vary tremendously in how they acquire knowledge and no one theory on adult learning styles can adequately address the diversity of each learner. However, a synthesis of the research findings on adult learning is illustrated in the following:

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

Structure of Learning Experiences

1. Adults prefer flexible schedules that respond to their own time constraints.
2. Adults learn better when learning is individualized.
3. Adults prefer face-to-face learning rather than learning through the use of video or audio communications.
4. Adults derive benefits from interactional activities with others who differ in age, level of experience, and professional preparation.

Learning Climate

1. Adult learners seem to learn better if there is an atmosphere of mutual helpfulness and peer support.
2. Since adult learners are reluctant to take risks, the climate should be characterized by a sense of trust and acceptance.
3. Adult learners appreciate the invitation to express their views and are open to the views of others.
4. Adult learners bring clear expectations to the learning environment and expect instructors to accommodate these expectations.

Focus of Learning

1. Adult learners derive the greatest benefit from instructional methods that assist them in processing their experience through reflection, analysis, and critical examination.
2. Adult learners value teaching methods that increase their autonomy.
3. Adult learners are motivated by practical how-to learning.

Teaching-Learning Strategies and Media

1. Adult learners value problem solving and cooperative learning.
2. Adult learners seem to benefit from active participation in the learning process.

REFERENCES

Stroot, S., Keil, V., Stedman, P., Lohr, L., Faust, R., Schincariol-Randall, L., Sullivan, A., Czerniak, G., Kuchcinski, J., Orel, N., & Richter, M. (1998). Peer assistance and review guidebook. Columbus, OH: Ohio Department of Education. <http://education.utoledo.edu/par/Adults.html>

Conflict Management

Introduction

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

During the senior preceptorship, an ideal time and opportunity exists for both the preceptor and the student to collaborate together and practice this technique. Educating the students offers a real opportunity for teaching and empowering them to begin their careers as effective nurses with an understanding of the following:

- Every nurse has a right to work in a healthy environment.
- Resolution of conflict is a key component of a healthy work environment.
- Resources exist to further explore individual feelings regarding conflict.
- New techniques about ways to deal with conflict effectively exist.
- Every nurse should have a safe environment to practice new skills.
- Learning to ask for feedback from others without hostility or intimidation.

In addition, Goal 2 of the Joint Commission's National Patient Safety Goals strives to "improve the effectiveness of communication among caregivers" (JCR, 2005).

SBAR Technique

One successful collaborative tool for resolving conflict is the SBAR technique. The SBAR technique was devised for critical health care situations by Michael Leonard, MD, Physician Coordinator of Clinical Informatics, along with colleagues Doug Bonacum and Suzanne Graham at Kaiser Permanente of Colorado, although it can be adapted for use in a wide variety of situations (JCR, 2005).

The acronym SBAR represents situation, background, assessment and recommendation. Situation addresses the subjective data of the problem, background discloses the history of the problem, assessment explains one's perception of the problem, and recommendation details one's suggestion to correct the problem. SBAR was developed as a systematic approach to facilitate communication among team members in critical health care situations where adequate, accurate information needs to be exchanged in a fast, safe and effective manner (JCR, 2005). It is a useful technique for framing a conversation, for setting expectations for the content of the conversation, and for ultimately reaching the goal of reducing any possibility for additional conflict.

Communicating Using the SBAR Technique

The SBAR technique is a systematic approach to facilitate communication to resolve poor communication, miscommunication, or lack of communication within a health care team environment. It is useful for framing a conversation, especially an emergent one, to communicate critical information in a concise manner. It also sets expectations for what will be communicated among team members. SBAR stands for the following:

- Situation: What is going on?
- Background: What is the background or context?
- Assessment: What do I think the problem is?
- Recommendation: What would I do to correct it?

Dealing with the Challenging Student

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

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

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

for an evaluation. Effective feedback increases satisfaction, inspires commitment to excellence and fosters leadership.

4 E's of Constructive Feedback

1. ENGAGE

- a. Preparation (How, Where & What)
 - Don't give feedback unless there is a constructive outcome you wish to achieve.
- b. When giving feedback on the spot
 - Frame it in terms of what behavior/situation you want to improve.

2. EMPATHIZE

- a. Focus on facts and feelings
- b. Utilize active listening
- c. Determine best time and place to convey message
- d. Move to private area if on the spot feedback is necessary

3. EDUCATE

- a. Describe observation and impact of behavior
- b. Educate on how to make it better
- c. Focus on situation or behavior not the person
- d. Remain objective
- e. Give examples.

4. ENLIST

- a. Elicit person's response
- b. Use probing questions
- c. Listen and summarize
- d. Establish mutual goal
- e. Accountability & Follow-up

REFERENCES

Baker, K. (1995, Sept.-Oct.). Improving staff nurse conflict resolution skills. *Nursing Economics*, 12(5), 295-298 & 317. Retrieved March 12, 2005 from CINAHL.

Porter-O'Grady, T. (2003). When push comes to show: managers as mediators. *Nursing Management*, 34(10), 34-40. Retrieved March 12, 2005 from CINAHL.

Sullivan, E.J. & Decker, P.J. (2005). *Effective Leadership and Management in Nursing* (6th ed.). New Jersey: Pearson Prentice Hall.

Joint Commission Resources. (n.d.). The SBAR technique: improves communication, enhances patient safety. *Joint Commission Patient Safety*, 5(2): 1-2, 8. Retrieved February 2005 from www.jcrinc.com.

Cultural Diversity

Introduction

Creating and sustaining a healthy work environment that promotes cultural diversity is in the forefront of any company, industry or healthcare environment today. Policy and procedure manuals, mission/vision/philosophy statements, along with diversity in the workforce and cultural competencies, have become part of everyday work environments nationally and internationally.

In order to strengthen and broaden health care delivery models and systems, knowledge of cultural diversity is a vital essence of service. Identifying the positive influence and health promotion that diversity exerts on organizations nationwide are key components to encouraging a concept of total cultural integration.

Our modern day concepts of illness, wellness and treatment modalities have evolved from a former cultural viewpoint. Learning to incorporate new perspectives, or broadening vantage points, will show the student philosophical views and understanding are respected and encouraged in the professional setting, and further incorporated into health promotion.

The ANA has identified some important cultural factors that have an impact on client care, cultural variation and personal philosophical viewpoints. These include:

1. How cultural groups understand life processes.
2. How cultural groups define health and illness.
3. What cultural groups do to maintain wellness?
4. What cultural groups believe to be the causes of illness?
5. How healers cure and care for members of cultural groups.
6. How the cultural background of the nurse influences the way in which care is delivered.

Nurses in clinical practice must use their knowledge of cultural diversity to develop and implement culturally sensitive nursing care models. Recognizing cultural diversity and appropriate manner of care is an essential part in advocating for patients. Integrating this concept and modeling this behavior for the students will give them examples of a daily model of care.

Preceptorship should include information regarding diversity in the health care environment, the agency diversity policy or statement, and additional resources pertinent to assist with this integration process. Nurses are in the position to influence the practice and institute professional policies regarding cultural diversity. Take this opportunity seriously and remember that students look to their preceptors as a model for future care of their patients.

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

Definitions

Cultural Diversity

The American Nurse's Association (ANA) website summarizes their position on cultural diversity in nursing practice:

Cultural diversity in nursing practice derives its conceptual base from nursing, other cross-cultural health disciplines, and the social sciences such as anthropology, sociology and psychology. Cultural diversity refers to the differences between people based on a shared ideology and valued set of beliefs, norms, customs and meanings evidenced in a way of life. Culture consists of patterns of behavior acquired and transmitted symbols, constituting the distinctive achievement of human groups, including their embodiment in artifacts; the essential core of culture consists of historically derived and selected ideas and especially their attached values (Kroeber and Kluckhohn, 1952).

Ethnocentrism

Ethnocentrism is the belief that one's own culture is superior to all others. This belief is common to all cultural groups. All groups regard their own culture as not only the best, but also the correct, moral and only way of life. This belief is pervasive, often unconscious, and is imposed on every aspect of day-to-day interaction and practices, including health care. It is this attitude that creates problems between nurses and clients of diverse cultural groups (Kroeber and Kluckhohn, 1952).

REFERENCES

American Nurses Association, Code With Interpretive Statements, Kansas City, Missouri: 1985. Kroeber, A. L.; Kluckhohn, C., Culture: A critical review of concepts and definitions, New York: Random House, 1952.

Leininger, M.M. "Becoming aware of types of health practitioners and cultural imposition," Journal of Transcultural Nursing 2(2), 32-39, 1991.

Appendix

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

**SONOMA STATE UNIVERSITY /
DEPARTMENT OF NURSING MISSION STATEMENT**

Sonoma State University's mission (U) is reflected in the Department of Nursing's (N) commitment to:

N: Providing a foundation for lifelong professional learning.

U: Have a foundation for lifelong learning.

N: Practicing nursing within a broad cultural perspective.

U: Have a broad cultural perspective.

N: Affirming intellectual and aesthetic achievements as part of the human experience.

U: Have a keen appreciation of intellectual and aesthetic achievements.

N: Developing professional leadership and active citizenship.

U: Will be leaders and active citizens.

N: Fostering flexibility and resilience for a career in nursing within a dynamic world.

U: Are capable of pursuing fulfilling careers in a changing world.

N: Contributing to the health and well-being of the world at large.

U: Are concerned with contributing to the health and well-being of the world at large.

FOUNDATIONAL CONCEPTS

Eight concepts are identified to serve as a foundation from which to implement the philosophy of the Sonoma State University Department of Nursing and guide for meeting the terminal objectives.

1. CARING

Human caring is the core of the inter-subjective relationship between the client and the nurse. Caring encompasses nurturing thoughts and behaviors that support the fulfillment of client and nurse health potentials and the outcome of choices. Caring is manifested in compassion, empathy, respect and presence. Caring occurs through sharing and relating with clients, families, professional colleagues and other health care providers within a local and global perspective. *(Philosophical statements 1 & 4)*

Inter-subjective – This term means that the act of nursing is affected by multiple aspects (perceptions, beliefs, culture, experience, education, etc) of both the nurse and client. It is used throughout the curriculum to emphasize and honor the unique nurse client relationship

2. CRITICAL THINKING

Critical thinking is essential for the practice of nursing. *(Philosophical statements 1, 2, 5 & 7)*

The ideal critical thinker is habitually inquisitive, well-informed, trustful of reason, open-minded, flexible, fair-minded in evaluation, honest in facing personal biases, prudent in making judgments, willing to reconsider, clear about issues, orderly in complex matters, diligent in seeking relevant information, reasonable in the selection of criteria, focused in inquiry, and persistent in seeking results which are as precise as the subject and the circumstances of inquiry permit (Facione, 1990, p3).

3. COMMUNICATION

Communication is the vehicle for inter-subjective relating between client, nurse and the greater community that fulfills health potentials. Communication requires scientific and intuitive perceptions to support an exchange in which the client is heard and affirmed. Communication in nursing is a dialogue in which meeting, relating, presence, a call and response are essential (Paterson & Zderad, 1976, 1988). *(Philosophical statements 1, 2, 3, 5 & 7)*

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

4. ADVOCACY

Advocacy is the spiritual and ethical determination of beneficence for the client, for the self and the profession. Advocacy acknowledges uniqueness and diversity and requires free choice, self-determination and self-responsibility. *(Philosophical statements 1, 3, 5 & 8)*

5. TEACHING / LEARNING

Teaching is a system of directed and deliberate actions that are intended to result in learning. Learning is self-active and results in a personal change mediated by an experience. The teaching-learning process is a complex, cooperative and personal relationship. *(Philosophical statements 1, 2, 5, 6, 7 & 8)*

6. PROFESSIONALISM

Professionalism in nursing is the embodiment of the art and science of nursing. Professionalism is a process of self-transformation, which includes integrity, intellectual awareness and commitment to the well-being of client and self. *(Philosophical statements 1, 3, 4, 6 & 8)*

7. LEADERSHIP

Leadership is the ability to influence change and is guided by vision and commitment to the well-being of the client as an individual, group or organization. Leadership is an active state in which the nurse is fully present in actualizing inter-subjective choices. *(Philosophical statements 1 & 8)*

8. RESEARCH

Research is a scholarly process of acquiring knowledge essential to provide evidence and theory-based practice. Scholarship includes the critique and management of information and thoughtful participation in inquiry. *(Philosophical statements 1, 6, & 8)*

PHILOSOPHY

The philosophical foundation of the SSU Department of Nursing is based upon Humanistic Nursing Theory (HNT) (Paterson & Zderad, 1988). Departmental values are based on HNT from which faculty tailor curriculum and pedagogical methods. HNT is a multi-dimensional meta-theory centered on the essence of nursing, the nurse client (individual, family, community, organization) interaction, providing an inclusive bridge from theory to practice. The Department of Nursing recognizes nursing as a nurturing response, based upon a blend of art and science, occurring within a subjective and objective environment with the aim of developing the well-being of both nurse and client (client as individuals, families, communities and organizations). Consistent with HNT is the consideration of students as unique individuals with varied ethnic and cultural backgrounds, learning styles and goals. Therefore, the Department of Nursing curriculum and policy are structured by the following philosophical statements:

1. Nursing centers on shared experiences and these interactions hold client-nurse potentials for achieving growth, development and greater well-being.
2. Fulfilling health potentials for the client and nurse is the outcome of choices and the mutually determined inter-subjective relating of those involved.
3. Humans have a basic need for being heard and affirmed. All nursing actions have the potential for being humanizing.
4. Humans have an “all at once” or gestalt existence including perceptions of the past, hopes, fears, environment and future. This inherent wholeness cannot authentically be reduced to separate needs, pathologies, cultures and parts.
5. The nurse must be aware of what he/she individually holds as truth so assumptions, preconceived ideas and expepreceptortions do not interfere with understanding the client’s perceptions of the experience.
6. Nurses perceive clients scientifically and intuitively through synthesis of subjective and objective accumulated knowledge.
7. Nurse-client interactions are mutually dynamic in that they organize diverse data to create something new.
8. Nurses are members of an interrelated nursing community and a global community with obligations to each to promote a greater well-being.

TERMINAL OBJECTIVES

The graduate of Sonoma State University Department of Nursing programs will:

1. Develop inter-subjective nurturing relationships that support the fulfillment of potentials of both client and nurse. (*Caring*)
2. Make informed choices through critical analysis that promote nurse/client well-being. (*Critical Thinking*)
3. Demonstrate humanizing interactions that are grounded in the integration of the art (subjective) and science (objective) of nursing. (*Communication*)
4. Exemplify moral and ethical professional standards. (*Advocacy*)
5. Develop directed and deliberate actions for self and clients intended to result in learning. (*Teaching/Learning*)
6. Continue the process of self-transformation in the profession of nursing and in the world community. (*Professionalism*)
7. Actualize inter-subjective choices guided by vision and commitment to the well-being of the client. (*Leadership*)
8. Acquire knowledge to support theory and evidence-based practice. (*Research*)

THE DIRECT ENTRY MASTER OF SCIENCE IN NURSING – CLINICAL NURSE LEADER PROGRAM

The Direct Entry Master of Science in Nursing - The program provides a career ladder for students with a baccalaureate degree in a field other than nursing that wish to become a generalist nurse clinician with graduate education in leadership and system problem solving. The curriculum has all of the courses to meet requirements for licensure and to sit for the CNL certification exam. This effort is associated with the national Clinical Nurse Leader role developed by the American Association of Colleges of Nursing (AACN). The AACN – CNL Website is <http://www.aacn.nche.edu/CNL/> Dr. Melissa Vandever, Director of the SSU program is a member of the Commission for Nurse Certification. <http://www.aacn.nche.edu/CNC/boc.htm>

The Clinical Nurse Leader:

The American Association of Colleges of Nursing (AACN) identified the need for the Clinical Nurse Leader (CNL) role for the purpose of improving patient care. In introducing the role the following educational outcomes were presented.

“The nursing profession must produce quality graduates who:

- Are prepared for clinical leadership in all health care settings;
- Are prepared to implement outcomes-based practice and quality improvement strategies;
- Will remain in and contribute to the professions, practicing at their full scope of education and ability; and
- Will create and manage systems of care that will be responsive to the health care needs of society.

Final Leadership Experience

As a part of the final experience DEMSN students participate in activities to inform and develop the leadership role at the point of care. These activities include the consideration of a cohort of patients within a system. The CNL activities approach patient care from a systems viewpoint to improve patient and staff satisfaction, conserve time and money and improve patient care. The CNL uses leadership tools to evaluation patient/system issues and propose solutions. The student will assess issues from the viewpoint of nurse managers, CNS's, primary providers and others that interact with in a system.

Course Descriptions: <http://www.sonoma.edu/catalog/>

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

Department of Nursing
DEMSN-CNL Curriculum Schema

SPRING SEMESTER	Units
N 200 Nursing in Health and Illness	3
N 203 Basic Pharmacology for Nurses	2
N 210A Clinical Practicum I	4
N 208 Nursing Applications of Pathophysiology	3
N 506 Systems Management in Health Care	4
Total	16
SUMMER SESSION	
N 206 Psychiatric/Mental Health Nursing	3
N 502 Pathophysiology Basis of Nursing Care	3
N 210B Clinical Practicum II	4
N 509 Advanced Assessment	3
Total	13
FALL SEMESTER	
N 507 Community Health Nursing Theory	3
N 515A Financial Management	3
N 500A Scholarly Inquiry	3
N 380 Care of Individuals and Families with Complex Needs	3
N 385 Clinical Practicum Care of Individuals & Families with Complex Needs	3
Total	15
SPRING SEMESTER	
N500B Scholarly Inquiry	3
N 514 Community Health Nursing Practicum	3
N 340 Women's Health in the Expanding Family	2
N 342 Child Health in the Expanding Family	2
N 345 Clinical Practicum with Expanding Families	3
Total	13
SUMMER SESSION	
N 505 Ethics in Health Care	3
N 525 Clinical Residency	3
N 504 Policy and Politics of Health Care	2
N526 Clinical Nurse Leader Professional Development	2
Total	8
Program Total (Graduate 35 u, Undergraduate 32 u)	67

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

CLINICAL EVALUATION

Student: _____ Course: Nursing

Faculty: _____ Semester/Year:
_____/_____

4	Outstanding performance and application of theory to clinical
3	Commendable performance and application of theory to clinical
2	Satisfactory performance and application of theory to clinical
1	Unacceptable performance in applying theory to clinical
NO	Not observed

Bold Italicized Items are Critical Indicators

Score of 1 on any single critical indicator results in failure for the entire clinical course

<i>Foundational Concepts and Student Clinical Outcome Objectives</i>	Progress / Score							
	Mid Term				Final			
<u>CARING</u>	4	3	2	1	4	3	2	1
1. Demonstrates nurturing behaviors that support the fulfillment of client and nurse potentials.								
a. Performs psychomotor skills safely and accurately.								
b. Administers medications based on scientific knowledge and in accordance with agency policy.								
c. Administers treatments based on scientific knowledge and in accordance with agency policy.								
d. Supports personal health by employing appropriate body mechanics in the provision of care.								
e. Utilizes holistic pain management strategies.								
<i>f. Uses universal precautions.</i>								
2. Demonstrates compassion, empathy, respect and presence in relating to clients, professional colleagues and community organizations and self.								
3. Involves clients, families, professional colleagues and other health care providers in the provision of care.								
<i>4. Provides safe care.</i>								
5. Understands the effect of global community policies on health care.								
TOTAL: CARING								
<u>CRITICAL THINKING</u>	4	3	2	1	4	3	2	1
1. Demonstrates commitment to inquiry, is well informed, diligent in seeking relevant information and prudent in making judgments.								
a. Applies knowledge from previous courses in nursing, the sciences and the humanities.								
b. Considers the effect of environment in the provision of health care.								
c. Demonstrates the nursing process relative to client health promotion, risk reduction and disease prevention.								
<i>d. Performs assessments</i>								
<i>e. Plans interventions</i>								
<i>f. Implements care</i>								

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

<i>Foundational Concepts and Student Clinical Outcome Objectives</i>	Progress / Score							
	Mid Term				Final			
<i>g. Evaluates outcomes</i>								
2. Interacts in an open-minded, flexible manner.								
3. Demonstrates honesty in facing personal biases and is willing to reconsider assessments and solutions.								
4. Identifies areas of needed clinical growth and makes appropriate plan for change								
TOTAL: CRITICAL THINKING								
<u>COMMUNICATION</u>	4	3	2	1	4	3	2	1
1 Uses scientific and intuitive perceptions to support humanizing exchanges with clients and professional colleagues.								
a. Identifies client's strengths and needs.								
b. Uses knowledge of human development in providing age and developmentally appropriate care.								
2. Demonstrates presence in client interaction in which a call or need is recognized and followed with an appropriate and fulfilling response.								
a. Recognizes and reports deviations in expected outcomes.								
3. Demonstrates affirming dialogue with clients and professional colleagues.								
a. Develops skill in conflict resolution.								
4. Uses designated protocols to record and communicate data.								
5. Provides factual, accurate, complete, current and organized written client information.								
TOTAL: COMMUNICATION								
<u>ADVOCACY</u>	4	3	2	1	4	3	2	1
1. Recognizes free choice, self-determination and self-responsibility in self and clients.								
2. Demonstrates an understanding of ethical principles in clinical practice.								
a. Maintains confidentiality.								
3. Demonstrates accountability and responsibility to the self, client, organization and profession.								
b. Uses agency policy to advocate within a system.								
c. Includes client rights in providing care.								
d. Progressively develops independence in practice based on self-understanding of competence.								
4. Demonstrates progression toward cultural competence based upon an understanding of cultural diversity.								
5. Provides for a continuum of care through the identification of resources and intra-agency referral.								
TOTAL: ADVOCACY								
<u>TEACHING/LEARNING</u>	4	3	2	1	4	3	2	1
1. Demonstrates directed and deliberate actions based on principles of teaching and learning in educating clients.								
a. Provides instruction to clients as individuals, families and groups.								
2. Recognizes learning as self-active, resulting in a change in a person caused by experience.								
3. Recognizes the teaching/learning process as a complex, cooperative and personal relationship between faculty, students and between nurses and clients.								

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

TOTAL: TEACHING/LEARNING												
PROFESSIONALISM					4	3	2	1	4	3	2	1
1. Demonstrates individual professional development in authenticity with self, intellectual awareness and commitment.												
<i>a. Manages time, reports promptly, completes care on time.</i>												
<i>b. Completes projects and assignment</i>												
c. Maintains personal professional appearance appropriate to the setting.												
2. Initiates and persists in behaviors that demonstrate the art and science of nursing.												
3. Demonstrates legal standards of care.												
TOTAL: PROFESSIONALISM												
LEADERSHIP					4	3	2	1	4	3	2	1
1. Demonstrates the ability to influence change guided by vision and commitment to the well being of the client as individual, group or organization.												
a. Applies theories of leadership and management												
b. Includes understanding of socio-political principles in making change.												
2. Exhibits leadership behavior in actualizing inter-subjective choices between individuals and among group members.												
TOTAL: LEADERSHIP												
RESEARCH					4	3	2	1	4	3	2	1
1. Acquires knowledge essential for evidenced based practice through the critique of research.												
a. Uses theory and research in clinical decision-making.												
b. Recognizes the need for and lack of evidenced based practice.												
2. Demonstrates skill in information management.												
TOTAL: RESEARCH												

TOTAL CLINICAL POINTS / ASSIGNED GRADE	/	/
---	---	---

	MIDTERM	FINAL
STUDENT COMMENTS	Areas That Exceed Expectations Areas That Need Improvement	Areas That Exceed Expectations Areas That Need Improvement
FACULTY COMMENTS	Areas That Exceed Expectations Areas That Need Improvement	Areas That Exceed Expectations Areas That Need Improvement
Date		

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

Signatures	Student: _____ _____	Student: _____
	Faculty: _____ _____	Faculty: _____

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

Coaching/Developmental Plan

Purpose: Assist the student in achieving novice competence in areas that they are having difficulty.

Procedure:

If the preceptor and/or student recognize additional development is needed for the student they will contact the MSN partner faculty to the DEMSN program. The PRECEPTOR, MSN faculty and student develop a plan of action to achieve success for the student in the area needed. Please document the plan of care on the table below.

Plan of Action:

Opportunity to Improve	Standard not being met	Plan of Action	How PRECEPTOR, SSU Faculty and MSN will support process	Evaluation Date

Student: _____ Date: _____

MSN Faculty: _____ Date: _____

PRECEPTOR: _____ Date: _____

SSU Faculty: _____ Date: _____

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

**SONOMA STATE UNIVERSITY/PARTNER
DEMSN PROGRAM**

RN CUMULATIVE SKILLS CHECKLIST

Student's Name: _____

Preceptor's Name: _____ **Date of Initiation:**

Rating Scale: 1-Unable to perform 2-Limited Ability 3-Competent but needs practice 4-Competent

		Student date and initial	PRECEPTOR date/initial	Expert date/initial	PRECEPTOR or Designee needs to date and initial each of the boxes below				
Skill/Competency	Semester of Emphasis	Video/Reading	Test/ checklist PRECEPTOR review	Skills Day if necessary	Demo by PRECEPTOR	Return Demo #1	Return Demo #2	Return Demo #3	Student Competent
MEDICATIONS:									
• 10 R's – see last page for list of 10 r's	1		*						
• Medication Error	1								
• ADR's	1								
• Medication Teaching	1								
• Oral Medications	1		*						
• IM medications	1	*	*						
• Subcutaneous	1	*	*						
• <i>Intra-dermal</i>	1	*	*						
• NG Tube Meds	2	*	*						

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

• Skin Meds	1		*						
• Patches	1	*	*						
• Ophthalmic Drops/oint/ irrigations	1	*	*						
		Student date and initial	PRECEPTOR date/initial	Expert date/initial	PRECEPTOR or Designee needs to date and initial each of the boxes below				
Skill/Competency	Semester of Emphasis	Video/Reading	Test/ checklist PRECEPT OR review	Skills Day if necessary	Demo by PRECEPTOR	Return Demo #1	Return Demo #2	Return Demo #3	Student Competent
• Otic drugs	2	*	*						
• Nasal	2	*	*						
• Inhalers	1	*	*						
• Receptorl	1	*	*						
• Vaginal	1	*	*						
• Withdraw from Vial	1	*	*						
• Reconstitution	1								
• Mixing Meds	1	*							
• Incompatibility	1								
• Specific protocols	2								
• Documentation	1								
• Related patient education	1 - 4								
• IV Piggyback	1 - 2	*	*						
• IV bolus	1 - 2	*	*						
• Creams to Burns	2 - 4		*						
INTRAVENOUS:									
• Starting IV	2	*	*						
• IV Pump	1 or 2	*	*						
• IV dressings	1		*						
• Central Line Dressings	2	*	*						
• PICC dressings	2		*						
• PICC Management	2		*						
• Blood Administration	2	*	*						

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

• TPN/Lipids	2		*						
• Plasma	2								
• Central line blood draw	4	*	*						
• Peripheral blood draws	2	*	*						
• Arterial blood draw	4		*						
• Implanted Port: Basic Cr	4		*						
		Student date and initial	PRECEPTOR date/initial	Expert date/initial	PRECEPTOR or Designee needs to date and initial each of the boxes below				
Skill/Competency	Semester of Emphasis	Video/Reading	Test/ checklist PRECEPTOR review	Skills Day if necessary	Demo by PRECEPTOR	Return Demo #1	Return Demo #2	Return Demo #3	Student Competent
INTRAVENOUS con't.:									
• AV Fistula Care: Basic	4		*						
• Saline locks	2		*						
• Assist with CL insertion	4		*						
• Applying a Biopatch	2		*						
• Syringe Pump	4		*						
• Autotransfusion	4		*						
• Related patient education	1 - 4								
• Discontinuing an IV	1	*	*						
CARDIAC:									
• Cardiac Assessment: Auscultation Irregularity Color Edema Capillary fill Jugular vein distention Carotid artery	1								
• Obtain 12 lead EKG	1	*	*						

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

• Fluid Volume Assessment	1								
• Cardiac Enzyme – understanding and knowledge of parameters	1								
• Compression hose			*						
• Purpose Swan Ganz	2		*						
• Doppler	2								
• <i>Defibrillator</i>	4		*						
• <i>Cardioversion</i>	4		*						
		Student date and initial	PRECEPTOR date/initial	Expert date/initial	PRECEPTOR or Designee needs to date and initial each of the boxes below				
Skill/Competency	Semester of Emphasis	Video/Reading	Test/ checklist PRECEPTOR review	Skills Day if necessary	Demo by PRECEPTOR	Return Demo #1	Return Demo #2	Return Demo #3	Student Competent
CARDIAC con't:									
• Orthostatic BP	1	*							
• Pedal pulses	1								
• Related patient education									
• Calling a code blue			*						
TELEMETRY:									
• Appropriate lead placement	2		*						
• <i>Interpretation of EKG strip – Basic</i>	4		*						
• Verify alarm settings	2								
• Obtaining/mounting rhythm	2								
• HP monitors	2								
• <i>Pacemaker management</i>	4		*						
• Pacemaker Post-op	2 - 4								
RESPIRATORY:									

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

• Respiratory Assessment Breathing Assessment Rales Rhonchi Wheezes – ex/in	1								
• Setting up suction	1								
• Discarding suction canister	1								
• Suctioning – oral	1	* *							
• <i>Suctioning – trach tube</i>	1 - 4	* *							
		Student date and initial	PRECEPTOR date/initial	Expert date/initial	PRECEPTOR or Designee needs to date and initial each of the boxes below				
Skill/Competency	Semester of Emphasis	Video/Reading	Test/checklist PRECEPTOR review	Skills Day if necessary	Demo by PRECEPTOR	Return Demo #1	Return Demo #2	Return Demo #3	Student Competent
RESPIRATORY con't:									
• <i>ET tube – in-line suction</i>	4	* *	*						
• <i>Trach assist & care</i>	1 - 4	* *	*						
• <i>ET care and insertion</i>	4	*	*						
• <i>Coughing/DB</i>	2	*	*						
• <i>Incentive Spirometer</i>	1	*	*						
• <i>Aerolized treatments</i>	1		*						
• <i>Oxygen setup</i>	1	*							
• <i>Oxygen delivery – mask/cannula, re-breather</i>	1	* *	*						
• <i>BIPAP/CPAP</i>	2		*						
• <i>Pulse Oximetry</i>	1	* *	*						
• <i>Blood gases – values</i>	1								
• <i>Chest tube maintenance</i>	1 - 4	*	*						
• <i>Chest tube drainage System</i>	1 - 4		*						

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

○ Urine	1	* *	*						
○ Blood	2	*							
○ Sputum	1	* *	*						
○ Stool	1	*	*						
○ Wound	1								
○ Throat/nasal	1	* *	*						
○ 24 hr urine	1	*	*						
ENDOCRINE									
• Insulin Coverage	1								
• Obtaining blood sugars	1	*	*						
• Symptoms of high/low blood sugar	1								
• Intervention for low BS	1								
• Related patient education									
PAIN									
• Pain assessment	1		*						
• Alternative interventions	1	*	*						
• Medication intervention	1	*	*						
• PCA parameters	2								
		Student date and initial	PRECEPTOR date/initial	Expert date/initial	PRECEPTOR or Designee needs to date and initial each of the boxes below				
Skill/Competency	Semester of Emphasis	Video/Reading	Test/ checklist PRECEPTOR review	Skills Day if necessary	Demo by PRECEPTOR	Return Demo #1	Return Demo #2	Return Demo #3	Student Competent
PAIN con't:									
• PCA pump	4		*						
• Terminating PCA	4		*						
• Documentation	1								
• <i>Epidural Anesthesia</i>	4		*						
• Patient education									

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

INTEGUMENTRY									
Skin/Wound Management									
• Skin Assessment	1	*	*						
• Evaluating skin breakdown	1		*						
• Duoderm	1	*	*						
• Dressing/ Clean technique	1	*							
• Dressing Sterile Technique	1	*	*						
• Wet to Dry	1	* *	*						
• Packing a wound	2		*						
• <i>Wound debridement</i>	2 - 4								
• Wound Irrigations	2	*	*						
• Jackson Pratt	2	*							
• Hemovac	2	*							
• Surgery Prep	1								
• Remove sutures	1	*	*						
• Remove staples	1	*	*						
• Constovac	2								
• Wound Vacuum Dressing	2 - 4	*	*						
• Wound documentation	1								
• Removing lice/scabies	1		*						
• Prevent skin breakdown	1		*						
• Related patient education	1								
		Student date and initial	PRECEPTOR date/initial	Expert date/initial	PRECEPTOR or Designee needs to date and initial each of the boxes below				
Skill/Competency	Semester of Emphasis	Video/Reading	Test/ checklist PRECEPTOR review	Skills Day if necessary	Demo by PRECEPTOR	Return Demo #1	Return Demo #2	Return Demo #3	Student Competent
• Wound with a drain			*						

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

• Wound Assessment		*							
GASTROINTESTINAL									
Nutrition:									
• Nutrition Evaluation	1								
• Dysphagia Evaluation	2	*							
• Dysphagia Feeding	2	*	*						
• PEG tubes: continuous/intermittent	2								
• PEJ tubes	1 or 2								
• Gastrostomy tube care	2	*	*						
• Feeding tube insertion and care and feeding	2	*	*						
• Related patient education	1								
• Enteral Nutrition	1	*							
Nasogastric Tube:									
• Insertion	2	*	*						
• Removal	1	*	*						
• Feeding	1 or 2	*	*						
• Irrigation	1 or 2		*						
• Discontinuation	1		*						
Abdominal Care:									
• Abdominal Assessment	2								
• Enema	1	*	*						
• Large Volume	1								
• Colostomy Care	2		*						
• Fecal Impaction removal	2	*	*						
• <i>Pouching Enterostomy</i>	2	* *							
•									
		Student date and initial	PRECEPTOR R- date/initial	Expert date/initial	PRECEPTOR or Designee needs to date and initial each of the boxes below				

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

Skill/Competency	Semester of Emphasis	Video/Reading	Test/ checklist PRECEPT OR review	Skills Day if necessary	Demo by PRECEPTOR	Return Demo #1	Return Demo #2	Return Demo #3	Student Competent
Abdominal Care con't:									
• Receptor tube	2								
• <i>Ileostomy tube</i>	2 – 4								
• <i>Paracentesis Assist</i>	2 – 4		*						
• Liver enzymes values	2								
• <i>Peritoneal lavage</i>	2 – 4	*							
• <i>Gasric lavage</i>	2 – 4	*							
• Assist with Liver Biopsy	2 - 4		*						
NEUROLOGICAL									
• Assessment Pupils Orientation Grasps	2								
• Seizure precautions	2								
• Care during a seizure	2								
• <i>ICP – understanding basic care/purpose/manageme nt</i>	4								
RENAL									
<i>Pouching Noncontinent Urinary Diversion</i>	2 - 4	* *	*						
Urinary Catheterization		*							
• Male - straight	1 or 2	*	*						
• Female - straight	1 or 2	*	*						
• Male - Indwelling	1 or 2	*	*						
•									

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

Skill/Competency	Semester of Emphasis	Student date and initial	PRECEPTOR date/initial	Expert date/initial	PRECEPTOR or Designee needs to date and initial each of the boxes below				
		Video/Reading	Test/ checklist PRECEPTOR review	Skills Day if necessary	Demo by PRECEPTOR	Return Demo #1	Return Demo #2	Return Demo #3	Student Competent
RENAL con't:									
• Female - Indwelling	1 or 2	*	*						
• Catheter Care	1	*	*						
• Discontinuation	1	*	*						
• Leg Bag	1		*						
Urine specimens – closed system	2	*	*						
Catheter Irrigation:									
• <i>Opening closed system</i>	2 – 4	*	*						
• <i>Closed System - Intermittent</i>	2 – 4	*	*						
• <i>Closed System – continuous</i>	2 – 4	*	*						
Suprapubic Cath Care	2 – 4	*	*						
Urostomy Care	2 - 4								
Specimen Ileal Conduit			*						
Dialysis:									
• Meds before dialysis	2								
• Weight- before/after	2								
• Labs - understanding	2								
• Ongoing Care	2		*						
PERIOPERATIVE/ PROCEDURES									
• Pre-operative checklist	2		*						
• Preoperative teaching	2	*	*						

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

• Consents	2								
• Preoperative Care	2	*							
		Student date and initial	PRECEPTOR date/initial	Expert date/initial	PRECEPTOR or Designee needs to date and initial each of the boxes below				
Skill/Competency	Semester of Emphasis	Video/Reading	Test/ checklist PRECEPTOR review	Skills Day if necessary	Demo by PRECEPTOR	Return Demo #1	Return Demo #2	Return Demo #3	Student Competent
PERIOPERATIVE/ PROCEDURES con't:									
• Conscious sedation	2		*						
• General Post-operative care	2	*	*						
• Pushing Activity	1								
• Splinting	1								
• Maintaining sterile field	1	*	*						
• Skin Prep	2	*	*						
• Related patient education									
• Q Balls									
MUSCULOSKELETAL:									
• Positioning	1								
• Mobility	1								
• <i>Cast Care and pt ed</i>	2 – 4		*						
• Applying Ace Bandage	2 – 4	*	*						
• Use of a sling	2 – 4								
• <i>Skin Traction</i>	2 – 4	*	*						
• <i>Skeletal Traction</i>	2 – 4	*	*						
• <i>External Fixator</i>	2 – 4	*	*						
• <i>Halo Traction</i>	2 – 4	*	*						
• Amputation- <ul style="list-style-type: none"> ○ Positioning and exercising stump ○ Dressings 	2 – 4		*						

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

• <i>Care of Hip Replacement Patient</i>	2 – 4								
• <i>Total Joint Precautions</i>	2 – 4		*						
• <i>Bone Marrow – assist</i>	2 – 4		*						
• <i>Stryker Frame</i>	2 - 4		*						
		Student date and initial	PRECEPTOR date/initial	Expert date/initial	PRECEPTOR or Designee needs to date and initial each of the boxes below				
Skill/Competency	Semester of Emphasis	Video/Reading	Test/ checklist PRECEPTOR review	Skills Day if necessary	Demo by PRECEPTOR	Return Demo #1	Return Demo #2	Return Demo #3	Student Competent
MUSCULOSKELETAL con't:									
• <i>Lumbar Puncture Assist</i>	2 – 4		*						
• Falls Prevention			*						
• Related patient education									
END OF LIFE:									
• Bioethical conferences- understanding of RN role	1								
• Family in Grief	1		*						
• Grief work with patient	1		*						
• Post mortem care	1	*	*						
• Pronouncing a patient	1								
• Notification of MD/Family	1								
• Advance Directives									
• Eye Care	1								
•	1								
• Related Patient education	1								

**SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook**

• Discharging a patient			*						
• Admitting a patient			*						
• Transferring to SNF									
• Transferring to home care									
• Assessing spiritual issues			*						
• Therapeutic communication			*						
• Patient education			*						
• General patient safety			*						

- **This is a dynamic document that you will use throughout your semesters.**
- **Please note – all skills may not be achieved by the time you graduate. There are core skills that are necessary. Those that are not are in italics.**
- **Turn in this skills list at the end of each semester with signature's to indicate your progress and then the finalized document at the end of your program.**
- **10 R's of medication administration – Patient, dose, drug, route, time, assessment, documentation, refusal, education and evaluation**

Student's Signature: _____ **Date:**

PRECEPTOR's Signature: _____ **Date:**

**SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook**

MSN Signature: _____ **Date:**

SSU Clinical Coordinator: _____ **Date:**

EXPOSURE TO BLOOD-BORNE PATHOGENS

If students are exposed to blood, fluids containing blood or other potentially infectious fluids (amniotic, cerebrospinal, pericardial, peritoneal, pleural, semen, synovial, vaginal) via mucous membranes or compromised skin integrity, they are to do the following:

1. Immediately clean the exposed area per the health care agency's protocol.
2. Immediately report (within 10 minutes) this exposure to your faculty advisor, preceptor and nursing supervisor.
3. With the assistance of the preceptor, determine the risk of transmission. Consider the type of exposure, type of fluid, depth of puncture, volume of fluid, duration of contact and age of specimen.
4. With the assistance of the preceptor; assess the source (patient) by identifying risk factors for blood-borne pathogens. These include: history of IV drug use, blood transfusion or organ transplants prior to 1992, chronic hemodialysis, high-risk sexual behavior, clotting factor recipient prior to 1987, history of hepatitis B, hepatitis C or HIV.
5. Obtain informed consent from the source (patient) to have blood drawn. Obtain HIV antibody, hepatitis B surface antigen (HbsAG), hepatitis B (HBV) core and surface antibodies and hepatitis C (HCV) antibody levels on the source (patient). Notify the patient's physician.
6. Seek treatment within one hour.
 - a. Draw baseline lab values (HbsAG, HCV antibody and HIV antibody).
 - b. If last tetanus booster was over five years ago, get another one.
 - c. If HbsAG results indicate "nonresponder," get a HBV vaccine booster.
 - d. If HBV status of source (patient is positive or unknown, get a Hepatitis B Immune Globulin (HBIG).
7. Complete a Sonoma State University incident report form.

To obtain more information regarding blood-borne pathogen exposure, visit the following websites:

Exposure to Blood: What Healthcare Personnel Need to Know
http://www.cdc.gov/ncidod/hip/Blood/Exp_to_Blood.pdf

Centers for Disease Control & Prevention (CDC): Viral Hepatitis
<http://www.cdc.gov/ncidod/diseases/hepatitis/index.htm>

Centers for Disease Control & Prevention (CDC): HIV/AIDS
<http://www.cdc.gov/hiv/>

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

PRECEPTOR COURSE EVALUATION

INSTRUCTIONS: Mark the selected response using the scale below. Please return this completed evaluation form in one of the following ways:

- Mail to:
 Melissa Vandever, DEMSN Program Director
 Sonoma State University Nursing Department
 1801 East Cotati Avenue
 Rohnert Park, CA 94928
- Fax to: (707) 664-2653

5: Strongly Agree	4: Agree	3: Neutral	2: Disagree	1: Strongly Disagree
-------------------	----------	------------	-------------	----------------------

1. The Preceptor Handbook provided me with adequate information regarding the DEMSN program.	5	4	3	2	1
2. The information I received provided me with an adequate understanding of the nature and expepreceptortions of the role of the preceptor .	5	4	3	2	1
3. The faculty liaison was available to me as needed during the preceptor experience.	5	4	3	2	1
4. My experience with my student has been a positive one for me.	5	4	3	2	1
5. The time commitment necessary for me to function as a preceptor associate has been reasonable.	5	4	3	2	1
6. I would be willing to serve as a preceptor in the future.	5	4	3	2	1

Comments:

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

CONTACT INFORMATION

FULL-TIME FACULTY

<u>FULL-TIME FACULTY</u>	<u>PHONE</u>	<u>EMAIL</u>
Catlin, Anita	664-2640	anita.catlin@sonoma.edu
Close, Liz (Chair)	664-2654	liz.close@sonoma.edu
Heath, Carole	664-2356	carole.heath@sonoma.edu
Kindy, Deb	664-2438	deb.kindy@sonoma.edu
Koshar, Jeanette	664-2649	jeanette.koshar@sonoma.edu
Smith, Wendy	664-2276	wendy.smith@sonoma.edu
Vandever, Melissa	291-9388	melissa.vandever@sonoma.edu
Wilkosz, Mary Ellen	664-2297	mary.wilkosz@sonoma.edu
Kathleen Rockett	486-0508	rockett@sonoma.edu

PART-TIME FACULTY

<u>PART-TIME FACULTY</u>	<u>PHONE</u>	<u>EMAIL</u>
Brogan, Alanna	664-2643	broganm@sonoma.edu
Clark, Cathy	545-2303	twopups2@pacbell.net
Combi, Will	664-2830	willcombi@sbcglobal.net
Doolittle, Susan	571-3047	susan.j.doolittle@kp.org
Eads, Jessica	251-1710	jessica.eads@stjoe.org
Kania, Leonard (Spring only)	664-2830	kanial@sonoma.edu
Kinthead, B.J.	664-2830	bj@mabco.com
Klich-Heartt, Eira	664-2464	kliche@sutterhealth.org
LaLonde, Rebecca (Spring only)	664-2830	rslalonde@comcast.net
Loper, Donna	257-4029	dloper@stjoe.org
Parker, Alice	664-2466	parkeral@sonoma.edu
Parkhurst, David	718-1164	parky50@sbcglobal.net
Weis, Carol	664-2464	cweis@sutterhealth.org

STAFF

<u>STAFF</u>	<u>PHONE</u>	<u>EMAIL</u>
Cohen, Becky (Admin Coord)	664-2465	becky.cohen@sonoma.edu
Munoz, Ana (Admin Support)	664-2466	ana.munoz@sonoma.edu
O'Brien, Eileen (admin Support)	664-2862	eileen.obrien@sonoma.edu

**SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook**

Title: _____ BRN License #: _____ Exp: _____ (Attach Copy)

Nurse Manager: _____ Contact #:

Average number of hours worked: Per week: _____ Per shift: _____

Number of years: In Nursing: _____ At facility: _____ In Unit: _____

Prior Preceptor : Yes: ____ No: ____ # of semesters: _____

Preceptor training in institution: yes _____ no _____

School(s)	Year	of	Graduation
	Degree		

Applicant Signature

Date

Part II: TO BE COMPLETED BY NURSE MANAGER

The above preceptor applicant has my support to be involved in the SSU Direct Entry Master of Science in Nursing Program.

Nurse Manager Signature

Date

Part III: TO BE COMPLETED BY FACULTY ADVISOR

Faculty Advisor Signature

Date

SONOMA STATE UNIVERSITY NURSING DEPARTMENT
Preceptor Handbook

CONTINUING EDUCATION
CERTIFICATE OF COMPLETION
Department of Nursing
Sonoma State University

This document certifies that

RN License #

Has successfully completed a professional program entitled

**Preceptor Education Program Spring
Semester 2007**

Approved by the California State Board of Registered Nursing
For **6 contact hours**

Sponsored by Sonoma State University
BRN Provider Number: **00369**



Liz Close, PhD, RN, Chair
Department of Nursing
Sonoma State University

This Certificate of Completion must be retained by the licensee
for a period of four (4) years after the course has been completed.