Department of Nursing

N425
PRECEPTOR HANDBOOK

SPRING 2007

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. We greatly appreciate those registered nurses who agree to act as preceptors and role models for our students. It is our desire to make this endeavor personally and professionally growth producing, and a joyful endeavor for all participants. We have developed this preceptor handbook to assist you in your role, and to be able to offer you 6 continuing education credits upon completion of the post tests. We thank you for joining us in the preparation of caring and competent Bachelor's prepared nurses.

We wish to acknowledge Cyndi Evans, RN & Leah Shute, RN, for assistance in creating this handbook.

Sonoma State University

Liz Close, RN, PhD
Department Chair

Anita Catlin, DNSc, FNP, FAAN
Preceptorship Coordinator

TABLE OF CONTENTS

PRECEPTOR FORM NEEDED BY SONOMA STATE PRIOR TO BEGINNING

A. Resume (Fill out and give copy to student)

GENERAL INFORMATION

A. Mission Statement
B. Philosophy
C. Foundational Concepts
D. Terminal Objectives

MODULES

A. Introduction to Preceptorship
B. Novice to Expert
C. Roles & Responsibilities
D. Values Clarification
E. Adult Learning Styles
F. Conflict Management
G. Cultural Diversity
H. Writing Objectives

APPENDICES

A. Preceptor Continuing Education CEU Forms
B. Evaluations
C. Contact Information
D. Unusual Occurrences
E. Agency Self-Orientation
F. Weekly Guidelines for Student Activity
G. Contract Modification Form

PRECEPTOR APPLICATION

Part I: TO BE COMPLETED BY PRECEPTOR

CONTACT INFORMATION

Name: ____

Address: ____

Phone Number: Home: _____________ Cell: ____________ Work: ____________

Email: ____

PROFESSIONAL INFORMATION

Health Agency: _______________________ Shift: _________ Unit: _____________

Title: ___________________________ Certifications: ______________________

BRN License #: ______________ Exp: _________ **(ATTACH COPY OF LICENSE)**

Highest degree (circle): ADN BSN MSN from: ________________________________

year of graduation: ________________________________

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

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

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

__________________________________ ______________

Applicant Signature Date

Part II: TO BE COMPLETED BY NURSE MANAGER

The above clinical preceptor applicant has my support to be involved in the SSU preceptorship program.

Nurse Manager: _____________________________________Contact #: ___________________

________________________ __________________

Nurse Manager Signature Date

Part III: TO BE COMPLETED BY STUDENT

Preceptee Name: ____

Preceptorship Start Date: _________________ End Date: __________________

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.

PHILOSOPHY

The philosophical foundation of the SSU Department of Nursing is based upon Humanistic Nursing Theory (HNT) (Paterson & Zderad, 1988). Departmental values are based in 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 expectations 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.

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)*

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)*

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)*

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)*

MODULE A: INTRODUCTION TO PRECEPTORSHIP

OBJECTIVES

At the completion of this module, the preceptor will be able to:

1. Explain the purpose of the preceptorship experience.
2. Describe the purpose of the senior contract.
3. Define the following terms: preceptorship, preceptor, preceptee, faculty advisor and health care agency.
4. Identify the preceptor selection criteria.

INTRODUCTION

Senior clinical is a required course designed to accommodate pre-licensure, LVN-BSN and RN-BSN students who have varied clinical backgrounds. All students address the same program objectives by selecting a clinical area of interest and developing a senior contract. The purpose of the senior contract is to provide the preceptee with objectives and learning activities for the senior clinical preceptorship. The focus of the contract includes theory and research, ethics and legal aspects of nursing practice, leadership and management, and standards of professional practice.

A designated SSU faculty member is responsible for matching students with preceptors in their chosen area of interest. As an expert in nursing, the preceptor serves as a role model, resource, consultant and teacher for the student in the clinical setting. The preceptor provides clinical experiences that meet the objectives of the contract in a safe and nurturing environment in which students feel comfortable utilizing their newly acquired skills. After the preceptor is selected, the preceptee will present their senior contract to the preceptor to ensure that the learning activities included in the contract will be possible to fulfill in the facility.

The health care agency and its employees should be supportive of student participation in patient care. The staff should be aware of the student's desire to learn and grow in this setting. Additionally, the use of conflict management and critical thinking skills can ultimately provide a lasting framework for novice student nurses to integrate into their nursing practice.

DEFINITIONS

Preceptorship: An opportunity for the senior nursing student to participate in 1:1 direct learning, modeling of skills and educational trials.

Preceptor: An experienced, competent, non-faculty registered nurse who serves as role model, resource, consultant and teacher while guiding the senior nursing student toward competence via realistic experiences throughout the preceptorship experience.

Preceptee (Pre-Licensure): A senior Sonoma State University pre-licensure nursing student who has an opportunity for 1:1 direct learning and modeling of skills at the bedside in a designated clinical agency setting.

Preceptee (RN-BSN): A senior Sonoma State University RN-BSN nursing student who has an opportunity for 1:1 direct learning and modeling of skills along with furthering their educational opportunities.

Faculty Advisor: A Sonoma State University nursing instructor who oversees the preceptorship experience.

Health Care Agency: The facility in which the preceptorship takes place.

PRECEPTOR SELECTION CRITERIA

- Possess an active California nurse license.
- Minimum of two years clinical experience.
- Commitment to teaching and learning.
- Desire to nurture and assist student in development as a professional nurse.
- Bachelor's, master's, and associate degree nurses invited

HEALTH CARE AGENCY CONTRACTS

The following health care agencies have current contracts with Sonoma State University's Nursing Department to provide facilities for nursing clinical experience.

If your facility is not listed here, a contract will need to be established. Please be advised that this process can take several weeks, so start early.

To request a new facility contract:

1. Ensure your preceptee has received approval from their faculty supervisor to do preceptorship at your facility
2. Provide your preceptee with the contact information of the facility, i.e., the name of the person responsible for signing contracts, their title, address of the facility, phone, fax and e-mail.
3. The student will provide the faculty supervisor with the agency contact information
4. The faculty member will request establishment of a new contract through the SSU Nursing Department office.

AGENCY	EXPIRES	CITY
Alameda County Public Health	6/30/2007	Oakland
Biggs Gridley Memorial Hospital	6/30/2008	Gridley
California Pacific Medical Center	11/30/2008	San Francisco
Children's Hospital & Research Center at Oakland	1/30/2010	Oakland
CHW - St. Joseph's Medical Center	1/16/2008	Stockton
City & County of San Francisco Public Health Dept	7/31/2008	San Francisco
College of Marin	5/28/2011	Kentfield
CompCare	12/31/2007	Oroville
Council Connections	6/30/2006	San Diego
Creekside Convalescent Hospital and Mental Health Rehab	12/31/2008	Santa Rosa
CSU Dominguez Hills	no expiration	Carson
CSU Sacramento Student Health Center	1/29/2011	Sacramento
Del Norte Clinics, Inc.	1/31/2008	Yuba City
Drug Abuse Alternative Center	10/31/2008	Santa Rosa
Enloe Hospital	1/31/2008	Chico
Feather River Hospital & Clinics	8/26/2006	Paradise
Feather River Tribal Health	8/26/2008	Oroville
Fremont Hospital	2/2/2010	Marysville
Friends House	12/31/2007	Santa Rosa
Hebrew Home for the Aged, dba Jewish Home	11/14/2006	San Francisco
Horizons Unlimited	1/24/2011	Livingston
Hospice of Napa Valley, Inc.	no expiration	Napa,
Jerald Phelps Community Hospital	10/9/2010	Garberville
Jewish Community Free Clinic	1/24/2011	Cotati
Kaiser Foundation Hospitals & Permanente Medical Group	no expiration	Oakland
Kaiser Foundation Hospitals & Permanente Medical Group	no expiration	
Kentfield Rehabilitation Hospital	5/31/2009	Kentfield
La Clinica de la Raza	11/16/2008	Oakland
Lodi Memorial Hospital	8/23/2010	Lodi

Marin Community Clinic	10/26/2008	Larkspur
Marin County Dept of Health Services	8/31/2007	San Rafael
Marin County Mental Health Services	1/31/2011	San Rafael
Marin General Hospital	1/31/2007	Greenbrae
Mendocino Community Health Clinics	8/23/2010	Ukiah
Mendocino County Public Health Dept	9/30/2007	Ukiah
Mercy Medical Center Merced	2/8/2008	Merced
Mercy Mt. Shasta	7/31/2006	Mt. Shasta
Mercy Mt. Shasta	11/30/2008	Mt. Shasta
Modoc Medical Center	1/24/2011	Alturas
Mountain Valley Health	1/31/2008	Burney
Mt. Diablo Health System/John Muir Hospital	no expiration	Concord
Napa State Hospital	8/23/2010	Napa
North Bay Network for Healthcare Education	6/30/2006	Petaluma
Northbay Healthcare Group	no expiration	Fairfield
Northcoast Rehabilitation Center	no expiration	Santa Rosa
Novato Community Hospital	12/31/2006	Novato
Novato Community Hospital	1/31/2007	Novato
Oroville Hospital	6/30/2008	Oroville
Palo Alto VA Health Care System	no expiration	Palo Alto
Petaluma Health Center	11/30/2008	Petaluma
Petaluma Valley Hospital	no expiration	Petaluma
Planned Parenthood of Chico	3/31/2009	
Queen of the Valley Hospital	2/28/2009	Napa
Quest Diagnostics	6/30/2006	Sacramento
Ross W. Tye & Associates	1/31/2008	Orland
San Joaquin General Hospital	8/24/2009	French Camp
Santa Rosa Junior College	11/30/2008	Santa Rosa
Seely Medical Corp.	1/31/2008	Red Bluff
Sequoia Hospital	1/27/2007	Redwood City
Shriners Hospital	no expiration	Sacramento
Solano County Public Health Dept.	12/31/2006	Fairfield
Sonoma County Mental Health Services Div.	8/23/2008	Santa Rosa
Sonoma County Public Health Dept.	8/31/2007	Santa Rosa
Sonoma Developmental Center	6/30/2006	Eldridge
Sonoma Valley Hospital & Home Care	8/24/2009	Sonoma
Southwest Adult Day Services	8/31/2009	Santa Rosa
St. Helena Hospital	12/31/2006	Deer Park
St. Joseph Health System	no expiration	Santa Rosa
St. Joseph Health System - Santa Rosa Memorial Hospital	no expiration	Santa Rosa
St. Joseph Home Care Network	2/5/2008	Rohnert Park
St. Joseph's Hospital/Redwood Memorial Hospital	8/23/2007	Eureka
Stanford Hospitals and Clinics	1/23/2010	Stanford
Stanislaus County	no expiration	Modesto
Sutter Davis Hospital	1/31/2008	Davis
Sutter Delta Medical Center	6/30/2008	Antioch
Sutter Gould Medical Foundation	1/24/2011	Modesto
Sutter Medical Center of Santa Rosa and Sutter Warrack Hospital	8/31/2007	Santa Rosa
Sutter Solano Medical Center	12/31/2007	Vallejo
Sutter VNAH	1/31/2008	Santa Rosa

UC Davis Health System Contracts	7/31/2007	Sacramento
UCSF Department of Nursing	3/31/2009	San Francisco
Ukiah Valley Medical Center	2/28/2008	Ukiah
Ukiah Valley Primary Care Medical Group	9/30/2008	Ukiah
VA Northern California Healthcare System	no expiration	Martinez
VAMC San Francisco	no expiration	San Francisco
West Oak Health Center	10/31/2007	Oakland
Woodland Healthcare (CHW)	1/13/2008	Woodland

MODULE A: INTRODUCTION TO PRECEPTORSHIP POST-TEST

1. What is the purpose of the preceptorship experience?

   ____

   ____

   ____

2. What is the purpose of the senior contract?

   ____

   ____

   ____

3. Define the following terms:
   a. Preceptorship: ____

      ____
   b. Preceptor: ____

      ____
   c. Preceptee (Pre-licensure): ________________________________

      ____
   d. Preceptee (RN-BSN): ____________________________________

      ____
   e. Faculty Advisor: ____

      ____
   f. Health Care Agency: _____________________________________

      ____

4. List three preceptor selection criteria.
   a. ____
   b. ____
   c. ____

MODULE B: NOVICE TO EXPERT

OBJECTIVES

At the completion of this module, the preceptor will be able to:

1. List the five levels of proficiency described in the Dreyfus Model of Skill Acquisition.
2. Define the five levels of proficiency described in the Dreyfus Model of Skill Acquisition.

INTRODUCTION

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 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.

MODULE B: NOVICE TO EXPERT POST-TEST

1. List the five levels of proficiency described in the Dreyfus Model of Skill Acquisition.

   a. ____
   b. ____
   c. ____
   d. ____
   e. ____

2. Define the five levels of proficiency described in the Dreyfus Model of Skill Acquisition.

   a. ____
   ____
   ____
   b. ____
   ____
   ____
   c. ____
   ____
   ____
   d. ____
   ____
   ____
   e. ____
   ____
   ____

MODULE C: ROLES & RESPONSIBILITIES

OBJECTIVES

At the completion of this module, the preceptor will be able to:

1. Describe the roles and responsibilities of the preceptor.
2. Describe the roles and responsibilities of the preceptee.
3. Describe the roles and responsibilities of the faculty advisor.
4. Describe the roles and responsibilities of the health care agency.

PRECEPTOR ROLES & RESPONSIBILITIES

- A 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. The preceptor holds a current, active California RN license and has competence in the clinical setting and experience in the institution and has a history of professional involvement within the institution.

- By agreeing to serve, the clinical 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. Serve as a role model in the clinical setting.
   c. Provide the student with adequate orientation to the clinical environment.
   d. Meet with faculty advisor to discuss preceptorship process.

B. CLINICAL SUPERVISION & TEACHING
   a. Work closely with student to shape positive experience.
   b. Guide, facilitate, supervise and monitor the student in achieving clinical objectives.
   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. Discuss with faculty advisor and preceptee arrangements for appropriate coverage for supervision of the student should the preceptor be absent.

b. Contact faculty advisor if assistance is needed or if any problem with student performance occurs.

D. EVALUATION OF THE CLINICAL EXPERIENCE
   a. Provide frequent feedback to preceptee 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. Complete mid-term preceptee evaluation and final preceptee evaluation.

PRECEPTEE ROLES & RESPONSIBILITIES

A. ORIENTATION
   a. Participate in an agency and unit orientation.
   b. Be familiar with skills and orientation lists.
   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 all terminal objectives to map out preceptorship. This will ensure that all objectives will be met.

C. COMMUNICATION
   a. Communicate with preceptor any schedule changes, sickness or questions.
   b. Stay in continuous contact with faculty advisor via Web CT course set up for N425.
   c. Post to instructor at least weekly on the learning objectives in the contract.

D. EVALUATION OF THE CLINICAL EXPERIENCE
   a. Provide frequent feedback to preceptor regarding experience.
   b. Complete preceptor evaluation and program evaluation.

FACULTY ADVISOR ROLES & RESPONSBILITIES

A. ORIENTATION
   a. Organize meeting with preceptor and student.
   b. Verify that the health care agency, the preceptor and the department supervisors are ready to accept preceptee.
   c. Provide the preceptor with adequate orientation to the clinical process of preceptorship.

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.
d. Communicate weekly with student in the WebCT course set up for N425.

C. COMMUNICATION
   a. Communicate with health care agency before preceptorship begins.
   b. Discuss with preceptor and preceptee arrangements for appropriate coverage for supervision of the student should the preceptor be absent.

D. EVALUATION OF THE CLINICAL EXPERIENCE
   a. Provide frequent feedback to the student regarding clinical performance via WebCt Course set up for N425.

E. GRADUATION PREPARATION FOR PRE-LICENSURE STUDENTS
   a. Monitor student progress with unproctored ATI Comprehensive exam at beginning of semester. Date will be posted in WebCT course for N425.
   b. Ensure student attendance at Proctored ATI session in last week of April. Date to be posted in WebCT Course for N425.

HEALTH CARE AGENCY ROLES & RESPONSBILITIES

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 allow preceptee to receive a consistent number of shifts per week.

MODULE C: ROLES & RESPONSIBILITIES POST-TEST

1. List five roles and responsibilities of the preceptor.
   a. ____
   b. ____
   c. ____
   d. ____
   e. ____

2. List five roles and responsibilities of the preceptee.
   a. ____
   b. ____
   c. ____
   d. ____
   e. ____

3. List three roles and responsibilities of the faculty advisor.
   a. ____
   b. ____
   c. ____

4. List three roles and responsibilities of the health care agency.
   a. ____
   b. ____
   c. ____

MODULE D: VALUES CLARIFICATION

OBJECTIVES

At the completion of this module, the preceptor will be able to:

1. Explain the importance of the values clarification process.

2. List three essential values for professional nursing.

3. Define the following terms: values and values clarification.

4. Identify the major components and criterion of the values clarification process.

INTRODUCTION

Interventions that help nurses understand and use ethical judgment should 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 must encourage participation in the values clarification process throughout the preceptorship experience. By providing a supportive environment conducive to learning, preceptees will thrive on the examples you provide in your own practice. By finding opportunities to integrate their value system into the clinical arena, preceptees will be able to identify, form, refine, and ultimately, practice it with confidence. To successfully facilitate this process, preceptors must understand their own value system.

Recall when you were a new nursing graduate under the “wing” of an experienced nurse. Your first exposure to the importance of applying value systems to nursing practice may have been learning the values of your preceptor, and how they applied them to the clinical setting. In fact, you may notice that there are components of that first experience that you incorporate into your clinical practice today.

Values change over time in response to changing life experiences. Recognizing these changes and understanding how they affect your 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.

COMPONENT	CRITERIA
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. "Preceptorship and Interpersonal Conflict: A Multidisciplinary Study." Journal of Advanced Nursing. 43(2):188-196, July 2003.

MODULE D: VALUES CLARIFICATION POST-TEST

1. Explain the importance of the values clarification process.

   ____

   ____

   ____

2. List three essential values for professional nursing.
   a. ____
   b. ____
   c. ____

3. Define the following terms:
   a. Values: ____

      ____
   b. Values Clarification: ____________________________________

      ____

4. Identify the major components and criterion of the values clarification process
   a. ____
      i. ____
      ii. ____
   b. ____
      i. ____
      ii. ____
   c. ____
      i. ____
      ii. ____
      iii. ____

MODULE E: ADULT LEARNING STYLES

OBJECTIVES

At the completion of this module, the preceptor will be able to:

1. Differentiate between the content model and the process model of learning.
2. List five differences between child learning styles and adult learning styles.
3. Identify four styles of learning in Kolb's experiential learning model.
4. Describe teaching styles and strategies for the five types of learners in Endorf and McNeff 's adult learning styles model.
5. Name three adult learning principles.

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 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.

ADULT LEARNING STYLES THEORIES

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. Convergers 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 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

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:

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

MODULE E: ADULT LEARNING STYLES POST-TEST

1. Explain the difference between the content model of learning and the process model of learning.

   Content Model of Learning: ______________________________________

   ____

   Process Model of Learning: ______________________________________

   ____

2. Identify four styles of learning in Kolb's experiential learning model.
   a. ____
   b. ____
   c. ____
   d. ____

3. Identify teaching styles and strategies for the five types of learners in Endorf and McNeff 's adult learning styles model.
   a. ____
   b. ____
   c. ____
   d. ____
   e. ____

4. Name three adult learning principles.
   a. ____
   b. ____
   c. ____

MODULE F: CONFLICT MANAGEMENT

OBJECTIVES

At the completion of this module, the preceptor will be able to:

1. Explain the importance of the SBAR technique.

2. Identify the steps of the SBAR technique.

3. List "red flags" of preceptee behavior.

4. Identify ways to give constructive feedback.

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 preceptee in successful conflict resolution.

During the senior preceptorship, an ideal time and opportunity exists for both the preceptor and preceptee to collaborate together and practice this technique. Educating the preceptees 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 PRECEPTEE

It is not uncommon for preceptees 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 preceptee. These "red flags" include: disorganization, unreliability, inconsistent performance, deficiencies in basic skills, lack of exercising caution, inability to grasp facets of care, denial of errors and unconscious incompetence.

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

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.

c. 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.

MODULE F: CONFLICT MANAGEMENT POST-TEST

1. What is the rationale for understanding basic human conflict?

   ____

   ____

   ____

2. Define the following terms:
   a. Conflict: ____
   b. Collaboration: ____
   c. Resolution: ____

3. List the four steps of the SBAR technique.
   a. ____
   b. ____
   c. ____
   d. ____

4. List four "red flags" of preceptee behavior.
   a. ____
   b. ____
   c. ____
   d. ____

5. List four ways to give constructive feedback.
   a. ____
   b. ____
   c. ____
   d. ____

MODULE G: CULTURAL DIVERSITY

OBJECTIVES

At the completion of this module, the preceptor will be able to:

1. Describe important cultural factors that have an impact on client care, cultural variation and personal philosophical viewpoints.

2. Define the following terms: cultural diversity and ethnocentrism.

3. List ways to promote cultural diversity in nursing practice.

4. Identify examples of cultural diversity in your health care agency.

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 preceptee show 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 preceptees 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 preceptees look to their preceptors as a model for future care of their patients.

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: 2001.

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.

MODULE G: CULTURAL DIVERSITY POST-TEST

1. Name three important cultural factors that have an impact on client care, cultural variation and personal philosophical viewpoints.
    a. ____
    b. ____
    c. ____

2. Define the following terms:
    a. Cultural diversity: ______________________________
    ____
    ____
    b. Ethnocentrism: ______________________________
    ____
    ____

3. List three ways that cultural diversity is promoted in nursing practice.
    a. ____
    b. ____
    c. ____

4. Identify three examples of cultural diversity in your health care agency.
    a. ____
    b. ____
    c. ____

MODULE H: WRITING OBJECTIVES

OBJECTIVES

At the completion of this module the preceptor will be able to:

1. Explain the purpose of developing learning objectives.

2. Distinguish between a correctly and incorrectly written learning objective.

INTRODUCTION

A learning objective identifies the expected outcome of a planned learning experience. They should be measurable. Each objective contains an active verb describing what the learner will do after the objective is met, such as "to perform" or "to analyze" something. The objective should be stated in terms of how the student is to demonstrate learning rather than what or how the student is to learn.

LEVELS OF COGNITIVE DOMAIN

1. KNOWLEDGE
   Knowledge is defined as the ability to recall. It is the lowest level of cognition and requires the ability to retain information.
2. COMPREHENSION
   Comprehension is the first level of understanding. The learner can make use of the information by interpreting it in own words.
3. APPLICATION
   Application is the ability to apply an abstract concept, principle, hypothesis or theory to a selected situation. It is a higher level of knowledge.
4. ANALYSIS
   Analysis is the ability to break down information into distinct components and understand the relationship of the parts to the whole.
5. SYNTHESIS
   Synthesis is bringing together the various facets of learning and recognizing the patterns and relationships.
6. EVALUATION
   Evaluation is the ability to make judgments on the basis of a given criteria.

DESCRIPTIVE VERBS FOR THE COGNITIVE DOMAIN

Knowledge

- Cite
- Define
- List
- Name
- Relate
- Underline
- Count
- Draw
- Record
- Repeat

Comprehension

- Compute
- Discuss
- Express
- Locate
- Restate
- Tell
- Describe
- Explain
- Identify
- Report
- Review
- Translate

Application

- Apply
- Demonstrate
- Employ
- Illustrate
- Interpret
- Practice
- Solve
- Sketch
- Calculate
- Dramatize
- Examine
- Operate
- Schedule
- Use

Analysis

- Analyze
- Calculate
- Compare
- Debate
- Diagram
- Examine
- Question
- Appraise
- Categorize
- Contrast
- Differentiate
- Inventory
- Test

Synthesis

- Arrange
- Collect
- Construct
- Design
- Formulate
- Manage
- Plan
- Propose
- Assemble
- Compose
- Create
- Integrate
- Organize
- Prescribe

Evaluation

- Appraise
- Choose
- Criticize
- Evaluate
- Judge
- Rank
- Revise
- Select
- Assess
- Compare
- Estimate
- Measure
- Rate
- Score

DESCRIPTIVE VERBS FOR THE AFFECTIVE DOMAIN

Receiving

- Accept
- Develop
- Receive
- Reply
- Attend
- Realize
- Recognize

Responding

- Behave
- Observe
- Examine
- Cooperate
- Complete
- Respond
- Obey
- Discuss
- Comply

Valuing

- Accept
- Believe
- Devote
- Influence
- Pursue
- Value
- Balance
- Defend
- Prefer
- Seek

Organization

- Codify
- Display
- Judge
- Order
- Relate
- Weigh
- Discriminate
- Favor
- Organize
- Systematize

Characterization

- Internalize
- Verify

DESCRIPTIVE VERBS FOR THE PSYCHOMOTOR DOMAIN

Perception

- Distinguish
- See
- Smell
- Touch
- Hear
- Taste

Set

- Adjust
- Locate
- Place
- Prepare
- Approach
- Position

Guided Response

- Copy
- Discover
- Imitate
- Repeat
- Determine
- Duplicate
- Inject

Mechanism

- Adjust
- Illustrate
- Manipulate
- Set Up
- Build
- Indicate
- Mix

Complex Overt Response

- Calibrate
- Demonstrate
- Maintain
- Coordinate
- Operate

Adaptation

- Adapt
- Change
- Develop
- Build
- Supply

Origination

- Construct
- Design
- Create
- Produce

MODULE H: WRITING OBJECTIVES POST-TEST

1. Explain the purpose of developing learning objectives.

   ____

   ____

   ____

2. What two components must a learning objective have?

   a. ____

   ____

   b. ____

   ____

3. Give two examples of a correct learning objective.

   a. ____

   ____

   b. ____

   ____

APPENDIX A: PRECEPTOR CONTINUING EDUCATION UNITS

INSTRUCTIONS: Upon completion of the module post-tests and evaluation forms, six continuing education units will be awarded to the preceptor. Please return this completed form, along with the module post-tests, in one of the following ways:

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

Once approved by the Department Chair, it will be returned to you for your records.

****

CERTIFICATE OF CONTINUING EDUCATION

****

Course: Preceptor Education for Bachelor of Science in Nursing

Six (6) CEU's

Granted to:

____________________________ ____________________________
Preceptor Name BRN License Number

____
address or fax to return this certificate

precepted:

____________________________ ____________________________
Preceptee Name Preceptorship Dates

at: ____
Healthcare Agency

APPROVED FOR SIX (6) CONTINUING EDUCATION UNITS

____________________________ ________________ ________________

SSU Nursing Department Chair CE Provider # Date

APPENDIX B: STUDENT EVALUATION OF PRECEPTOR

INSTRUCTIONS: Mark the selected response using the scale below. Please return this completed evaluation form to your faculty liaison.

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

The preceptor:

1. Provides working knowledge of hospital settings and routines.	5	4	3	2	1
2. Adheres to hospital policies and procedures.	5	4	3	2	1
3. Emulates good work habits and maintains a safe environment.	5	4	3	2	1
4. Exhibits effective communication skills.	5	4	3	2	1
5. Provides constructive feedback.	5	4	3	2	1
6. Facilitates nursing skill development.	5	4	3	2	1
7. Facilitates time management skill development.	5	4	3	2	1
8. Functions as a professional role model.	5	4	3	2	1

Comments:

APPENDIX B2: PRECEPTEE EVALUATION

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

- Mail to:
  Anita Catlin
  Sonoma State University Nursing Department
  1801 East Cotati Avenue
  Rohnert Park, CA 94928
- Fax to: (707) 664-2653

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

Foundational Concepts and Student Clinical Outcome Objectives	**Progress / Score**							
	Mid Term				**Final**			
CARING	**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.								
f. Uses universal precautions.								
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.								
4. Provides safe care.								
5. Understands the effect of global community policies on health care.								
TOTAL: CARING								
CRITICAL THINKING	**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.								

Foundational Concepts and Student Clinical Outcome Objectives	**Progress / Score**							
	Mid Term				**Final**			
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.								
d. Performs assessments								
e. Plans interventions								
f. Implements care								
g. Evaluates outcomes								
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								
COMMUNICATION	**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								
ADVOCACY	**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								

Foundational Concepts and Student Clinical Outcome Objectives	Progress / Score							
	Mid Term				Final			
TEACHING/LEARNING	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.								
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.								
a. Manages time, reports promptly, completes care on time.								
b. Completes projects and assignment								
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 Expectation Areas That Need Improvement	Areas That Exceed Expectation Areas That Need Improvement
FACULTY COMMENTS	Areas That Exceed Expectation Areas That Need Improvement	Areas That Exceed Expectation Areas That Need Improvement
Date		
Signatures	Student: ______________________________ Faculty: ______________________________	Student: ______________________________ Faculty: ______________________________

APPENDIX B3: SSU NURSING DEPARTMENT EVALUATION

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

- Mail to:
  Anita Catlin
  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 an adequate orientation to senior preceptorship in relation to my expected roles and responsibilities.	5	4	3	2	1
2. The information I received regarding senior preceptorship provided me with an adequate understanding of the nature and expectations of this course.	5	4	3	2	1
3. The faculty liaison was available to me as needed during the senior preceptorship experience.	5	4	3	2	1
4. My experience with my preceptee has been a positive one for me.	5	4	3	2	1
5. The time commitment necessary for me to function as a preceptor 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:

APPENDIX C: CONTACT INFORMATION

FULL-TIME FACULTY	PHONE	EMAIL
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
Vandeveer, Melissa	664-2650	melissa.vandeveer@sonoma.edu
Wilkosz, Mary Ellen	664-2297	mary.wilkosz@sonoma.edu

PART-TIME FACULTY	PHONE	EMAIL
Brogan, Alanna	664-2643	broganm@sonoma.edu
Clark, Cathy (Fall only)	664-2466	twopups2@pacbell.net
Combi, Will (Spring only)	664-2830	willcombi@sbcglobal.net
DeBella, Sandra (Fall only)	664-2466	sandra.debella@sonoma.edu
Del Carlo, Terri (Fall only)	664-2465	tdcarlo@sbcglobal.net
Doherty,Margaret	664-2652	margaret.doherty@sonoma.edu
Edmunds, Johnna	664-2041	edmunds@sonoma.edu
Frankel, Marty	664-2652	marty.frankel@sonoma.edu
Greenwald, Judy	664-2830	teocat@comcast.net
Kania, Leonard (Spring only)	664-2830	kanial@sonoma.edu
Kinkead, B. J.	664-2830	bj@mabco.com
Klich-Heartt, Eira	664-2464	eira@kyleh.net
LaLonde, Rebecca (Spring only)	664-2830	rslalonde@comcast.net
MacLeod, Lynn	664-2830	lynn.macleod@sonoma.edu
Rockett, Kathleen	664-2652	kathleenrockett@sbcglobal.net
Stewart, Chris (Fall only)	664-2830	stewarch@sonoma.edu
Weis, Carol	664-2464	caweis1@sbcglobal.net
Westberry, Carol *(Fall only)	664-2644	cwstbrry@aol.com

STAFF	PHONE	EMAIL
Cohen, Becky (Admin Coord)	664-2465	becky.cohen@sonoma.edu
Ana Munoz (Admin Support)	664-2466	ana.munoz@sonoma.edu

APPENDIX D: Exposures/Injuries

EXPOSURE TO BLOOD-BORNE PATHOGENS (for injuries, follow #3, #7 and #8)

1. If preceptees 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:

2. Immediately clean the exposed area per the health care agency's protocol.

3. Immediately report (within 10 minutes) this exposure to your faculty advisor, preceptor and nursing supervisor.

4. 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.

5. 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).

6. 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.

7. Seek treatment within one hour. Nursing students are covered by the University's Workers' Comp agreements while in clinical – treatment is provided through Kaiser Occupational Health. If possible, the student should go to the Kaiser Occupational Health Clinic at the Santa Rosa facility or the nearest Kaiser for treatment. If this is not possible within one hour, obtain initial treatment at the clinical facility where the exposure took place. For exposures,
    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
    e. Immune Globulin (HBIG).

8. Complete the Workers' Comp forms (Supervisor's Report of a Work Related Injury/Illness and Workers' Compensation Claim Form (DWC1)), found at http://www.sonoma.edu/hs/erc/workcomp/index.shtml. Instructions on the Workers' Comp procedures are also found at this website.

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/

APPENDIX E: AGENCY SELF-ORIENTATION

INSTRUCTIONS: Identify and locate the following in your agency.

1. Admitting
2. Cafeteria
3. Critical Care Department
4. Emergency Department
5. Gift Shop
6. Laboratory
    a. Blood Bank
7. Material Services
8. Maternal Child Health Department
    a. Labor & Delivery
    b. Intensive Care Nursery
    c. Pediatrics
    d. Postpartum
    e. Well-Baby Nursery
9. Medical Imaging Department
    a. CT Scan
    b. MRI
    c. Ultrasound
    d. X-ray
10. Medical-Surgical Department
11. Nutritional Services
12. Operating Room
13. Pharmacy
14. Recovery Room
15. Security
16. Sterile Processing
17. Volunteer Desk

INSTRUCTIONS: List the phone numbers for the following in your agency.

1. Admitting
2. Cafeteria
3. Critical Care Department
4. Emergency Department
5. Laboratory
    a. Blood Bank
6. Material Services
7. Maternal Child Health Department
    a. Labor & Delivery
    b. Intensive Care Nursery
    c. Pediatrics
    d. Postpartum
    e. Well-Baby Nursery
8. Medical Imaging Department
    a. CT Scan
    b. MRI
    c. Ultrasound
    d. X-ray
9. Medical-Surgical Department
10. Nutritional Services
11. Operating Room
12. Pharmacy
13. Recovery Room
14. Security
15. Sterile Processing
16. Volunteer Desk

INSTRUCTIONS: Identify and locate the following on your assigned unit.

<u>GENERAL</u>

1. Bathrooms
2. Break Room
3. Clean Utility Room
4. Crash Cart
5. Dirty Utility Room
6. Emergency Exits
7. Fire Extinguishers
7. Kitchen
8. Linen Cart
9. Medication Cart (Pyxis)
10. Medication Refrigerator
11. Medication Room
12. Storage Room
13. Waiting Room

EQUIPMENT & SUPPLIES

1. Blood Glucose Monitoring Supplies
2. Care Plans
3. Central Line Dressing Kit
4. Chart Rack
5. Emergency Supplies
    a. Backboard
    b. Bag Mask
    c. Suction
6. Foley Catheter Kit
7. Forms
8. IV Poles
9. IV Pumps
10. IV Supplies
    a. Blunt Cannulas
    b. Fluids
    c. Needles
    d. Start Kit
    e. Syringes
    f. Tubing
11. Kardexes
12. Medication Records
13. Oxygen Supplies
    a. Adapters
    b. Humidifiers
    c. Nasal Cannula
    d. Non-Rebreather Mask
14. Policy & Procedure Manual
    a. Code Blue
    b. Code Red
15. Portable Oxygen Tanks
16. Reference Books
17. Specimen Containers
18. Thermometer
19. Tracheostomy Kit
20. Tube Feeding Supplies
    a. Formula
    b. Irrigation Tray
    c. Pump
    d. Tubing
21. Vital Sign Machine
22. Wound Care Supplies
    a. Gauze
    b. Iodine
    c. Measuring Tape
    d. Paper Tape
    e. Plastic Tape
    f. Sterile Gloves

APPENDIX F: MODEL OF WEEKLY GUIDELINES FOR STUDENT ACTIVITY

12-HOUR SHIFT (15 SHIFTS = 180 HOURS)

Shifts 1, 2 & 3
- Review shift goals and objectives.
- Increase comfort level of agency and unit.
- Develop rapport with preceptor.
- Assume care for **ONE** or **TWO** patients (unit dependent).
  - Complete all required documentation.
  - Give report to oncoming shift.
- Evaluate strengths and weaknesses.
- Create shift goals and objectives for subsequent shift.

Shifts 4, 5 & 6
- Review shift goals and objectives.
- Focus on **ORGANIZATION** skills.
- Assume care for **TWO** or **THREE** patients (unit dependent).
  - Complete all required documentation.
  - Give report to oncoming shift.
- Evaluate strengths and weaknesses.
- Create shift goals and objectives for subsequent shift.

Shifts 7, 8 & 9
- Review shift goals and objectives.
- Focus on **PRIORITIZATION** skills.
- Assume care for **THREE** or **FOUR** patients (unit dependent).
  - Complete all required documentation.
  - Give report to oncoming shift.
- Evaluate strengths and weaknesses.
- Create shift goals and objectives for subsequent shift.

Shifts 10, 11 & 12
- Review shift goals and objectives.
- Focus on **DELEGATION** skills.
- Assume care for **FOUR** or **FIVE** patients (unit dependent).
  - Complete all required documentation.
  - Give report to oncoming shift.
- Evaluate strengths and weaknesses.
- Create shift goals and objectives for subsequent shift.

Shifts 13 & 14
- Review shift goals and objectives.
- Assume care for **FIVE** patients (unit dependent).
  - Complete all required documentation.
  - Give report to oncoming shift.
- Evaluate strengths and weaknesses.

- Create shift goals and objectives for subsequent shift.

<u>Shift 15</u>
- Review shift goals and objectives.
- Assume care for **FIVE** patients (unit dependent).
- Evaluate strengths and weaknesses.
- Complete evaluation forms for submission to facility liaison.

8-HOUR SHIFTS (22.5 SHIFTS = 180 HOURS)

<u>Shifts 1, 2, 3 & 4</u>
- Review shift goals and objectives.
- Increase comfort level of agency and unit.
- Develop rapport with preceptor.
- Assume care for **ONE** or **TWO** patients (unit dependent).
  - Complete all required documentation.
  - Give report to oncoming shift.
- Evaluate strengths and weaknesses.
- Create shift goals and objectives for subsequent shift.

<u>Shifts 5, 6, 7 & 8</u>
- Review shift goals and objectives.
- Focus on **ORGANIZATION** skills.
- Assume care for **TWO** or **THREE** patients (unit dependent).
  - Complete all required documentation.
  - Give report to oncoming shift.
- Evaluate strengths and weaknesses.
- Create shift goals and objectives for subsequent shift.

<u>Shifts 9, 10, 11 & 12</u>
- Review shift goals and objectives.
- Focus on **PRIORITIZATION** skills.
- Assume care for **THREE** or **FOUR** patients (unit dependent).
  - Complete all required documentation.
  - Give report to oncoming shift.
- Evaluate strengths and weaknesses.
- Create shift goals and objectives for subsequent shift.

<u>Shifts 13, 14, 15 & 16</u>
- Review shift goals and objectives.
- Focus on **DELEGATION** skills.
- Assume care for **FOUR** or **FIVE** patients (unit dependent).
  - Complete all required documentation.
  - Give report to oncoming shift.
- Evaluate strengths and weaknesses.
- Create shift goals and objectives for subsequent shift.

Shifts 17, 18, 19, 20, 21 & 22
- Review shift goals and objectives.
- Assume care for **FIVE** patients (unit dependent).
    - Complete all required documentation.
    - Give report to oncoming shift.
- Evaluate strengths and weaknesses.
- Create shift goals and objectives for subsequent shift.

Shift 23
- Review shift goals and objectives.
- Assume care for **FIVE** patients (unit dependent).
- Evaluate strengths and weaknesses.
- Complete evaluation forms for submission to facility liaison.

APPENDIX G: CONTRACT MODIFICATION FORM

INSTRUCTIONS: This form must be completed if any alteration to the provisions of the original contract needs to be made. Any changes that are different from those stipulated in the original contract require that this form be completed and signed by all persons who signed the original contract. Changes in evaluation due dates do not require completion of a modification form, rather, they may be negotiated between the student, faculty advisor and clinical preceptor.

Student: ________________________

Semester: ______________________

Area of desired change:

Change in _________ Health Care Agency

Change in _________ Objectives

Change in _________ Preceptor

Change in _________ Other: _____________________

Describe the desired change and its rationale:

____

____

____

____

____

_________________________ _________________
Preceptee Signature Date

_________________________ _________________
Preceptor Signature Date

_________________________ _________________
Faculty Advisor Signature Date