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Undergraduate Nursing Program Preceptor-Guided Clinical Practicum Orientation Manual

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Welcome to NURS 496: Senior Synthesis! This *Preceptor-Guided Clinical Practicum Orientation Manual* © includes course orientation information and other resources intended to assist *faculty, students, and preceptors* to successfully and safely achieve course objectives. Please take time to carefully review the contents.

If you have questions or feedback, please feel free to contact me at any time. My contact information is: gbeaird@vcu.edu, 804-828-7690

Sincerely yours,

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**VCU School of Nursing
Undergraduate Nursing Program
Preceptor-Guided Clinical Practicum Orientation Manual ©**

Table of Contents

PART ONE – NURS 496 Course Information.....	4
Introduction to the Course	4
The Preceptor-Guided Clinical Practicum: An Overview	5
Board of Nursing: Regulations for Preceptor-Guided Clinical Practicum Experiences.....	5
Roles and Responsibilities: Students, Preceptors, Faculty	6
Typhon © – Electronic Tracking of Student Performance	10
PART TWO – The Preceptor-Guided Clinical Practicum: Useful Information and References	11
Introduction	11
Nursing: Scope and Standards of Practice (ANA, 2015)	11
VCU School of Nursing Program Outcomes and Graduate Competencies (2015)	13
Phases of the Preceptor-Student Working Relationship.....	14
The Art of Adult Learner-Centered Teaching Strategies	16
Feedback Strategies – “The Five-Minute Preceptor”	17
"Reality Shock" and "From Novice to Expert"	17
Conflict and Conflict Resolution	18
Summary	19
Preceptor Benefits.....	19
References	19
VCU School of Nursing – Faculty Administration and Leadership Team.....	21



PART ONE – NURS 496 Course Information

Introduction to the Course

NURS 496: Senior Synthesis is a capstone experience designed to support the student nurse's transition to professional practice. During this course the student works with an individual preceptor to synthesize knowledge and skills gained from previous coursework and apply it to a select patient population. Emphasis is placed on refining nursing process skills with particular attention given to prioritization of care. The practicum provides an opportunity for the student to enact professional practice and demonstrate competency in standards of care, application of evidence, professionalism, and safe and legal practice.

NURS 496 Course Objectives

At the completion of the course, the student will:

1. Develop and implement a comprehensive plan for personal professional learning that addresses acquisition of knowledge, advancement of clinical reasoning and new skill acquisition, and ethical comportment.
2. Provide safe, effective, evidence-based nursing care for a group of patients from a select patient-family population.
3. Apply principles of nursing leadership including inter-professional communication, collaboration, priority-setting, and delegation in order to facilitate effective patient care outcomes.
4. Demonstrate evidence of the integrated knowledge required for successful entry into professional nursing practice.
5. Demonstrate the achievement of core competencies necessary for transition into professional practice and consistent with baccalaureate program outcomes goals delineated by VCU School of Nursing.



The Preceptor-Guided Clinical Practicum: An Overview

A preceptor-guided clinical practicum is an experiential approach to clinical education. A reciprocal professional relationship is established among an undergraduate student, an RN preceptor (with whom the student is partnered), and a faculty member (Bott, Mohide, & Lawlor, 2011). The student works directly with the preceptor for a pre-established time limit to attain clearly defined educational objectives in the clinical setting; the faculty member provides the vital link between the clinical experience and the academic program (Blevins, 2016; Bott et al., 2011; Omer, Suliman, & Moola, 2016; Shpritz & O'Mara, 2006).

When this educational model is adopted by a nursing program, student nurses are offered an opportunity to work directly with competent and highly-trained registered nurses who are actively engaged in caring for patients in a particular area of expertise. The model is designed to facilitate professional transition from student to graduate nurse, and it is widely considered to be an effective and innovative contemporary nursing education strategy (Bott et al., 2011; Hickey, 2010; IOM, 2011; Yonge, Myrick, & Ferguson, 2011).

Numerous benefits for the student have been reported when the preceptor model is employed (Shpritz & O'Mara, 2006). Firstly, students are exposed to the reality of professional nursing practice and they have the opportunity to markedly increase their knowledge and skills in collaboration, critical thinking, problem solving, and prioritization. Additionally, the opportunity for application of theory to practice within the context of the actual clinical setting helps to bridge the practice-education gap (Benner, Sutphen, Leonard, & Day, 2010; Blevins, 2016). Finally, when an immersion experience in an engaging clinical environment is supported, greater student confidence, a higher level of independent functioning, and overall satisfaction is realized.

Staff nurses also have the opportunity to benefit when serving as a preceptor for student nurses. Participation with a student offers an option for professional growth and development and provides motivation to keep clinical knowledge and skills sharpened. Serving as a preceptor adds a new dimension to the work of nursing and this often contributes to a sense of work satisfaction (Broadbent et al., 2014; Shpritz & O'Mara, 2006). Because of these and other benefits associated with the preceptor-guided clinical practicum, VCU School of Nursing has adopted this instructional model for the NURS 496: Senior Synthesis course.



Board of Nursing: Regulations for Preceptor-Guided Clinical Practicum Experiences (2015)

Preceptors often find it helpful to review the regulations delineated by the Commonwealth of Virginia, Board of Nursing (2015) regarding preceptor-guided clinical experiences. Adherence to these regulations is one essential key to a successful practicum experience. The guidelines that govern (1) Preceptorships (2) Clinical Practice of Students have been delineated by the Board of Nursing and they are outlined below:

18VAC90-20-95. Preceptorships

- A. Clinical preceptors may be used to augment the faculty and enhance the clinical learning experience. The clinical preceptor shall be licensed at or above the level for which the student is preparing.

- B. When giving direct care to patients, students shall be supervised by faculty or preceptors as designated by faculty. In utilizing preceptors to supervise students, the ratio shall not exceed two students to one preceptor at any given time.
- C. Faculty shall be responsible for the designation of a preceptor for each student and shall communicate such assignment with the preceptor. A preceptor may not further delegate the duties of the preceptorship.
- D. Preceptorships shall include:
 1. Written objectives, methodology, and evaluation procedures for a specified period of time;
 2. An orientation program for faculty, preceptors, and students;
 3. The performance of skills for which the student has had faculty-supervised clinical and didactic preparation; and
 4. The overall coordination by faculty who assume ultimate responsibility for implementation, periodic monitoring, and evaluation.

18VAC90-20-96. Clinical practice of students.

- A. In accordance with §54.1-3001 of the Code of Virginia, a nursing student, while enrolled in an approved nursing program, may perform tasks that would constitute the practice of nursing. The student shall be responsible and accountable for the safe performance of those direct patient care tasks to which he has been assigned.
- B. Faculty members or preceptors providing supervision in the clinical care of patients shall be responsible and accountable for the assignment of patients and tasks based on their assessment and evaluation of the student's clinical knowledge and skills. Supervisors shall also monitor clinical performance and intervene if necessary for the safety and protection of the patients.

Based on the regulations delineated above, the preceptor is responsible and accountable for *assignment* of patients and tasks. However, the student (not the preceptor) is accountable for safe performance of all tasks to which he or she has been assigned.



Roles and Responsibilities: Students, Preceptors, Faculty

The undergraduate students' learning and professional development are the primary goals of the preceptor-guided experience. Accomplishing these goals involves active engagement by three individuals – the student, the preceptor, and the faculty member (Bott et al, 2011; Shpritz & O'Mara, 2006; Zawaduk, Healy-Ogden, Farrell, Lyall, & Taylor, 2014; Omer, Suliman, & Moola, 2016). A clear understanding of the specific roles and responsibilities of each of these individuals is another critical key to successful achievement of the overarching goals of the Senior Synthesis.



Student Responsibilities

NURS 496: Senior Synthesis is designed to be a progressive immersion experience which prepares the student for his or her role as a graduate nurse. Students are expected to collaborate with the preceptor to identify specific and measureable learning objectives and to implement long-term and daily plans to achieve identified goals. Identified goals and action plans during the practicum must be consistent with overall course objectives and the student is required to complete a minimum of 150 practicum hours to meet these

objectives (126 hours will be spent with their preceptor, other hours will be made up with outside activities)
Additional NURS 496 student nurse responsibilities and performance expectations include:

- Schedule a meeting with the preceptor to discuss course objectives and other relevant details within the Syllabus prior to initiating the experience;
- Provide a copy of course evaluation forms for use by the preceptor at the initial meeting;
- Submit completed preceptor forms (Preceptor Agreement and Preceptor Information) via Blackboard and/or Typhon prior to initiating the first clinical shift;
- Participate in a unit orientation; submit documentation;
- Participate with the preceptor in the identification of learning needs and development of a plan to address these needs;
- Provide preceptor with a current listing of clinical skills (Typhon);
- Schedule clinical shifts of care to coincide with the preceptor's schedule; submit schedule and all changes for faculty approval;
- Arrive promptly for all scheduled shifts (15 minutes in advance);
- Provide appropriate notice to charge nurse (no less than 2 hours prior to shift) for unplanned absenteeism or unexpected tardiness in reporting for duty; faculty member should also be notified;
- Comply with the VCU School of Nursing uniform policy and facility dress code;
- Establish daily objectives for the clinical experience in collaboration with the preceptor;
- Ensure that all clinical assignments are co-assigned with preceptor; maintain regular communication with preceptor regarding assignments;
- Demonstrate self-direction by actively seeking learning experiences and being prepared to accomplish the learning objectives for the experience;
- Adhere to facility policy as it relates to student administration of medications;
- Ensure that supervision by the preceptor is provided for all procedures (e.g. suctioning, IV starts, etc.) for which competency has not been previously demonstrated;
- Act in accordance with facility/unit policies and with the direction provided by the preceptor;
- Submit case reports via Typhon, as assigned;
- Document clinical skills performed using Typhon;
- Review competency achievements on a regular basis with the preceptor;
- Attend clinical conferences as scheduled by the faculty;
- Meet with clinical faculty as scheduled to review clinical progress;
- Complete a clinical self-evaluation in collaboration with the preceptor at midterm and upon completion of the practicum; submit for faculty review.
- Report all **incidents or variances** which involve the student to the faculty; ensure that the assigned preceptor signs all such variance reports;
- In the event of **student injury while on duty at VCUHS** (for example, occupational exposure/injury): contact Student Health during daytime hours, 828-9220. If an occupational exposure occurs during the evening, weekend or holidays, the student should call the Post Exposure Prophylaxis (PEP) Team for evaluation and care (Dial *600 on any hospital or university phone, then dial 4508 and leave your call back number). If assigned to a unit within an **affiliating agency**, follow delineated procedures for employees within the affiliating facility for initial care and treatment and call Student Health for follow-up on the next business day. A variance report should be completed and the course faculty should be notified promptly.

- In the event of **preceptor illness or absence**: Notify course faculty. Another preceptor may be assigned by faculty so that the student assignment/shift of duty may be completed OR an alternative experience (observation) which meets learning objectives may be arranged. Otherwise, the scheduled clinical shift must be cancelled.

Students are expected to practice in a manner consistent with **Nursing: Scope and Standards of Practice (ANA, 2015)**. Students may perform, *under the preceptor's supervision*, any task or procedure a registered nurse is privileged or expected to perform on the unit of assignment. This may include, *but is not limited to*:

- Comprehensive health assessment that includes a review of the patient's physical and psychosocial status
- Patient admission and discharge
- Patient/Family teaching
- Leading patient groups/activities
- Identification of nursing problems
- Planning and implementing nursing care
- Prioritization of nursing care with delegation of appropriate patient care activities to support staff
- Participation in interdisciplinary rounds
- Documentation of patient care
- Providing patient report during hand offs
- Medication administration
- IV line insertion
- Maintenance of invasive lines
- Airway management and oxygen administration
- NG or feeding tube placement and maintenance
- Wound care
- Patient monitoring
- Collaboration with members of the interprofessional team



Preceptor Responsibilities

Shpritz & O'Mara (2006) contended that the role of the preceptor is to bridge the gap between the academic environment and the reality of nursing in the workplace. The preceptor serves as the on-site advocate, teacher, role model, mentor, guide, coordinator, and supervisor for diverse experiences intended to support student goal achievement (Blevins, 2016; Omer, Suliman, & Moola, 2016). Participation in the practicum will necessitate the following responsibilities when assuming the role of preceptor for NURS 496:

- Complete an agreement to supervise and guide the student for a specific period of time during the semester;
- Complete (or update) a brief preceptor information form indicating place of work, contact information, and highest level of educational preparation in Nursing and relevant certification(s).
- Provide (and document) an orientation for the student to the clinical unit;
- Facilitate the student's professional socialization into the new role and with a new staff;
- Facilitate assignments that will assist the student to meet weekly professional and clinical goals;
- Direct and supervise the student's nursing care processes in order to ensure safe and effective delivery of patient care;

- Provide direct supervision for all tasks for which the student has not demonstrated competency;
- Provide an environment of support, safety, feedback, and inquiry;
- Provide regular verbal and written feedback to the student regarding his or her performance during the practicum;
- Review and verify student hours via Typhon (student practicum log) during the practicum;
- Complete the mid-term and final evaluation via Typhon. Evaluation is based on observation of the student's clinical performance, assessment of clinical competencies, and patient care documentation;
- Consult with the clinical faculty as necessary;
- Participate in ongoing evaluation of the program.



Clinical Instructor Responsibilities

The overall coordination of the NURS 496 Practicum is the responsibility of the VCU School of Nursing faculty. All preceptors are provided the faculty member's name and faculty contact information for any student he or she may be assigned to precept. Faculty members are responsible for presenting course content and for guiding the student as course objectives are implemented throughout the semester. Additionally, NURS 496 faculty members are responsible for collaborating with preceptors (based on individual student need) to support preceptor-student goals and to assure periodic monitoring of student progress. While assigned preceptors provide feedback regarding student performance to the student and faculty throughout the semester, the final course evaluation/grade will be determined by NURS 496 course faculty. Specific responsibilities of the faculty include the following:

- Coordinate clinical practicum experience and assure that preceptor meets necessary VCU School of Nursing requirements;
- Assure that orientation is completed by preceptor and student;
- Be available for questions, problem identification and resolution;
- Make a site visit/conference call during the practicum (as negotiated with the preceptor);
- Monitor student's completion of expected clinical hours via Typhon
- Seek regular feedback from the student and the facility/preceptor on progress and developments during the practicum;
- Review clinical skills entries on Typhon;
- Evaluate and grade the student's written assignments during the practicum;
- In collaboration with student and preceptor, develop/approve student remediation plans when course expectations are not satisfactorily met;
- Inform *professor of record* regarding students who have unsatisfactory clinical/course performance as soon as such unsatisfactory performance is noted;
- Review and approve student-preceptor midterm and final evaluations for the course.

In addition to individual roles and responsibilities outlined above, members of the faculty-preceptor team are accountable to adhere to guidelines of the Family Educational Rights and Privacy Act (FERPA, [20 U.S.C. § 1232g; 34 CFR Part 99]). FERPA affords students certain rights with respect to the confidentiality of their educational records. Information and a brief tutorial on FERPA are available via the VCU School of Nursing website or by using the following web address:

<http://www.enrollment.vcu.edu/rar/registration/ferpa/>



Typhon © – Electronic Tracking of Student Performance

The recent and highly significant IOM (2011) report entitled *The Future of Nursing: Leading Change, Advancing Health* recommended improved data collection and information infrastructure as two crucial keys for effective preparation and deployment of the future nursing workforce. VCU School of Nursing also recognizes the necessity for advancements in data collection and information infrastructure to support excellence in nursing education. Thus, the school has taken the critical steps to transition to a comprehensive electronic system for tracking of student clinical performance.

Typhon Group's © Nursing School Student Tracking (NSST) System functions as a complete electronic student tracking system, including comprehensive logging of each student's clinical competencies and skills achieved during their clinical rotations (Typhon, 2016). In addition to the skills tracker, a complete evaluation instrument is also integrated into the system. More specifically, the Typhon NSST electronic performance documentation system includes areas for:

- Clinical Experience Logging and Tracking
- Clinical Experience Reporting
- Custom Evaluations & Surveys (EASI)
- Student Biographic Database and Electronic Portfolios
- Clinical Site/Clinical Faculty/Preceptor Databases
- Student Scheduling

Preceptors and faculty for NURS 496 will use Typhon © to monitor student progress, document feedback, and complete required evaluations of student clinical performance. The School of Nursing Typhon administrator and the NURS 496 course faculty will provide individual preceptors with directions regarding the Typhon link, necessary passwords, as well as instructions for using the system.





PART TWO – The Preceptor-Guided Clinical Practicum: Useful Information and References

Introduction

Evidence suggests that preparation is one essential key to the success of the preceptor-guided clinical practicum (Bott et al., 2011; Broadbent, et al., 2016; Luhanga, Dickieson & Mossey, 2010; Riley-Doucet, 2008; Yonge, Myrick, & Ferguson, 2011). The following section of this manual contains succinct but helpful information and/or guidelines for the practicum experience. Knowledge of this information will enhance the practicum experience for both preceptor and student (Riley-Doucet, 2008; Yonge, Myrick, & Ferguson, 2011). References and other complete resources for the selected topics may be found in the Reference section of this manual.



Nursing: Scope and Standards of Practice (ANA, 2015)

The ANA (2015) publication entitled *Nursing: Scope and Standards of Practice* describes professional nursing standards that form a critical basis for evaluation of the student's success during Senior Synthesis. This section of the manual provides an outline of these important professional standards. For additional information and/or to review specific competencies associated with each of the standards listed herein, the preceptor and student are encouraged to collaboratively review the third edition of the ANA (2015) publication.

The ANA (2015, p.7) provides the following definition of professional nursing:

Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations.

According to the ANA (2015), this contemporary definition serves as a foundation for the document entitled *Nursing: Scope and Standards of Practice, Third Edition* which, in turn, delineates the expectations of the professional registered nurse.

Standards of Professional Nursing Practice (ANA, 2015, pp. 53-66)

Standard 1 – Assessment

The registered nurse collects comprehensive data pertinent to the healthcare consumer's health and/or situation.

Standard 2 – Diagnosis

The registered nurse analyzes the assessment data to determine actual or potential diagnoses, problems, and issues.

Standard 3 – Outcomes Identification

The registered nurse identifies expected outcomes for a plan individualized to the healthcare consumer or situation.

Standard 4 – Planning

The registered nurse develops a plan that prescribes strategies to attain expected, measurable outcomes.

Standard 5 – Implementation

The registered nurse implements the identified plan.

Standard 5A – The registered nurse coordinates care delivery; Standard 5B – The registered nurse employs strategies to promote health and a safe environment.

Standard 6 – Evaluation

The registered nurse evaluates progress toward attainment of goals and outcomes.

Standards of Professional Performance (ANA, 2015, pp. 67-84)

Standard 7 – Ethics

The registered nurse practices ethically.

Standard 8 – Culturally Congruent Practice

The registered nurse practices in a manner that is congruent with cultural diversity and inclusion principles.

Standard 9 – Communication

The registered nurse communicates effectively in all areas of practice.

Standard 10 – Collaboration

The registered nurse collaborates with healthcare consumer, family, and others in the conduct of nursing.

Standard 11 – Leadership

The registered nurse leads within the professional practice setting and the profession.

Standard 12 – Education

The registered nurse seeks knowledge and competence that reflects current nursing practice and promotes futuristic thinking.

Standard 13 – Evidence-Based Practice and Research

The registered nurse integrates evidence and research findings into practice.

Standard 14 – Quality of Practice

The registered nurse contributes to quality nursing practice.

Standard 15 – Professional Practice Evaluation

The registered nurse evaluates her or his own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.

Standard 16 – Resource Utilization

The registered nurse utilizes appropriate resources to plan, provide and sustain evidence-based nursing services that are safe, effective, and fiscally responsible.

Standard 17 – Environmental Health

The registered nurse practices in an environmentally safe and healthy manner.



VCU School of Nursing Program Outcomes and Graduate Competencies (2015)

Consistent with its commitment to excellence in nursing education, VCU School of Nursing has identified specific program outcomes and graduate competencies for the baccalaureate nursing program (2015). The faculty of the school considered the core curriculum guidelines published by American Association of Colleges of Nursing (AACN, 2008) and the National League for Nursing (NLN, 2010), among other significant contemporary publications, such as Quality and Safety Education for Nurses (QSEN, 2007) and more recently, The Future of Nursing: Leading Change, Advancing Health (IOM, 2011) when formulating these critical outcomes and competencies for the baccalaureate nursing program. It is highly recommended that these outcomes and competencies be considered by the student and preceptor when student-specific practicum goals are being developed.

VCU School of Nursing Baccalaureate Nursing Program Outcome Goals

VCU School of Nursing baccalaureate graduates will achieve an advanced beginner level of nursing competence by demonstrating the following outcomes:

- Effective therapeutic nursing practice (I)
- Nursing Judgment (II)
- A Spirit of Inquiry (III)
- Professional Identity (IV)

The graduate is a knowledgeable professional nurse who will:

1. Integration of theories and concepts from liberal education into nursing practice (III)
2. Knowledge, skills and attitudes in leadership, quality improvement and patient safety to provide high quality health care (I, II, IV)
3. Professional nursing practice grounded in the translation of current evidence (I, II, III)
4. Knowledge of skills in information literacy, management and patient care technology (III)
5. Knowledge of health care, financial and regulatory policies that influence the nature and functioning of the health care system (I, II)
6. Effective communication and collaboration skills with the interprofessional team to deliver high quality and safe patient care (I, II, IV)
7. Health promotion and disease prevention at the individual and population level necessary to improve population health (I, II)
8. Professionalism that reflects the inherent values of altruism, autonomy, human dignity, integrity and social justice fundamental to nursing (IV)
9. Competence to practice with patients, including individuals, families, groups, communities and populations across the lifespan and across the continuum of health care environments that respects the variations of care, the increased complexity and the use of health care resources inherent in caring for patients (I, II, III, IV)



Phases of the Preceptor-Student Working Relationship

Evidence suggests that the development of a professional working relationship between the preceptor and student is a vital aspect of the preceptor-guided practicum experience (Haitana & Bland, 2011). A sound professional relationship enables the preceptor to better assess the student's performance and promote the student's achievement of practicum goals. Phases and characteristics of the professional relationship as well as recommended tasks are described in the section below.

Establishing the Relationship

Establishing trust is one of the most crucial steps in the preceptor-student relationship and provides the foundation upon which the learning experience will develop. The student frequently experiences anxiety in this new learning situation and can benefit from structure provided by the preceptor in the form of carefully scheduled meetings and conferences. The preceptor's availability at the beginning of the student's placement is crucial in planning the student's experience.

In the first few weeks of the semester, the focus of the relationship is to clarify roles, discuss course objectives, review the student's background, career goals and individual learning objectives, and to discuss agency policies. Orientation of the student to the clinical setting is essential to a successful experience. Orientation is important for patient safety, it promotes entry of the student into the system, and it communicates respect and acceptance. Regular preceptor-student conferences are also important for success during the practicum. During the initial phases of the practicum, the preceptor and student negotiate and determine the frequency of scheduled conferences that best meets the needs of the student. Weekly or bi-

weekly conferences are recommended. Additionally, the preceptor reviews his or her work schedule with the student. This allows the student opportunity to establish a reasonable clinical schedule that is consistent with the availability of the preceptor yet facilitates achievement of course goals.

The Working Phase

The implementation of an educational plan is the main focus of the working phase. Reviewing the student's experience, discussing patients, exploring feeling regarding the experience and identifying the meeting of learning objectives are all appropriate areas that can be discussed. Feedback from the preceptor on a regular basis assists the student in maximizing his/her strengths and systematically addressing problems that may interfere with the transition to the professional nursing role.

During the working phase, the preceptor serves as role model, resource person and consultant to the student. By demonstrating his/her own skills as an expert clinician, the preceptor assists the student in role development, application of theory and science, problem solving and decision making. An effective strategy is to encourage the student to observe and analyze the preceptor's role as s/he works with patients and families and interacts with colleagues and staff members. Mutually sharing observations and discussing strategies for nursing practice enables the student to enrich his/her own understanding of how the role is enacted and how problems are solved. Furthermore, by applying the principles of adult education, the preceptor can foster the student's self-direction and autonomy. Over time, utilization of the preceptor changes: the preceptor becomes less directive and the student becomes more independent and self-reliant. A loss may be felt by the student and preceptor as the relationship changes.

Evaluation is an ongoing process to assess how the learner is achieving his/her goals. A minimum of daily verbal feedback from the preceptor regarding performance is helpful. Weekly conferences should include a review of student progress toward goal attainment. Students should track their own progress and accomplishments and document these via approved clinical logs and competency checklists. Formal, written evaluation is scheduled at midterm and at the end of the experience, using the course evaluation forms provided. *The observations and feedback of the preceptor are necessary and invaluable to determine satisfactory progress during the practicum. Nevertheless, the final responsibility for the grade belongs to the faculty member.* Even if the student does not agree with the evaluation received, all parties involved should sign the evaluation form. The student has the opportunity to write a response.

Ending the Relationship

Similar to other professional relationships, the preceptor-student relationship is time-limited. Central issues involved in ending a professional relationship include emotionality and review (Stein-Parbury, 2009). These central issues also apply to the preceptor-student relationship. For instance, during the disengagement process, emotions such as feelings of happiness or satisfaction with the experience may alternate with other feelings such as sadness or frustration. However, ending a professional relationship is most satisfying when there is a mutual review of what happened during the experience (Stein-Parbury, 2009). It is recommended that this review be accomplished by means of a mutual dialogue that is conducted during the evaluation phase of the practicum.



The Art of Adult Learner-Centered Teaching Strategies

During the NURS 496 clinical practicum, the preceptor, who is selected for his or her knowledge and experience, guides the senior nursing student in the acquisition of similar knowledge and experience and in the transition to the professional nursing role. The body of knowledge related to adult education provides helpful guidelines to preceptors who are working with NURS 496 student nurses. Nesbitt (2006) considered the research and publications over the past 20 years and contended that principles of adult learning (known as androgogy) and research on transformational learning are particularly relevant for nursing. Based on these works, Nesbitt (2006) developed eight guidelines which can be used by nurse preceptors to create a valuable experience for student nurses who are actively transitioning to a professional nursing role (p. 19-26). These guidelines have been adapted to the NURS 496 practicum:

Guideline 1 – The preceptor selected must be well-prepared in the substantive content area of the nursing specialty and understand the characteristics of adult learners.

Guideline 2 – The preceptor and the student nurse “apprentice” must work together to develop the objectives and learning outcomes for the experience.

Several important questions arise to guide the preceptor when initiating the discussion regarding learning outcome goals with the student: What does the student hope to gain from the experience? What are the student’s major concerns? What assumptions does the student bring to the experience? Goals and objectives should be written and progress should be reviewed often during the practicum.

Guideline 3 – The learning environment should be respectful to both the preceptor and the student apprentice.

Orientation to the unit and review of the rules of conduct within the unit are essential components of this guideline. Additionally, ongoing discussion and dialogue between the preceptor and student facilitates a trusting and respectful relationship.

Guideline 4 – Learning should move along a continuum from preceptor-directed at the beginning of the practicum to student nurse-directed by the time of closure of the practicum.

As the student progresses through the practicum and learning goals are met, the student should take more responsibility for decision-making and patient care outcome.

Guideline 5 – Learning should progress from application of beginning nursing concepts and skills to advanced concepts and skills.

The level of difficulty of the practicum can be regulated by the preceptor by providing “easier” or more straightforward assignments at the beginning and by modeling expert care. The preceptor can add more difficult or complex assignments as the student gains proficiency.

Guideline 6 – Feedback should be regular, constructive, and effective.

Feedback is one of the most powerful tools a preceptor may use to create a positive outcome. Effective feedback includes sufficient information and is specific, constructive, timely, and frequent. Additionally, it

is important for the preceptor to emphasize the positive performance as well as performance in need of improvement.

Guideline 7 – Learning activities should be relevant to the course and to the practicum goals. Learning activities should be safe and offer the nurse apprentice the opportunity for success.

Guideline 8 – Learning assessments completed by the preceptor should be fair, valid, and clear.

Assessment is an essential component of the learning experience. It is important that the evaluation tool be reviewed by both preceptor and student so that both parties understand the critical elements of the evaluation. Learners who understand how they are to be evaluated generally will be motivated to take more accountability and responsibility for their learning experiences.



Feedback Strategies – “The Five-Minute Preceptor”

Preceptors need skills for effective clinical teaching. Bott et al. (2011) developed a promising clinical teaching technique adapted from the original works of Neher and Stevens (2003). This education strategy, known as the “five-minute preceptor”, is well-suited to the clinical setting and can be used with a variety of clinically relevant topics. The preceptor uses five reflective questions to assist with guiding a student in knowledge synthesis and integration:

- ✓ Get the student to take a stand (“Tell me what is happening”)
- ✓ Probe for supporting EVIDENCE (“Tell me why you have made this decision”)
- ✓ Teach general rules (“The most important initial action...” OR “the highest priority...”)
- ✓ Reinforce the positives (“You have shown good understanding about...”)
- ✓ Correct errors and mis-interpretations (“However, based on my experience...”)

Adopting and refining this strategy may be useful for preceptors so that frequent, high quality feedback may be offered to students on a regular basis.



"Reality Shock" and "From Novice to Expert"

The term "reality shock" has been used to describe the reaction of students when they discover that the clinical experience does not always match the values and ideals that they had anticipated (Kramer, 1974). Contemporary evidence indicates that challenges with transition into professional practice continue to exist (Dyess & Sherman, 2009). A well-planned and well-executed preceptor-guided clinical practicum can facilitate adaptation of the prospective graduate when this phenomenon is evident. Four phases of adaptation to this common reaction have been identified: honeymoon, shock, recovery and resolution. This same paradigm is described by Patricia Benner (2001) and her colleagues in the classic text *From Novice to Expert: Excellence and Power in Professional Nursing Practice*. The table below outlines common behaviors and strategies that may be used to assist the student.

Stage	Common Behaviors	How the Preceptor May Help
Honeymoon	The student perceives everything as being wonderful; fascinated by the newness of the experience; focused on mastery of skills, routines and integration with the staff.	Preceptor may emphasize the student's enthusiasm for skills and routines; be realistic but don't stifle the enthusiasm; introduce the student to the staff, be inclusive.
Shock/Crisis	This phase sets in when needs and goals are not met; student may experience disappointment and frustration; rejects school and work values; preoccupied with the past; globally negative.	The preceptor is encouraged to be a good listener; have the student record his/her suggestions for improvement; provide student with opportunities to ventilate feelings; guide the student to view the situation more objectively and/or more broadly.
Recovery	During this phase, the student's sense of humor returns and tension lessens; discrimination between effective and ineffective behaviors evolves.	The preceptor is encouraged to assist student to see positive aspects of the work; discuss and dialogue about ways to improve the work environment; verify and support critical thinking efforts.
Resolution	Conflicts in values resolve in either constructive or destructive ways (crisis doesn't last forever); The student could consider rejection of nursing role or experience burnout OR new ways to cope positively may emerge.	The preceptor can assist the student with constructive, long-term approaches to problem solving; help the student with new, more helpful coping mechanisms; continue to assist by acknowledging and managing conflicts that persist.



Conflict and Conflict Resolution

Stein-Parbury (2009) asserted that conflict is natural to interpersonal and social dynamics. Furthermore, interpersonal conflicts in the workplace are not unique to the nursing profession; they are commonplace in all professions. Whenever professionals, such as nurses, work closely and there is a high degree of interdependence, differences of opinion and perspectives are often inevitable (Stein-Parbury, 2009). This situation may not be uncommon in the relationship that forms between the preceptor and student. Some causes of conflict in the preceptor-guided experience may include differences in perspectives related to patients-patient care, lack of or ineffective communication, unclear expectations, lack of sufficient structure, or ongoing workload stress. Successful resolution of conflict can promote mutual satisfaction and growth; whereas unresolved conflict can create tension and stress for all parties in the conflict. The adoption of unhealthy communication styles, such as denial, withdrawal, suppression, dominance or power-over is discouraged. Rather, the preceptor and student are encouraged to adopt an assertive communication style while maintaining a positive, patient-centered, and goal-directed relationship. When an assertive style is adopted, each person expresses his or her own thoughts, feelings, and needs to one another related to the practicum and recognizes the importance for each person to be heard and treated with respect (Stein-Parbury, 2009). In the rare event that a preceptor has difficulty with a student OR if a conflict between a preceptor and student cannot be resolved, the course faculty should be promptly notified. It may be necessary for the faculty to intervene or even change the assignment if this is required (Schaubhut & Gentry, 2010).

Summary

The NURS 496 course faculty will provide contact information and will maintain communication with preceptors and students throughout the semester. However, preceptors should feel free to collaborate with faculty members regarding student progress at any time. We hope the information in this manual will be helpful to you. A reference section has been provided in this manual. For your convenience, additional guidelines, links to important information, and a listing of journal articles and other references can be accessed via the School of Nursing website (<http://www.nursing.vcu.edu/>). Thank you for your important contribution to the successful transition to professional practice of our undergraduate nursing students.

Preceptor Benefits

The VCU School of Nursing offers Affiliate Faculty status to all current preceptors. This benefit will give you full library privileges and a VCU email account. To obtain this status, you will need to complete a Personal Data Form and submit your updated CV. To retain this status, you will need to precept at least one student each academic year (Fall to Summer). If you are interested in this status please feel free to email the Clinical Placement Coordinator, Kayla Watts at kewatts@vcu.edu for more information and to begin the process.

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