LFCC Associate Degree Nursing Program

Specialty Area

Preceptorship

Manual

“LFCC provides a positive, caring and dynamic learning environment that inspires student success, values diversity and promotes community vitality.”

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Section 1: Introduction

Introduction

Education in the health professions has recognized that the use of clinical preceptors benefit the student, the preceptor, the nursing faculty, and associated health care agencies. A preceptorship program enhances the application of theory to the clinical environment by closing the gap between clinical practice and education.

Mission

The Lord Fairfax Community College ADN program mission, vision, and philosophy are congruent with the mission, vision, and values of LFCC. The nursing faculty promotes a positive, caring and dynamic learning environment that will prepare graduate nurses for entry into professional nursing practice, where they contribute as citizens to the vitality and quality of life within their community.

Vision

The LFCC ADN faculty assists students in achieving their professional goals, while promoting life-long learning and excellence in professional nursing.

Philosophy

The nursing faculty at LFCC believes nursing education is a continuous lifelong process. The nursing faculty also believes in the importance of incorporating current professional standards, guidelines, and competencies into the nursing curriculum. Utilizing evidence-based practice, nursing program curricula reflects current trends within the practice of nursing and health care initiatives. Individuals should have access to high-quality and affordable education that prepares
them for entry level nursing positions. Nursing education at the associate degree level is the foundation for those individuals wishing to continue the process to a baccalaureate degree.

Learning encompasses the cognitive, affective, and psychomotor domains. Learning is a joint venture for the nurse educator and learner with each assuming responsibility for the continued process of life-long learning and self-development. The role of the educator is to facilitate the learning process and provide leadership where students have the opportunity to establish goals, evaluate methods for attaining them, and evaluate their course of action in pursuing their nursing degree.

The LFCC AAS nursing program curriculum incorporates professional standards based on the ANA Code of Ethics and NLN outcomes and competencies for graduates of associate degree programs in nursing (ANA Code of Ethics, 2015; NLN, 2010). The NLN Outcome and Competency Model comprises core values, integrating concepts, and overarching goals. The eight core values include caring, diversity, ethics, excellence, holism, integrity and patient centeredness. The six integrating concepts that emerge from the core values include context and environment; knowledge and science; personal and professional development; quality and safety; relationship-centered care; and teamwork. These core values and concepts are further incorporated into four general goals within the program. These are Human Flourishing, Nursing Judgment, Professional Identity, and Spirit of Inquiry. The values, concepts, and goals are part of the Student Learning Outcomes and flow through the nursing curriculum.
Section 2: Learning Outcomes

Student Learning Outcomes and Role Specific Graduate Competencies

Upon completion of the Associate Degree Nursing Program at LFCC, the graduate nurse will:

1. Use skills and knowledge to enhance Human Flourishing by advocating for patients, families, their communities and themselves in ways that promote their self-determination, integrity, and ongoing growth as human beings.

2. Demonstrate sound Nursing Judgment in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and that promote the health of patients within a family and community context.

3. Continually develop a Professional Identity by implementing one's role as a nurse in ways that reflect, integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context.

4. Approach all issues and problems with a Spirit of Inquiry through the examination of the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and offer new insights to improve the quality of care for patients, families, and communities.
Section 3: Advantages of Preceptorship

Advantages to the Student

Students can derive valuable benefits from working with a qualified clinical preceptor. These include:

1. The ability to work in a one-to-one relationship with an experienced nurse that allows for close supervision and immediate feedback.
2. The ability to see and experience collaborative practices with other professionals.
3. The ability to experience role socialization and to gain competence and confidence in performing clinical skills as an active practitioner.
4. The ability to gain knowledge in adapting care with innovation and creativity.
5. The ability to apply evidenced based practice to the clinical setting.

Advantages for the Preceptor

In similar models, health care professionals have reported personal and professional benefits from working as clinical preceptors. These benefits include:

1. The acknowledgement as an expert clinician and role model.
2. The ability to demonstrate clinical experience, teaching, and leadership skills.
3. The recognition by an educational institution as a valued participant in the development of skilled health care professionals.
4. The ability to have input in the educational process, including the learning and evaluation components.

5. The understanding of current educational programs, including required student competencies.

6. The recognition by the employing agency as a committed team member, enhancing learning opportunities for student nurses

**Advantages to the Health Care Agency**

The Preceptorship Program also offers significant advantages to the Health Care Agency that assists with the facilitation of the program. These include:

1. Collaborative efforts between Lord Fairfax Community College and the health care agency in the educational process.

2. Mutual respect and understanding of the theoretical and performance components of nursing education.

3. Identify and recognize the valuable contributions of highly skilled employees as contributing members of the educational process.

4. Enhanced preparation of students for entry-level performance in a health care facility
Section 4: General Guidelines

18VAC90-20-122. 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 client care tasks to which he has been assigned.

B. Faculty shall be responsible for ensuring that students perform only skills or services in direct client care for which they have received instruction and have been found proficient by the instructor. Skills checklists shall be maintained for each student.

C. Faculty members or preceptors providing on-site supervision in the clinical care of clients shall be responsible and accountable for the assignment of clients 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 clients.

D. Clinical preceptors may be used to augment the faculty and enhance the clinical learning experience. 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.

E. Preceptors shall provide to the nursing education program evidence of competence to supervise students' clinical experience for quality and safety in each specialty area where they
supervise students. The clinical preceptor shall be licensed as a nurse at or above the level for which the student is preparing.

F. Supervision of students.

1. When faculty are supervising direct client care by students, the ratio of students to faculty shall not exceed 10 students to one faculty member. The faculty member shall be on site in the clinical setting solely to supervise students.

2. When preceptors are utilized for specified learning experiences in clinical settings, the faculty member may supervise up to 15 students. In utilizing preceptors to supervise students in the clinical setting, the ratio shall not exceed two students to one preceptor at any given time. During the period in which students are in the clinical setting with a preceptor, the faculty member shall be available for communication and consultation with the preceptor.

G. Prior to beginning any preceptorship, the following shall be required:

1. Written objectives, methodology, and evaluation procedures for a specified period of time to include the dates of each experience;

2. An orientation program for faculty, preceptors, and students;

3. A skills checklist detailing 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.
General Guidelines for the Preceptor

The Preceptorship Program is a well-planned collaborative effort between the student, the preceptor, the health care agency, and the designated nursing faculty utilizing the established program objectives.

Clinical Preceptor - A licensed nurse, licensed at or above the level for which the student is preparing. The clinical preceptor is a qualified licensed healthcare professional employed by the facility in which the clinical experience occurs and is present with the student during the student’s clinical experience. He/She agrees to serve as a role model, resource person, and supervisor of the student’s clinical experience. The preceptor-student ratio may not exceed two students to one preceptor at any given time, but may be 1:1.

Preceptorship - A clinical experience in which a nursing student is participating in the provision of care for one or more clients and a nursing faculty member is not providing direct supervision on site. A preceptorship agreement is required when nursing faculty are not providing direct supervision.

Cooperating Agency – Any location in which the clinical practice of nursing occurs to provide learning experiences for a nursing education program as specified in a written agreement between the cooperating agency (clinical facility) and the school of nursing.

Preceptorship Components:

Precepted clinical experiences are planned experiences for a specific nursing course. The nursing faculty member becomes the facilitator of the total preceptor experience by planning, counseling, periodic monitoring, and evaluating the preceptorship throughout its entirety. Nursing faculty members are responsible for the designation of a clinical preceptor for each student and will communicate such assignment with the clinical preceptor in collaboration with
the clinical facility. When nursing faculty are not on site to supervise students, clinical preceptors may be utilized for specific learning experiences in the clinical setting. During these occasions, the faculty member may supervise up to 15 students. Supervising preceptors shall monitor the student’s clinical performance and intervene if necessary for the safety and protection of the patients.

_The preceptor must:_

- Express a desire to function as a clinical preceptor.
- Be an employee of the health care facility with an unrestricted license to practice as a registered nurse in the Commonwealth of Virginia.
- Be recommended by nursing administration/education of the health care facility as being professional in the technical, intellectual, and interpersonal skills required to optimize student learning.
- Work closely with the student and designated faculty member to meet the individualized learning objectives of the student.
- Have the ability to share knowledge and encourage decision-making and problem solving in the clinical environment.
- Provide feedback to faculty regarding student’s defined objectives.
- Review Virginia Board of Nursing Regulation for preceptors. (Appendix A)
Section 5: Responsibilities

Student Responsibilities

1. Share objectives with preceptor.
2. Demonstrate self-direction by actively seeking learning experiences and being prepared to accomplish the learning objectives for the clinical experience.
3. Maintain accountability for safe performance of those direct client care tasks to which the student has been assigned.
4. Prepare for each clinical experience as needed.
5. Provide safe nursing care at the highest level of the student’s knowledge. Participate in direct client care as assigned by the clinical preceptor.
6. Respect the confidential nature of all information obtained during the clinical experience.
7. Contact nursing faculty by telephone if faculty assistance is necessary.
8. Maintain open communications with the preceptor and faculty.
9. Provide preceptor the skills check list. Students are allowed to perform ONLY these skills.

Preceptor Responsibilities

1. Participate in a preceptor orientation facilitated by the nursing education program.
2. Facilitate clinical learning experiences for no more than two nursing students at a time.
3. Orient nursing student(s) to the clinical agency and its policies and procedures.
4. Guide and supervise the student’s performance of skills and other nursing activities to ensure patient safety.
5. Provide feedback to the nursing faculty member assigned to the student regarding clinical experience (May utilize the Preceptor Anecdotal Record).

6. Provide feedback to the nursing faculty via the ADN Preceptorship Program Evaluation.

7. Provide the nursing student with feedback on his/her progress, based on the clinical preceptor’s observation of clinical performance, assessment of achievement of clinical competencies, and patient care documentation.

8. Retain ultimate responsibility for the care of the clients. Fulfill nursing duties as determined by the clinical agency’s policies and procedures.

9. A preceptor may not further delegate the duties of the preceptorship.

10. Contact nursing faculty member by telephone if faculty assistance is necessary.

**Program/Faculty Responsibilities**

1. Ensure that nursing faculty members and clinical preceptors meet qualifications as outlined in 18VAC90-20-90 and 18VAC90-20-122.

2. Ensure that there are written agreements which delineate the functions and responsibilities of the cooperating agency, clinical preceptor, and nursing program.

3. Ensure that the written agreements with cooperating agencies and the nursing education program are reviewed, signed, and current.

4. Ensure that clinical experiences using clinical preceptors occur only after the student has received applicable theory and clinical skills lab experiences necessary to safely provide care to clients, as appropriate.
5. Provide the clinical preceptor an orientation to the philosophy, curriculum, course, and clinical objectives of the nursing education program and course. Discuss student expectations, skills performance, and methods of evaluation.

6. Assume overall responsibility for teaching and evaluation of the nursing student.

7. Ensure student compliance with standards on immunization, screening, OSHA standards, CPR, and current liability insurance coverage, as appropriate.

8. Selects clinical preceptor for nursing student.

9. Meets periodically with clinical preceptor and nursing student to determine student progress and document on the Preceptor Anecdotal Record.

10. Be readily available via telephone for consultation when students are in the clinical area. The designated nursing faculty member shall be available to provide assistance or supervision of the student at the clinical site, should a problem arise that cannot be resolved by telephone.
Section 6: Additional Information

Legal and Practice Considerations

Accountability is one of the most frequent concerns of preceptors. Here are points to answer the most frequent questions of preceptors:

- A contractual agreement has been reached between the facility and LFCC which allows students who are under the supervision of preceptors to be in the facility without a nursing faculty member present at all times.
- The student is *not* practicing under the preceptor’s nursing license. (Appendix A)

The student is responsible for his/her own practice. It is essential that the preceptor is aware of the student’s abilities and limitations.

Helpful Tips

Clinical Teaching:

Clinical teaching has three essential components: oversight, teaching, and feedback to the learner. As a preceptor, you are able to render a subjective assessment of whether or not students perform at the established level as written in the clinical objectives. Questions to the learner help reinforce the learning process. Examples include:

- What did you observe?
- Is that what you expected to observe with your assessment?
- How does it relate to the client’s illness?
- How will the collected assessment data change to indicate the client is improving or declining?
**Skills:**

Prior to allowing the student to perform any skills, the preceptor must review the student skills check list to ensure that the skill is on the list. If the skill has an asterisk (*) by it the student may perform independently; however, the preceptor reserves the right to observe any and all skills as deemed appropriate.

- Review away from the client.
- Be supportive.
- Remind student of the next step.
- Never reprimand student in front of a client.
- Positive, non-verbal communication such as a nod or thumbs up during interaction with a client/staff works in reinforcing professional behavior and establishing confidence thumbs up when Assist if needed.
- Role model teaching, explaining to client as you go along.
- Take over if the student is not in control.
- As soon as you are done, in private place, ask the student how they think they did.
- Let them talk about it if they need to.
- Examples of verbal Feedback for appropriate performance such as or when improvement is needed are:
  - “I’m impressed.”
  - “Great job.”
  - “Can you feel how well you are doing?”
  - “Next time . . . “
  - “I want to spend some with you working on . . . “
“Let’s talk about how you thought it went and how can we work together to improve…”

Medication Administration

- All medication administration must take place in the presence of the preceptor.
- The students must not accept or administer a medication or IV solution prepared by another nurse.
- Students must complete the appropriate assessment of the client prior to any administration of medication.
Section 7: Faculty Contact Information

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# Section 8: Appendices

## Appendix A

### ADN Student Clinical Guidelines

*These are guidelines for student clinical experiences and will be utilized within the constraints of specific clinical agency policies*

| Students **NEVER** Do (Observational experience only) | 1. Enter or sign of physician orders  
2. Accept verbal or telephone orders  
3. Admission/Discharge of patients  
4. Venipuncture for laboratory blood specimens with the exception of initial IV start  
5. Obtain laboratory blood specimens from ANY peripheral or central access device (with the exception of #4 above)  
6. Initiate, manage or disconnect hemodialysis or peritoneal dialysis treatments and/or catheters  
7. Initiate or change the rate of the following IV fluids: TPN, Heparin, Insulin, PCA therapy, epidural therapy, Oxytocin, Magnesium Sulfate, Cardizem, Dopamine, Amiodarone or other vasoactive drips.  
8. Hang blood and/or blood products.  
9. May never be utilized as second RN (co-signature)  
10. Central line removal to include removal of Peripherally Inserted Central Catheter (PICC) lines.  
11. Management of Chest Tube Drainage Devices (including trouble shooting, stripping, etc.).  
12. Administer chemotherapy  
13. Participate in resuscitation efforts other than initiating Code Blue Protocol and providing initial CPR measures until relieved by Code Blue team.  

***Students may observe any skill that the preceptor performs. Students are **ONLY** allowed to perform skills that they have been taught in classroom, had an opportunity to practice, and deemed proficient by an instructor prior to performing on actual patient. Students maintain a skills check list which they should present to the preceptor at the beginning of the preceptorship. Preceptors must review student skills check list and only permit students to perform skills on the check list. For additional clarification please contact the faculty advisor.
Appendix B

Uniform Regulations
All nursing students must appear professional and conform to the highest standards of cleanliness, neatness, good taste and safety. Students are responsible for keeping their socks and shoes neat and clean. Uniforms must be clean and free from wrinkles. All students must be free of odor including tobacco products, perfume and lotions.

Full uniform includes:

1) Designated uniform, with the appropriate patch sewn three finger breadths below shoulder seam onto the left sleeve and centered, clean white leather or vinyl shoes and white hose or white anklet socks. A solid white warm-up jacket may be worn with the uniform, with the appropriate LFCC patch sewn on the upper left arm. White long or short sleeve shirts or tops may be worn under the uniform.

2) Shoes must be white leather or vinyl, closed-toed; clog styles must have a heel strap. No cloth shoes of any kind.

3) All students must have a watch with a second hand, a stethoscope. Students should purchase their own stethoscopes.

4) Students will receive a facility “buddy” badge identifying them as a student. The badge must be worn at all times to ensure student and patient safety while in the clinical facilities. Any student observed in the clinical setting without the student badge will be dismissed from clinical. These student badges must be returned at the end of every semester. Students who fail to return the “buddy” badge will be reported to both campus and clinical facility security.

5) NO nail polish without chips or cracks, no artificial nails. Nails should be short to prevent injury to the patient.

6) Only plain wedding bands and stud earrings may be worn with the uniform. No other jewelry is permitted.

7) Facial piercings, gauges or other visible body piercings are not permitted. These must be removed prior to clinical. If unable to remove, the student must cover with a bandage.

8) Tattoos may need to be covered depending on the facility and unit. Clinical instructors will advise when this is necessary.

9) Hair should be clean, neat, and secured if longer than shoulder length. Hair that is secured in such a way that contamination is possible may need to be styled differently. No extreme styles or colors are permitted. Male students will maintain clean, neat, trimmed beard and mustache.

10) The student will be required to provide evidence of flu vaccination and will be required to wear the “Flu” badge or preferred clinical facility identifier. If the student does not obtain the flu vaccination the student must wear a mask while in the clinical setting.

11) Dress/Uniform requirements for the mental health rotation vary from other clinical experiences. Therefore requirements will be covered prior to the mental health rotation.

12) As a reminder, students wearing their nursing uniform are representing the nursing program and are expected to follow all LFCC student code of conduct policies.
Appendix C

ADN Preceptorship Agreement

The purpose of this agreement is to permit students in the nursing program at LFCC, to participate in a clinical preceptorship at a cooperating agency. This agreement shall be in effect beginning ________________and shall end on _____________.

**Preceptor:**

As a Preceptor, I understand the terms of this Preceptor Agreement and I have received a copy of the preceptorship manual and students’ individualized learning objectives.

I agree to provide opportunities for this student to observe me in my role, provide direct supervision of the student during performance of any procedures as outlined in the manual. Provide feedback to the student and faculty regarding clinical performance and complete the ADN Preceptorship Program Evaluation form and return to the course instructor.

__________________________________  _______________________________
Preceptor Name (Printed)                  Preceptor Signature

____________________  _______________________________
Date                        Facility

Total Years’ Experience/Experience in Current Position  Highest Level of Education

**Student:**

As a Student, I understand the terms of this Preceptor Agreement, and I have received a copy of the preceptorship manual and provided my preceptor and faculty a copy of my individualized learning objectives.

I agree to participate in opportunities to observe my preceptor in their role and perform nursing care as outlined in the manual. I will obtain feedback from my preceptor and faculty regarding clinical performance and complete the ADN Preceptorship Program Evaluation form and return to the course instructor.

__________________________________  _______________________________
Student Name (Printed)                  Student Signature

____________________  _______________________________
Date                        Facility
**Nursing Faculty:**

As the faculty member, I understand the terms of this Preceptor Agreement, and I have received a copy of the preceptorship manual and student objectives.

I agree to be available for consultation/conferences, with student and/or preceptor via phone or in person during scheduled clinical hours. Promote and maintain direct, open communication. Should problems or conflicts arise, each agrees to discuss them directly with the person involved and work toward mutual resolution. Evaluate the student overall performance of the precepted clinical experience.

________________________________________  ______________________________
Faculty Name (Printed)                                          Faculty Signature

________________________________________
Date