Professional Preceptor Handbook

A Resource Guide for Nurses in Partnership with the Fay W. Whitney School of Nursing

Revised 9/15/2009 4:18pm MST

University of Wyoming
Dear Preceptor:

Thank you so much for agreeing to be a preceptor for a nursing student from the Fay W. Whitney School of Nursing (FWWSON)! The FWWSON faculty has designed a curriculum that provides a variety of clinical experiences from those in the beginning of the program where students work with a faculty member in a clinical facility to the final residency where students undertake a semester long immersion experience. In that course, students assume the role of a professional nurse under the guidance and supervision of a preceptor and FWWSON faculty.

That is where you as a preceptor come into the picture. We rely upon a number of experienced professional nurses to be a part of our students’ clinical education in several different courses, including the final residency. As a preceptor, we would like you to be a guide and mentor to students as they make the transition from student to professional nurse. We’ve told our students to take advantage of this wonderful opportunity of working with an experienced professional nurse. We tell them to be a sponge and ask questions, lots of questions, share their thoughts and feelings, and talk to you about their future plans.

We hope that your time working with our students is rewarding to you; we know that it is extremely beneficial to our students, who consistently rate their precepted experiences very highly. Again, we thank you for your time, energy and wisdom! You make a difference in the professional education of nursing students!

Sincerely,

Mary E. Burman
Dean and Professor
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Chapter 1: Introduction

Purpose of the Professional Preceptor Handbook

To achieve the aims of the BSN program, students require clinical experience in a variety of settings in addition to learning the theory content in their nursing courses. A valuable component of student development is the opportunity to work with professional registered nurses. For purposes of this handbook, a “preceptor” is defined as any RN who works with students in a clinical setting. Preceptors serve as mentors, teachers, and role models for student nurses.

Preceptorship is a one-to-one relationship between an expert nurse and a nursing student so that the student may learn the roles and responsibilities of clinical nurses in a specific area of practice. Learning occurs as nursing students practice alongside the expert nurse. Preceptors serve as role models for students and allow students to see and experience what nursing experts do on a daily basis in a specific setting (University of TX, Preceptor Handbook, n.d.).

The Professional Preceptor Handbook is designed to provide information about the Fay W. Whitney School of Nursing, the BSN education programs, and specific course information. The Handbook serves as an orientation and resource to our clinical partners and preceptors. For ease of use, the Professional Preceptor Handbook contains five sections. These sections are intended to provide preceptors with information about (a) the Fay W. Whitney School of Nursing, (b) general guidelines for serving as a clinical preceptor, (c) required forms for the precepted experience, (d) course syllabus applicable to the course for which you’ll be precepting, and, (e) a preceptor resource section.

Purpose of the Fay W. Whitney School of Nursing

The purpose of the Fay W. Whitney School of Nursing is to provide professional nursing education, pursue relevant scholarship, and promote consumer responsive rural health services.

Mission Statement and Aspiration of the Fay W. Whitney School of Nursing

As a leader in professional nursing, outreach, and rural health, the Fay W. Whitney School of Nursing promotes and protects health through education, scholarship and service.

Aspiration:

- The school aspires to be a leader in nursing and health care in the State of Wyoming by providing state-of-the-art nursing education in the classroom and in the clinical arena.
- The school aspires to expand the professional nursing workforce in the state and region through partnerships with clinical facilities and other educational institutions to increase access to and streamline the process of nursing education from baccalaureate to doctoral education.
- Finally, the school will provide research support and expertise on the UW campus and throughout the state to enhance the quality of health and health care.
Philosophy of the Fay W. Whitney School of Nursing

The State of Wyoming is culturally, occupationally, and geographically rural in nature with low population density and great expanses between communities. The state faces unique challenges in providing health care because of health professional shortages, including nursing shortages, and access and continuity of care issues. Rural residents face many of the same health challenges as urban residents, with an increasing burden of chronic illness associated with rural lifestyles. The University of Wyoming is the only institution in the state that offers baccalaureate and graduate education in nursing. The impact of professional nurses, specifically those with baccalaureate degrees, on health outcomes has been repeatedly documented. Consequently, as a leader in professional nursing, outreach, and rural health, the Fay W. Whitney School of Nursing (FWWSON) promotes and protects health through education, scholarship and service. This necessitates offering seamless education to increase the number of nurses with baccalaureate and graduate education across the state.

Nursing

Professional nursing is the “protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering, through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities and populations.” The nursing process is systematic, ongoing, therapeutic, and is implemented through a patient-centered, collaborative nurse-client relationships involving interpersonal communication and shared responsibility. In order to carry out the nursing process, nurses use critical thinking, communication, collaboration, teaching, and continued professional self-development. The practice of nursing includes promotion/protection of health, acute care and rehabilitation for clients across the lifespan throughout the health experience. Nurses focus not only on individual clients, but also families, groups and families. Professional nurses evaluate client care outcomes, emphasizing quality and quality improvement and safe client environments. The nursing process is characterized by mutual respect and values individual differences. Nurses, guided by the nursing code and ethics and core values such as autonomy, altruism and social justice, demonstrate ethical behavior in client care.

The faculty believe that professional nurses function in the roles of advocate; consumer of research; and leader within their scope of practice. As an advocate, nurses use assistive, supportive, facilitative and caring actions, including empathy, acceptance, respect and honesty, in response to the needs of others. Nurses inform clients, collaborate with clients in the plan of care and protect client rights. Professional nurses have an obligation and responsibility to engage in social advocacy in collaboration with clients. The role of consumer of research is demonstrated by participating in, valuing, and using evidence from nursing and other disciplines to improve practice based on a changing and expanding body of knowledge. In the role of leader, professional nurses design, manage, and coordinate nursing care using delegation, supervision, and evaluation of personnel. Nurses are members and leaders of interdisciplinary health care teams and participate in political and regulatory processes to shape the health care delivery system. Nurses also use client care technologies to facilitate quality nursing care.

Clients of the professional nurse are individuals, families, groups, or communities. Clients are diverse open systems composed of physiological, psychological, spiritual, developmental, and sociocultural dimensions and are in continual interaction with the environment. The faculty view environment as dynamic, diverse, and includes all the conditions and influences that affect or surround clients throughout the life span. The health experience, which encompasses both wellness and illness, is the dynamic interaction between clients and their environments. Health is an outcome at a particular point in time during this interaction. Because clients are unique, the health experience must be individually

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interpreted and evaluated according to situations and conditions that are affecting them. The clients have the right to self-determination throughout this experience.

The State of Wyoming is predominantly rural, with two population centers of significant size (roughly 50,000 residents), many smaller towns and communities, and much sparsely population areas that met the criteria of frontier. The faculty believes that there are geographic, occupational and cultural differences between urban and rural clients and that these differences include variations in the health experience and appropriate nursing care. FWWSON programs are designed to address the health and nursing care needs of rural clients.

Teaching and Learning

Undergraduate and graduate curricula at the FWWSON are based upon our philosophy of nursing (as outlined above) and specified professional documents. The Essentials documents for baccalaureate and master’s programs from the American Association of Colleges of Nursing serve as the primary foundation. In addition, for the undergraduate programs several other statements are foundational, including, the test plan for the NCLEX examination, the competencies outlined by QSEN (Quality and Safety Education in Nursing), and other competency statements related to genetics, culture congruent care, etc. IOM Report on professional education (Patient centered care, interdisciplinary teams, evidence-based practice, quality improvement approaches and informatics. At the graduate level, the National Organization of Nurse Practitioner Faculties core and population-focused competencies and the National League for Nursing competencies for nurse educators are foundational. Faculty are committed to continual reevaluation of programs based on quality improvement approaches.

University students are individuals who come with learning preferences, different experiences, varied goals, and therefore, have unique learning needs. The primary faculty responsibility is to empower students to become self-directed learners. Active learning is a teaching/learning partnership. Faculty members believe students should be encouraged to be critical, inquiring and independent in seeking their own direction in the acquisition of new knowledge. The role of the faculty then is to assist the students in the development of a consistent and coherent program of study to facilitate their learning, and to serve as a resource by modeling scholarship and excellence in nursing.

The faculty recognizes that learning is a lifelong process and that undergraduate education is the beginning of the progression from novice to expert nurse. The baccalaureate program prepares the student to enter professional nursing practice as a beginning provider of nursing care in a variety of settings and cultivates a commitment to professional development. Undergraduate education in nursing provides the foundation for graduate study. In accord with the Graduate School of the University, the faculty believes that graduate education endeavors to:

- provide students with current knowledge and skills to prepare them to be independent, creative scholars,
- prepare professionals for leadership in their respective fields,
- encourage diversity in our mission by involving all persons from Wyoming, the nation and world in these advanced education opportunities,
- nurture self-directed, problem solving learning skills.3

Nurses with graduate degrees will have advanced knowledge and practice in a specialized area of rural health nursing. They will be able to adapt existing research findings as well as participate in direct knowledge development. Through the use of leadership skills, the advanced practice nurse will apply research and new knowledge to the design, implementation, and evaluation of innovative nursing care and/or nursing education. Graduate nursing students should investigate the usefulness of a variety of theories and operationalize them in practice.

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BSN Program and Course Information

The Fay W. Whitney School of Nursing offers three pathways to earning a Bachelor of Science Degree in Nursing (BSN):

Basic BSN
An entry-level, pre-license option for the student who wants to become a registered nurse and who has not completed an associate degree in nursing or nursing diploma program.

BRAND (Accelerated BSN)
An accelerated BSN program for the student with a previous non-nursing baccalaureate degree

RN/BSN Completion
An online BSN option for the registered nurse with an associate degree or diploma in nursing

This section provides course sequence sheets for each of the BSN pathways. Preceptors may work with students in a variety of courses in each of the BSN programs. Specific course information, including an updated course syllabus, will be provided to preceptors before or at the beginning of each semester in which they will serve as preceptors.

Course Descriptions
Current course descriptions for all the courses offered by the FWWSON can be found online at: http://uwadmnweb.uwyo.edu/REGISTRAR/bulletin/nurs.html

Course descriptions are also available in hard copy by request to the nursing instructor.
### Pre-Nursing Component

**Prerequisite Courses**

(Courses required for admission to the Nursing major component)

<table>
<thead>
<tr>
<th>Course</th>
<th>Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGL 1010 (WA) – College Composition</td>
<td>3</td>
</tr>
<tr>
<td>Select an approved (WB) course</td>
<td></td>
</tr>
<tr>
<td><em>(Recommend taking a WB/CH or WB/C course)</em></td>
<td>3</td>
</tr>
<tr>
<td>MATH 1400 (QA) – College Algebra</td>
<td>3</td>
</tr>
<tr>
<td>STAT 2050 or 2070 (QB) – Statistics</td>
<td>4</td>
</tr>
<tr>
<td>LIFE 1010 <em>(formerly BIOL)</em> (SB) – General Biology</td>
<td>4</td>
</tr>
<tr>
<td>CHEM 1000 (SP) – Introductory Chemistry or CHEM</td>
<td>4</td>
</tr>
<tr>
<td>1020 (SP) – General Chemistry</td>
<td>4</td>
</tr>
<tr>
<td>KIN 2040 (SB) – Human Anatomy</td>
<td>3</td>
</tr>
<tr>
<td>KIN 2041 (SB) – Human Anatomy Lab</td>
<td>1</td>
</tr>
<tr>
<td>KIN/ZOO 3115 – Human Systems Physiology</td>
<td>4</td>
</tr>
<tr>
<td>PHCY 4450 – Pathophysiology</td>
<td>4</td>
</tr>
<tr>
<td>MOLB 2240 – Medical Microbiology</td>
<td>5</td>
</tr>
<tr>
<td>PSYC 1000 (CS) – General Psychology</td>
<td>3</td>
</tr>
<tr>
<td>SOC 1000 (CS) – Sociological Principles or</td>
<td>3</td>
</tr>
<tr>
<td>SOC 1100 (CS) – Social Problems &amp; Issues or</td>
<td>2-3</td>
</tr>
<tr>
<td>ANTH 1200 (CS/G) – Cultural Anthropology</td>
<td>3</td>
</tr>
<tr>
<td>FCSC 1140 or 1141 – Nutrition</td>
<td></td>
</tr>
<tr>
<td>NURS 2340 – Developmental Influences on Health or</td>
<td>3</td>
</tr>
<tr>
<td>EDST 2450 – Human Lifespan Development</td>
<td></td>
</tr>
<tr>
<td><em>(Note: Education students given preference)</em></td>
<td>3</td>
</tr>
</tbody>
</table>

**Total Hrs.** 49-50

**Required Elective/Graduation Courses**

(Recommend completing prior to admission, but must be completed by graduation.)

<table>
<thead>
<tr>
<th>Courses</th>
<th>Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual Community/Information Literacy (I/L) – NURS 1000 – Introduction to the Intellectual Community in Nursing</td>
<td>1</td>
</tr>
<tr>
<td>Cultural Context – Arts (CA) course</td>
<td>3</td>
</tr>
<tr>
<td>Cultural Context – Humanities (CH) course</td>
<td>3</td>
</tr>
<tr>
<td><em>(if not met by WB/CH or WB/C course)</em></td>
<td></td>
</tr>
<tr>
<td>Global Awareness (G) course</td>
<td>3</td>
</tr>
<tr>
<td><em>(if not met by ANTH 1200)</em></td>
<td></td>
</tr>
<tr>
<td>Oral Communication (O) – COJO 1010 – Public Speaking3</td>
<td>3</td>
</tr>
<tr>
<td>Physical Activity &amp; Health (P) – PEAC 1001</td>
<td>1</td>
</tr>
<tr>
<td>US &amp; WY Constitutions (V) course</td>
<td>3</td>
</tr>
<tr>
<td>Upper Division Elective</td>
<td></td>
</tr>
<tr>
<td><em>(any 3000/4000 level course; cannot be any of the required prerequisite or nursing major courses)</em></td>
<td>3</td>
</tr>
</tbody>
</table>

**Total Hrs.** 13-20

*New Curriculum effective Fall 2008 / Updated 5/2009*

### Nursing Major Component

*(63 credits)*

(Nursing application/fee required)

#### JUNIOR YEAR: Fall

<table>
<thead>
<tr>
<th>Course</th>
<th>Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 3040 – Health Assessment of Individuals across the Life Span</td>
<td>2</td>
</tr>
<tr>
<td>NURS 3047 – Health Assessment Lab</td>
<td></td>
</tr>
<tr>
<td>NURS 3150 – Professional Roles: Carer/Helper, Counselor &amp; Advocate</td>
<td>3</td>
</tr>
<tr>
<td>NURS 3440 – Adult Health I</td>
<td>3</td>
</tr>
<tr>
<td>NURS 3475 – Nursing Practicum: Adult Health I</td>
<td>4</td>
</tr>
<tr>
<td>PHCY 4470 – Pharmacology <em>(Requisite Course)</em></td>
<td>4</td>
</tr>
</tbody>
</table>

**Total Hrs.** 17

#### JUNIOR YEAR: Spring

<table>
<thead>
<tr>
<th>Course</th>
<th>Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 3020 (D) – Cultural Diversity in Family Health Care</td>
<td>3</td>
</tr>
<tr>
<td>NURS 3840 – Adult Health II</td>
<td>3</td>
</tr>
<tr>
<td>NURS 3842 – Care of the Older Adult</td>
<td>3</td>
</tr>
<tr>
<td>NURS 3844 – Mental Health and Illness</td>
<td>3</td>
</tr>
<tr>
<td>NURS 3875 – Nursing Practicum: Adult Health II</td>
<td>4</td>
</tr>
</tbody>
</table>

**Total Hrs.** 16

#### SENIOR YEAR: Fall

<table>
<thead>
<tr>
<th>Course</th>
<th>Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 4150 <em>(IWC)</em> – Professional Roles: Researcher</td>
<td>3</td>
</tr>
<tr>
<td>NURS 4440 – Public Health Nursing</td>
<td>4</td>
</tr>
<tr>
<td>NURS 4442 – Nursing Care of Children and Families</td>
<td>4</td>
</tr>
<tr>
<td>NURS 4475 – Nursing Practicum: Family and Public Health</td>
<td>4</td>
</tr>
</tbody>
</table>

**Total Hrs.** 15

#### SENIOR YEAR: Spring

<table>
<thead>
<tr>
<th>Course</th>
<th>Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 4250 – Professional Roles: Leader</td>
<td>3</td>
</tr>
<tr>
<td>NURS 4875 – Senior Residency</td>
<td>12</td>
</tr>
</tbody>
</table>

**Total Hrs.** 15

#### Minimum Hours Required for Degree

**120**

**NOTE:** With regards to our required courses, PHCY 4450 and PHCY 4470, please be advised that these courses must be upper division (3000/4000 level); lower division/community college level courses do not satisfy this requirement; transfer courses need to be reviewed for acceptability.

**NOTE:** Course requirements/expectations are subject to change. Maintain contact with Fay W. Whitney School of Nursing for current expectations.
### FIRST BRAND SUMMER SEMESTER

<table>
<thead>
<tr>
<th>Course</th>
<th>Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 3710 – Nursing Fundamentals</td>
<td>1</td>
</tr>
<tr>
<td>(prereq: previous Bachelor’s degree, admission to BRAND; concurrent enrollment in N3715)</td>
<td></td>
</tr>
<tr>
<td>NURS 3715 – Foundational Lab</td>
<td>2</td>
</tr>
<tr>
<td>(prereq: previous Bachelor’s degree, admission to BRAND; concurrent enrollment in N3710 and N3750)</td>
<td></td>
</tr>
<tr>
<td>NURS 3730 – Introduction to Professional Nursing</td>
<td>2</td>
</tr>
<tr>
<td>(prereq: previous Bachelor’s degree, admission to BRAND)</td>
<td></td>
</tr>
<tr>
<td>NURS 3750 – Health Assessment and Promotion</td>
<td>3</td>
</tr>
<tr>
<td>(prereq: previous Bachelor’s degree, admission to BRAND; concurrent enrollment in N3715)</td>
<td></td>
</tr>
<tr>
<td>PHCY 4450 – Pathophysiology</td>
<td>4</td>
</tr>
<tr>
<td>(Note: must be an upper division level course: transfer courses need to be reviewed for acceptability)</td>
<td></td>
</tr>
</tbody>
</table>

**Total Hrs.: 12**

### BRAND FALL SEMESTER

<table>
<thead>
<tr>
<th>Course</th>
<th>Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 3770 – Nursing Care in Acute and Chronic Illness</td>
<td>6</td>
</tr>
<tr>
<td>(prereq: admission to BRAND; N3750; N3730; N3710; N3715; PHCY 4470 or concurrently)</td>
<td></td>
</tr>
<tr>
<td>NURS 3771 – Nursing Care in Acute and Chronic Illness Practicum</td>
<td>6</td>
</tr>
<tr>
<td>(prereq: concurrent enrollment in N3770)</td>
<td></td>
</tr>
<tr>
<td>PHCY 4470 – Pharmacology</td>
<td>4</td>
</tr>
<tr>
<td>(Note: must be an upper division level course: transfer courses need to be reviewed for acceptability)</td>
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</tr>
</tbody>
</table>

**Total Hrs.: 16**

### BRAND SPRING SEMESTER

<table>
<thead>
<tr>
<th>Course</th>
<th>Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 4710 – Nursing Care of the Aging Family</td>
<td>3</td>
</tr>
<tr>
<td>(prereq: PHCY 4470; senior standing in the BSN program; or consent of the instructor)</td>
<td></td>
</tr>
<tr>
<td>NURS 4735 – Nursing Care of Vulnerable Populations</td>
<td>3</td>
</tr>
<tr>
<td>(This course will be concurrent enrollment in N4775 and N4776)</td>
<td></td>
</tr>
<tr>
<td>NURS 4736 – Nursing Care of Vulnerable Populations</td>
<td>3</td>
</tr>
<tr>
<td>(prereq: NURS 4740; N4741 and concurrent enrollment in N4736)</td>
<td></td>
</tr>
<tr>
<td>NURS 4740 – Nursing Care of the Young Family</td>
<td>6</td>
</tr>
<tr>
<td>(prereq: NURS 3777; and concurrent enrollment in N4740)</td>
<td></td>
</tr>
<tr>
<td>NURS 4741 – Nursing Care of the Young Family Practicum</td>
<td>3</td>
</tr>
<tr>
<td>(prereq: NURS 3777; N3771 and concurrent enrollment in N4740)</td>
<td></td>
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</tbody>
</table>

**Total Hrs.: 18**

### BRAND FINAL SUMMER SEMESTER

<table>
<thead>
<tr>
<th>Course</th>
<th>Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 4775 – Professional Residency</td>
<td>10</td>
</tr>
<tr>
<td>(prereq: NURS 4735; N4736)</td>
<td></td>
</tr>
<tr>
<td>NURS 4785 – Nursing Integration</td>
<td>2</td>
</tr>
<tr>
<td>(prereq: NURS 4735; N4736 and concurrent enrollment in N4775)</td>
<td></td>
</tr>
</tbody>
</table>

**Total Hrs.: 12**

**Minimum Hours Required for Degree: 58**

Updated 9/11/09
Pre-Nursing Component
Requisite Courses

(Students are encouraged to complete these courses before taking courses in the nursing major component.)

Writing 1 (WA) ................................................. 3
Writing 2 (WB) ...................................................... 3
Quantitative Reasoning 1 (QA) ........................................ 3
Statistics 2050 or 2070 (QB) ...................................... 4
General Psychology (CS) ......................................... 3
Cultural Anthropology (CS/G) or
Sociological Principles (CS) or
Social Problems & Issues (CS) ........................................ 3
Human Anatomy (SB) ................................................. 4
Human Systems Physiology .............................................. 4
Microbiology ......................................................... 4
PHCY 4450 – Pathophysiology .................................... 4
PHCY 4470 – Pharmacology ........................................ 4
PHCY 4450/4470 – Take UW Online – These courses must be upper division (3000/4000 level); lower division/Community College level courses do not satisfy this requirement; transfer courses need to be reviewed for acceptability.
NURS 3010 – Intro to Higher Ed. in Nursing................. 3

Total Hrs. 42

Required Elective/Graduation Courses
(Additional USP and School of Nursing course requirements needed for graduation. Unless otherwise noted, these requirements may not be met with any of our specified requisite and/or nursing major component courses.)

Cultural Context – Arts (CA) ......................................... 3
Cultural Context – Humanities (CH) ................................ 3
Global Awareness (G) (if not met by ANTH 1200) ................. 3
Oral Communication (O) – Public Speaking ....................... 3
Sciences (S, SB, SP, SE) .............................................. 3-4
US & WI Constitutions (V) ............................................. 3
Upper Division Elective (any 3000/4000 level course) ....... 3
Take UW Online – Cannot be any of the required requisite or nursing major component courses.

Total Hrs. 18-22

Note: The number of students admitted to RN/BSN Completion may be limited based on School of Nursing resources. Applicants meeting minimum requirements are not guaranteed admission to the major. Re-entry to this option is dependent upon availability.

Nursing Major Component
Nursing Major Courses

(Students must be formally admitted to the nursing major component to take these courses.)

NURS 3020 (D – as of S2005) - Cultural Diversity in Family Health Care .................. 3
NURS 3040 - Health Assessment of Individuals Across the Life Span ............................. 2
NURS 3630 (P) - Health Promotion .................................... 4
NURS 4150 (L – as of S2005; WC – as of F2009) - Professional Roles: Researcher ............... 3
NURS 4250 (WC) - Professional Roles: Leader ........................................ 3
NURS 4440 – Public Health Nursing ....................................... 4
NURS 4975 – Professional Practicum: Community-Focused Nursing .......................... 4
Practicum is to be completed in your hometown.
Refer to School of Nursing website for information.

Total Hrs. 23

Note: Courses within the nursing major component of the RN/BSN curriculum are currently being reviewed. Anticipated changes will be made during 2009.
For questions/updates, contact RN.BSN@uwyo.edu .

Escrow Courses

NURS 3440 – Adult Health I ............................................. 3
NURS 3475 – Nursing Practicum: Adult Health I .................. 4
NURS 3840 – Adult Health II ............................................. 3
NURS 3842 – Care of the Older Adult .................................. 3
NURS 3844 – Mental Health and Illness .................................. 3
NURS 3875 – Nursing Practicum: Adult Health II ................. 4
NURS 4442 – Nursing Care of Children and Families .......... 4

Total Hrs. 24

☐ These credits are automatically posted to the student’s UW transcript based on completion of NURS 3630, documentation of RN licensure and transcript verifying graduation from ADN or Diploma in Nursing Program.
☐ These credits represent credit for nursing content learned in the ADN/Diploma in Nursing Program.

Minimum Hours Required for Degree

120

Residency Requirement: A minimum of 30 upper division credit hours must be completed through UW.
Note: Course requirements/expectations are subject to change. Maintain contact with Fay W. Whitney School of Nursing for current expectations.

Updated 05/18/2009
Chapter 2: Guidelines for Clinical Preceptors

Preceptor Policy and Procedure

Policy

Clinical preceptors may be used to enhance clinical learning experiences. Registered nurses will be asked to function as preceptors (partners in education) to augment the students’ learning. After a student has received clinical and didactic instruction in all basic areas of nursing or specific clinical and didactic instruction within a specific course, preceptors will join nursing faculty to expand student knowledge and skills.

There shall be written guidelines for preceptors that include the following:

a) Criteria for selecting preceptors (partners in education) shall be in writing.
b) Clinical preceptors shall be licensed at or above the level for which the student is preparing.
c) Roles and responsibilities of the clinical preceptors, the student, and the faculty members shall be clearly delineated.
d) The faculty members shall retain responsibility for the student’s learning experiences and meet periodically with the clinical preceptor and student for the purposes of monitoring and evaluating learning experiences.

Procedure

I. Preceptors who participate in teaching in clinical sites must meet specific qualifications, to include the following:

- Have an earned BSN degree or higher and be licensed as an RN.
- Have at least one-year’s experience in nursing.
- Have an interest in teaching, role modeling, mentoring and counseling.
- Be willing to assume the additional responsibility of a student’s learning.
- Must be willing to complete the Wyoming State Board of Nursing Faculty Qualification Form and submit it to the School of Nursing prior to the beginning of the course.

II. If a preceptor with a BSN is not available, an RN with at least two year’s experience may serve as a preceptor.

III. The nursing faculty orients preceptors before the clinical semester starts, preferably in a face-to-face meeting (unless the nursing program is online). Preceptors will be oriented to their responsibilities, the responsibilities of the faculty member, the responsibilities of the student, the objectives of the course, and the evaluation strategies during the initial meeting.
IV. The faculty member will communicate with each preceptor throughout the clinical experience by phone or in person, and are responsible for the evaluation of the student with input from the preceptor. The faculty member, in conjunction with the student and preceptor, determine the level of competence that has been achieved.

V. Roles and Expectations
Roles and expectations of the instructor, student and preceptor are described in the UW FWWSON Professional Preceptor Handbook. Expectations specific to each course will be delineated in each individual course syllabus. The instructor is responsible for reviewing roles and expectations with the students and preceptor each semester.

VI. Preceptor Handbook Verification and Evaluation form
Preceptors are asked to review the Professional Preceptor Handbook each semester in which they serve as preceptors. Course instructors are available to answer any questions regarding roles and expectations described in the handbook. Preceptors are asked to complete the Professional Preceptor Handbook Verification and Evaluation each semester and return the verification form to the course instructor.

Roles and Responsibilities
Clinical faculty members will arrange a meeting (face-to-face in some courses and electronically or by phone in other courses) with each preceptor at the beginning of the clinical course and 2-3 times during the clinical rotation. At the first meeting, preceptors will be oriented to the course using the Professional Preceptor Handbook and the specific course syllabus. Course forms will be reviewed and important contact information will be exchanged between the preceptor and the faculty member.

The preceptor/student relationship should be built on teaching and learning between both parties involved. The student is learning the role of the nurse in several different nursing settings. The student is a novice in all the clinical areas and should progress to a proficient novice by the end of the clinical course (i.e. the student comes into the community nursing setting and leaves this setting as a proficient novice in community nursing).

Student Role
The expectations of students can be found in the Student Handbook. Students are required to review the Student Handbook each semester. The Fay W. Whitney School of Nursing Student Handbook can be found at the following website: www.uwyo.edu/nursing

1) Be prepared for each day of clinical. Preparation to participate in clinical experiences includes:
   a. Complete pre-clinical preparation to engage in clinical care
   b. Wear the appropriate attire according to the SON policy
   c. Bring the tools to provide care according to the syllabus
   d. Conduct practice without discrimination on the basis of age, race, religion, gender, nation of origin, sexual orientation, or handicap.
e. Respect dignity and rights of patients and their significant others regardless of social or economic status, personal attributes or nature of health problems.
f. Respect the property of individuals and facilities.

2) Professionally represent the Fay W. Whitney School of Nursing.

Student critical professional behaviors:
   a. Have respect for peers, colleagues and faculty
   b. Have personal maturity; be goal directed and able to make decisions and take action
   c. Be flexible in adapting to change.
   d. Accept and provide constructive suggestions.
   e. Manage personal circumstances
   f. Accept responsibility for own behavior
   g. Demonstrate corrective behavior when given feedback
   h. Demonstrate safe nursing care and acceptable professional behavior.
   i. Refrain from engaging in patient care when student’s physical or emotional condition is a threat to the patient and/or others
   j. Carry out nursing interventions in a safe manner.
   k. Engage in nursing practice in accordance with the expected level of knowledge and skill.
   l. Engage in nursing practice in accordance with institutional, professional, legal, and ethical guidelines.
   m. Honesty and accuracy in written and verbal communication, including but not limited to errors of omission or commission.
   n. Respect patient’s right to privacy by protecting confidential information.
   o. Accept individual responsibility and accountability for actions.
   p. Seek appropriate supervision and/or consultation.

3) Be assertive in seeking out experiences that build nursing skills.

4) Cooperate with the preceptor.

5) Accept the preceptor’s supervision, teaching and guidance.

6) Be assertive in seeking out opportunities to complete assignments.

7) Ask for assistance and support from the preceptor.

8) Make good use of the preceptor’s time, ask questions, access resources.

9) Conference with the preceptor and complete documentation as assigned.

10) Notify instructor and the facility in advance of your absence from clinical.

Preceptor Role

1) Become oriented to the preceptor role and the course by meeting with the clinical faculty member and by completing the Online Preceptor Course provided by the Fay W. Whitney School of Nursing (course is pending).
2) Guide the student into learning experiences that will meet the course objectives. Nursing staff will be alert to and offer additional educational opportunities that may arise on the unit.

3) Discuss with the student, the assignments he/she should accomplish at your facility.

4) Provide guidance for the student.

5) Give the student verbal feedback daily.

6) Confer with the faculty member as needed. Nursing faculty expect that nursing staff will come directly to the instructor with student issues.

7) Nursing faculty expect that nursing staff will retain responsibility for assessment, care, and documentation to ensure appropriate nursing care.

8) Nursing staff will model nursing practice for the students in word and deed and offer encouragement and assistance when able.

9) Supervise, teach and counsel the student during the clinical experience.

10) Provide input to the clinical instructor about the student’s performance at midterm and at the end of the experience. The clinical instructor is responsible for grading the student, but the input of the preceptor is critical.

11) Conference with the student according to course instructions and complete the appropriate documentation (form).

**Instructor Role**

1) Communicate and coordinate with unit managers, contact personnel, school nurses, public health nurses, practitioners, and preceptors in each clinical site.

2) Arrange the student’s clinical schedule or assure that an appropriate schedule is arranged between student and preceptor.

3) Prepare the student for being a guest in the facility.

4) Orient the student and preceptor to their roles.

5) Guide the preceptor in his/her role. Confer with the preceptor to resolve problems, offer suggestions, give support, and request feedback about student progress.

6) Assist the preceptor to identify appropriate learning experiences for the student.

7) Be available by phone for consultation at all times while the student is in the clinical site.
8) The clinical instructor determines if the student nurse demonstrates reasonable competence.

9) Nursing staff expect instructors to be actively available for student questions and guidance.

10) Evaluate the student’s performance and assign the student grade with input from the preceptor and student.

**Legal and Practice Considerations**

Nursing students are accountable for their own actions. The signed contract between the FWWSON and the clinical agency delineates the legal relationship between students, the school and the clinical site and includes language related to liability coverage.

Student nurses are responsible for knowing their abilities and limitations and for asking questions as needed. Following orientation by the instructor, the preceptor is responsible to assign the student appropriately based on the students’ level of nursing education. Any questions regarding what a student may or may not do during clinical should be immediately directed to the course instructor. Safety and critical thinking are the dominant components of a successful clinical experience. If a preceptor has concerns about the safety of the student’s clinical practice or the student’s ability to demonstrate appropriate critical thinking skills, the clinical instructor should be contacted immediately.

The following fact sheet serves to clarify the legal relationship between Registered Nurses and Student Nurses in the workplace. This information may be useful to share with other nursing staff at your organization.
**Who is Responsible?**

*Fact Sheet for the Registered Nurse/Student Nurse Relationship in the Workplace*

Some misconceptions about the relationship between the registered nurse and the nursing student in the workplace persist today. It may be that you have wondered whether the nursing student is “practicing under your license”.

- Healthcare facilities have contractual relationships with schools of nursing.
- A student nurse does not “practice nursing” under a registered nurse’s license.
- Student nurses have demonstrated competency in performing the necessary nursing skills in skills lab prior to attending clinical experiences.
- Healthcare facilities must comply with regulatory guidelines: “Staff supervises students when they provide patient care, treatment, and services as part of their training” (The Joint Commission, HR.1.20). (“Staff” means healthcare facility staff, not school of nursing faculty.)
- Healthcare facilities have policies that often state the following and therefore, registered nurses must know what their facility’s policies say:
  - Hospital staff retains responsibility for care provided by a student.
  - Staff often must assess and document as usual.
  - Staff often must coordinate with student/faculty to minimize patient discomfort.
  - Staff often does not co-sign student work, but needs to be aware of what the student is doing.
  - Staff members often delegate tasks but not responsibility.

**Regarding legal considerations:**

- Student nurses are responsible for providing nursing care under the supervision of an instructor and/or a nursing staff member.
- Students are allowed to attend clinical experiences and practice nursing with preceptors in agencies according to the rules and regulations of the state in which they are licensed.
- Several court decisions have taken the position that anyone who performs duties customarily performed by professional nurses is held to the standards of professional nurses. Thus, a student nurse is held to the standard of a professional nurse and will be personally liable for negligence even if no injury results.
- Student nurses carry their own malpractice insurance for personal liability.
- The clinical instructor determines if the student nurse demonstrates reasonable competence.
- If the clinical instructor’s and/or preceptor’s evaluation of the student nurse’s behavior or health status indicates that the student is unlikely to provide safe nursing care, the clinical instructor and/or preceptor has the legal responsibility to deny the student access to clinical learning experiences.

**All information presented here could vary based on state and health care facility involved.**
Chapter 3 : Forms Required for Clinical Preceptors

This section includes forms common to all courses in which preceptors work with nursing students. Forms specific to individual courses will be provided in the course syllabus. Faculty members are responsible for reviewing all forms with preceptors at the beginning of the clinical experience and throughout the semester as applicable.

This section includes the following forms:

- Preceptor Handbook Verification and Evaluation Form
- Preceptor Qualification Form
- Preceptor Evaluation of Clinical Course
- Agency Evaluation of Clinical Course
- Student Evaluation of Preceptor

Specific forms that are unique to each clinical course can be found in Section IV with the individual course syllabus.
Preceptor Handbook Verification and Evaluation

Please verify that you have received and reviewed the Preceptor Handbook from the Fay W. Whitney School of Nursing.

I had the opportunity to review the Preceptor Handbook and had my questions answered by a nursing faculty member.

_________________________________________________________      ___________
Preceptor signature        Date

Please help us to evaluate and improve our Professional Preceptor Handbook by completing the following questions:

Do you have any suggestions for additional information or resources to include?

Do you have suggestions for anything that should be deleted?

How will you use this handbook in your work with students?

Any additional comments?

Please return this form to the nursing faculty member early in the semester. Thank you
Preceptor Qualification Sheet  
Academic Year 2009 - 2010

General Information

Name: _____________________________________________________________________________________________________
Last, First Middle

Contact Preference (circle all that apply): Phone: Home: __________________________
Work: ________________________________________________________
Cell: _________________________________________________________
Email:  ______________________________________________________________

Title: ___________________________________________________________ Credentials: __________________________

Discipline or Specialty: ____________________________________________ Years in Role:________________________

RN License Date Expires:________________________

Additional Certification:
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

Experience: List your nursing or medical experiences beginning with your present position.

<table>
<thead>
<tr>
<th>Name and Full Address of Organization</th>
<th>Position/Unit</th>
<th>Dates of Experience</th>
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Education: List academic and professional education, beginning with your most recent degree.

<table>
<thead>
<tr>
<th>Name and Location of School/College</th>
<th>Major</th>
<th>Dates of Attendance</th>
<th>Year Graduated</th>
<th>Degree or Credit</th>
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Are you working on a degree in nursing or other discipline?  ___ Bachelors  ___ Masters  ___ Doctoral  _____________Other

Signature:_____________________________________________________________________ Date:_______________________

Updated Fall 2009
University of Wyoming  
Fay W. Whitney School of Nursing

Preceptor Evaluation of Clinical Course

We welcome your comments regarding your experience as a preceptor for
the following course: ______________________________________________

Course name  Semester, Year.

1. Did you receive adequate preparation for your role in this course?

2. Do you have a general working knowledge regarding the course outcomes?

3. What suggestions do you have for the course?

4. Please comment on your interaction with the faculty liaison (e.g.: knowledgeable, collegial, receptive, professional, flexible, created a partnership with you).

5. Please indicate how, if at all, this course provides a service to or enhances your organization.

6. Are you willing to serve as a preceptor again? (Circle One)
   Fall          Spring          Summer          Year ______

Preceptor Name: ______________________________________________

Preceptor Signature: ___________________________________________

Agency ___________________________ Date: ______________

Thank you for valuable contribution to this course!

Agency Evaluation Of Clinical Course

Please complete and return by JANUARY 15 for fall courses and by JUNE 15 for spring courses. Thank you! Please mail to:
BSN Evaluations / UW School of Nursing / Dept 3065 / 1000 E. University Ave / Laramie, WY 82071 or fax to 307-766-4294.

| AGENCY NAME: | 
| Signature & Title: | 
| Unit: | 
| Agency / Respondent’s Email Address: | 
| Semester: _________ / Course: NURS _____ / UW Faculty: ____________________ | 

EVALUATION OF FACULTY PARTICIPATION IN CLINICAL EXPERIENCE

1. Were you oriented by the clinical faculty regarding:
   a. Course objectives the students were to complete during clinical .................
   b. Level of curriculum preparation of the students for clinical experience ................
   c. Expectations for students related to functions they would perform during clinical .......
   d. Names of the students and dates and times they were to be on the unit..................

2. Was the faculty available to you as needed? ............................................................

3. Did the faculty interact appropriately with your staff? .............................................

4. Did the faculty interact appropriately with the students? ...........................................

5. Was the faculty prepared in the knowledge and skills required on your unit? ..........

Please comment on any item above in which you marked “No”:

AGENCY EVALUATION OF THE STUDENTS

1. Were the students sufficiently prepared for the experiences received at your agency?..

2. Were the students able to achieve the course objectives? .......................................  

3. Overall, did the students demonstrate:
   a. critical thinking.................................................................
   b. communication..............................................................
   c. teaching .................................................................
   d. collaboration..............................................................
   e. self-development ......................................................

- page two on reverse -
4. Did the students demonstrate professionalism by:
   a. advocacy for the patient
      (*demonstrates ability to collaborate with client regarding plan of care*) ................... ☐ ☐
   b. carer/helper role
      (*demonstrates an assistive, supportive and facilitative role in clinical experience*) ....... ☐ ☐
   c. consumer of research: (*able to share current research with agency*) ......................... ☐ ☐
   d. professional behavior and attire: .......................................................................................... ☐ ☐

*Please comment on any item above in which you marked “No”:

**General Comments:**
We appreciate your participation with the UW Nursing Program and invite your comments and suggestions. Your comments are valued and a resource that we evaluate to provide optimal clinical experiences for agencies and students.
### Student Evaluation of Preceptor

Indicate with a check mark how you experienced or perceived your clinical preceptor:

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<th>Seldom</th>
<th>Sometimes</th>
<th>Frequently</th>
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<td>Is accessible to the student</td>
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<tr>
<td>Is responsive to the student</td>
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<tr>
<td>Demonstrates understanding of the preceptor role</td>
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<tr>
<td>Demonstrates understanding of the professional nursing and leadership role</td>
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<td>Serves as an effective role model for professional nursing behaviors</td>
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<td>Demonstrates strong positive interpersonal skills with other members of the health team.</td>
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<td>Demonstrates negotiation and conflict management skills</td>
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<tr>
<td>Encourages student to assume responsibility and accountability throughout the clinical experience</td>
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<td>Facilitates student’s identified goals and objectives</td>
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<td>Suggests and provides additional learning experiences, when appropriate to meet student’s needs</td>
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<tr>
<td>Considers student’s background and level of competence</td>
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<td>Provides feedback which is timely and appropriate</td>
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<tr>
<td>Assists student in decision making process</td>
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<tr>
<td>Allows student to suggest alternative approaches in problem solving</td>
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<tr>
<td>Demonstrates critical thinking behaviors</td>
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</tbody>
</table>

Please add any additional comments on the back of this form.

Student Name: _____________________ Preceptor Name: ___________________

Agency: ______________________________ Date: _______________________

Signature of student: ___________________________________________

Reference:
Chapter 4: Helpful Resources for Working with Student Nurses

This section contains supplemental information on working with nursing students that will be helpful to new preceptors and as resource material for experienced preceptors. The information presented here will be supplemented with online preceptor orientation and education materials as they become available.

Student nurses as adult learners

Preceptors should consider that nursing students are adult learners. Our students bring a variety of background experiences to the classroom and clinical setting. Effective preceptors will work closely with the student to provide interesting and challenging opportunities to learn.

Important characteristics on an adult learner are:

- Adult learners strive to build on their knowledge and try to avoid repeating what they already know.
- Adult learners are more problem-centered than subject-centered.
- Adult learners are self-directed learners who value the process of learning.
- Adults prefer to know why they need to learn something before attempting to learn it.
- Adults will invest considerable energy in something they want to learn and perceive as valuable to learn.
- Adult learners expect to be treated with respect and are capable of self-direction.
- Adults bring with them a volume of experience, including a variety of experiences in learning. These experiences may have been positive or negative and influence the learners approach to new learning.

Providing feedback to student nurses

While nursing faculty retain all responsibility for the student’s final evaluation and grade, it will be important that preceptors provide feedback to students regarding their performance. Effective feedback is offered on a continuous basis during the clinical day and throughout the semester.

The most useful feedback to students includes both general and specific information. Specific feedback should be directly related to the students’ performance. The purpose of feedback is to:

1. Reinforce the learner
2. Inform the learner of a way to improve the skill
3. Motivate the learner
The Feedback Sandwich is useful because it is a short and relatively easy way to provide immediate feedback to students in a clinical setting. The University of Minnesota has developed a guide to the Feedback Sandwich, available at: http://www.nursing.umn.edu/Preceptors/informaiton/feedback.html

The sandwich describes the process of reinforcing the learner with a positive comment, followed by a specific constructive suggestion on how to improve, ending with another positive comment or motivational comment. The constructive comment is "sandwiched" between two positive remarks, making the feedback more positive and "digestible" or "palatable." The goal is to provide feedback in a constructive manner that builds on student strengths, while continuing to improve skills and overall performance.

Following is an example of a feedback sandwich. This might be a beginning level student who just performed a patient assessment. The preceptor validates the aspects of the patient/client encounter that the student did well and then provides specific ideas about the areas that need improvement. Then the preceptor reinforces the contributions the student made. As you can see, this kind of feedback is immediate, short, and communicated in a positive manner.

- **Reinforce:** I am very impressed with the thoroughness of your patient history. You are coming in with some very strong interviewing skills.
- **Inform:** You need to work on your Foley catheter insertion. This patient was very tense and needed some help relaxing before the procedure.
- **Motivate:** I can tell that you really care about making the client comfortable.

Specific feedback is best when planned for, so before precepting a student for a specific skill, think about the elements you will be watching for, so you can plan your feedback as a sandwich. You will find your students asking for the "sandwich" as well!


**Sample Faculty/Preceptor Conference Questions**

The following questions are useful to guide the periodic interactions between clinical faculty members and preceptors:

1. What types of learning experiences are you providing in order for the student to meet course objectives?
   - How can I help?
   - Does the student keep you informed about his/her objectives and what must be done to meet them?

2. How are the lines of communication between you and the student?
   - What feedback have you given to the student (both positive and negative)?
   - Do you need support in giving negative feedback?
   - Remember to give words of encouragement
   - Does the student let you know how he/she feels?
   - Does the student ask for feedback on a daily basis?
3. Is the student fulfilling the role of carer/helper, counselor and advocate?
   - Does the student communicate therapeutically with clients and families?
   - Does the student question the rationale behind established nursing practices?
   - Does the student serve as an advocate for the client to ensure appropriate care?
   - Is the student able to offer emotional support to clients and families?

4. How is the student doing regarding socialization into the health care delivery system?
   - Establishes rapport with the staff?
   - Uses the staff’s encouragement and support when trying out nursing practices?
   - Accepting constructive criticism to compromise the values of reality and education?

5. How is the student doing regarding the performance of skills and critical thinking?
   - Are the skills performed quickly and efficiently?
   - Is the student able to adapt procedures to individual patient’s needs?
   - Is the student able to apply scientific principles when he/she describes rationale for his/her actions?

6. How is the student doing regarding application of management principles?
   - Is the student able to organize priorities within the demands of the system?
   - Does the student take responsibility for independent judgments?

7. How is the student doing in the leadership role?
   - Does the student establish goals with co-workers?
   - Does the student delegate activities?
   - Does the student evaluate the performance of those delegated to?
   - Does the student offer constructive changes in a manner acceptable to the recipients?
   - How does the student resolve conflict?

8. Research application:
   - Is the student sharing the results of research article reviews with you and the staff?
   - Is the student actually applying the research findings in his/her clinical practice?

9. Accountability:
   - Do you feel that the student is a self-directed learner? Or, does the student continually rely upon you for direction when you feel he/she should be able to be more independent?
   - Is the student punctual, appropriately attired, and well groomed?
   - Does the student provide safe nursing care?
   - Does the student exhibit acceptable nursing behaviors?
   - Is the student enthusiastic?
Positive Precepting: Preparing Can Reduce the Stress

Preceptors are critical participants in the education of student nurses. They establish role expectations and evaluate performance based on faculty input and student responses. When guidance is provided to establish realistic expectations, positive clinical experiences that proactively deal with potentially significant issues can result.

A faculty member and graduate student rounded the hospital corridor, coming face-to-face with a clinical preceptor standing next to the bustling nurses' station of a critical care unit. Without prelude, an exasperated look on her face, the preceptor launched into her story, "I tell my students I'm not usually in the business of ratting them out, but this one...!" This student claimed to have seen and done it all, showed no desire to do anything more than once, and reported nothing of personal benefit was taking place on the assigned unit. Yet when questioned by the preceptor, the student had little understanding of the nursing care needed for the assigned patients. The preceptor's frustration was shared by the faculty member when conversation turned to burnout and this valuable nurse's desire to give up the responsibility of precepting for a semester or two.

All faculty know preceptors, those exceptional staff nurses who make unique contributions to a student nurse's ability to bridge the gap between theory and practice, are worth their weight in gold. Preceptors make the role of nursing tangible for future members of the profession, are excellent recruiters for hospital units, and often enjoy rewarding relationships with students. Precepting also involves hard work, interactions that try patience, and encounters that steal time and energy.

What planning should take place before a preceptor embarks on a clinical relationship with a student nurse? What steps at the outset of the clinical experience can reduce the likelihood of a negative experience for the preceptor and the student? Can concern about a student's performance be provided to students and faculty in a constructive way? In this article, effective performance in the preceptor role is described and some practical strategies for making precepting a positive experience are identified.

The Numbers in Nursing

Nursing is the largest health-related occupation and employment opportunities for registered nurses are growing faster than all others, with projections for almost 1 million new and replacement openings by 2014 (U.S. Department of Labor, Bureau of Labor Statistics, 2006). As student enrollment rapidly increases to develop an adequate health care workforce for tomorrow, nursing programs struggle to find enough faculty. Competition for available student clinical placements in many geographic areas has become critical as patient numbers and length of stay decline steadily. As Baby Boomers begin to retire, a reported 3 of 10 nurses under age 50 plan to leave the profession within a year (Aiken et al., 2001).

These trends contribute to an increasing need for creative approaches to providing quality clinical experiences for student nurses. Immersion in the role of the nurse, particularly as a student, provides significant groundwork for the individual's early socialization, easing reality shock and increasing retention as new graduates enter the workforce.
Nothing compares to the remarkable influence of a staff nurse preceptor on the professional development of a student nurse. This approach to clinical management typically is part of the final phase of nursing education, designed to provide an in-depth experience in the patient care setting. The preceptor serves as a role model, mentor, and coach to the assigned student in ways that can not be duplicated by nursing faculty. Precepting can be less stressful for staff nurses and more effective for students if a few steps are followed to set the stage for success, recognize impending problems, and explore ways to make meaningful contributions to a student’s growth.

To Be Or Not to Be a Preceptor

Willing and able are frequent labels used to describe preceptors in the hectic, challenging hospital environment. Qualifications for preceptors may be described in a state’s nurse practice act, including level of licensor and length of experience, but other characteristics may be more critical to this role (Oklahoma Board of Nursing, 2008). In addition to nursing expertise, important attributes include a positive attitude, patience, and comfort with thinking out loud (Greene & Puetzer, 2002; Kupferman, 2005; Wilkes, 2006). Excitement is contagious, and passion for the profession of nursing is critical for effective role modeling. These attributes are observable through a positive attitude. Enthusiasm, approachability, self-respect, and the respect of peers are important in a preceptor (Baltimore, 2004). A personal commitment to learning and an interest in teaching, tempered with a dash of humor, contribute to success. Humor can be used as a teaching tool, especially when mistakes occur, to relieve anxiety and promote growth in the relationship between the student and preceptor (Fawcett, 2002).

A preceptor encourages a student to be self-directed. This enhances the development of clinical decision-making skills. Students must know the preceptor will not rush them or bypass their more deliberate efforts, thinking only of expediency (Fawcett, 2002). At the same time, students must realize their preceptor will not jeopardize the safety of patient or nurse for the sake of learning (Baltimore, 2004). Nothing escapes a student when it comes to the preceptor’s commitment to this role. The student is invested emotionally in the experience and expects the preceptor to be as well (Gray & Smith, 2000).

Faculty Contributions to the Preceptor Role

Adequate preparation and support are critical for the staff nurse assuming the role of preceptor (Yonge, Krain, Trojan, Reid, & Haase, 2002). With a little time for planning, the preceptor controls the groundwork for a more effective working relationship with faculty members. Practical guidelines (see Table 1) can help when planning time is shortened.

The preceptor should encourage the unit manager to include faculty in staff meetings prior to the beginning of the student’s clinical rotation (Palmer, Cox, Callister, Johnsen, & Matsumura, 2005). Early contact establishes a collegial relationship and the team receives critical details about the student’s current educational level, prior clinical experience, and specific outcome expectations. This establishes lines of communication with faculty and introduces the student to the entire team, whose support will be critical in coming weeks. All staff members must know the student’s level of performance and limitations to ensure safe practice.

After the staff meeting, the faculty member should clarify how often he or she plans to visit the unit. Depending on level of competence and how near the student is to graduation, faculty may continu-

Table 1.
Precepting in a Pinch – Guidelines for Stress Reduction

<table>
<thead>
<tr>
<th>P</th>
<th>PREPARE</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>• Know clinical skill level of the student.</td>
</tr>
<tr>
<td></td>
<td>• Who is doing what for each patient?</td>
</tr>
<tr>
<td></td>
<td>• When does the day end for the student?</td>
</tr>
<tr>
<td></td>
<td>• Do student goals and objectives match faculty input?</td>
</tr>
<tr>
<td>R</td>
<td>RIGHT EXPERIENCE</td>
</tr>
<tr>
<td></td>
<td>• Is the goal multiple skills or total care of patients?</td>
</tr>
<tr>
<td></td>
<td>• How many patients?</td>
</tr>
<tr>
<td></td>
<td>• Is observation appropriate or is skill performance expected?</td>
</tr>
<tr>
<td>E</td>
<td>ENGAGE</td>
</tr>
<tr>
<td></td>
<td>• Require written, personal objectives from each student.</td>
</tr>
<tr>
<td></td>
<td>• Is this unit new for the student? Are roles clear?</td>
</tr>
<tr>
<td></td>
<td>• Introduce yourself and your team members.</td>
</tr>
<tr>
<td>C</td>
<td>COMMUNICATION</td>
</tr>
<tr>
<td></td>
<td>• Do you have a cell phone or pager number for faculty?</td>
</tr>
<tr>
<td></td>
<td>• Do you know the faculty member’s location for the assigned time period?</td>
</tr>
<tr>
<td>E</td>
<td>ENERGIZE</td>
</tr>
<tr>
<td></td>
<td>• Share your enthusiasm and knowledge.</td>
</tr>
<tr>
<td></td>
<td>• Include observation/learning outside routine activities.</td>
</tr>
<tr>
<td></td>
<td>• Keep safety as the first priority; intervene when necessary, but allow the student to learn from experience.</td>
</tr>
<tr>
<td>P</td>
<td>PROGRESS</td>
</tr>
<tr>
<td></td>
<td>• Require reports on achievement of personal goals/objectives.</td>
</tr>
<tr>
<td></td>
<td>• Is the student appropriately engaged?</td>
</tr>
<tr>
<td></td>
<td>• If little or no progress is being made, call faculty immediately!</td>
</tr>
<tr>
<td>T</td>
<td>TALK OUT LOUD</td>
</tr>
<tr>
<td></td>
<td>• Have the student talk out loud when making clinical decisions.</td>
</tr>
<tr>
<td></td>
<td>• Require frequent patient updates.</td>
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</tbody>
</table>
ally round or visit intermittently while remaining available by pager. The preceptor may ask for scheduled faculty visits to the unit, supplementing unannounced rounds, to enable students to anticipate faculty arrival and plan meaningful reports. Also, the preceptor is assured of time to speak promptly and privately with faculty regarding questions or concerns. Pager or cell phone numbers should be confirmed and course documents provided to describe expectations and evaluation for this clinical experience. The faculty member should discuss any documents or areas of responsibility that are not absolutely clear, including college, faculty, and preceptor expectations of the student. What number of patients should be assigned? How soon should the student accomplish course goals?

The evaluation form serves as an ongoing reference to be discussed in precise terms to clarify the role the preceptor is expected to play in contributing to evaluation of the student’s performance. The student must be aware of the preceptor's role in performance evaluation. In addition to other data sources used to evaluate the student’s progress, such as patient contributions, the preceptor will provide the student with daily verbal feedback (Smith, McKoy, & Richardson, 2001).

Preceptor and faculty also should discuss how to address special issues, such as a lack of fit due to personality, attitude, or situations on the unit, or questionable clinical competence. Although precepted students typically are near the end of their education, clinical expertise varies dramatically among students. Students with skills inadequate to meet objectives, including those lacking confidence, require extra time and attention the preceptor may or have (Yonge et al., 2002). The preceptor should identify potential deficiencies, but it is not necessarily his or her responsibility to address or correct them. Because faculty members are the best resource, it is critical to relay any of these issues promptly for immediate help. The health care institution probably has a protocol, as does the student’s nursing program, for addressing these issues. It is important for the preceptor to know precisely how and where his or her input fits in this process.

A Positive Start to the Preceptor: Student Relationship

Preceptors have control over the initial tone of the clinical experience (Thomas & Thompson, 2003). It is critically important that students believe they belong on the assigned unit and are considered valued members of the team from the beginning of the clinical experience (Fawcett, 2002; Watson, 2002). Early, open lines of communication should be established by the preceptor to create a climate of trust and questions encouraged. Introduction of all team members and their responsibilities is important so the student can become familiar with unit function.

The student’s personal objectives for this clinical assignment are as important as course objectives and faculty expectations. When a student is unable to articulate personal objectives, the preceptor may need to coax the timid student, ease the nervous one, and alert the faculty to the incapable one. The combined information enables the preceptor to identify unit personnel and resources that will help the student meet learning objectives (Baltimore, 2004). Daily goals should be discussed with the student at the outset of each shift, progress reviewed at the end of the shift, and revisions encouraged for the next clinical day. Armed with information provided by the faculty member, the preceptor can review the student’s planned progress through the rotation. The student needs specific but realistic time frames to accomplish goals, and faculty should be informed if the timeline is not met (Freiburger, 2001).

Precepting Priorities: Setting Professional Boundaries

The preceptor may transition rapidly through the many roles of the position, from coach to advocate, role model to negotiator, listener to supervisor, and evaluator to “opener of doors” (Yoder as cited in Nelson, Godfrey, & Purdy, 2004). A common denominator in a smooth transition between these roles is establishing personal and professional boundaries.

As the nurse develops a precepting persona, he or she should consider the use of professional titles when working with a student. A casual, first-name approach to this relationship can hinder communication later (Wilkes, 2006). The use of titles may feel uncomfortable or even foreign to the preceptor and student born to the Baby Boomer generation. However, this differential can be important when the preceptor has to review the student’s performance objectively and deliver constructive feedback. It also can be beneficial when a student has to give weight to critical feedback, such as ways to improve time management, organization, or priority setting.

The preceptor and student may be part of any generational groups. However, Siela (2006) indicated the majority of current nursing students are Generation Xers and Generation Next or Millennials, while most registered nurses are Baby Boomers. Used as reference points, these generational groups view power structures and hierarchy differently. GenXers (born after 1964) may seem abrupt, abrasive, and strongly independent, while Millennials are more open to supervision and structure. Both groups tend to be willing listeners when preceptors share insights (Duchesker & Cowin, 2004). GenXers may view everyone on the health care team as a member on equal footing (Watson, 2002), so setting initial ground rules that include title differentials emphasizes a necessary difference in status (Luparel, 2007; Wilkes, 2006).

Discussion about titles as forms of address can serve as an opening to identify the role of the staff nurse at the facility and familiarize the student with the prevailing standard of care (Fawcett, 2002). These activities are part of socializing the student to the role of the nurse. Role scope and limita-
tions also are established by the state board and the agency. Clarifying the student’s awareness of regulations and policies also can reinforce the role difference that exists between the student and licensed nurses.

**Getting It Done by Thinking Out Loud**

One of the greatest challenges for the student bridging the gap between nursing theory and nursing practice is setting priorities. The nurse can show a commitment to the early tone established for the relationship by using a few minutes at the beginning of each shift to discuss and establish a tentative plan for the day, thinking out loud as he or she prioritizes activities for the upcoming day. This establishes a mental frame of reference for the student to stretch clinical decision-making skills (Myrick & Yonge, 2002). The student also can think out loud to plan, prioritize, and perform nursing interventions, using these opportunities to refine decision-making skills.

A preceptor can narrow or widen the student’s exposure to common errors in judgment by subtly guiding priority setting and time management. The decision to intervene or allow the student to learn from non-harmful mistakes can be made more readily when the student verbalizes thoughts. Feedback on the student’s plan is best offered after the preceptor determines if the approach is different, ineffective, or unsafe. Flexibility may be a consideration if the student’s way is simply different from what the preceptor would have chosen, and the preceptor should guard against hyper-vigilance if no harm will come from a student’s novel approach (Baltimore, 2004).

The student is blending faculty, institutional, and preceptor preferences with theoretical knowledge acquired in the classroom, an activity that requires a great deal of coordination for the novice practitioner.

Keeping safety foremost, the preceptor may choose to allow the student to make a “controlled mistake” (Lichtman et al., 2003, p. 457). For example, the student prepares for a dressing change but has not gathered all the appropriate materials, or schedules the morning activities without consideration for a patient’s temporary absence from the unit. Rather than correcting the student or providing observation about the experience, the preceptor should allow the student to recognize the mistake even if it means mild disruption or confusion. The student may have to reschedule or reorganize, but learns the value of reviewing a procedure manual or counseling time frames. These teachable moments encourage self-reliance and provide an opportunity to offer students to on-site references, a decided change when compared to getting assignments the day before providing patient care in order to allow for advance preparation.

**What Is Reasonable and What Is Not**

As the student progresses through the clinical rotation, the preceptor should provide daily, direct, honest feedback based on the student’s written objectives, course materials provided by the faculty, and consideration for the student’s current skill level. Giving specific suggestions that could have been handled more efficiently or effectively would be helpful, with discussion of what might have resulted from a different approach. Privacy for these conversations is important if the preceptor anticipates the student may feel embarrassed or uncomfortable addressing clinical decisions or actions in public. The student is in a vulnerable position, learning from a wide variety of virtual strangers in a public setting (Myrick, 2002), and may feel unexpectedly insecure transitioning from direct supervision by a familiar faculty member to greater independence and membership on a new professional team.

Words of praise from a preceptor impact the student differently from feedback given by a faculty member because the preceptor is viewed as an active participant in the real world of working nurses. Change is more palatable when strengths are the basis for improvement; the student’s ability should be praised often and sincerely, incorporating strengths into steps for improvement, and including constructive suggestions from other practitioners (Baltimore, 2004; Seldormide & Walsh, 2006). A passable and exemplary performance should be distinguished clearly. Differentiation between proficient or capable practice will help a student understand what is needed to do a superior job (Seldormide & Walsh, 2006).

My teaching experience has shown that rehearsing feedback before delivery to a student will help the preceptor select specific words of encouragement to allow the student to identify tangible steps toward change. For example, an eager student may be adept at connecting emotionally with patients, but requires direction on how to incorporate appropriate patient teaching succinctly into limited available time. The preceptor can provide the student with multiple opportunities to conduct successive teaching sessions during one shift. A student with strong assessment skills may have difficulty focusing his or her time on performing frequent priority system checks for a postoperative patient rather than a lengthy head-to-toe examination. The preceptor should praise the student’s thorough approach and level of skill while quizzing him or her about priority systems (such as respiratory or circulatory) to be included in the more frequent evaluations.

**Bumpy Road Ahead: Warning Signs**

One of the most difficult and stressful responsibilities of a preceptor is contributing performance-related feedback to the student’s evaluation. Giving feedback is even more uncomfortable when the input has to be negative (Yonge et al., 2002). The preceptor who feels demoralized, frustrated, or ashamed when this happens is not alone. In their survey of preceptors working with unsuccessful nursing students, Hrobak and Kersbergen (2002) reported a preceptor’s feeling that he or she had “killed somebody’s career” (p. 552).

A preceptor may doubt his or her ability to conclude that a student is not performing satisfactor-
ly, or feel more responsible for the student’s shortcomings than is reasonable (Seldomridge & Walsh, 2006; Wilkes, 2006). One key to avoiding the devastation that students, preceptors, and faculty feel when a nursing student is unsuccessful is prompt identification of competency issues (Hrobsky & Kersbergen, 2002). A student may attempt to forge an unhealthy alliance with a preceptor, especially when dealing with fears about competency. The student should be reminded that preceptors and faculty members share a commitment and desire to see students succeed.

The preceptor contributes critical and unique input on the student’s ability to apply conceptual knowledge to clinical practice, in part because he or she may have more direct contact with the student in the final clinical rotation than the faculty member (Seldomridge & Walsh, 2006). Meanwhile, the faculty member has the background to develop strategic objectives that can increase the student’s likelihood of success, as well as many resources to supplement what is occurring in the clinical setting. A team approach increases the likelihood that interventions can be developed to help a student overcome obstacles to learning and meet clinical objectives. This requires prompt collaboration between faculty and preceptors (Freiburger, 2001; Öhrling & Hallberg, 2001). Some common warning signs have been identified among unsuccessful students (Hrobsky & Kersbergen, 2002). The preceptor should be alert if a student does not ask questions or is reluctant to answer them. Does a student appear to go through the motion of being on the unit without fully engaging in learning opportunities, or lack enthusiasm for assuming the role of the nurse? A poor attitude or unprofessional behavior, such as chatting at the desk, or taking personal phone calls or lengthy lunches, may be critical issues that require confrontations.

The preceptor should not wait until he or she witnesses unsafe skill performance or patience is exhausted before contacting the faculty member. An inability to fill in critical gaps when discussing anticipated care or asking questions about clinical decisions may reflect a serious deficit in a student’s learning that should be discussed promptly with the faculty member. Progress should be demonstrated during planning and prioritizing at the beginning of the semester. Preceptors’ feedback and early notification of student success or failure is of critical importance (Hrobsky & Kersbergen, 2002).

The Value of Collaboration

Faculty and preceptor are a formidable team when they collaborate to increase the quality of clinical experience, enhance learning opportunities, and prepare the student for the real world of practice. Preceptors report feelings of great personal satisfaction, self-enrichment, and energy as a result of participating in the education of future nurses (Baltimore, 2004; Kupferman, 2005). Precepting plays an active role in reducing reality shock for new graduates and strengthens the ranks of the profession (Butler & Felts, 2006; Greene & Puetzer, 2002). The stress of the additional responsibility of preceptorship can be reduced and personal satisfaction enhanced through clarification of responsibilities, a collegial relationship with the faculty member, and clearly conveyed student expectations.

The situation of the preceptor described at the beginning of this article demonstrated the need for prompt identification of the student who is not achieving clinical objectives and early notification of faculty so intervention can occur to impact a student’s clinical practice in a positive way. The harried preceptor in the scenario, so frustrated with the student’s negative attitude and lack of preparation, addressed the concerns very late in the semester, but these critical remarks were taken seriously and precipitated intense interventions. Supplemental on-campus job training was developed for the student, along with behavior-specific learning objectives related to identified areas of weakness. Goals were reviewed multiple times each clinical day by faculty members and preceptor for the final weeks of the practicum. Everyone was informed and comfortable with the student’s level of competency prior to completion of the clinical experience.

References

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# Exposure Information Kit
for All Occupationally-Exposed Students and Employees

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Photocopy this booklet and give to all employees who may have exposure to bloodborne pathogens. Use this booklet to assist and supplement your training.

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- **OSHA Officer Contact Information** -

**Holly Miller**

UW Fay W. Whitney School of Nursing
Health Sciences Center Room 342

(307) 766-6754 (office)
(307) 766-6573 (Learning Resource Center)
(307) 745-7244 (home)
UNIVERSITY OF WYOMING - SCHOOL OF NURSING

UNIVERSAL PRECAUTIONS

Universal Precautions shall be followed at the University of Wyoming.

1. Assume all human blood, body fluids, and unfixed tissues are contaminated with Human Immunodeficiency Viruses (HIV), Hepatitis Viruses including Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV), and other bloodborne pathogens. Pathogens are disease-producing microbes.

These human materials are thus considered biohazardous in any work place.

Any direct physical contact with human biohazardous materials is to be avoided. Use protective gloves, gowns, and face/eye protection.

Hand washing should be done before and after any physical contact. Always wash hands after removal of gloves.

2. Understand the biohazardous tasks you must do in your job classification or category as detailed to you by your employer.

Become proficient at using personal protective equipment before performing biohazardous procedures.

Obtain the vaccination against Hepatitis B immediately.

Know the signs and symptoms of Hepatitis viral infections and HIV.

Report unexplained and significant illnesses, rashes, and/or fevers to employer if you handle human biohazardous materials.

3. Avoid needle sticks, cuts, abrasions, and splashes in work associated with human biohazardous materials. Never attempt to recap used needles. Protect face and broken, irritated, or abraded skin from human materials.

4. Always use hygienic work practices when working with spill clean-up or medical waste containment.

5. Dispose of biohazardous human materials and contaminated supplies properly. Protect innocent workers, patients, and visitors from accidental exposure.

6. Decontaminate recycled equipment properly.

7. Report all accidental exposures to supervisor. Get first aid and medical follow-up required or recommended by your employer.

8. Obtain proper biosafety training and become proficient in performing all new biohazardous tasks assigned to you.
UNIVERSITY OF WYOMING - SCHOOL OF NURSING

FIRST AID FOR EXPOSURE TO BLOOD AND BODY FLUIDS

1. Needlestick injury, cuts, scratches, or human bites involving blood or body fluids:

   If near a sink, immediately rinse the injured area in flowing, cold tap water.

   Wash the injured area for 10 minutes with soap or a disinfectant towelette if soap is not available. Rinse with water.

   Cuts, scratches, or bites contaminated with potentially infectious materials should be pulled apart gently with a gloved hand to open the tissue. Treat as above.

   Blot the area gently, cover the wound, and seek medical assistance immediately through your agency procedure.

2. Eye, mouth, and mucous membrane exposures:

   Splashes of potentially infectious materials to the face, eyes, nose and/or mouth or to non-intact skin warrants immediate, gentle flushing of the eye, nose, mouth, or skin lesion with large amounts of room temperature tap water for 10 minutes if available. The goal is to promote rapid dilution of the material without irritating the mucous membranes or underlying tissues. The nose or abraded skin, BUT NOT THE EYE, can then be rinsed with dilute soap as a gentle wash solution when feasible. The area should then be rinsed with water. The mouth should be rinsed out immediately with water for thirty seconds and repeated several times. DO NOT SWALLOW.

   Seek medical assistance immediately through your agency procedure.
UNIVERSITY OF WYOMING - SCHOOL OF NURSING

EXPOSURE FLOW SHEET

Instructor is to complete this form as much as possible and submit it with a copy of the incident report to the OSHA Officer or the Dean of the School of Nursing.

Student/Employee: ___________________________ Date of Incident: _________________________
Instructor: _______________________________ Healthcare Professional: ___________________

1. Exposure to blood or body fluids occurs.

2. First aid applied by student/employee or instructor.

3. Student/employee notifies instructor/supervisor immediately.

4. Student/employee given Exposure Information Kit containing:
   - Universal Precautions (student/employee keeps)
   - First Aid for Exposure to Blood and Body Fluids (student/employee keeps)
   - Exposure Flow Sheet (supervisor/instructor keeps)
   - Bloodborne Pathogen Exposure Incident Report (student/employee completes report and instructor/supervisor makes three copies. Give one copy to the healthcare professional. The other two copies go to the student/employee and the UW Safety Officer. The original goes to the OSHA Officer in the School of Nursing.)
   - Healthcare Professional’s Written Opinion (give to healthcare professional, original to be sent to the OSHA Officer in the School of Nursing)
   - Medical Records Release Consent Form (copies to agency and OSHA Officer in the School of Nursing, original to UW Safety Officer)
   - Sharps Injury Log (one copy to agency supervisor and original to OSHA Officer in the School of Nursing)
   - Procedures for Evaluating the Circumstances Surrounding an Exposure Incident (one copy to agency supervisor, original to OSHA Officer in School of Nursing)
   - Fact Sheets on Human Bloodborne Pathogens (student/employee keeps)
   - OSHA Bloodborne Pathogens Standard 1910.1030 (give to healthcare professional)

5. Student or instructor contacts the local Emergency Room, Student Health (766-2130), Family Practice Center (Cheyenne 777-7911 or Casper 266-3076), or other appropriate healthcare professional and informs them the student is enroute.

6. Student reports to one of the above facilities to receive evaluation and treatment. Employee reports to the Emergency Room or personal healthcare professional for evaluation and treatment. Give the appropriate paperwork from the Exposure Information Kit to the healthcare professional. (See below "Healthcare professional given:"

7. Student/employee completes appropriate agency Variance Report (may also be called Occurrence or Incident Report) within 24 hours of exposure and all other appropriate forms.

8. Student/employee completes Bloodborne Pathogen Exposure Incident Report and makes three copies (total of four. One copy goes to the healthcare professional, one copy to the student/employee, one copy to the UW Safety Officer, and original to the OSHA Officer in the School of Nursing.
9. Student completes and signs the Medical Records Release Form for UW to obtain required records.

10. Supervisor/instructor/preceptor completes Sharps Injury Log.


12. Student/employee must file a workers’ compensation claim within 10 days of incident. Contact Human Resources at 766-2438.

13. UW Environmental Health and Safety Office notified of major accident (766-3277).

The following checklist is to assist the instructor/supervisor and OSHA Officer in processing the necessary information for an exposure to bloodborne pathogens.

Healthcare professional given:
- Healthcare Professional’s Written Opinion
- Copy of Bloodborne Pathogen Exposure Incident Report
- OSHA Bloodborne Pathogens Standard
- Copy of Medical Records Release Consent Form

Student/Employee given:
- Copy of Bloodborne Pathogen Exposure Incident Report
- Fact Sheets on Human Bloodborne Pathogens

OSHA Officer in the School of Nursing given:
- Bloodborne Pathogen Exposure Incident Report
- Healthcare Professional's Written Opinion
- Sharps Injury Log
- Procedures for Evaluating the Circumstances Surrounding an Exposure Incident
- Copy of Medical Records Release Consent Form

UW Environmental Health and Safety Office given:
- Copy of Bloodborne Pathogen Exposure Incident Report
- Copy of Healthcare Professional's Written Opinion
- Copy of Procedures for Evaluating the Circumstances Surrounding an Exposure Incident
- Copy of Sharps Injury Log
- Medical Records Release Consent Form
- Any Medical Records
UNIVERSITY OF WYOMING - SCHOOL OF NURSING

BLOODBORNE PATHOGEN EXPOSURE INCIDENT REPORT

1. Date of exposure incident: __________________  Time __________________

2. Student/employee exposed: ___________________________________________________
   Social Security Number: _____________________________________________________
   Was this student/employee vaccinated for HBV? Yes _____ No ______
   The School of Nursing will provide the Hepatitis B vaccination record upon request.
   Other people involved:

3. Potentially infectious materials involved:
   Type:
   Source: (Name) _________________________________  Location _________________

4. Circumstances of exposure:
   a. Activity at the time:
   b. Route of exposure:
   c. Personal Protective Equipment being used:
   d. Action taken (decontamination, first aid, clean-up, reporting, etc.):

5. Student/Employee Reporting (print name)
   Signature of Exposed Student/Employee  Date and Time
   Instructor Reporting (print name)
   Signature of Instructor  Date and Time

Confidential - Preserve for 30 years post termination of employee or graduation of student.
HEALTHCARE PROFESSIONAL’S WRITTEN OPINION

The University of Wyoming shall obtain and provide UW personnel with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

Exposed personnel/student _________________________ Exposed on (date) _________

Social Security Number _______________________________

The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to:

1. Hepatitis B vaccination is indicated for the UW personnel, and if the personnel has received such vaccination:

   ___ indicated
   ___ received
   ___ Hepatitis B series completed

2. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

   ____ The personnel has been informed of the results of the evaluation; and

   ____ The personnel has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All other findings or diagnoses shall remain confidential and shall not be included in the written report.

Healthcare Provider ________________________________

Healthcare Provider Signature ___________________________ Date ________

Please send this within 15 days to the OSHA Officer in the School of Nursing as follows:

Holly Miller, MS, RN
School of Nursing
University of Wyoming
1000 E. University Avenue
Dept. 3065
Laramie, WY 82071
Medical Records Release Consent Form

The University of Wyoming is required to keep certain medical records on UW personnel with potential occupational exposure to human blood. The medical records include hepatitis B vaccination status and medical records after an exposure to human blood. This release form when signed by the UW personnel (patient) authorizes the health care provider to give UW the medical records as required by the OSHA Bloodborne Pathogen Standard CFR 1910.1030.

Patient Name: ____________________________________________

List other names patient has been known as: _____________________

Date of Birth: __________________________

Date of Medical Services: __________________________

The patient authorizes the health care provider __________________________________________ to release medical information to the University of Wyoming Office of Environmental Health and Safety regarding hepatitis B vaccinations and/or records relating to the treatment of the patient after an occupational exposure to human blood.

Patient Signature ____________________________________ Date _________

Or

Authorized Representative _____________________________ Date _________

Witness ____________________________________________ Date _________

This consent expires on the following date __________ or no later than two years from the date of signature. This release can be revoked at any time. To revoke this release a written statement must be signed, dated, and received by the health care provider.

Records may be sent to:

UW Biological Safety Officer
Environmental Health and Safety
Dept. 3413}
1000 E. University Avenue
Laramie, WY 82071
**SHARPS INJURY LOG**

Date of injury ________________ Department ___________________

According to the Bloodborne Pathogen Standard (section (h)(5)(i)) the employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

1. Type and brand of device involved in the incident:

2. Department and work area where the exposure incident occurred:

3. Explanation of how the incident occurred:

4. Injured personnel’s opinion as to whether there are any other engineering, administrative or work practice controls that could have prevented the injury:

The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904.

The sharps injury log shall be maintained for the period required by 29 CFR 1904.6.

Keep this record in the department and send a copy of this completed form to Environmental Health and Safety, Mercia Hall room 303, University of Wyoming.
PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

Review of the circumstances of this exposure incident was conducted by:

Supervisor: ___________________________________________________________

Exposed UW personnel __________________________________________________
Exposed on (date) ________________ Social Security Number: ________________

1. Engineering controls in use at the time:

2. Work practices followed:

3. Description of the device being used:

   4. Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.):

5. Location of the incident (O.R., E.R., patient room, etc.):

6. Procedure being performed when the incident occurred:

7. Personnel's training:

Appropriate changes will made to the department/worksite’s exposure control plan by:

_________________________________

Signature _____________________________ Date __________

Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc. From CPL 2-2.44D Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens., page 71 of 76. Keep in employee’s departmental records and with Medical Records.
WORKERS’ COMPENSATION

Students in clinical are covered by Wyoming workers’ compensation. If you are involved in an accident or injury during clinical, the following directions should be followed:

- Workers’ Compensation claim needs to be filed within 10 days of any clinical related injury or accident.
- The student should notify their clinical instructors immediately of an injury/accident.
- Obtain a Wyoming Employee Report of Injury from your department secretary or Room 141 WYO Hall, Human Resources (HR) Department.
- Within 10 days from the injury/accident complete both sides of the form in black ink.
- Sign the Employee Certification.
- Give the form to your department secretary to complete and sign the Employer Certification.
- Your department secretary will deliver the completed report to HR.
- If you are physically unable to comply, anyone may complete and file the report on your behalf.
- Prescription for work related injuries/accidents may be filled at Student Health Services.
- Failure to comply with these deadlines could result in a denial of benefits.
FACT SHEETS ON HUMAN BLOODBORNE PATHOGENS
FROM CDC WEBSITE

- Viral Hepatitis Index (click here for index or go to:
  http://www.cdc.gov/ncidod/diseases/hepatitis/index.htm
  
  o Hepatitis A Fact Sheet – printer friendly version
    Click on underlined link or go to:
    http://www.cdc.gov/ncidod/diseases/hepatitis/a/fact.htm

  o Hepatitis B Fact Sheet – printer friendly version
    Click on underlined link or go to:
    http://www.cdc.gov/ncidod/diseases/hepatitis/b/fact.htm

  o Hepatitis C Fact Sheet – printer friendly version
    Click on underlined link or go to:
    http://www.cdc.gov/ncidod/diseases/hepatitis/c/fact.htm

  o Hepatitis D Fact Sheet – printer friendly version
    Click on underlined link or go to:
    http://www.cdc.gov/ncidod/diseases/hepatitis/d/fact.htm

  o Hepatitis E Fact Sheet – printer friendly version
    Click on underlined link or go to:
    http://www.cdc.gov/ncidod/diseases/hepatitis/e/fact.htm

HIV INFECTION AND AIDS – AN OVERVIEW FROM NIH

- Click here for document
  or go to:
  http://www.niaid.nih.gov/factsheets/hivinf.htm

OSHA BLOODBORNE PATHOGENS STANDARD

- Click here for document
  or go to:
References


Appendix: Clinical Course Syllabus

The current course syllabus for the clinical course in which you have agreed to serve as a preceptor will be provided prior to or early in the semester. Course syllabi will include contact information for the clinical faculty, a course description, assignments and expectations for students, and any course specific forms.