

Community Health Nursing

Module 4: APPLICATION OF PRECEPTORSHIP TO SCHOOLS OF NURSING

At the end of this module you will have achieved the following objectives:

1. Differentiated Essential Competencies: Compare and contrast the Differentiated Essential Competencies (DECs) between BSN and ADN nursing programs.
2. Incorporate DECs into learning strategies
3. Medication Administration

A. Differentiated Essential Competencies

Compare and contrast the Differentiated Essential Competencies (DECs) between BSN and ADN nursing programs.

In 2010, the BON changed from the Differentiated Entry Level Competencies to the Differentiated Essential Competencies. The Differentiated Essential Competencies (DECs) provide a description of expected behaviors across the types of nursing programs based upon educational preparation" (BON, 2010). "The competencies of each education level build upon the previous level" (BON, DECs, p. v); that is, progression from Vocational Nursing, to Diploma/Associate Degree Nursing, to Baccalaureate Degree in Nursing. The DECs identify minimum performance expectations of graduate nurses in the State of Texas

(<http://www.bon.texas.gov/nursingeducation/edudocs/dec-presentation.pdf>).

DECs Texas Board of Nursing -- <http://www.bon.texas.gov/about/pdfs/delc-2010.pdf>

The DECs "are written to guide nursing programs to meet the approval criteria established by the BON and to ensure that programs prepare graduates to provide safe, competent care to the people of Texas. A competency is described as "an expected level of performance that integrates knowledge, skills, abilities, and judgment" (American Nurses Association, 2008, p. 3 in BON, DECs, p. vii).

Twenty-five core competencies are categorized under four main nursing roles. They are: Member of the Profession, Provider of Patient-Centered Care, Patient Safety Advocate, and Member of the Health Care Team.

DIFFERENTIATED ESSENTIAL COMPETENCIES OF GRADUATES OF TEXAS NURSING PROGRAMS BY KNOWLEDGE, CLINICAL JUDGMENTS, AND BEHAVIORS 2010.

ENTRY LEVEL COMPETENCIES OF TEXAS GRADUATES OF ASSOCIATE DEGREE NURSING PROGRAMS

I. Member of the Profession:

A. Function within the nurse's legal scope of practice and in accordance with the policies and procedures of the employing health care institution or practice setting.

B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.

C. Participate in activities that promote the development and practice of professional nursing.

D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self analysis, self-care, and lifelong learning.

II. Provider of Patient-Centered Care:

A. Use clinical reasoning and knowledge based on the diploma or associate degree nursing program of study and evidence-based practice outcomes as a basis for decision-making in nursing practice.

B. Determine the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families based upon interpretation of comprehensive health assessment findings compared with evidence-based health data derived from the diploma or associate degree nursing program of study.

ENTRY LEVEL COMPETENCIES OF GRADUATES OF BACCALAUREATE NURSING PROGRAMS

I. Member of the Profession:

A. Function within the nurse's legal scope of practice and in accordance with the policies and procedures of the employing health care institution or practice setting.

B. Assume responsibility and accountability for the quality of nursing care provided to patients, families, populations, and communities.

C. Promote the practice of professional nursing through leadership activities and advocacy.

D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self analysis, self-care, and lifelong learning.

II. Provider of Patient-Centered Care:

A. Use clinical reasoning and knowledge based on the baccalaureate degree nursing program of study, evidence based practice outcomes, and research studies as the basis for decision-making and comprehensive patient care.

B. Determine the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients, families, populations, and communities based upon interpretation of comprehensive health assessment findings compared with evidence-based health data and a synthesis of knowledge derived from a baccalaureate degree nursing program of study.

C. Analyze assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients and their families using information from evidence-based practice in collaboration with patients, their families, and the interdisciplinary health care team.

D. Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care services.

E. Implement the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.

F. Evaluate and report patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care.

G. Develop, implement, and evaluate teaching plans for patients and their families to address health promotion, maintenance, and restoration.

H. Coordinate human, information, and materiel resources in providing care for patients and their families.

III. Patient Safety Advocate:

A. Demonstrate knowledge of the Texas Nursing Practice Act (NPA) and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.

C. Synthesize comprehensive assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients, families, populations, and communities using information from evidence-based practice and published research in collaboration with the above groups and the interdisciplinary health care team.

D. Provide safe, compassionate, comprehensive nursing care to patients, families, populations, and communities through a broad array of health care services.

E. Implement the plan of care for patients, families, populations, and communities within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.

F. Evaluate and report patient, family, population, and community outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence based practice and research findings, and plan follow-up nursing care.

G. Develop, implement, and evaluate teaching plans for patients, families, populations, and communities to address health promotion, maintenance, restoration, and population risk reduction.

H. Coordinate human, information, and materiel management resources in providing care for patients, families, populations, and communities.

III. Patient Safety Advocate:

A. Demonstrate knowledge of the Texas Nursing Practice Act (NPA) and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.

B. Implement measures to promote quality and a safe environment for patients, self, and others.

C. Formulate goals and outcomes using evidence-based data to reduce patient risks.

D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.

E. Comply with mandatory reporting requirements of the Texas NPA.

F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.

IV. Member of the Health Care Team:

A. Coordinate, collaborate, and communicate with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient-centered care.

B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients and their families.

C. Refer patients and their families to resources that facilitate continuity of care; health promotion, maintenance, and restoration; and ensure confidentiality.

D. Communicate and collaborate in a timely manner with members of the interdisciplinary health care team to promote and maintain the optimal health status of patients and their families.

E. Communicate and manage information using technology to support decision-making to improve patient care.

B. Implement measures to promote quality and a safe environment for patients, self, and others.

C. Formulate goals and outcomes using an evidence-based and theoretical analysis of available data to reduce patient and community risks.

D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.

E. Comply with mandatory reporting requirements of the Texas NPA.

F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.

IV. Member of the Health Care Team:

A. Coordinate, collaborate, and communicate with patients, families, populations, communities, and the interdisciplinary health care team to plan, deliver, and evaluate care.

B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients, families, populations, and communities.

C. Use multiple referral resources for patients, families, populations, and communities considering cost, confidentiality, effectiveness and efficiency of care, continuity and continuum of care, and health promotion, maintenance, and restoration.

D. Communicate and collaborate in a timely manner with members of the interdisciplinary health care team to promote and maintain the optimal health status of patients, families, populations, and communities.

E. Communicate and manage information using technology to support decision-making to improve patient care and delivery systems.

F. Assign and/or delegate nursing care to other members of the health care team based upon an analysis of patient or unit need.

G. Supervise nursing care provided by others for whom the nurse is responsible by using evidence-based nursing practice.

F. Assign and/or delegate nursing care to other members of the health care team based upon an analysis of patient or organizational need.

G. Supervise nursing care provided by others for whom the nurse is responsible by using best practices of management, leadership, and evaluation.

B. Integrate schools of nursing requirements

PROGRAM SPECIFIC INFORMATION

UTEP SCHOOL OF NURSING

Guiding principles of UTEP School of Nursing are **excellence** in everything we do, **innovation** to compete in the global healthcare environment and **diversity** as our greatest resource. The school is cutting-edge in educational delivery with its state-of-the-art Simulation Center and flexible, accessible graduate education. The location on the US/Mexico border offers unique and diverse opportunities for clinical experience and research. Upon completion of the program, students receive a Bachelor of Science in Nursing (BSN) and are eligible to take the licensure examinations required to practice as a professional registered nurse in Texas.

Both graduate and undergraduate nursing programs are accredited by the Commission on Collegiate Nursing Education (CCNE) and UTEP is accredited by the Southern Association of Colleges and Schools (SACS).

N4611 PROMOTING HEALTH ALONG THE BORDER

COURSE DESCRIPTION

Focus on principles and practices of public health as applicable to community health concerns of aggregate populations along the US/Mexico border.

COURSE OVERVIEW

This course is designed as a culminating community health experience. The student will synthesize and analyze previous learning to address needs of aggregates within the community. Critical thinking is an expectation in the course.

COURSE OBJECTIVES

1. Apply knowledge of physiological, psychological, sociopolitical, and spiritual influences in assessing and planning care for aggregates within communities.
2. Use communication skills and teaching/learning strategies to promote health within community settings.

3. Use the epidemiological process and critical thinking skills to address health related concerns of aggregates in the community.
4. Analyze political, legal, and ethical considerations in promoting health in aggregate populations.
5. Integrate research to validate strategies addressing health needs along the border.
6. Integrate public health principles with a multidisciplinary approach to meet the health needs of aggregates within a community setting.

CLINICAL OBJECTIVES

1. Perform comprehensive assessments and examine populations at risk from epidemiological, bio-psycho-social, cultural, spiritual, and environmental perspectives.
2. Collaborate with multiple providers in establishing short term and long term goals in the direct and indirect delivery of care.
3. Manage environmental risks to address the health, safety, and dignity of clients.
4. Use critical thinking in analyzing a current healthcare topic.
5. Use critical thinking in analyzing web-based national statistics to complete a community assessment.
6. Use organizational and management skills to identify and access resources for individuals, families, and groups.
7. Adhere to ethical and legal standards of nursing practice.
8. Advocate for quality health care and health care access for vulnerable populations.

COURSE MANAGER

Please contact the course manager for any questions. The course manager can be reached through the administrative secretary at 747-7297.

CHAIN OF COMMAND

Communication is the responsibility of students, preceptor, and faculty. However, in the event of adverse situations, please follow the Chain of Command at your facility as well as the Chain of Command at the UTEP School of Nursing. Please note that **UTEP School of Nursing clinical faculty are the first persons to be contacted** and are to be kept abreast of all problems and concerns that may arise in the preceptor program and/or working with students. The following depicts the process for resolving problems and the Chain of Command at the UTEP School of Nursing. This process is for students and preceptors alike.

Process for problem resolution and Chain of Command

First speak to the student's clinical faculty member

If no resolution contact:

N4612 Course Manager

If no resolution contact:
Director for Undergraduate Education

If no resolution contact:
Assistant Dean for Undergraduate Nursing Program

If no resolution contact:
Dean of the School of Nursing

PRECEPTOR AGREEMENT

The preceptor, student, and faculty will sign a preceptor agreement prior to the start of the clinical experience. This agreement, which the student will take to the preceptor, is required by the BON. It indicates agreement to the responsibilities of all parties involved. When signing the agreement, preceptors also commit to being that student's preceptor for the time-frame indicated on the agreement. If an emergency arises which interferes with the preceptorship during the dates indicated, preceptor will need to advise clinical faculty and student immediately.

STUDENT WORK SCHEDULES

Students will work with their assigned preceptors, full-time, for 3-4 weeks (approximately 135 hours). Exact hours required will be provided to students and preceptors at the beginning of the clinical rotation. Students will work the same schedule as their preceptors. Per BON regulations, the student is limited to working a maximum of 40 scheduled hours per week. The student may not work scheduled over-time even though the preceptor may be assigned or elect to work extra hours. The only exception to the 40-hour per week rule, which is rarely encountered in the community setting, is for accommodation of 12 hour shifts. ie: it is ok for the student to work scheduled shifts which include three (3) 12-hour shifts one week and three (3) 12-hour shifts plus one (1) 8-hour shift the next week for a total of 80 hours in the preceptor's two week pay period.

Students are not allowed to have scheduled overtime. However, if the student's assigned work is not completed by the end of the shift, he/she must remain until the work is finished. ie: Student and preceptor are in an outpatient clinic. A patient was seen near the end of the day and the student still has documentation to complete for that patient. In this case the student must stay at work until finished with the required documentation. Any extra hours accrued in this manner is not scheduled overtime, but can be added to the student's total hours worked for the day, and count toward the required 135 hours for the clinical experience.

ABSENCES AND TARDINESS

Professionalism is emphasized and it's expected that students will demonstrate the same professional behavior as is expected by the agencies of their employees. This also applies to absences and tardiness. Students are expected to be present and on

time to course seminars as well as to work. If, for any reason, the student must be absent from any clinical experience, the clinical instructor must be notified prior to the absence and make up for clinical absence will be at the faculty's discretion. In case of illness, a release from a health care provider will be required in order to return to clinical.

N4611, Promoting Health Along the Border, has a 1-2-3 policy related to unexcused tardiness as stated below.

1. Verbal warning
2. Written warning with retention action plan
3. Dismissal from the course failing

If an emergency occurs which causes the student to be absent or late, the student is to contact the preceptor, assigned work setting, and clinical faculty to advise them of the situation. Preceptors are not to take on the responsibility of contacting faculty for the student. Preceptors are to contact faculty if students have unexcused absences or tardiness. If a student approaches the preceptor asking for time off from work, the preceptor is to redirect the student to faculty for discussion of the situation. Approval to miss work will be made by faculty, who will consult with the preceptor as needed.

Preceptors can use professional judgment in determining whether or not a student remains in the clinical setting. ie: Student comes to work with flu-like symptoms and fever. The preceptor can send student home. In this situation, the student, not preceptor, must contact faculty, prior to leaving the clinical site advising of the situation. In this situation, as noted above, a release from a health care provider will be required in order for the nursing student to return to work.

PROFESSIONALISM

Students are expected to behave professionally at all times with faculty, peers, preceptors, and clients. Students must adhere to approved School of Nursing and agency uniform guidelines. Students must be prepared for the clinical experience by having researched applicable information. Any student not adequately prepared for clinical will not be allowed to care for patients and may be sent home for the day.

CLINICAL SKILLS

Students are expected to be proficient and safe in the performance of most clinical skills. However, students may need some agency specific guidelines relating to technique or protocol. If the nursing student cannot perform any basic clinical skills, the clinical faculty needs to be informed immediately. The nursing student will be required to remediate in the Simulation lab at the UTEP School of Nursing. The time spend in remediation will **NOT** be counted toward required clinical hours.

ADDED EXPERIENCES

It is encouraged and expected that preceptors will facilitate student learning with all types of experiences. Students may be assigned by their preceptors (who must be on site) to different specialty areas at the clinical sites. This may include nursing

student involvement under the supervision of a delegated professional or it may be an observational experience to help the nursing student better understand clinic, school, agency functioning. The preceptor remains on site and responsible for the student in these situations.

Examples of other learning situations would be:

- The student is working in an outpatient clinic doing patient assessments. A patient comes into the clinic with cardiac arrhythmias. The preceptor arranges with that patient's nurse for the student to observe this patient situation.
- The student is working in a school nurse's office. There is a report of a student having fallen off the jungle gym with possible fracture. The school nurse makes arrangements for the student to observe and/or participate in this situation (with appropriate supervision).

Attendance at Professional Meetings: When preceptors are expected to attend meetings, both in-house and off site, the nursing student may accompany them if there is no objection by faculty, leaders, or other participants. Faculty approval is required. Preceptors may give students assignments (e.g. researching and preparing reports) that may require off-site time commitments.

Preceptors may also require students to review and practice certain clinical skills in the School of Nursing SIM Lab prior to doing them in the clinical setting. Students may NOT use clinical time to complete course assignments (See Student Role).

C. Medication Administration

The student may give medications. The following student limitations apply in regard to medication administration.

Medication: The nursing student may not administer any medication unless:

- The order has been written in the patient's chart. Nursing **students may not take any verbal or phone orders from any source.**
- He/she has verified all medications with the written order in the patient's chart/record.
- Preceptor has educated/oriented student to agency's policy and procedures for medication administration.
- He/she has demonstrated the 5/6 rights of medication administration for all medications to be administered (Right: patient, medication, dose, time, route, IV compatibility), in addition to those medication rights specific to the agency and unit assigned.
- He/she has demonstrated thorough knowledge of medications, including side effects, nursing considerations, adverse reactions, etc. prior to administration.

- He/she has been taught proper procedure and demonstrates correct use of medication administration equipment, ie: IV pumps & tubing if applicable.
- Preceptor and student have assessed patient status prior to and after medication administration.

Medication: Preceptor Responsibilities related to medication administration

- The student may not administer any medication unless the order has been written in the chart. He/she may not take any verbal orders, regardless of the source. It is the preceptor's responsibility to supervise the student's administration of medications to assure safe practice. This includes:
 - Assurance that student has been educated/oriented to the agency's policy and procedures for medication administration.
 - Assurance that the student has verified all medications with the original written order in the patient's chart/record.
 - Assurance that student performs the 5/6 rights of medication administration (Right: patient, medication, dose, time, route, IV compatibility) in addition to those medication rights specific to the agency.
 - Verification that student has thorough knowledge of medications, side effects, nursing consideration, etc., prior to administration.
 - Assurance the student is taught proper procedure for use of medication administration equipment, ie: IV pumps & tubing.
 - Assessment of patient response pre and post medication administration to patient.

CLINICAL ERRORS

Though not acceptable on a routine basis, human error may and does occur. The UTEP School of Nursing expects students to report any error immediately so that corrective action can be initiated. Agency protocol for incident resolution and reporting are to be followed and the clinical faculty is to be notified as soon as possible.

STUDENT LIMITATIONS

- Students must practice within their scope of practice at all times. Please refer to the BON entry level competencies. Preceptors are not to ask students to perform tasks not associated with their education program, competencies, and scope of practice.
- All procedures/skills performed by students must be observed by their preceptors until such a time that; the preceptors have determined they (the students) are able to perform the procedures/skills correctly and safely. Preceptors remain responsible for the status and care of the patient.
- Students may not be precepted on a unit or in an agency where they are employed in any role.

OTHER INFORMATION

1. This is the last semester prior to the student's graduation. The practicum experience is a culmination of the entire nursing curriculum, including coordination of patient care (developing skills to manage the care of multiple patients). Your assistance and mentoring is needed to help the student acquire BSN entry level competencies as well as skills needed in their role as a team leader/coordinator of care.
2. It is requested that the student, after a few days, be allowed to have the experience of speaking with patients and family members under the guidance of the preceptor. They have limited experience with this, so anxiety may be high. Observation and mentoring of the preceptor is crucial.
3. The student is expected to learn documentation skills and document on his/her patients with preceptor guidance. Student experience with this skill is limited.
4. Please feel free to contact faculty at any time with any questions. Clinical faculty are available at all times while students are working with preceptors.

As a preceptor you have an **INVALUABLE** role in educating the student. You have the opportunity to take a person new to nursing and mold them into the type of nurse you would want to have and/or work with.

A few good questions to ask are:

- "Would I want this student, my preceptee, to be my peer and colleague?"
- "Would I want this student/new nurse taking care of my loved ones?"
- "What actions, education, mentoring can I take to make this happen?"

THANK YOU FOR BEING A PRECEPTOR!!

EPCC NURSING PROGRAM

EPCC does not have a community health program for nursing students. The following is to provide information about the EPCC nursing program. It applies to the acute care setting. The information will help differentiate between the two nursing programs (EPCC and UTEP)

PROGRSM SPECIFIC INFORMATION

EPCC NURSING PROGRAM

The EPCC Nursing Program prepares students to become eligible to take the National Council Licensure Examination for Registered Nurses (NCLEX-RN). Program graduates provide professional nursing care, patient teaching, effective communication, and management of patient care. The capstone course for the Associate of Applied Science

Degree in Nursing (AAS) is RNSG 2261 Clinical–Registered Nursing\Registered Nurse VII.

RNSG 2261 is a precepted clinical course and it begins after the completion of all course content for RNSG 2221. The student enrolled in the course will work with an assigned clinical preceptor. The hours may be either 12 hours shifts or eight hour shifts depending upon the Preceptor’s schedule including days, evenings, nights and week-ends. The student will not be allowed to work more than three consecutive twelve hour shifts without a day off. The student must complete a total of one hundred and twenty-eight (128) clinical hours and earn an overall grade of seventy-five (75%) in order to successfully complete the course.

The Preceptor will be assigned by the course coordinator and no changes will be made unless approved by the coordinator and the clinical instructor. The instructor will maintain accountability for the student’s overall evaluation however the preceptor will evaluate the student’s clinical performance based on the clinical evaluation tool. The preceptor and the student will discuss and sign the clinical evaluation. In addition; the student is required to do a self-evaluation at midterm and at the end of the rotation.

The Texas Board of Nursing delineates the requirements for the use of Preceptors in a Nursing Program. The requirements and responsibilities are in the Guidelines for the Precepted Clinical Experience. All guidelines are to be followed by the student, preceptor and the instructor. In addition, a Preceptor Agreement must be signed by the preceptor and the student and given to the instructor the first day of clinical. The student may not work with a nurse who has not been approved by the nurse educator and the nurse manager of the facility.

COURSE OBJECTIVES AND RELATED STUDENT LEARNING OUTCOMES (SLOS) (Student learning outcomes are behaviors to be achieved upon graduation)

Upon satisfactory completion of the course, the student will be able to:

A. Unit I. Provider of Patient-Centered Care

1. Use clinical reasoning and knowledge based on the associate degree program of study and evidenced-based practice outcomes as a basis for decision making. (SLO#1)
2. Analyze assessment data to identify problems, formulate goals/outcomes and develop plans of care for multiple patients and their families using information from evidenced-based practice in collaboration with the interdisciplinary health care team. (SLO#5)

3. Provide safe compassionate comprehensive nursing care to culturally diverse patients and their families utilizing a variety of health care services. (SLO#2 & 3)
4. Implement the plan of care for patients and their families within legal, ethical and regulatory parameters. (SLO#2 & 3)
5. Evaluate and report patient outcomes and responses to therapeutic interventions. (SLO#1)
6. Develop implement and evaluate teaching plans for patients and their families to address health promotion, maintenance and restoration. (SLO#2)

B. Unit II: Member of the Health Care Team

1. Coordinate, collaborate and communicate with culturally diverse patients, their families and the interdisciplinary health care team to plan, deliver and evaluate patient-centered care. (SLO#6)
2. Serve as a health care advocate in monitoring and promoting quality and access to health care. (SLO#3)
3. Refer patients and their families to resources that facilitate continuity of care. (SLO#6)
4. Communicate and manage information using technology to support decision making to improve patient care. (SLO#5)

C. Unit III: Member of the Profession

1. Function within the nurse's legal scope of practice and in accordance with the policies and procedures of the employing health care institution or practice setting. (SLO#6)
2. Demonstrate responsibility for continuing competence in nursing practice. (SLO#1)
3. Assume responsibility and accountability for the quality of nursing care provided to patients and their families. (SLO#1&4)

D. Unit IV. Patient Safety Advocate

Implement measures to promote quality and a safe environment for patients, self and others. (SLO#5)

STUDENT LEARNING OUTCOMES

Nursing Program Student Learning Outcomes assess the knowledge, skills/abilities, and/or attitudes that display behavioral evidence which the students have attained from their educational experiences. The ongoing assessment of Student Learning Outcomes is specifically linked to the El Paso Community College Mission Statement, Institutional Core Competencies, Program Review, and the Nursing Mission and Vision statement. Nursing Program Student Learning Outcomes specifically describe the end result of the Nursing program.

Student Learning Outcomes – SLO's

1. Graduating students: Demonstrate a commitment to participating in activities that promote the growth, development and practice of professional nursing, while valuing the need for lifelong learning.
2. Graduating students: Integrate teaching-learning principles by developing, presenting, evaluating and modifying teaching plans to meet the needs of patients and their families.
3. Graduating students: Utilize clinical judgment, communication skills and a systematic process when advocating for safe caring and compassionate patient-centered care to culturally diverse patients and their families across the lifespan in a variety of health care settings.
4. Graduating students: Assume accountability for the quality of patient-centered nursing care provided to patients and their families within the legal scope of nursing practice consistent with ethical principles and professional values and standards.
5. Graduating students: Provide evidence-based nursing care that promotes safety for the patient, family and their environment, while utilizing current technologies and nursing informatics.
6. Graduating students: Collaborate and co-ordinate with patients, their families and the interdisciplinary/multidisciplinary health care team to implement best practices and to address health promotion and disease prevention, health maintenance and health restoration based on the individual's perception of their health needs.

Revisions to SLO's fall, 2011
6-7-12

EPCC CHAIN OF COMMAND

The clinical instructor will make rounds on a weekly basis to discuss the student's clinical performance and any areas of concern. In addition, the instructor will be available by cell phone and message center 24 hours a day. It is the responsibility of the student and the preceptor to notify the clinical instructor regarding concerns and questions. If any issues or problems occur, first contact the clinical instructor. The clinical instructor will discuss the issue with the student and the preceptor. If the issue is unresolved, the instructor will contact the nurse educator of the facility and request a meeting with the preceptor, instructor and the student. If unresolved, a decision may be made to assign the student to another preceptor. If the issue is related to patient safety, institutional policies as well as EPCC policies related to unsafe practice will be followed.

Chain of Command

Contact the Associate Degree Nursing Program Coordinator

If no resolution contact Dean of Nursing

STUDENT LIMITATIONS AND EXPECTATIONS

1. The student must practice safely within his/her scope of practice at all times and must seek supervision from the Preceptor when indicated. Practice must encompass the Texas BON Rules and Regulations, Nursing Practice Act, 2013 National Patient Safety Goals, policies and procedures of the health care setting, and all other Federal and State Laws.
2. All invasive procedures (i.e. NG tube insertion, catheterization, venipuncture, parenteral medications) must be directly observed by the Preceptor.
3. All medications must be checked by the Preceptor prior to administration by the student. Agency protocol supersedes all nursing program policies regarding medication administration in the clinical area.
4. If intravenous push medications are allowed by the clinical facility, the Preceptor must directly observe the student and must ensure that the medication is within the student's scope of practice.
5. The student may not accept or carry out verbal or telephone orders from a physician.
6. The student is not to perform any nursing care for which special training or certification is required by the facility (i.e. defibrillation, administration of chemotherapy, or experimental drugs).
7. A student may not be assigned to a unit where he/she is employed.
8. If the Preceptor is assigned to another unit, the student may not accompany the Preceptor unless the Preceptor is cross trained to work in that unit.
9. The student may not work over the scheduled three consecutive 12 hour shifts per week without a day off even though the Preceptor is scheduled to work four 12 hours shifts.
10. Students may not work with nurses who have not been approved as a Preceptor by the clinical agency and the EPCC Nursing Program.

Student's Daily Self Evaluation and Reflection of the Clinical Learning Experience

The student is expected to complete a self- evaluation and reflection summary at the end of each clinical experience three times per week. Self- evaluation promotes professional development, enhances self-esteem and develops self- awareness. In addition it facilitates critical thinking and promotes active learning. The self-assessment will enable students to carefully explore their strengths and weaknesses and to identify actions that need improvement. Critically thinking on experiences promotes the incorporation of classroom theory within the clinical environment. The student and the preceptor will discuss the self- evaluation and identify any areas of concerns that need additional assistance and training. All self-evaluations and reflections are to be shared with the Clinical Instructor during clinical rounds. The Instructor will also provide feedback and assistance to both the preceptor and the student

Preceptor Agreement

The preceptor, student and clinical instructor will sign the preceptor agreement prior to the start of the clinical experience. This agreement is required by the Board of Nursing and it delineates the responsibilities of the preceptor, nursing program/faculty, clinical agency and students. It is the student's responsibility to provide the preceptor with agreement and to ensure it is signed

Course Coordinator

The Course coordinator for RNSG 2261 is Lillie Johnson. She can be reached at (915) 831-4061 for questions related to the course.