Department of Nursing

Preceptor Handbook

2012-2013
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Mission
The mission of the CSUN Bachelor of Science in Nursing (BSN) program is to develop professional nursing leaders in all areas of practice who can apply new and past knowledge and can build upon existing competencies.

Values
We value integrity, advocacy, excellence, life-long learning, respect for others, and competence.

Philosophy & Framework
The faculty of the California State University, Northridge, nursing program support the philosophy and mission of California State University, Northridge (CSUN), the College of Health and Human Development, and the Department of Health Sciences. The framework & philosophy reflect faculty beliefs regarding clients, the health-illness continuum, environment, nursing practice, and importance of the contributions of related disciplines to nursing practice and knowledge. Content related to these areas and to all aspects of the philosophy are woven into the curriculum from the first to last semesters. Courses reflect an understanding of all persons, whether students, faculty, or patients, as diverse, psychosocial, physical, and spiritual beings. The ideas and language of the faculty are largely grounded in Dorothea Orem’s (2001) self-care deficit nursing theory and complemented by other theories and models such as health promotion model (Pender et al., 2006) and transcultural nursing theory (Leininger, 2006).

The Nursing Program framework emphasizes the practice of professional nursing including the design of nursing systems to provide assistance to individuals, families, groups, communities, and populations who are either unable to meet self-care and dependent-care needs or who require assistance for therapeutic self-care. A variety of theories are applied to assist clients to achieve optimal levels of wellness. The faculty believe the following about persons, environment, health, and professional nursing.

Persons are unique physical, psychosocial, spiritual beings with the responsibility for self-care and dependent care agency. As physical beings humans act upon and are subject to the material world, as psychosocial beings they interact with society, and as spiritual beings they seek meaning in and interact symbolically with the universe. The responsibility for self-care and dependent care agency rests on the human capacity for self-knowledge, learning, ethical behavior, and deliberate action.

Persons demonstrate varying abilities to practice self-care agency and to give and receive appropriate dependent-care agency. Self-care agency is determined first by the ability of persons to perform activities that maintain their own physical, psychosocial, and spiritual health. Secondly, it is determined by the ability of persons to receive appropriate dependent care when for therapeutic reasons they must refrain from self-care activities. The ability of persons to practice activities that maintain the physical, psychosocial, and spiritual health of vulnerable individuals determines dependent-care agency. Agency is the ability and decision to take action. Adult persons have primary responsibility for self-care and for the care of their dependents within the context of family, groups, community, and populations. Dependent and vulnerable persons--including the elderly, the challenged, and children--are those who are unable independently to exercise either effective self-care or dependent-care activities.

The external environment or society influences both the development of persons throughout the life span and their ability to seek and maintain health. Society includes other
individuals, families, groups, communities, and populations who in varying degrees are both similar and diverse in many attributes, such as culture, religion, age, education, socioeconomic status, health beliefs, and health resources. In the United States persons must exercise self-care and dependent-care within an increasingly community-based and community-focused external environment of integrated health care systems. The faculty believe that health care in the United States is a client-driven wellness system, the dynamic interaction of person and environment affects their health and well-being.

The health or internal environment of persons is a dynamic state of wholeness and well-being along physical, mental, social, and spiritual continuums. Health is supported by the person's ongoing ability to practice self-care and to give or receive appropriate dependent-care within the family, groups, communities, and populations. Any interference with the ability to perform self-care and dependent-care, or to receive appropriate dependent care, indicates a need for professional nursing practice.

The art and science of professional nursing includes assessment, diagnosis, planning, delivery and evaluation of care that assists individuals, families, groups, communities, and populations to meet potential and actual deficits in self-care and dependent-care needs. Nurses diagnose, plan, intervene, and evaluate outcomes. They serve as leaders and coordinators of care in providing direct and indirect care. Nursing practice takes place within a context of caring relationships with a goal of assisting individuals, families, groups, communities, and populations to achieve optimal health and well-being and make informed decisions about self care and dependent care.

Nursing practice takes place within a context of caring relationships with a goal of assisting clients to achieve optimal health and well-being and make informed decisions about self care. Nursing has as a foundation a distinct body of knowledge acquired from the integration of knowledge from nursing and other disciplines such as biological sciences, social sciences and the humanities. Application of nursing knowledge to health and illness results in the analysis and improvement of nursing practice. In addition to a knowledge base and psychomotor and technical skills, the following are essential: critical thinking, communication and interpersonal skills, leadership, management, teaching, and the use of current research, technology and information systems. Nursing practice involves a process of action and evaluation in order to reach outcome-based goals of clients. The client may be an individual, a group, a family, a community, or a population. CSUN BSN graduates through critical thinking, therapeutic interventions, and communication demonstrate Professional nursing practice.

Critical thinking is the use of reflective reasoning to form goal-directed decisions. It is a purposeful and systematic process that involves analysis and interpretation, inductive and deductive reasoning, drawing logical inferences and evaluating and justifying those inferences.

The critical thinker is inquisitive, well-informed, flexible, focused, creative, and open to new ideas and reconsideration.

Therapeutic nursing intervention is the direct or indirect application of the nursing process to diagnose and treat human responses to actual or potential health problems. Nursing practice incorporates the caring and inquiry processes to diagnose, treat, teach, lead, manage, communicate, coordinate, collaborate, and consult with individuals, families, groups, communities, and populations within the context of promoting well-being. The ability to provide theory-based therapeutic nursing interventions is the core of professional nursing practice.

Communication is the dynamic developmental process of receiving, integrating, synthesizing, and transmitting perceptions, thoughts, and ideas in verbal, non-verbal, and written interaction. Within an intentional caring process, messages are effectively conveyed by
persons or technology. Outcomes of communication are reflected in the student's written, oral, and non-verbal communication, group process, information technology, and/or media production.

**Nursing education** is a caring, collaborative, and dynamic process shared by students, faculty, administration, and the community of nursing. The process of professional nursing education is personalized and takes into consideration students’ diverse backgrounds, including their education, existing competencies, cultural milieus, ethnicities, communication skills, learning styles, goals, motivations, and support systems. The faculty believes that the education of nurses is achieved through the joint efforts of students, faculty, university administration and the nursing community. Faculty believe that nursing students are or can learn to become self-directed, adult learners who are able to accept responsibility for their own learning. Course objectives, content, and learning activities reflect both the diversity of BSN students and the diversity of the individuals, families, groups, and communities whom they serve.
Terminal Student Learning Outcomes

Upon completion of the CSUN RN to BSN Program, graduates will use critical thinking, therapeutic nursing interventions, and effective communication in order to:

1. Use the nursing process to design nursing systems to care for individuals, families, groups, communities, and populations.

2. Use professional communication and information technology appropriately to acquire, develop, critique, and convey ideas and information.

3. Demonstrate critical thinking in the application of principles of nursing systems in a variety of community health settings.

4. Evaluate the health of recipients of nursing care in a variety of health care settings, both structured and unstructured.

5. Utilize empirical, ethical, personal and aesthetic perspectives and critical thinking strategies to guide decision making.

6. Function as a collaborating member and leader of the Health Care Team.

7. Assume accountability for care provided by self or delegated to others.

8. Apply nursing research findings to nursing practice.

9. Demonstrate leadership skills in providing care to individuals, families, groups, communities, and populations in a variety of settings.

10. Within the context of client diversity, implement nursing systems that meet client self-care and dependent-care demands at all levels of health and in diverse settings.

11. Demonstrate ability to manage, organize, implement, and evaluate the delivery of nursing services in a variety of settings.

12. Serve as an advocate for clients with therapeutic self care demands at all levels of health and in diverse settings.

13. Provide care within legal and ethical standards in structured and unstructured health care settings.


15. Promote nursing as a profession.


17. Demonstrate awareness of the need for active participation in political & regulatory practices.

18. Demonstrate a foundation for preparation for graduate study in nursing.
Curriculum Overview

The B.S. in Nursing (BSN) enables students to function independently and interdependently with other professionals in a wide variety of settings and to meet the present and future health care needs of society.

Two tracks exist within the CSUN BSN curriculum: 1) the post-licensure RN to BSN track and 2) the pre-licensure Accelerated BSN track. The framework for both RN-BSN and A- BSN emphasizes the practice of professional nursing as the design of nursing systems that will best promote the self-care and dependent care agency of individuals, families, groups, communities and populations.

In both RN-BSN and A-BSN courses build from the foundation courses through application level courses to synthesis courses. The courses in which you are precepting students are the highest level: Synthesis. Synthesis level courses are capstone courses where students synthesize knowledge derived from previous course work. Students are expected to demonstrate independent, self-directed learning with a clinical emphasis on leadership and management of nursing systems for individuals, families, groups, communities, and populations.

Synthesis courses:

1. **NURS 427 Dynamics of Nursing Leadership**: Focuses on the function of the professional nurse as self-care agent through leadership, administration and change. Presents theories of group dynamics, leadership, organizations, planned change, power and conflict as they apply in the nursing unit.

2. **NURS 427L Dynamics of Nursing Leadership Lab**: Application of 427 learning in clinical experience with a nurse leader preceptor. Includes a change project.

3. **NURS428 Community Health Nursing**: Theory and principles in the application of nursing systems in a multicultural society. Study of self-care agency and therapeutic self-care needs of individuals, families, the community and society.

4. **NURS 428L Community Health Nursing Lab**: Application of 428 learning in clinical experiences in public health and/or community health settings. Includes community agency assessment and teaching plan development.
RN to BSN Curriculum:

The RN to BSN degree plan articulates with community college programs and provides a baccalaureate completion program for LICENSED RNs with an associate degree in nursing or its equivalent. Students are individuals already licensed by the state to practice as registered nurses and are seeking to advance their nursing knowledge and education. The RN to BSN curriculum gives students an opportunity to broaden their base of liberal education through Upper Division general education and elective courses. RN to BSN students may attend full-time or part time with nursing courses 1-2 days per week. Nursing courses enhance knowledge of human development, assessment skills, theories of nursing, ethics and current issues in the practice of professional nursing, community health, leadership and research. Course work includes:

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<tr>
<th>Level One:</th>
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<tbody>
<tr>
<td>NURS 303</td>
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<td>NURS 308</td>
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<td>NURS 426</td>
<td>Nursing Systems Issues &amp; Ethics</td>
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<td>NURS 488</td>
<td>Epidemiology</td>
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<td>NURS 427</td>
<td>Dynamics of Nursing Leadership</td>
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<td>NURS 427L</td>
<td>Dynamics of Nursing Leadership Lab 6 hrs/week</td>
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<td>NURS 428</td>
<td>Community Health Nursing</td>
<td>3</td>
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<tr>
<td>NURS 428L</td>
<td>Community Health Nursing Lab-6hrs/wk</td>
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<td>NURS495AA</td>
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ABSN Curriculum

The Accelerated BSN (A-BSN) track is an intensive, PRELICENSURE, 15-month immersion degree plan for those who have an earned BA/BS from an accredited university. That degree plan builds on the strong academic backgrounds of these students and includes all state- required prelicensure content. In addition to those areas emphasized in the RN to BSN, A-BSN students complete class and clinical work related to medical-surgical, geriatric, pediatric, psychiatric/mental health, and childbearing families. Courses include:

Level One: Foundation

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<th>Title</th>
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<td>Basic Pathophysiology</td>
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<td>NURS 315</td>
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<td>NURS 307</td>
<td>Health Assessment in Self-Care Agency</td>
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<td>Health Assessment in Self-Care Agency Lab</td>
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<td>NURS 318</td>
<td>Introduction to Professional Nursing</td>
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<td>NURS 318L</td>
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<td>NURS 310</td>
<td>Principles of Nursing Research</td>
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Level Two: Application

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<tr>
<td>NURS 319</td>
<td>Effective Communications in Prof Nursing</td>
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<td>NURS 321</td>
<td>Adult/Aged Medical-Surgical Nursing</td>
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<td>NURS 321 A L</td>
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<td>Care of Older Adults: Laboratory</td>
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<td>NURS 443</td>
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<td>NURS 430</td>
<td>Psychiatric/Mental Health Nursing</td>
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<td>NURS 430 L</td>
<td>Psychiatric/Mental Health Nursing Laboratory</td>
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<td>NURS 444</td>
<td>Nursing Care of the Childbearing family</td>
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<tr>
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Level Three: Synthesis

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<tr>
<td>NURS 427</td>
<td>Dynamics of Nursing Leadership</td>
<td>3 units</td>
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<tr>
<td>NURS 427L**</td>
<td>Leadership in Nursing Lab</td>
<td>2 units</td>
</tr>
<tr>
<td>NURS 428</td>
<td>Community Health Nursing</td>
<td>3 units</td>
</tr>
<tr>
<td>NURS 428L**</td>
<td>Community Health Nursing Lab</td>
<td>2 units</td>
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Discussion

[NOTE: See APPENDIX B, pp.33-41]

NURS 427 / 427L Key Assignment

1. Learning contract:
   After/during an introductory meeting with preceptor, write a brief list or paragraph of how the objectives on the clinical evaluation tool would apply to the assigned clinical setting, including potential change project. Preceptor & student should sign this, & student must submit to faculty and give copy to preceptor before the 2nd meeting with preceptor.

2. Midterm & Final Evaluation Forms
   a. Preceptor, student, & faculty each complete
   b. Faculty responsible for grade

3. Change project (40%):
   a. Use data to identify a clinical situation that requires planned change.
   b. Develop a plan for the role of the nurse as change agent:
   c. Validate the problem and plan with the preceptor.
   d. Assess resources and the environment in which the change is to occur.
   e. Implement change as appropriate
   f. Evaluate the change project status & future.

4. Clinical logs [see Appendix B]

NURS 428 /428L Key Assignments

1. Learning contract:
   After/during an introductory meeting with preceptor, write a brief list or paragraph of how the objectives on the clinical evaluation tool would apply to the assigned clinical setting, including potential change project. Preceptor & student should sign this, & student must submit to faculty and give copy to preceptor before the second meeting with preceptor.

2. Community agency assessment:
   a. See interview guide to use with key informant
   b. 5% for 8-10 minute presentation based on interview/observation
   c. 10% for <10 page paper required based on interview/observation
   d. Clear the site with faculty before approaching them for a visit
   e. Based on your assessment of client/population needs, select a community VISIT and evaluate. This may be a public or private organization, self-help support group. Some examples include: Head Start, Crisis pregnancy Center, Parenthood, AA, CPS, Boys and Girls Club, American Cancer Society.

3. Teaching project
   a. Select a population or client (may be a group or family) with a knowledge deficit that you identify. (It can be the same population or client for which you are writing the Assessment Paper for NURS 428. It cannot be the same nursing diagnosis, objectives, or nursing intervention.)
   b. Develop a teaching plan and use it with your identified population/client. In your discussion, include a population/client demographic summary and rationale for your choice of teaching plan, including relevant education, health education, and
community health theory. Use information from NURS306 & appropriate chapter in NURS428 text.
c. Evaluate the outcome of this project.
d. Give a case presentation using PowerPoint® regarding your teaching plan.
   NOTE: The teaching project may focus on any public health issue.

4. **Midterm & Final Evaluation Forms**
   a. Preceptor, student, & faculty each complete b.
   b. Faculty responsible for grade

5. **Clinical logs**
   [see Appendix B]
Requirements

Clinical Site Requirements

1. Orient the student to the facility and to the unit as necessary.
2. Facilitate student involvement in daily nursing staff activities as appropriate for level and objectives.
3. Recognize that the student needs an environment of support, feedback and inquiry.

Student Requirements

1. Arrive promptly when scheduled to work; BE SURE to call the unit and your clinical faculty if you cannot attend clinic.
2. Provide safe, basic nursing care at the highest level of your knowledge
3. Participate in daily patient care and unit activities as delegated by the assigned staff
4. Share your objectives with your preceptor
5. Review your competency achievements on a regular basis (weekly) with your preceptor and your clinical faculty liaison

Clinical Instructor/Liaison

1. Seek regular feedback from the student and the agency/preceptor on progress and developments
2. Provide regular feedback to student and agency/preceptor on progress and development; keep written records at least at midterm and final point of experience
3. Be available for questions, problem identification and resolution
4. Meet regularly with student(s) for clinical conferences

The Role and Responsibilities of the Preceptor

Role: The preceptor is an RN employee of a healthcare agency, who agrees to serve as role model and teacher directing senior BSN student learning in the clinical setting. Preceptors must demonstrate strong interpersonal skills and the abilities to set goals, to plan learning experiences, and to provide meaningful feedback about performance to the learner/student. Preceptors are generally expected to hold a BSN or higher.

Responsibilities: Preceptors are expected to:

1. Submit vita or other appropriate documentation of expertise and academic preparation to CSUN faculty or clinical coordinator. (No need to redo vita format; just needs to be up-to-date.)
2. Complete preceptor orientation to the CSUN Nursing Program curriculum and clinical course.
3. Clarify expectations with and communicate concerns to the CSUN faculty as needed.
4. Set goals with the student in collaboration with the faculty and curriculum.
5. Review and revise with the learner, her or his written learning contract/goals.

6. Assist learner with agency orientation, scheduling, and opportunities for completing clinical objectives within the agency, and provide opportunities for student integration into the clinical agency.

7. Meet weekly with the learner in order to clarify questions, goals, expectations, and progress and participate in identification of learning needs of the nursing student and coordinate learning experiences within the agency.

8. Provide patient care in accordance with established, evidence-based nursing practice standards.

9. Fulfill nursing duties according to hospital and unit policies and procedures

10. Notify faculty and arrange for alternative preceptor in the event that the preceptor is unavailable during a student clinical day.

11. Monitor the progress of the student in meeting clinical objectives and facilitate the student's professional socialization into the new role and with a new staff.

12. Consult with the CSUN faculty member regularly during the clinical course.

13. Provide the student/Lead faculty with feedback on student’s progress, based on preceptor's observation of clinical performance, assessment of achievement of clinical competencies and patient care documentation.

14. Complete written documentation of student progress in meeting objectives at midterm and at the end of the semester.

15. Participate in ongoing evaluation of the program.

**The Role and Responsibilities of CSUN Faculty**

**Role:** Faculty are registered nurses with advanced degrees, who are employed by CSUN and who are responsible for the day-to-day oversight of student learning under the guidance of the preceptor. Faculty have complete responsibility for final evaluation and grading of the student.

**Responsibilities:** Faculty are required to:

1. Facilitate communication between preceptor and student in that faculty’s Assigned clinical group.

2. Meet and communicate regularly with the preceptor and student throughout the semester.

3. Maintain accessibility and flexibility to meet the needs of preceptors and students.
4. During on-site visits with preceptor and students, review student progress in meeting objectives

5. Conduct regular clinical conferences with students enrolled in the clinical course throughout the semester.

6. Evaluate student performance based on data gathered from preceptors, observations, and student work.

7. Complete midterm and final student clinical evaluations.

8. Provide faculty's midterm and final student clinical evaluations to individual students.

9. Determine final student grade based on student performance as documented by student written assignments, faculty observations, and preceptor feedback.

10. Submit final clinical grade to the University as required by policy.

11. Assure completion of preceptor and clinical agency evaluations of students, and return these to Clinical Coordinator or Nursing Program Director.

12. Validate prior to allowing student into the clinical area that all items on the clinical checklist (e.g., TB testing) and any other items as required by agency are current (e.g., drug screen). (See Appendix A for current clinical checklist.)

13. Provide student with a copy of the validated clinical checklist.

**The Role of the Nursing Student**

**Role:** The student is an adult learner, who bears the responsibility for learning and for completing all assignments on time and in accordance with ethical standards and published guidelines.

**Responsibilities:** Students are required to:

1. Abide by all applicable rules of conduct and the academic guidelines that are included in the CSUN catalog and Nursing Program materials and maintain current documentations of all items on the clinical checklist tracker through using Certified Back Ground Check tracker.

2. Abide by all applicable agency rules of conduct.

3. Maintain professional behavior and dress when present in the agency. This includes wearing a student name-tag.

4. Provide a copy to the preceptor of draft written learning contract/goals during the 1st meeting with the preceptor. Negotiate elements of the contract in good faith.
5. During 1st meeting with preceptor, provide written contact information to the preceptor, including student's email, phone(s), & mailing address, for use in event of need to change clinical hours or plans with preceptor.

6. Complete any required agency orientation.

7. Participate in the identification of own learning needs and in the planning and implementation of learning experiences

8. Demonstrate self-direction by actively seeking learning experiences and being prepared to accomplish the learning objectives for the experience.

9. Accept and act in accordance with the direction provided by the preceptor.

10. Clarify assignments and required activities with the faculty and preceptor as needed.

11. In the event of illness or emergency, notify the preceptor and CSUN faculty prior to any absence from planned clinical hours.

12. Complete all assignments and all clinical hours within specified time frames.

13. Abide by the ethical guidelines and codes of ANA, CSUN, and the agency.

14. Serve as a patient advocate and maintain confidentiality.

15. Complete a preceptor evaluation and submit it to faculty at the end of the clinical experience.

16. Maintain complete personal records of ALL DOCUMENTS submitted as part of the clinical checklist materials.

17. Participate in ongoing evaluation of progress with the preceptor, program director and faculty clinical liaison

18. Participate in ongoing evaluation of the program

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**The Role of the Nursing the Clinical Coordinator Role**

**Role:** The clinical coordinator is a member of the CSUN faculty or administrative staff who bears overall responsibility for the selection, coordination, and evaluation of the appropriateness of the agency to meet student objectives. The clinical coordinator may also function in the role of clinical faculty and/or assistant program director.

**Responsibilities:** The clinical coordinator is required to:

1. Identify clinical sites appropriate for student clinical objectives.

2. Recommend agency staff to become or continue as preceptors.

3. Coordinate preceptor orientation.
4. Maintain a file of the requirements of specific agencies for students assigned to those agencies.

5. Notify clinical faculty and student of requirements unique to particular agencies.

6. Assign students to clinical preceptors & agencies, and provide CSUN clinical faculty with that information.

7. Meet with clinical faculty or preceptors on an as needed basis.

8. Keep Nursing Program Director appraised of the status of affiliations and related issues or concerns.

9. Compile agency evaluations, preceptor evaluations, and history of student placements.

10. Assure that all contract requirements of CSUN are met.
Guidelines for Effective Student-Preceptor Experience

"Reality Shock" or "From Novice to Expert"

The term "reality shock" is sometimes used to describe the reaction of students when they discover that the clinical experience does not always match the values and ideals that they had anticipated. There are four phases of adaptation to this reaction: the honeymoon, the shock, the recovery and the resolution as described by Patricia Benner and her colleagues in the classic text From Novice to Expert: Excellence and Power in Professional Nursing Practice.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Behaviors</th>
<th>How to Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Honeymoon</td>
<td>• Perceives everything as being wonderful</td>
<td>• Harness the student’s enthusiasm for skills and routines</td>
</tr>
<tr>
<td></td>
<td>• Fascinated by the newness of the experience</td>
<td>• Be realistic but don’t stifle the enthusiasm</td>
</tr>
<tr>
<td></td>
<td>• Focused on mastery of skills, routines and integration with the staff</td>
<td>• Introduce the student to the staff, be inclusive</td>
</tr>
<tr>
<td>The Shock/Crisis</td>
<td>• Sets in when needs and goals are not met</td>
<td>• Be a good listener</td>
</tr>
<tr>
<td></td>
<td>• Experiences outrage</td>
<td>• Have the student record his/her suggestions for improvement</td>
</tr>
<tr>
<td></td>
<td>• Rejects school and work values</td>
<td>• Provide opportunities to vent</td>
</tr>
<tr>
<td></td>
<td>• Preoccupied with the past</td>
<td>• Assist the student to see more of the situation and view it more objectively</td>
</tr>
<tr>
<td></td>
<td>• Globally negative</td>
<td></td>
</tr>
<tr>
<td>The Recovery</td>
<td>• Sense of humor returns</td>
<td>• Assist student to see positives</td>
</tr>
<tr>
<td></td>
<td>• Tension lessens</td>
<td>• Talk about ways to improve the work environment</td>
</tr>
<tr>
<td></td>
<td>• Discrimination between effective and ineffective behaviors</td>
<td>• Verify and support critical thinking efforts</td>
</tr>
<tr>
<td>The Resolution</td>
<td>• Conflicts in values resolve in either constructive or destructive ways</td>
<td>• Assist the student with constructive problem solving</td>
</tr>
<tr>
<td></td>
<td>(crisis doesn’t last forever)</td>
<td>• Help the student with new, more helpful coping mechanisms</td>
</tr>
<tr>
<td></td>
<td>• Could see rejection of role/nursing or burnout, or new ways to cope</td>
<td>• Acknowledge and manage conflicts that persist</td>
</tr>
<tr>
<td></td>
<td>positively</td>
<td></td>
</tr>
</tbody>
</table>
The Phases of Preceptorship

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

In the first few weeks of the semester, the focus of the relationship is to clarify roles, discuss mutual experiences, review the student’s background, career goals and learning objectives and to discuss agency policies. Orienting the student to the clinical setting, especially if the student has not been there before, promotes entry into the system and communicates respect and acceptance. The preceptor and student negotiate and determine the frequency of scheduled conferences that best meets the needs of the student and the schedule of the preceptor. Weekly or bi-weekly conferences are recommended.

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

During this phase, preceptors serve as role model, resource person and consultant to the student. By demonstrating his/her own skills as an expert clinician, the preceptor assists the student in role development, application of theory and science, problem solving and decision-making. An effective strategy is to encourage the student to observe and analyze the preceptor’s role as s/he works with patients and families and interacts with colleagues and staff members. Mutually sharing observations and discussing strategies for nursing practice enables the student to enrich his/her own understanding of how the role is operationalized and how problems are solved.

By applying the principles of adult education, the student’s self-direction and autonomy are fostered. Over time, utilization of the preceptor changes: the preceptor becomes less directive and the student becomes more independent and self-reliant. A loss may be felt by the student and preceptor as the relationship changes.

Evaluation is an ongoing process to assess how the learner is achieving his/her goals. At least daily verbal feedback is helpful. Students, through their clinical logs and competency checklists, should track their own progress and accomplishments. Formal, written evaluation procedures should occur at midterm and at the end of the experience, using the program evaluation forms provided. The clinical faculty liaison is responsible for the grade but the input of the preceptor is invaluable. Nevertheless, the final responsibility for the grade belongs to the faculty member. Even if the student does not agree with the evaluation received, all parties involved should sign the evaluation form. The student has the opportunity to write a response.

There are many aspects of being a preceptor to a nursing student. Each student in the ETP
program is an adult learner. Recognizing this as well as the steps involved in learning a new role that are specific to an adult learner will assist you in being a successful preceptor. Following are several tips on problem solving, decision-making, communication, conflict resolution and advice from other preceptors.

**The Learning Process**

1. Learning is an active and continuous process manifested by growth and changes in behavior.
2. Learning styles vary from one individual to another.
3. Learning is dependent on the readiness, emotional state, abilities and potential of the learner, as well as his/her life experiences.
4. Learning happens when the material to be learned is relevant to the learner.
5. Learning takes place ‘within’ the learner: unless a new behavior or competency has been ‘internalized,’ it hasn’t been ‘learned.’
6. Moving from simple to complex and known to unknown facilitates learning.
7. Learning is facilitated when the student has an opportunity to test ideas, analyze mistakes, take risks and be creative.
8. Learning how to learn and that learning is a life-long process enables the students to deal with expansion of knowledge and changes in nursing and society.
9. Learning is facilitated when the learner has feedback of his/her progress toward the goal.
10. Learning takes place more effectively in situation where satisfaction is derived: good work deserves praise just as problem performance requires correction.
11. Interpersonal relationships are important in determining the kind of social, emotional and intellectual behavior that emerges in the learning situation.
12. Recognition of similarities and differences between past and current experience facilitates the transfer of learning.

**Principles of Effective Communication**

1. An active listener shows interest and acceptance.
2. Eye contact is important.
3. Be open-minded and avoid prejudging the speaker or the message.
4. Tune into words, meanings and feeling conveyed.
5. Focus on the central message or the message being sent.
6. Note the other person’s body language (and your own...).
7. Avoid interrupting.
8. Listen first, then respond.
9. Respond to what is communicated rather than how the message is sent.
10. Ask questions to verify your understanding of the message: ‘Do I understand you correctly that...’ ‘What I hear you saying is...’.
11. Communication involves both the sending and receiving of a message.
12. ‘I’ messages (I think, I feel) are more effective than ‘you’ messages; they minimize defensiveness and resistance to further communication. ‘Shoulds’ and ‘Oughts’ hinder communication.
13. Communication is more effective when it involves talking with and to rather than at the
Steps in Problem Solving

1. Define the nature of the problem.
2. Identify possible causes of the problem.
3. List a number of possible solutions for each cause: identify the evidence for each one.
4. Select the best solution.
5. Decide on necessary actions and implement them.
6. Reassess, evaluate and replan as necessary.

Steps in Decision Making

1. Determine situations that require some action be taken.
2. Analyze possible courses of action and the potential effects (determine pros and cons, gather facts and opinions).
3. Select the best course of action from the available alternatives.
4. Implement the selected action.
5. Monitor the effect of the decision.
6. Reevaluate the decision in the light of the effects.

Methods of Conflict Resolution

• Denial or Withdrawal Using this approach, the person attempts to get rid of the conflict by denying that it exists. S/he simply refuses to acknowledge it. Usually the conflict does not disappear but will grow to the point where it becomes all but unmanageable. When the issue or the timing is not critical, denial can be a very productive way of dealing with conflict.

• Suppression or Smoothing Over A person using suppression plays down the differences and does not recognize the positive aspects of handling conflict openly. Again, the source of the conflict rarely goes away. Suppression may be used when it’s more important to preserve a relationship that to deal with an insignificant issue through conflict.

• Power or Dominance Power is often used to settle differences. The source of power may be vested in one’s authority or position. Power may take the form of a majority, or of a persuasive minority. Power strategies result in winners and losers, and the loser will not usually support the final decision in the same way winners will. Future meetings of the group may then be marred by the conscious or unconscious renewal of the struggle previously ‘settled’ by the use of power. In some instances, where other forms of handling conflict are clearly inappropriate, use of power can be effective.

• Compromise or Negotiation Although often regarded as a virtue, this method has some drawbacks. Bargaining often causes both sides to assume an inflated position, since each is aware that the other is ‘going to give a little.’ The compromise solution may be watered down or weakened to the point where it will not be effective, and there is often not enough commitment by any of the parties. There are times when compromise makes
sense, such as when resources are limited or when it is necessary to avoid a win-lose situation.

• **Integration or Collaboration**  This approach requires that all parties recognize the abilities and expertise of the others. Each individual’s position is well prepared, but the emphasis of the group is in trying to solve the problem at hand, rather than in defending particular positions or factions. All involved expect to modify their original view as the group’s work progresses. Ultimately the best of the group’s thinking will emerge. The assumption is that the whole of the group effort exceeds the sum of the individual member contributions. If this approach is allowed to become and either/or statement or if because of lack of resources the conflict is resolved by the use of power, the final decision will suffer accordingly.

**Some Tips from Expert Preceptors**

1. Remember how you felt when you started a new job and how incompetent you felt. If you can remember how overwhelmed you felt, then you can understand the student.
2. Make the student feel welcome by introducing him/her to other staff members.
3. Listen to what the students need or want to learn, and don’t present only what you want to teach. One teaches more by what one does than by what one says.
4. Take time in the beginning to explain explicitly what will be expected. This decreases anxiety and helps both parties know what to expect of the other. Be sure you are accurate in what is expected...
5. Remember that every individual is unique and that you must tailor the learning to the individual.
6. Get to know the student’s strengths and weaknesses as soon as possible, and then help find experiences to address the weaknesses and capitalize on the strengths.
7. Learn from your student: they usually bring a wealth of information with them.
8. Be patient and understanding.
9. Give the student some independence; don’t do too much for them.
10. Don’t rush the teaching.
11. Communicate!
12. Be open and honest.
13. Encourage the student to either ask for advice or consult with any member of the staff if unsure of his/her assessment of a patient.
14. Let people make mistakes - as long as it doesn’t jeopardize patient safety. This is an excellent way for learning to have an impact.
15. Encourage questions, and make sure the student understands that no question is stupid.
16. Make sure to take 10-15 minutes at the end of the shift to review what was learned, answer questions and set goals for the next time.
17. Go step by step: students cannot be taught short cuts - they first need to learn things the established way. On the other hand, if there is a safe short cut, share it!＜
18. Build on previously learned knowledge.
19. Create a non-threatening environment that is friendly because learning can be stressful.
20. Give feedback along the way - find the positives and share them; don’t wait to ‘drop a bomb’ till the end of the experience.
21. Keep a brief outline of what was covered each day - better still, have the student do it!
22. Set clear goals with time for feedback in both directions.
23. Be open and available after the new training time has ended.
24. Have fun! Laughter can be most helpful sometimes.
25. Remember that everyone has a contribution to make.

<table>
<thead>
<tr>
<th>Table 1. Precepting in a Pinch – Guidelines for Stress Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PREPARE</strong></td>
</tr>
<tr>
<td>• Know clinical skill level of the student.</td>
</tr>
<tr>
<td>• Who is doing what for each patient?</td>
</tr>
<tr>
<td>• When does the day end for the student?</td>
</tr>
<tr>
<td>• Do student goals and objectives match faculty input?</td>
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<tr>
<td><strong>RIGHT EXPERIENCE</strong></td>
</tr>
<tr>
<td>• Is the goal multiple skills or total care of patients?</td>
</tr>
<tr>
<td>• How many patients?</td>
</tr>
<tr>
<td>• Is observation appropriate or is skill performance expected?</td>
</tr>
<tr>
<td><strong>ENGAGE</strong></td>
</tr>
<tr>
<td>• Require written, personal objectives from each student.</td>
</tr>
<tr>
<td>• Is this unit new for the student? Are roles clear?</td>
</tr>
<tr>
<td>• Introduce yourself and your team members.</td>
</tr>
<tr>
<td><strong>COMMUNICATION</strong></td>
</tr>
<tr>
<td>• Do you have a cell phone or pager number for faculty?</td>
</tr>
<tr>
<td>• Do you know the faculty member’s location for the assigned time period?</td>
</tr>
<tr>
<td><strong>ENERGIZE</strong></td>
</tr>
<tr>
<td>• Share your enthusiasm and knowledge.</td>
</tr>
<tr>
<td>• Include observation/learning outside routine activities.</td>
</tr>
<tr>
<td>• Keep safety as the first priority; intervene when necessary, but allow the student to learn from experience.</td>
</tr>
<tr>
<td><strong>PROGRESS</strong></td>
</tr>
<tr>
<td>• Require reports on achievement of personal goals/objectives.</td>
</tr>
<tr>
<td>• Is the student appropriately engaged?</td>
</tr>
<tr>
<td>• If little or no progress is being made, call faculty immediately!</td>
</tr>
<tr>
<td><strong>TALK OUT LOUD</strong></td>
</tr>
<tr>
<td>• Have the student talk out loud when making clinical decisions.</td>
</tr>
<tr>
<td>• Require frequent patient updates.</td>
</tr>
</tbody>
</table>
Evaluating Students

Key Points

Gain understanding of courses and preparation of the student for experience.

Don't hesitate to contact faculty with questions or to ask faculty to visit the site with the student anytime or as soon as you have a concern about the student. This can be even after 1 contact with the student.

Communicate frequently with learner.

Be aware that preceptor gives formative evaluation and faculty provides final evaluation.
References


Rodrigues, L. (March/April 1992) Nursing Staff Development Insider (2) 2.


List of Appendices

Appendix A: BSN Clinical Checklist

Appendix B: 427L syllabus excerpt

Appendix C: Preceptor Resume Format

Appendix D: Preceptor needs survey & Program evaluation
APPENDIX A

California State University, Northridge
BSN Clinical Checklist

Pre-Clinical Checklist for ________________________________________
(Please Print NAME)

Assigned Placement: ____________________________

☐ Faculty Member: Please indicate date of verification and place initials in space provided. File in student folder in the Department of Nursing office within 1 week of verification and give a copy to the student. Remind student that they are responsible for keeping a copy of all documents submitted.

<table>
<thead>
<tr>
<th>Check if submitted</th>
<th>Required Item</th>
<th>Verified date</th>
<th>Expire date prn</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Current Health Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Statement of Health Clearance by MD/NP (within 18 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Current CPR Card</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Tuberculosis Skin Test or Chest X-ray (circle which)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Hepatitis B Vaccine/Titre (circle which)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Rubella Vaccine/Titre (circle which)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Varicella Vaccine/Titre (circle which)</td>
<td></td>
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<tr>
<td></td>
<td>HIPAA training documentation (May be documented by a letter from your employer; Los Robles assigned students see faculty for requirements)</td>
<td></td>
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<tr>
<td></td>
<td>Blood-Borne Pathogen Training (May be documented by a letter from your employer)</td>
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<tr>
<td></td>
<td>Confidentiality statement signed (attached)</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Fire Safety Card (for anyone assigned to a hospital within L.A. County Fire District)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evidence that any required background check has been applied for/completed. (Submit ONLY receipt to faculty; do NOT</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Malpractice Coverage: Not less than $1,000,000 per occurrence and $3,000,000 annual aggregate</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Signed &amp; dated confidentiality statement (below)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Verification of Valid California Drivers’ License (or proof of transportation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Verification of Auto Insurance (or proof of transportation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drug screen only when required by particular agencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>RN to BSN STUDENTS ONLY:</strong> Current California Registered Nursing License</td>
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</tr>
</tbody>
</table>

Signature of Faculty Verifying Checklist ____________________________ Date ____________________________

(Please Print NAME)
STUDENT CONFIDENTIALITY STATEMENT

I understand that medical records, patient care information, personnel information, reports to regulatory agencies, conversations between or among any healthcare professionals are considered privileged and should be treated with utmost confidentiality.

If it is determined that a breach of confidentiality has occurred as a result of my actions, I can be personally liable for damages that may result from such a breach.

If a breach occurs I will notify my Faculty Supervisor immediately.

I have reviewed, understand and agree to abide by the above stated Student Confidentiality Statement.

Signed: ____________________________________________

Date: _______________________________________________
APPENDIX B

NURS427Laboratory

COURSE DESCRIPTION
Theories and principles of leadership and administration are applied within a nursing practice setting. This supervised clinical experience helps the student to develop the ability to make sound judgments, develop critical thinking, serve as a client advocate, function in a collaborative style, develop communication skills, and participate in planned change.

METHODOLOGY
The student is assigned to a clinical preceptor for a minimum of five (5) hours per week and will spend one (1) hour per week in group seminar. Clinical experiences will use active collaboration with preceptor in applying change and leadership/management theory to a clinical setting. Seminar meetings may use discussion, small group work, required reading, exercises, library and electronic resources, HyperNews discussion, written assignments, & oral presentations.

NURS 427 / 427L Key Assignment

Learning contract:
☐ After/during an introductory meeting with preceptor, write a brief list or paragraph of how the objectives on the clinical evaluation tool would apply to the assigned clinical setting, including potential change project. Preceptor & student should sign this, & student must submit to faculty and give copy to preceptor before the 2\textsuperscript{nd} meeting with preceptor.

Change project (40%):
1. Use data to identify a clinical situation that requires planned change.
2. Develop a plan for the role of the nurse as change agent:
   ☐ Validate the problem and plan with the preceptor.
   ☐ Assess resources and the environment in which the change is to occur.
3. Implement change as appropriate
4. Evaluate the change project status & future.

COURSE OBJECTIVES: During this course the student will:
1. Apply decision-making theories and models in a nursing practice setting.
2. Apply change theories and models to planned change within a nursing system.
3. Use administrative strategies to plan, organize, direct, or control quality nursing care.
4. Evaluate structure, process, and outcomes in the management of nursing care.
5. Demonstrate accountability, advocacy, and collaboration in the management of nursing care.
6. Apply stress management strategies to own professional growth and to colleagues.
7. Identify and act on professional growth goals.
8. Demonstrates a working knowledge of nursing informatics.


COURSE OUTLINE:

Unit I: Leadership Role in Professional Nursing

A. Leadership Roles and Management Functions

B. Related characteristics and concepts in the nursing situation
   1. Personal accountability
   2. Client advocacy
   3. Collaboration
   4. Critical Thinking
   5. Problem-solving
   6. Decision-making
   7. Teaching
   8. Research
   9. Management
  10. Self-actualization

C. Issues related to leadership role
   1. Barriers in the Health Care System
   2. Cultural diversity
   3. Politics
   4. Bureaucracy vs. professionalism
   5. Economics

Unit II: Theories and Process of Leadership in Nursing

A. Leadership theories related to nursing
B. Theories of Administration and Organization
C. Assessing leadership styles in organizations

Unit III: Related Concepts and Theories

A. Change theory and the process of change
B. Power and authority
C. Motivation
D. Group Dynamics

Unit IV: Leadership Strategies for Nursing Care Delivery

A. Planning
   1. Strategic Planning
   2. Setting goals, philosophy, objectives
   3. Program development, policies, procedures
   4. Time management
   5. Delegation
B. Organizing the Delivery of Nursing Care
   1. Organizational structure
   2. Authority and power in organizations
   3. Nursing Systems
   4. Organizing client care
   5. Committees
   6. Nursing Informatics
      a. Computer applications for delivery of nursing services
      b. Approaches to staff development for computer literacy

C. Leadership Roles and Functions in Staffing for the Delivery of Nursing Care
   1. Personnel
   2. Fiscal planning/budgeting
   3. Staffing and Scheduling
   4. Staff Development

D. Directing Others in the Delivery of Nursing Care
   1. Application of leadership/management theories
      a. Leadership style
      b. Delegation
      c. Communication
      d. Conflict management
      e. Motivation
   2. The organizational climate
      a. Implementation of change
      b. Unions and employment laws
      c. Cultural diversity

E. Leadership Roles and Functions in Control
   1. Outcome assessment and evaluation
   2. Quality management
   3. Risk management
   4. Performance Appraisal
   5. Discipline

Unit V: Professional and Social Issues in Leadership and Management
A. Health care policy issues
B. Ethical issues
C. Legal Issues
D. Personal and Professional Growth
   1. Stress management
   2. Career development
   3. Networking
Requirements for Clinical Logs

Clinical logs are part of the experiential learning in the course and provide a reflective journal of learning objectives and how the student is meeting them through analysis and evaluation of specific events (i.e., a meeting attended, observation of an interview for hire, preceptor’s task, change project activities, etc.). This event should be analyzed using theories and readings from your textbook. A definite correlation should be made between your detailed observations, insights, and perceptions and a theory of management, organizations and/or leadership.

The clinical log consists of three (3) parts:

☐ Cover Page: Summary of clinical hours
☐ Part I: Clinical activities
☐ Part II: Critical thinking exercise.

Summary: This is top sheet of log. Date, time spent, and a 1-line summary of activities should be entered for each clinical day. A matching Part 1 should be present for each dated entry. Must be initialed by your preceptor.

Part 1: Documentation of hours in clinical with specific clinical activities listed/described and validated by signature or initial of preceptor.

Each log entry should include
☐ Date & times that clinical experience began and ended.
☐ Location of facility
☐ Learning objectives for the experience and whether objectives were met. These objectives may be straight from your contract or the clinical evaluation tool, and should be negotiated with the preceptor.
☐ Comments of preceptor are optional. If time is spent with another manager or clinician, then that other individual must sign off on the log.

Part 2: Part 2 is a critical thinking exercise that is evaluated by the faculty and is the student's reflections on daily clinical experiences. Each part 2 entries should include:
☐ A concise description of a clinical incident or experience (details, description, insights)
☐ Analysis of event using NURS 427 readings or peer-reviewed literature. Correlate incident to organizational, management, leadership and change theory.
☐ Your personal reactions, thoughts, & feelings regarding the incident
☐ What the incident & analysis contributed to your learning about leadership/management course content
☐ A copy of any article(s) used which have not been shared in the class.
# CLINICAL TIME LOG

**SUMMARY**

(Duplicate as needed and include as first page in Clinical Log. You should have one Part 1 of the clinical log for each date listed on this sheet.)

**Course 427L**  
**Student name:**

<table>
<thead>
<tr>
<th>DATE</th>
<th>HOURS</th>
<th>Cum HRS</th>
<th>ACTIVITY (<em>1st 2 lines are examples</em>)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/26/08</td>
<td>2 hours</td>
<td>2 hours</td>
<td>Orientation to facility/unit. Met with preceptor and discussed learning contract.</td>
</tr>
<tr>
<td>9/2/08</td>
<td>5 hours</td>
<td>7 hours</td>
<td>Attended 3 meetings, discussed change project ideas with preceptor</td>
</tr>
</tbody>
</table>
CLINICAL LAB LOG

Part 1: Description of clinical experiences

You must complete Part 1 and Part 2 EVERY DAY that you are in the clinical area.

Please type this form. No handwritten forms will be accepted.

EITHER:
1. Send completed form via email attachment to preceptor for signature
2. Obtain signed form from preceptor in person or via FAX and sign it yourself.

Week #: __________ Date: ______ Time (from & to): _______________

Student Name: ______________________ Site__________________________

OBJECTIVES FROM CONTRACT or COURSE EVALUATION:

Include objectives met for that day taken from your contract or syllabus.

List OF EXPERIENCE (S):

For example:
8-9:30 Attended meeting for all nurse managers
9:30-10:30 Rounds on unit with preceptor
10:30 – 12 p.m. Observed a hiring interview and discussed process with preceptor
12-1 Lunch with preceptor while we discussed her involvement in the Ethics committee

Student Signature

PRECEPTOR COMMENTS prn only: ________________________________

________________________
________________________
________________________

REQUIRED Preceptor Signature

CSUN BSN Program, Dept. of Health Sciences, 18111 Nordhoff Street, Northridge 91330-8285. Phone: 818-677-7257; FAX 818-677-2045.
PART 2: Analysis of Critical Event

(TYPE directly on this form. You may use more space than allotted on this page. You must complete one of these EACH WEEK that you are in clinical area. This form does NOT require preceptor signature.)

Week #:
_____________ Date: ___________ Time: ___________ Site ___________

——— DESCRIPTION OF CRITICAL EVENT OR EXPERIENCE

For Example: Provide a detailed description of Nurse Manager’s meeting describing purpose, interactions, group process, conflicts, resolutions, etc. Discuss the purpose of meeting and how relevant to the Nurse Manager’s role and functioning in his/her role.

ANALYSIS OF INCIDENT IN TERMS OF READINGS

Correlate what you observed in the meeting with group theory, emotional intelligence theory, communication theory, conflict resolution theory, etc. as appropriate. Reference your textbook or any other references used to analyze the meeting. References are required.

PERSONAL REACTIONS, THOUGHTS, & FEELINGS

Reflect on your personal reactions to this specific event (or maybe the entire day) and to your clinical experience.

WHAT I LEARNED FROM THIS IN REGARD TO LEADERSHIP/MANAGEMENT COURSE (LIST)

Make a list of principles, concepts, theories, etc. that are pertinent to leadership/management, organizations, and health care that were highlighted by today’s clinical experience.

Student Signature ________________________________
CALIFORNIA STATE UNIVERSITY, NORTHRIDGE
RN to BSN Program
NURS 427L Leadership in Nursing

CLINICAL EVALUATION TOOL
The Clinical Evaluation Tool is used throughout the semester to describe clinical performance. Faculty will grade overall performance at the end of the clinical experience using preceptor critique and validation of experiences and faculty evaluation. The student will also complete a midterm and final self-evaluation using this form.

DATE: __________________ CIRCLE ONE: Midterm evaluation / Final evaluation
STUDENT NAME: ______________________________________
_____________________________ CLINICAL AGENCY:
_____________________________ PRECEPTOR NAME & TITLE:

REQUIRED SIGNATURES: See Below
Preceptor: ___________________ Student: ____________________
Faculty: _____________________

<table>
<thead>
<tr>
<th>*CRITICAL BEHAVIORS:</th>
<th>P</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. *Maintains professional confidentiality, objectivity, and accountability for nursing actions.</td>
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<tr>
<td>3. * Demonstrates responsibility for self within the legal, ethical, and professional role appropriate to the setting/situation.</td>
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<tr>
<td>4. Demonstrate professional behavior and the ability to work effectively with others.</td>
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</table>

COMMENTS ______________________________________
________________________________________________
________________________________________________
________________________________________________
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________________________________________________

FAILURE TO MEET A MINIMUM OF ONE OF THE DESIGNATED CRITICAL BEHAVIORS CONSTITUTES A FAILING GRADE FOR THE COURSE.
Date & initials during midterm/final conference: ______________________
CLINICAL EVALUATION TOOL (cont.)

GENERAL BEHAVIORS: These objectives are rated according to the following scale:

☐ N/A = No opportunity OR Not observed
☐ 1 = Never
☐ 2 = Infrequently
☐ 3 = Sometimes
☐ 4 = Frequently
☐ 5 = Always

<table>
<thead>
<tr>
<th>Please rate each objective according to the above scale</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identifies &amp; meets own learning objectives that are based on</td>
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<tr>
<td>2. Identifies the need for guidance and seeks it from appropriate resources.</td>
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<td>3. Follows recommendations from constructive criticism.</td>
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<td>4. Seeks opportunities to meet learning objectives.</td>
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<td>5. Works effectively with individual &amp; groups.</td>
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<td>6. Thinks critically about multiple variables when making clinical</td>
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<td>7. Evaluates &amp; seeks to improve own verbal, nonverbal, and written communication skills.</td>
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<td>8. Analyzes clinical situations using nursing theories &amp;</td>
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<td>9. Serve as an advocate for patients or colleagues.</td>
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<td>10. Applies a working knowledge of nursing informatics in the clinical</td>
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<td>11. Apply administrative strategies (incl. scope and standards) to</td>
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<td>• Planning quality nursing care,</td>
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<td>• Organizing quality nursing care,</td>
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<tr>
<td>• Directing quality nursing care, and/or</td>
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<td>12. Makes a significant contribution to the clinical agency by collaborating on a planned change project.</td>
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<td>13. Evaluates nursing care management in terms of:</td>
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<tr>
<td>• Structures</td>
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<td>• Processes</td>
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<tr>
<td>• Outcomes</td>
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<td>14. Demonstrates professional approach to conflict resolution.</td>
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<td>15. Applies research findings from the literature to recommend health</td>
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<td>16. Identifies problems amenable to future nursing research.</td>
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<td>17. Meets or exceed deadlines.</td>
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</tbody>
</table>

COMMENTS:

__________________________________________________________

__________________________________________________________

(Continue on back pm & initial end of comments)

Signature of student or preceptor completing form: ______________________

Date & initials during midterm/final conference: ______________________
Appendix C

Preceptor Vita Format**

**Preceptors may submit an up-to-date professional vita in lieu of this form.

**Please attach business card if available & additional sheets as needed.

Name: ____________________________________________

Preferred mailing address: __________________________

__________________________________________________________________________

Preferred telephone number: __________________________

FAX: __________________________

Email address (if available): __________________________

Education
School & location Degree obtained Year completed
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

EXPERTISE (limit to past 2
years) Employment:
Agency & location Title Length in position
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Professional committees:

Continuing education (most relevant):

Publications/presentations/research:

Community service:

Professional memberships/awards/honors:

Other:
Appendix D

Preceptor Needs Survey

THANK YOU for taking the time to complete this questionnaire so that we may serve you better.

Part 1

To be a more effective preceptor I need more information about or practice with the following (please circle your answer for each item):

<table>
<thead>
<tr>
<th>NEED</th>
<th>DON’T NEED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Effective communication skills.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2. Various approaches to problem-solving.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3. How to assess an individual's learning needs.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4. How to develop teaching/learning strategies that meet novice or advanced beginner needs.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>5. Principles of adult learning.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6. More experience in my current role.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7. How to evaluate learner performance.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>8. How to provide feedback to learner.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>9. Asking effective questions.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>10. CSUN philosophy.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>11. CSUN organizational structure.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>12. CSUN policies/procedures.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>13. CSUN curriculum.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>14. Faculty support (e.g., listening to my concerns, trusting my assessment, help with problem-solving &amp; teaching-learning strategies).</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>15. Supervisor/manager support (e.g., understanding &amp; supporting preceptor role).</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>16. Peer support (e.g., empathy, understanding of role, affirmation).</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>17. Opportunities to network with and learn from other preceptors.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

OTHER (please comment):
Part 2: Preceptor needs
Do you believe the following preceptor rewards are appropriate recognition for preceptors of CSUN BSN students? (please circle your answer for each item)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Letter to manager/supervisor of preceptor</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>2. Ongoing preceptor workshops/support (e.g., annual programs)</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>3. Adjunct faculty appointment at CSUN</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>4. Pin</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>5. Journal subscription/book donated in your honor to library</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>6. Subscription or book donated to you</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>7. Honorarium</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>8. Pen, mug, or similar item</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>9. Certificate of appreciation</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>10. Thank you card</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>11. Verbal acknowledgment</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>12. Continuing education workshops/credits</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>13. Written acknowledgment</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>14. Invitation to student's graduation</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>15. Write-ups in institutional newsletters</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>16. Honorary title</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>17. Invitation to participate in CSUN nursing program committees</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>18. CSUN library privileges</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>19. Access to CSUN email/electronic resources</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>20. Discounted admission to CSUN events</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>21. Opportunity to lecture at CSUN</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>22. Other (please list):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. How do you rate this program in regard to **Poor**  **Good**  
   
   A. Extent to which CE course objectives were met (see program) 1 2 3 4 5 N/A  
   
   B. Presenter's knowledge & presentation style (Please insert the name(s) of your preceptor(s) and evaluate)  
   
   1. __________________   1 2 3 4 5 N/A  
   2. __________________   1 2 3 4 5 N/A  
   3. __________________   1 2 3 4 5 N/A  
   4. __________________   1 2 3 4 5 N/A  
   
   C. Methods used 1 2 3 4 5 N/A  
   Discussion 1 2 3 4 5 N/A  
   Group activities 1 2 3 4 5 N/A  
   Audiovisuals 1 2 3 4 5 N/A  
   Handouts 1 2 3 4 5 N/A  
   
   D. Physical facilities 1 2 3 4 5 N/A  
   Room size 1 2 3 4 5 N/A  
   Room temperature 1 2 3 4 5 N/A  
   Seating space 1 2 3 4 5 N/A  
   Lighting 1 2 3 4 5 N/A  
   Acoustics 1 2 3 4 5 N/A  
   Breakfast 1 2 3 4 5 N/A  
   
   E. Length of presentation 1 2 3 4 5 N/A  
   
   F. Usefulness to practice 1 2 3 4 5 N/A  
   
   G. Expanded current knowledge 1 2 3 4 5 N/A  
   
2. What was the most helpful content that you learned from this workshop?  
   
3. What would improve this program?  
   
4. Other comments (cont. on back):