

BSN CLINICAL HANDBOOK

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BSN Clinical Courses

- BSN 381: Health Assessment Skills laboratory
- BSN 411: Home Health Role Performance
- BSN 421: Public Health Role Performance
- BSN 451: Leadership and management Role Performance

HANDBOOK FOR CLINICAL COURSES

Welcome to the clinical performance courses for Bachelor's Program in the School of Nursing at California State University, Dominguez Hills (CSUDH). Our faculty instructors and preceptors join with hundreds of other nurses and health care professionals to facilitate the learning of our nursing students in professional nursing practice. We appreciate their willingness to lend their expertise as instructors or preceptors, and mentors to our students who are seeking to advance their careers. In partnership with the program faculty, they are making a most valuable contribution to the next generation of BSN nurses.

The purpose of the **BSN Clinical Handbook for Role Performance Courses** is to provide an orientation to the roles and responsibilities of the student, preceptor and instructor in the School of Nursing clinical courses. Whether you are an instructor, preceptor or student, please read the **Clinical Handbook** carefully to understand



the roles of each and the interactions among all that are required for successful learning in role performance courses. The content of the **Clinical Handbook** includes:

- Overview of the BSN Nursing Program
- The Faculty
- The Student's Role
- The Preceptor's Role, including the Collaborative Preceptor Model

- The Instructor's Role
- Problem Resolution
- Performance Course Units



PROGRAM OVERVIEW

The curriculum is composed of didactic courses and practice-based or role performance courses. Each course is comprised of specific learning objectives, activities, and evaluation measures. The didactic courses present the nursing knowledge, theoretical concepts, models, and

research that inform patient care and evidence-based practice. The role performance courses provide opportunities for students to apply knowledge; practice skills; plan, implement and evaluate interventions and programs; and learn the full scope of nursing practice.

The curriculum is delivered in classroom-based, web-based (online), or a mix of the two (hybrid) courses on the Internet. Classroom-based courses are taught throughout California in health agency conference rooms, classrooms, and clinics on weekends and evenings to →

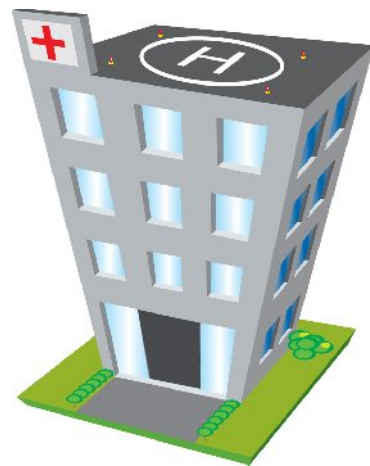
PROGRAM OVERVIEW (CONTINUED)

accommodate students near work or home settings. Web-based courses are available to students within and outside the state, wherever they have Internet capability, through the Blackboard application. Class size varies depending on the nature of the course. For example, the faculty instructors teach the clinical theory and role performance courses to a section of 10-20 students. In these courses, the faculty works together with individual students and their preceptors to define individual learning needs, establish learning goals, design learning activities, and evaluate the learning outcomes.

The School maintains affiliations with a wide variety of healthcare agencies. The clinical sites for role performance vary according to the course requirements, and may include hospitals, medical centers, home health agencies, public health departments, schools, workplace wellness centers, health maintenance organizations, and other community-based programs.

Students take an active part in choosing a site for clinical performance that is located within their community or convenient for travel from work or home.

Program faculty takes responsibility to make the necessary approvals of preceptors and sites.



CSUDH FACULTY

The members of the CSUDH School of Nursing faculty have doctoral and/or master's degrees related to their field of nursing practice. They serve as master educators and professional mentors for students and colleagues, as well as facilitators, instructors, role models and resource persons in their particular area of expertise. The full-time faculty role encompasses teaching, scholarship, and service, including practice in their field. The part-time faculty teach courses in their field, according to the needs of the program.

As an instructor, the faculty guides and facilitates the learning process and evaluates the students according to the course objectives and the students' performance of the learning activities for a particular role outcome. Faculty instructors communicate directly with students and preceptors to collaboratively establish the student's learn-

ing contract and evaluate the student's performance.

The Director and Program Coordinator are the faculty who administer the School of Nursing programs. They are responsible for scheduling courses and overseeing the contractual arrangements with the affiliated clinical sites. Together with the course faculty, they implement and interpret policies and procedures pertaining to the clinical learning component of the programs.

Director, School of Nursing

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THE STUDENT'S ROLE

The School of Nursing students lead very full lives and may have difficulty making their educational studies a priority at all times. Our students are seeking educational opportunities that meet their own goals and build on their previous personal and professional experience. They are adult learners.

The faculty expects students who are adult learners to be self-directed and internally motivated. The faculty recognizes that as adult learners mature, they become more diverse and vary widely in learning styles, motivation, prior experience and patterns of participation in educational programs. Therefore, our programs use the learning strategies that meet the adult learner's need to participate in defining needs, goals, activities, and evaluation of outcomes. →

"Intuition is heightened only by practice."
Susan Collins

THE STUDENT'S ROLE (CONTINUED)

Faculty instructors and preceptors try to incorporate and build upon the assumptions that the adult learner:

- ⇒ Is self-directed.
- ⇒ Has accumulated experiences that serve as a resource for learning.
- ⇒ Has a need to relate learning to real-life situations.
- ⇒ Wants to apply newly acquired knowledge and skills immediately.

Incorporation of these assumptions into the educational experience facilitates and enhances learning and satisfaction.

Preparation

There is one clinical course, BSN 381 Health Assessment, in which the one unit of clinical time is met with a weekend (2 days) seminar. The number of units for most performance courses is 2 units of semester credit. This translates into 48 hours of clinical time. In addition to

clinical hours, the student spends additional hours studying, preparing and completing assignments, usually double the amount of time spent in actual class or role activities, depending on the time necessary to complete assignments and meet individual objectives. There are three specific clinical courses in the BSN program.

It is expected that each role performance course is taken during the same semester as the theory portion for that course. For instance, BSN 410 Community-based Nursing I should be taken concurrently with 411L Home Health Role Performance. BSN 420 Community-based Nursing II should be taken concurrently with 421L Public Health Role Performance. Finally, 450 Principles of Leadership and Management in Nursing should be taken concurrently with 451L Leadership and Management Role Performance.



Advance planning is necessary to ensure a smooth entry into a role performance course. Prior to taking the course, the student must satisfy all prerequisites, assemble important documents for instructor verification, and draft a learning contract (as posted to the nursing web under "forms" <http://www.csudh.edu/cps/son/forms.htm>). The prerequisites for each course are listed in the *University Catalog* and in the course syllabi.

All students, regardless of academic goal or geographic area, must obtain this documentation prior to beginning a role performance course....

MINIMUM REQUIRED DOCUMENTS

Students must produce evidence of these important documents for each role performance course:

- ✓ Current and active RN license
- ✓ Annual CPR certification (American Heart Association)
- ✓ Annual Training in universal precautions (certificate from current employer or School of Nursing webpage)
- ✓ Annual HIPAA training (certificate from current employer or School of Nursing webpage)
- ✓ Annual PPD or chest x-ray if positive
- ✓ Documentation of Posi-

itive immunity for: hepatitis B*, rubeola, rubella, mumps & varicella vaccine. Provide Documentation of vaccination or positive serology titer within the last 5 years. Serology titers must have the lab results with reference ranges included.**

- ✓ Learning Contract
- ✓ Preceptor information sheet and Curriculum Vitae (CV)
- ✓ Additional documents and/or tests required by the student's specific agency***
 - * for hepatitis B Surface Antibody Titer
 - ** Vaccines older than 5ys will not be accepted as evidence of immunity. A recent

MMR vaccine will be accepted or recent titer results no older than 5 years.



***Health Care Agencies may have additional clinical requirements.

*NOTE: As of Fall 2006, liability insurance will be provided by the University, however students continue to have the option to →

Minimum Required Documents (continued)

purchase personal malpractice insurance, if desired.

All students, regardless of academic goal or geographic area, **must obtain this documentation prior to beginning a role performance course** and submit this information to the instructor prior to going to beginning the clinical experience. The clinical faculty verifies the student's clinical documentation and requirements as listed and initials the appropriate boxes on the front page of the student's learning contract. This serves as official verification for school and agency records. The student submits signed copies of the learning contract to the instructor and the preceptor.



Preceptors

The second area of preparation involves the selection of an agency and a preceptor. Each course has specific requirements for learning activities and preceptor qualifications. Therefore, the process and timing for obtaining preceptors differs, depending on the course and the location of the student.

However, the **instructor must approve the selection of the preceptor and the agency before the student may begin the preceptored experience.**

All students should anticipate where they would like to do their preceptorship **several semesters** before they plan to take the performance course. They may also suggest a particular preceptor, understanding that the faculty gives final approval of the preceptor.

The School's *Collaborative Preceptor Model* of clinical teaching is grounded in clinical practice excellence and promotes professional collaboration

among the instructor, preceptor and student within the framework of a role performance course. The interactive *Model* is especially appro-



Facility Contracts

An affiliation agreement is required between clinical sites and the University. The process may take four weeks or longer to obtain a signed agreement. **Students may not begin the preceptored experience until the signed contract is finalized.** The School staff work with the student and the instructor to obtain the signed contract. The staff member, Cathy Crandall, may be reached at 310-243-3426 or ccrandall@csudh.edu

In some courses students may discuss agency and preceptor options with the faculty instructor at the first class or web-based session. The instructor will direct students to appropriate agencies and preceptors based on student learning needs and agency/preceptor availability. However, in *most* courses, it is necessary for the student to prepare **at least one semester in advance** to allow faculty to make arrangements for a preceptor appropriate for the student's role option, and to activate or finalize the affiliation agreement with the agency, if necessary.

No student may contact the preceptor until she or he has received approval for that clinical site. Once the student receives approval, the student may contact the preceptor to schedule a meeting to discuss the learning objectives, activities, outcomes, and time frame for completing the course requirements.

appropriate in a distance education program for the post-licensure nursing student. Working nurses find it particularly beneficial because this *Model* takes advantage of their previous education and experience. The RN students are able to apply theoretical learning directly in the practice setting, within the context of the performance course, and concurrently in their own work setting. Students also benefit from the preceptor's currency in expert clinical practice and "insider" knowledge of the practice setting. The *Collaborative Preceptor Model* provides the opportunity for collaboration and development of collegial relationships between academia and nursing service.

This *Model* assumes that for the preceptor to be effective, she or he must be knowledgeable about the mission and philosophy of the program, the course requirements, the principles of adult learning, and collaborative strategies to actively engage the student in developing an individualized learning plan. In the *Collaborative Preceptor Model*, the preceptor facilitates and guides students in meeting practice-based objectives and achieving clinical learning outcomes. The preceptor and student work together to arrange times, select appropriate experiences, and collaborate on projects of mutual interest. The student is expected to exercise initiative, sound judgment, and ethical behavior throughout the clinical experience.

A preceptor is a highly competent RN, preferably with a Masters degree, who offers student access to required learning activities to achieve the outcomes of the course. The preceptor works closely with the student in a one-to-one relationship, providing orientation, training, demonstration of skills, and supervision within the framework of pre-established clinical

objectives. In addition, the preceptor serves as a clinical guide, facilitator, and role model for the student. She or he has the ability to assist the student in choosing appropriate opportunities for learning. The preceptor participates in the evaluation of the student's performance, although the final judgment for the grade always rests with the course instructor.

The selection of the preceptor is a collaborative effort among the School of Nursing, the healthcare agency, and the student. The School takes responsibility for approving the selection of and making arrangements with the preceptor and agency for clinical instruction. Preceptors are selected based on their educational preparation, professional experience and level of expertise, and their ability and willingness to assist a baccalaureate student in obtaining appropriate learning experiences to meet clinical course objectives. The preceptor must be endorsed by the agency before the course instructor approves the selection of the preceptor. The preceptor receives no remuneration for participation in the student's learning experience.

Please note: Preceptors cannot be an employer, personal friend, peer or relative of the student. When the student and preceptor have a personal relationship, the preceptor cannot evaluate the student's performance objectively and fairly.

Obtain a copy of your preceptor's RN license. This information should be attached at the end of the packet.

SUMMARY OF PREPARATION PROCESS

In the semester prior to taking the role performance course:

1. Student collects documents related to the role performance course.
2. Student contacts the School of Nursing Office for selected appropriate clinical sites and receives approval to contact preceptor to make arrangements.
3. Staff initiates clinical contract process after the student has submitted a completed affiliation agreement form (available on SON website, under 'forms' <http://www.csudh.edu/cps/son/forms.htm>).

THE LEARNING CONTRACT

The student develops the learning contract together with the instructor and the preceptor. Part of this process involves the student in identifying her or his own goals and learning needs, as well as preferred learning style. The student combines the required course goals and competencies with personal goals to develop an individualized educational experience. The student then collaborates with the instructor and preceptor to select and design the learning activities that will lead to achievement of goals and objectives. For further information on writing Behavioral Learning Objectives, please visit Florida State University's excellent web page at: <http://med.fsu.edu/education/FacultyDevelopment/objectives.asp>

The student conducts a self-assessment to evaluate the achievement of goals. This includes a description of what was or was not accomplished as planned, and the student's satisfaction with what was achieved. The preceptor completes a written performance evaluation that is returned to the instructor for consideration in calculating the final grade. Students also evaluate the preceptored experience using the standard evaluation forms.

Students are encouraged to improve their learning experience by using the following strategies:

- ✓ Developing supportive relationships
- ✓ Finding others with different learning styles to form a study group
- ✓ Improving the fit between their learning style and their lifestyle or situation
- ✓ Becoming a more adaptable and flexible learner
- ✓ Strengthening their areas of weakness
- ✓ Developing a long term plan and setting short term goals
- ✓ Seeking safe opportunities to practice new skills
- ✓ Rewarding themselves each step along the way
- ✓ Keeping their eye on the prize—graduation!

Learning Activities

Learning activities must fit with the course objectives and outcomes, the student's goals, the agency's clinical resources and opportunities, and the specific role that the student is studying. The instructor and preceptor must approve the student's learning activities that take place during clinical performance hours. Some examples of acceptable and unacceptable activities for clinical performance hours, are noted in the table below. The student should clarify with the instructor desired learning activities, whenever necessary. *Please note that these are general examples of acceptable and unacceptable Clinical Learning Activities. Other activities may be counted as clinical hours for specific courses. Refer to the course syllabus for specific instructions.*

Examples of <i>Appropriate</i> Clinical Activities	Examples of <i>Unacceptable</i> Clinical Activities
Orientation to the unit or agency, policies, procedures, and patient population.	Library and research time spent in preparation for the clinical experience.
Preparation for patient/family contact at the agency, at off-site clinics, or in home visits.	Writing reports and papers, or other course assignments.
Actual time spent at the agency or home visits in interaction with patients and families	Travel to and from the clinical site, or to and from home visits, or to class meetings.
Records review and patient care and clinical interventions.	Lunch or coffee breaks or time waiting for patient to arrive.
Documentation of care-related activities.	Preparation time for class meetings or online discussions.
Implementation and evaluation of clinical plans.	Reviewing media or doing assigned readings.
Gathering data about the community, or collaborating with other health professionals on issues related to patient care, community health, and healthcare services delivery.	Time for which a student receives monetary compensation.

It is expected that students will maintain an activity log, clinical journal, or other records as required by the instructor or preceptor. Students will also seek assistance from the preceptor if problems occur in fulfilling the learning contract, or if a need arises to modify the contract. Students are expected to fulfill the time requirements as stated in the syllabus for each course.

CONFIDENTIALITY, ETHICS AND PROFESSIONAL BEHAVIOR



Confidentiality is of paramount importance to protect the privacy of patients, families, staff and agencies. Students must adhere to agency policies regarding protection of patient privacy. When students are given access to patients' records and reports, these must be treated as confidential. HIPAA regulations must be followed and no personal identifying information such as names, initials, birthdates or dates of service may be recorded and removed from the agency. If students transcribe patient data related to their assignments, they must *omit full names, addresses, phone numbers, social security and medical record numbers*. Students must not leave notebooks or other personal materials containing patient data unattended, nor should confidential information about patients be discussed with persons not directly involved with patient care or the student's education.

Students must practice in role performance courses according to the ANA's *Code for Nurses with Interpretive Statements (2001)*. The *Code* states the ethical ideals for which nurses should be accountable, including but not limited to: fully respecting patients, safeguarding patients' right to privacy, advocating for safe, ethical and legal care, and maintaining their own clinical competence. Ethical behavior also extends to academic study by nursing students according to the concept of *academic integrity*. Nursing students must live their professional values as they write papers, do patient assessments, work together with peers in group projects, and give patient care in the clinical setting. The University's statement of Academic Integrity is published in the *University Catalog*. Disciplinary actions will be taken against students who do not abide by these standards.

Students are expected to present themselves as professional nurses in the practice settings at all times. They must assume responsibility for their actions and be accountable for their behavior. They should take safety precautions to protect themselves and their patients. They are requested to wear the identification and to dress in a manner that is appropriate to the practice setting. A CSUDH Identification card, available from the Admissions and Records office, can also be used for identification and can be placed in a badge holder.

ROLE OF THE PRECEPTOR

The preceptor functions as a guide, resource person, and consultant as well as a clinical role model for the student. The preceptor must, in the judgment of the course instructor, be able to provide a learning environment in which the student can participate in the learning activities required to attain course outcomes.

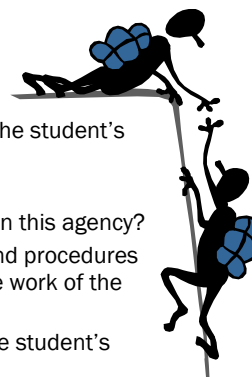
Specific preceptor responsibilities and activities include:

- ⇒ Submitting the Agency Information Form, Preceptor Information Form, and curriculum vitae or resume.
- ⇒ Reviewing the student's individual learning contract to determine how the course and student objectives can be met, given the agency's mission and resources.
- ⇒ Orienting the student to the clinical facility, personnel, policies, procedures, and the goals and philosophy of the agency.
- ⇒ Informing the student of potential learning opportunities available in the agency.
- ⇒ Maintaining verbal and/or written communication with the course instructor as mutually agreed.
- ⇒ Conferring with the student on a regular basis regarding progress toward meeting learning contract objectives and completing the learning activities as planned.
- ⇒ Providing the instructor with a written assessment of the student's progress.

The preceptor orients the student to the agency and her or his new role within the work group or agency. The student's experience differs from that of a new employee since the student is in the agency only for a specific learning experience and length of time. The preceptor needs to facilitate the student's rapid integration into the clinical facility. Although not an employee, the student must quickly learn the rules, policies, and procedures that guide the work of the agency, understand the organizational structure and how the preceptor fits within the structure, and learn new clinical skills and competencies. To assist the student with this transition, the preceptor might reflect upon some of these questions:

- ◇ Thinking about the first time you entered this agency, what were your first impressions?

- ◇ What made the transition easier for you?
- ◇ Given that the student's time in the agency is limited, how can you facilitate the student's transition into the agency?
- ◇ Whom does the student need to meet?
- ◇ How do the lines of communication flow in this agency?
- ◇ What are the essential agency policies and procedures that the student needs to understand the work of the agency?
- ◇ What are the agency's expectations of the student's role?
- ◇ What are your expectations of the student? Of yourself as preceptor?



The preceptor assists the student in selecting appropriate learning experiences. As the student's guide and mentor, the preceptor helps the student to identify and gain access to opportunities within the agency that meet the course objectives and student's learning goals. The student drafts a learning contract that delineates goals, objectives, learning activities, and evaluation measures. The learning contract form is located in under "forms" at the nursing web page (<http://www.csudh.edu/cps/son/forms.htm>). The student communicates with the preceptor and the course instructor to review the learning contract and obtain their suggestions, prior to commencing the clinical experience. Based on their feedback, the student revises the learning contract before beginning the experience in the agency. Both the preceptor and the faculty instructor must receive a signed copy of the learning contract. The student retains the original copy. The instructor submits a copy to the School of Nursing office for the student's record.

The purpose of the learning contract is to guide the student's achievement of required and complementary objectives. The first part of the contract contains documentation of immunizations, training, and licensure. It also contains contact information of preceptor and faculty, as well as the number of clinical hours and inclusive dates of the clinical experience. The second part contains the learning plan which includes objectives, activities, and outcome measures the student plans to achieve during the clinical rotation that semester.

Role of Preceptor ...continued

* **Objectives** are behavioral statements that reflect the course requirements and personal goals the student has identified. The required course objectives are stated broadly to allow students to individualize the plan and meet their own professional goals. The student's personal objectives are stated to meet a specific learning need or desire. Each learning objective must be stated as a measurable outcome. Each objective requires several specific learning activities; some activities may be used to meet more than one objective.

* **Activities** are the learning experiences in which the student engages to achieve the stated objectives. Appropriate activities are based on the course content and may include comprehensive assessments, direct patient care, ongoing management of health and illness, caseload management, community-based intervention, patient and staff education, interviews, involvement in team activities, and nursing or program management experiences.

* **Outcome measures** are stated as the behavior or end product of the learning activities. They consist of required assignments such as a case study, community assessment, exam, project report, field log, oral presentations, and observed demonstrations of clinical skills and procedures. Outcome evaluation reflects the extent to which the objectives have been met.

When reviewing the learning objectives and activities identified by the student, the preceptor should consider the following:

- * Can the student realistically meet the objectives in your agency?
- * Are the resources of time (yours and possible other staff) and opportunities sufficient within the agency, or should the student seek an additional site to meet some of the objectives?
- * Are the objectives sufficiently specific to be measured, but broad enough to allow for creative initiatives?
- * Do the activities flow logically from the objectives?
- * Can the objectives be measured by completion of the stated activities?

The preceptor provides ongoing guidance and support as the student gains experience and new competencies. Each student comes to the preceptorship with different experiences and expectations. Some students will need more guidance than others. The frequency and length of meetings with a student should be based on the preceptor's assessment of the student's learning needs, the agency's policy regarding students, the complexity of the role in practice, and the capability of the student to perform the assignments and clinical work. In general, once the student is oriented to the agency's policies, procedures, and role expectation, the preceptor should establish a mutually convenient schedule for dialogue, observation and feedback about practice activities.

The goal of ongoing communication is to assist students in improving their performance and achieving the outcomes stated in the learning contract. The preceptor observes the student's behavior, notes progress, and gives feedback about the behavior to the student. Feedback must be timely, specific, factual, and descriptive to guide the student in the right direction. Feedback should be clear, sensitive to the student's feelings, and directed at behavior rather than the student's personality, thoughts or emotions. By giving constructive feedback to the student, the preceptor improves performance and conveys support and caring. Constructive feedback affirms the positive aspects of behavior and encourages the student to identify how her or his behavior could be improved. The student remains motivated, experiences at least partial success, learns from the experience, and moves forward to attain the goal.

Most of us use more than one learning style depending on what we are attempting to learn. However, we tend to have a preferred learning style. It is important for the preceptor to identify the student's preferred or most used learning styles to facilitate activities that are

tailored to that style. The table below lists the four basic learning styles and some examples of learning activities that match the style.

Learning Style	Learning Activity
Concrete experience	Role playing, games, personal feedback
Abstract conceptualization	Thinking, reading, studying alone
Active experimentation	Doing, practicing with feedback, projects
Reflective observation	Watching, listening, journaling

To create a good learning environment, facilitate communication and ensure that feedback is helpful, the preceptor might want to consider the following suggestions and questions: Ask the student to describe how she or he learns best. A student's learning style may differ from yours. This can lead to misunderstanding and a premature assessment of poor student performance. It is helpful to discuss your own learning style with the student and compare ideas about the ideal learning environment.

Determine how much direction or guidance the student thinks she or he needs. Discuss with the student the form and frequency of feedback that would be most helpful to both of you. In some situations, you and the student will work together throughout the experience. In other situations, once you are comfortable that the student can work more independently, the scheduled feedback sessions may be the main form of contact. *The level of student independent practice should be relative—never totally independent or totally dependent.* Your continued involvement with the student is critical to maximize the learning experience.

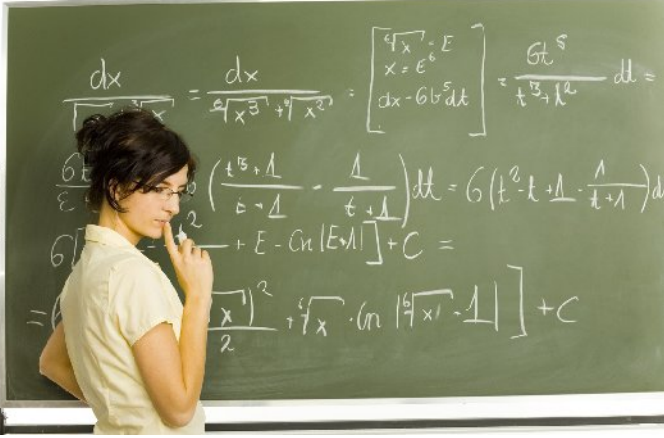
During your regular feedback sessions, have the student review her or his progress made on each objective.

- To what extent are the learning activities helping the student to meet the objectives?
- What are the facilitators or barriers to achieving the objectives?
- Does the learning contract need to be modified to meet the objectives?
- What new insights has the student gained?
- What behaviors or skills need improvement?
- What does the student need from you and the agency to continue to progress?

The preceptor evaluates the student's performance based on goals and objectives specified in the student's learning contract. Evaluation of student performance is both formal and informal. Formal evaluation takes place when the preceptor assesses performance and writes comments on the course forms provided. The preceptor must send these forms directly to the instructor. Informal evaluation is the ongoing feedback the preceptor gives to the student, together with the guidance and support necessary to meet the student's objectives. Although the faculty instructor assigns the final grade, the preceptor's evaluation of the student's performance is essential in determining the grade.

In considering the student's progress, try to think of the experience as a whole:

- ☉ Did the student accept responsibility and accountability for her or his learning experience?
- ☉ Did the student meet the objectives as stated?
- ☉ Were there unexpected events or situations that either enhanced or detracted from the learning experience?
- ☉ Was the student intellectually curious and assertive in seeking meaningful learning experiences? Did the student demonstrate safe and ethical practice?
- ☉ How did the student interact with others at the agency?
- ☉ Would you hire this student if you had the opportunity?



THE INSTRUCTOR'S ROLE

The role of the faculty instructor in ensuring a successful student/preceptor relationship is an important component of the clinical education experience. The instructor teaches the role performance course, assists in making arrangements for and approves the selection of the preceptor, and oversees the student's performance and clinical experience. She or he works with the student and the preceptor to structure the learning experience and develop the learning contract. The instructor monitors and assesses appropriate preceptored learning experiences to facilitate the student's achievement of the course objectives. The instructor communicates on a regular basis with the preceptor regarding student progress and learning needs, and is available to resolve problems if they arise. The instructor is responsible for evaluating the student's work and assigning a final grade after receiving the preceptor's written evaluation.

Faculty who teach sections of the role performance courses may be full-time or part-time instructors. The content expert for each role performance course is a full-time faculty member who has the responsibility to coordinate the sections of the course, and serves as a resource to the instructors and preceptors in those sections. The roles of the instructor and the preceptor are collaborative and complementary in the School's *Preceptor Model*. The functions of each are compared next.

Instructor	Preceptor
Facilitates course objectives	Facilitates the learning environment
Oversees clinical arrangements	Gains access to clinical experiences
Collects documentation	Collects information on the forms
Structures the learning experience	Guides experience to meet objectives
Helps student to form learning contract	Gives input to the learning contract
Initiates communication interaction	Responds to communication interaction
Teaches clinical content of the course	Teaches application to practice
Fosters professional socialization	Provides role model
Evaluates student's course work	Evaluates student's performance
Assigns grade	

If you have questions or concerns, please contact the BSN Program Coordinator, Dr. Kathy Chai at kchai@csudh.edu or 310-243-2005. If you have questions about contracts with clinical placement agencies, please contact Cathy Crandall at ccrandall@csudh.edu or 310-243-3426. Please contact your instructor for issues related to course requirements and documentation.

The faculty instructor is responsible for conducting the course according to the syllabus. The instructor approves the selection of the preceptor and the agency. The instructor plans and evaluates the student's experience with the preceptor. The instructor is also responsible and accountable for assuring that it is possible to meet the course objectives in a specific agency.

Specific responsibilities and activities include:

1. Verifying the student's readiness to begin the course (prerequisites met, immunizations, liability insurance, etc, documented).
2. Approving each student's preceptor and clinical site on the basis of established criteria and in consultation with the appropriate agency designee.
3. Submitting the name and preceptor profile for approval by the appropriate instructor or Program Coordinator.
4. Providing guidance to the student in formulating the learning contract.
5. Conferring with the student individually and in groups.
6. Conducting group seminars.
7. Consulting with the preceptor **at least twice** each semester and as needed to evaluate the student's learning experience and plan for future placements.
8. Submitting copies of the learning contracts and evidence of learning outcomes to the School of Nursing office.
9. Assigning student grades following consultation with the preceptor and review of the learning outcome measures identified in the course and the learning contract.
10. Submitting grades **by the published deadline** using the online grading system.
11. Forwarding preceptor data and evaluation forms to the appropriate Program Coordinator.
12. Periodically, meeting with the Program Coordinator to review the preceptor's effectiveness in providing students with a good learning environment and experiences that assist them to attain the course outcomes.

PROBLEM RESOLUTION PROCESS

There may be times when the preceptor needs clarification of student or course expectations, validation of the appropriateness of the learning activities, or resolution of disagreements between the student and the preceptor. Usually, the preceptor and the student can resolve problems that are based on different expectations of performance, inadequate communication, or dissimilar learning styles. However, preceptors are encouraged to contact the course section instructor when questions or problems arise that cannot be satisfactorily resolved with the student. The following suggestions are offered to assist in problem resolution:

1. Identify the source of the problem. Is it a communication problem, knowledge deficit, difference in expectations, or conflict in learning styles?
2. Meet with the student and discuss your and the student's perception of the problem.
3. In situations when you and the student can identify the nature of the problem, mutually develop a plan for correction or resolution that includes actions and a time line for completion.
4. Meet regularly to check on progress.
5. In situations when you and the student cannot agree on the problem or the appropriate steps to resolve the problem, contact the instructor. The instructor will meet with you and the student (in person or by phone) to discuss the problem and steps for resolution.
6. When you cannot resolve questions or issues with the student and the instructor, contact the BSN Coordinator for consultation. The Coordinators are the appropriate persons to interpret school policies, clarify expectations and resolve conflicts.
7. If the issue is still unresolved, the Coordinator will consult with the Director and report back to you with further suggestions or a decision.