

Thank you for agreeing to be a preceptor for the WSU Senior Practicum. It is a very important role as we help nursing students complete their education and transition to clinical practice. Please click this link to view important information regarding your role as a preceptor. <https://nursing.wsu.edu/welcome-preceptors/>. Here you will find all the resources you will need during the practice experience. The portal contains preceptor paperwork, evaluations, faculty call schedules and more—please take a moment explore the preceptor portal before you begin precepting your student.

Practicum Starts: November 7, 2023

Practicum End: December 5, 2023 (2359)

**Clinical Hours:** Students are required to complete a total of 120 hours following your schedule as much as possible. *Students may work any shift, weekends, or holidays. Students may not work more than three 12-hour shifts in a row, four 10-hour shifts in a row, five 8-hour shifts in a row, or more than 40 hours a week.* You are assigned as the primary preceptor for this student. The student may work with other nurses as needed and as directed by you. We have had this happen due to illness or low census call-offs.

**Faculty Communication:** During the practicum, you and your assigned student will be contacted by a faculty member (faculty facilitator) on three occasions. At least one of these occasions will be a site visit. The purpose of the contact is to check-in on the student and answer any questions that either of you may have. If you have a concern please contact the faculty facilitator. There is a back up 24-hour on-call faculty schedule can be found on the preceptor portal. Please review when you will need to contact the on-call faculty in an emergency versus when you can contact the primary faculty within 24-hours. It is fine to float to another unit with your preceptor or a preceptor you are assigned to work with. Students do NOT need to get permission from their faculty facilitator or on-call person to float with you to a different unit. Students MUST notify their faculty facilitator if there is a change in schedule. The faculty must be aware of when the student is in the facility.

**Preceptor Documentation:** Your assigned WSU practicum student will be completing a log of hours and will require you to initial after each shift. At the end of practicum, there will be a student evaluation for you to complete. The online evaluation link is available on the preceptor portal. Please complete this evaluation by the last day your student is with you. After practicum is completed, you will receive an evaluation form specific to the WSU Nursing Program. We value your feedback, please take a few minutes to fill this out and help us to continue making improvements to our program.

Thank you again for your time and willingness to mentor one of our students.

WSU Senior Practicum Course Lead,

**Leah Berry, ARNP, FNP-C, MN, BSN, CPN**

BSN Practicum Course Coordinator

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## Roles & Responsibilities of Undergraduate Preceptors

The practicum experience is the culmination of the student's BSN nursing program. Students have successfully completed all pre-requisite courses and will begin "putting it all together" during their practicum experience. They are entering this practicum rotation as *Novice* nurses. As their preceptor and mentor, you will be supporting them during their growth into an *Advanced Beginner* nurse and beginning growth into a *Competent* nurse (see *Benner's Novice to Expert* graph on the following page). Please refer to the graph to identify and track the growth demonstrated by the student.

NOTE: nursing students will not advance to *Proficient* or *Expert* during this practicum rotation.

- Orient the student to the clinical site and daily workflow.
- Discuss student clinical learning objectives then determine a plan and goals for meeting those objectives. With preceptor input, the objectives may expand to reflect the patient unit/facility.
- Promote a positive learning environment that encourage self-directed inquiry, development of critical analysis skills, and allows for professional reflection and role development.
- Validate clinical findings and data reported by the student. Review documentation in the medical record as required. The preceptor is ultimately responsible for ensuring the student's patient(s) are receiving safe, appropriate care.
- Directly observe the student interacting with patients prior to allowing them to perform tasks or assessments independently. This will help you guide the student to refine their assessment, care, and approach and provide real-time feedback to reinforce learning.
- Support the students progress with time management, delegation, prioritization, and critical thinking. As students continue to grow, they should be increasing their patient assignment up to, but not exceeding, the unit's nurse to patient ratio. Not all students will be able to manage a full patient assignment during their 120 practicum hours. That is okay as long as there is growth demonstrated. Continue to provide safe assignments with patients that provide adequate experience for the student.
- Communicate with faculty facilitator regarding student's progress. Advise faculty if there is concern that a student is not progressing as expected, deviates from expected professional behavior, or you feel the student is performing in an unsafe manner.
- Communicate with your student and have the crucial conversations. Identify areas for improvement and provide constructive feedback in real time; do not wait for faculty check-ins or final evaluations. Take time to debrief at the end of each shift regarding what went well and what needs improvement. Students should not be "surprised" by their preceptor's evaluation or feedback when checking in with faculty.
- Complete and submit the student evaluation at the completion of the rotation (link found on the WSU Preceptor Website).

## BENNER'S NOVICE TO EXPERT

CATEGORY	1 - NOVICE Doesn't yet see the big picture	2 - ADVANCED BEGINNER Sees part of the picture	3 - COMPETENT Sees the basic picture	4 - PROFICIENT Sees the big picture	5 - EXPERT Anticipates the changing picture
<b>PATIENT ASSESSMENT</b>	Performs assessment with guidance/prompts	Distinguishes between abnormal & normal assessment findings	Recognizes changes in patient condition, intervenes appropriately, and reassesses	Classifies relative importance of multiple assessment findings over time	Relates ongoing findings to potential complications; modifies plan & nursing interventions
<b>HISTORY GATHERING</b>	Recalls questions for basic history data with guidance/prompts	Discriminates between normal and abnormal history data	Uses understanding of disease process to focus questioning	Includes past medical history to develop comparison with current condition	Anticipates potential outcomes based on history findings
<b>PATIENT TEACHING</b>	Seeks guidance to answer patient/family questions	Explains procedures to the patient/family	Rephrases medical information into lay terms for patient/family	Modifies patient teaching based on patient/family response & learning barriers	Identifies need and resources for further patient/family teaching; initiates multidisciplinary involvement
<b>LAB, DATA, AND DIAGNOSTICS</b>	Reports lab data	Distinguishes between normal and abnormal lab data/diagnostic studies	Uses understanding of lab values/studies to plan care	Analyzes trends in lab values; compares with patient response	Monitors patient response via analysis of lab data and exam; assists with plan for future testing
<b>NURSING INTERVENTIONS</b>	Performs simple, basic nursing care with prompts	Identifies active patient problem(s), but needs help in selecting intervention(s)	Implements appropriate routine nursing intervention(s) and evaluates effect; may delegate	Implements appropriate nursing intervention plan in timely manner, consistently delegates	Modifies nursing care by synthesizing evidence – based knowledge into practice; utilizes and/or conducts research
<b>CLINICAL JUDGEMENT</b>	Recalls norms in patient condition	Recognizes variations in patient condition, but needs help prioritizing; may access resources	Determines priorities in patient care based on varying patient condition, accesses appropriate resources	Carries out care while managing multiple contingencies in concert with health care team members	Devises plan to avoid complications; acts as resources when patient complications occur
<b>COMMUNICATION</b>	Repeats basic information with prompting for documentation and/or report to physician & colleagues	Summarizes available information for documentation and discussion with colleagues &/or physician; may use standardized approach	Prioritizes available information for documentation and discussion with colleagues &/or physician; uses standardized form for handoff/report	Draws conclusions based on available information for documentation and discussion with colleagues &/or physician; uses standardized form for handoff/report	Synthesizes available information and possible patient outcomes for documentation and discussion with colleagues &/or physician; uses standardized form for handoff/report
<b>SAFETY</b>	Identifies patient with prompts; sanitizes hands with prompts	Identifies patient with single identifier, hand sanitation majority of times; may recognize unsafe equipment or situation	Identifies with 2 identifiers; sanitizes hands; employs universal precautions, recognizes unsafe equipment or situation, and corrects	Uses 2 or more identifiers & actively incorporates patient, environment, and procedural safety standards of care	Synthesizes patient safety assessment and standard of care to devise multidisciplinary plan for optimal patient safety and health care team member protection

Hargreaves, L., Nichols, A., Shanks, S., & Halamak, L.P. (2010). A handoff report card for general nursing orientation. *The Journal of Nursing Administration*, 40(10), 424-431. <https://doi.org/10.1097/NNA.0b013e3181f2eb74>