Dear Preceptor:

Thank you for serving as a preceptor for a BSN student from Stephen F. Austin State University DeWitt School of Nursing. The clinical experiences the student will obtain in your clinical area are of critical importance to successful learning in the program. Without your help, these students would not have these valuable experiences!

The student will work closely with you, learning from your advice and example. You are the key to successful learning experiences in the clinical setting. The clinical instructor is responsible for clinical supervision. The preceptor and instructor collaborate in providing clinical instruction and evaluation. Instructor supervision may include site visits, preceptor consultation, and/or one-to-one clinical experience with faculty.

This Preceptor Handbook provides a brief description of the Undergraduate Program at SFASU. It outlines the responsibilities of the student, the preceptor, and the School of Nursing. Students are engaged in didactic coursework, along with clinical experiences. The student with whom you work can provide you with a list of topics covered during this and previous semesters to assist you in determining your expectations of the student. You will also find course-specific information for the course you are precepting. Student Clinical Evaluation forms to be completed by you are provided.

If you agree to be a preceptor, you will need to complete the Preceptor Agreement, a formal contract, which establishes the legal parameters between you and the SFASU DeWitt School of Nursing. We appreciate your contribution to our program and your critical role in the clinical education of our students. Thank you again for your service to the DeWitt School of Nursing, our students, and the nursing profession.

Sincerely,
DeWitt School of Nursing Faculty
Overview of the DeWitt School of Nursing

Vision

Empower nursing professionals to impact healthcare and serve in a changing world.

Mission

Our mission is to provide students a foundation for success as nurses who are ethical, competent critical thinkers by providing an educational environment that promotes holistic health care in an educational community dedicated to teaching, research, creativity, and service.

Core Values

Intellectual and Creative Engagement
SON faculty encourage the student to investigate the health needs of a changing society and to think in creative ways to provide holistic health care to culturally diverse populations and engage the nursing profession.

A Diverse Student Body
The unique individual student is engaged and valued as a partner in the diverse learning community and in the nursing profession.

Teaching and Learning
The facilitation of transformative learning experiences will inspire innovation and excellence, and fosters life-long learning in the nursing profession.

Faculty Excellence
Faculty will seek new ways to provide a collaborative, respectful, inclusive learning experience and serve as positive examples of nursing professionals.

Partnerships
The SON will demonstrate integrity and facilitate trust with community partners in the nursing profession in meeting the needs of culturally diverse populations.

The Nursing Metaparadigm

1. Nursing
Nursing graduates at every level are expected to meet the academic and ethical standards of the profession. Nursing is a profession of arts and science dedicated to facilitating holistic care to all persons.

2. Person
The individual, family, group, or community that engages with the nurse in the healthcare delivery system.

3. Health
“A state of complete physical, mental, and social wellbeing, not merely the absence of disease or infirmity.” (World Health Organization, 2019)

4. Environment
What is a Preceptor?
(Adapted from Carol Athey, MA, MSN, RN, CNOR and Laura Logan MSN, RN)

Teacher
Coach

Cheerleader
Evaluator
Advocate
Role Model

Essential Responsibilities
• Orient the preceptee to the nursing unit and facilitate the learning experience.
• Guide and supervise the preceptee during the clinical experience.
• Teach/reinforce skills and previous learning.
• Serve as a role model.
• Work closely with nursing faculty to identify education gaps and learning opportunities.

Beginning the Shift
• Acknowledge the preceptee’s presence.
• Talk about what is happening today.
• Introduce the preceptee to staff and patients.
• Give clear directions and voice expectations.

Throughout the Shift
• Discuss the chain of command.
• Practice role model behavior and be positive.
• Help preceptee to learn time management.

Tips for Giving Directions
• Do not assume the preceptee is knowledgeable about a situation. Find out what they know before you begin.
• Encourage them to clarify your instructions and reassure them every question is a good question.
• People will not always admit they do not understand the instructions so ask them for clarification and comprehension.
• Explain the “why” when giving directions as it will help them comprehend the instruction.

Guide the Preceptee
• Provide one-on-one guidance when demonstrating nursing skills and techniques.
• Supervise clinical practice at the bedside.
• Offer positive reinforcement for skills well done and keep negatives objective.
• Remember practice is needed to master a skill.
• Teach new skills and/or reinforce learning
• Serve as a role model

“Reality Shock”
Many preceptees experience “Reality Shock” defined as: when the preceptee realizes that the actual job is different than the one they thought it would be. This conflict arises when ethical, moral, professional or cultural beliefs conflict with the beliefs held by allied health care staff and/or the institution. Work issues cause anxiety.
4 Phases of Reality Shock
1. Honeymoon Phase – Nursing through “rose colored glasses”
2. The Shock Phase – situation that causes anger, disillusionment, or embarrassment
3. Recovery Phase – preceptee is able to perceive reality in both a negative and positive aspect.
4. Resolution Phase – preceptee feels he or she “fits in”

Prepare Critical Thinkers
Critical Thinking Nurse
- Asks why
- Is open to possibilities
- Views events to learn
- Uses intuition
- Notes patterns and trends
- Seeks advice

Questions to Promote Critical Thinking
- What do these lab results mean to you?
- How will you prioritize care today?
- What alternative measures would work for this problem?
- What else could be causing your patient’s symptoms?
- How will you evaluate the outcome of that intervention?
- Help me understand your thinking on this problem?
- Help me understand how you came to this conclusion.
- You appeared to freeze during that situation. What were you thinking during that time?

Validating Competency
Competency can be validated by the preceptee’s actual performance in a variety of patient-care situations and as the preceptee demonstrates use of clinical knowledge, skills and behaviors according to facility policies and procedures and well developed professional standards.

Performance Rating Scale
1. Satisfactory
2. Needs Improvement
3. Unsatisfactory

Satisfactory Performance
The preceptee consistently:
- Functions with minimal guidance.
- Performs nursing care safely.
- Integrates knowledge with patient care skills.
- Initiates new learning opportunities.
- Applies nursing knowledge appropriate to the nursing unit.

Needs Improvement
The preceptee:
• Usually functions with moderate guidance.
• Usually performs nursing care safely.
• Requires some assistance integrating knowledge with patient care skills.
• Recognizes the need for new learning activities but needs direction.
• Usually applies nursing knowledge appropriate to the nursing unit.

Unsatisfactory
The preceptee:
• Functions only with direct supervision.
• Usually performs nursing care safely but with difficulty.
• Requires continual assistance to integrate knowledge with patient care skills.
• Does not recognize new learning opportunities.
• Requires detailed instruction to apply nursing knowledge appropriate to the nursing unit.

Providing Feedback
Providing ongoing evaluation to the preceptee is essential. Daily feedback validates he/she is doing well and what additional work is needed to progress in nursing. Daily feedback motivates learning, provides time for constructive criticism, identifies areas that need remediation and determines the effectiveness of the learning experience. You can start by asking how the student feels that the day went. You can use the BEER Model.

BEER Model
B – Behavior: what is the preceptee doing or not doing?
E – Effect: how does it hinder productivity?
E – Expectation: What change do you expect to meet goal?
R – Result: What happens if change does not occur?

Example:
Traditional: The preceptor states, “You have been late for report. This is inconsiderate and the other staff don’t like you coming in interrupting report.”
Behavior focused: The preceptor states, “You have arrived late three times this week. Do you have a problem in the mornings with your schedule or routine? When you are late it disrupts the flow of the report and patient safety can be compromised. What can you do to arrive on time?”

End Evaluation
• Find a quiet place, out of public view, and be able to avoid interruptions.
• Maintain a relaxed professional atmosphere.
• Put preceptee at ease.
• Discuss future needs and goals.
• Be sincere.
• Ask the preceptee how you can improve as a preceptor for future preceptees.

The end evaluation assures the preceptee:
• The goals for the clinical experience have been met.
• Their own limitations of knowledge and the need to be lifelong learners is evident.
• They will have confidence to meet future challenges in the nursing profession.

Work closely with Nursing Faculty
• Discuss learning opportunities with the faculty.
• Validate the preceptee’s learning and skills.
• Communicate objectively with faculty about preceptee and/or preceptor concerns.
What the Preceptor can expect from the student

Below you will find each course description, as SFA nursing students are all not in the same course or year in school. Expectations will vary accordingly. Course clinical skills expected of the student per course, clinical outcomes/objectives, and clinical evaluations of nursing student by preceptor for all of the courses with precepted clinicals.

The clinical skills listed are skills the student should seek out throughout the day. The student will need your guidance to perform these skills. The student has been instructed not to be present when you complete the clinical evaluation. The evaluation form is a quick online form you, the preceptor will complete. The link to this form is found at the following link:

Helpful Tips for Precepting All SFA Students

• Expect active participation of the student in patient care activities. Do not allow the student to turn down a learning opportunity or performing a skill.
• Expect the student to take report on your assigned patients.
• Emphasis is placed on head to toe assessments. Don’t hesitate to ask the student if they have completed this aspect of patient care or ask them to perform their assessment in front of you.
• Feel free to discuss student performance with the clinical instructor. Never hesitate to call us or leave comments on their evaluations for us. We value your feedback, positive or negative, in order to provide the best prepared graduate nurses possible.
• Encourage students to make decisions about patient care and you can critique those decisions.
• Expect the student to report and reassess abnormal findings.
• Expect students to know medications.
• Expect professional demeanor at all times.
• Actively involve students in discharge planning and patient teaching activities.
• Actively involve students in patient admission, transfer, and discharge procedures.
• Discuss your time management and patient priority strategies with students as to promote development of stronger organizational skills.
• Students should not be doing homework or studying for classroom activities during clinical experiences.
• When students watch a procedure being performed you can quiz them afterwards about the nurse’s responsibilities within the experience.
• Students shouldn’t leave a shift early unless previously approved by faculty or preceptor unless in the case of illness or personal emergency.
• Students are there to learn how to become a RN. Part of that learning includes answering call lights, performance of baths, bed changes and assisting with activities of daily living. Students also must learn skills beyond basic care.
• Don’t allow students to shrug off responsibilities. They are there to learn nursing care. Sometimes they exhibit their fears and insecurities
by avoiding placing themselves in uncomfortable learning experiences. Recognize this tendency but realize learning is uncomfortable but necessary.

- Don’t accept the answer “I don’t know” or “I was never taught this”. If they don’t know then they need to tell you how they will learn it. Return them to their books and the other resources available to them on the unit such as policy and procedure manuals.