

Section Two: Preceptorship Roles and Responsibilities

Preparing for the Placement: Logistics

There are some logistical arrangements that will occur prior to the preceptorship placement. This is an overview of what students can expect:

- Students are matched with preceptors following collaboration between faculty members and/or nurse managers.
- A faculty liaison is assigned to partner with the preceptor and the student throughout the experience. A faculty liaison will be available for consultation 24 hours a day, 7 days a week.
- A representative from UNB will contact the preceptor, either directly or via the nurse manager, to obtain contact information. This contact information will be shared with both the student and the faculty liaison.
- A representative from UNB will obtain the preceptor's schedule, either from the preceptor or the nurse manager.
- A faculty liaison will contact the preceptor prior to, or during the beginning days of, the placement to respond to questions and share information.

Roles and Responsibilities

An important part the preceptorship experience is understanding the roles of each participant and their associated responsibilities.

Preceptor

- Serves as a role model, teacher, facilitator, guide and educator.
- Engages in co-learning with the student, guiding the student in clinical practice.
- Participates in preceptorship orientation program.
- Reviews student's learning goals and facilitates learning through increasingly complex client care situations to achieve the desired learning outcomes.
- Strives to maintain open and authentic communication with student through clarifying and validating observations.
- Provides the student with ongoing daily feedback.
- Collaborates regularly with faculty liaison, communicating in person or by phone, regarding the student's clinical practice.
- Reviews daily assignments with the student.
- Confers when necessary with the faculty liaison regarding the complexity of nursing care assigned.
- Completes three formal written assessments utilizing the Collaborative Assessment of Student Abilities (CASA) document at the three required assessment points. Shares assessments with the student and the faculty liaison.

- Completes evaluation form as required by the UNB Nursing Programs.

Student

- Participates in student orientation session.
- Prepares learning goals which outline specific professional goals for the experience. Shares these goals with the preceptor and faculty liaison both in a letter of introduction and the CASA. Participates in developing ongoing plans to meet these goals using the available resources.
- Prepares a letter of introduction to be shared with the preceptor and the faculty liaison.
- Practices in the health care setting with the preceptor and collaborates with other health care professionals as appropriate.
- Maintains open, honest and respectful communication with preceptor, faculty liaison and other members of the health care team.
- Seeks guidance and support from preceptor.
- Takes responsibility for own learning and for developing nursing practice by being well prepared to assume increasing responsibilities for patient care.
- Utilizes faculty liaison as a resource.
- Participates in the assessment of learning outcomes using the CASA at the three required assessment points and shares with the preceptor and faculty liaison for feedback.
- Notifies faculty liaison of any changes to the schedule, including: preceptor vacation, preceptor educational leave, preceptor illness, or student illness.
- Completes evaluation form as provided by the UNB Nursing Programs.

Faculty Liaison

- Meets with preceptors, in person or by phone, on a regularly scheduled basis to discuss student progress and to assist with problem solving.
- Incorporates topics and questions during regular visits as outlined in faculty liaison visit guideline to facilitate the preceptorship experience.
- Completes online faculty liaison log sheet regularly throughout the placement. Visits are recommended once per set of shifts, at minimum once every two weeks.
- Assists with the assessment process, collaborating with student and preceptor, and preceptorship coordinator as required.
- Ensures that students complete the required number of clinical hours associated with preceptorship.
- Assigns course credit/no credit, in consultation with the student, preceptor and preceptorship coordinator as required.
- Ensures that CASAs are completed, signed and returned to the preceptorship coordinator.
- Contributes to the CASA assessment process, including reviewing CASA documents and providing feedback at each assessment point, and completing CASA supplemental forms, if necessary.

Preceptorship Coordinator

- Assumes overall responsibility for the preceptorship experience.
- Acts as a resource and support for students, preceptors, faculty liaisons and practice partners.
- Receives student placement request forms and associated documents.
- Determines appropriate placements for students, taking into consideration the student request, placement availability and learning opportunities.
- Submits placement requests to appropriate agency personnel.
- Assists with recruitment of preceptors, as appropriate.
- Assigns students to a preceptor.
- Ensures that orientation requirements and conditions to placement are met for all placements.
- Ensures that preceptor schedules and contact information are obtained and distributed to students and faculty liaisons.
- Provides orientation to preceptors (in-person, distance) and shares orientation materials.
- Provides orientation to students.
- Provides orientation to faculty liaisons.
- Assists with assessment processes, as required.
- Inputs clinical hours and area of placement into the CASA system.
- Ensures that completed CASAs are signed and appropriately filed.
- Ensures that preceptorship evaluations are distributed to preceptors, students and faculty liaisons at the end of the placement period, and assists with collection and collation as required.
- Collaborates with other UNB faculty to review preceptorship evaluation feedback and implement changes as required.
- Assists in reviewing orientation materials as required.

Privacy and Confidentiality Related to Preceptorship

As nurses, we respect and abide by the principles of privacy and confidentiality required by our profession on a daily basis. As with any other clinical course, you must exercise wisdom and caution when discussing your clinical experiences; protecting the confidentiality of the clients and the organization at all times. This includes any documentation or personal notes that you have in your possession related to clinical work. Guard the privacy of clients in your care. Be advised that posting anything online that is related to clinical practice is a poor decision. While this concept is a familiar one to us as it applies to our clinical practice, there are some practices specific to confidentiality when working with students that we have shared with your preceptor. The following information has been communicated to your preceptor. You can speak to your faculty liaison if you have any concerns about confidentiality in your working relationship.

All nursing students sign a UNB Pledge of Confidentiality for their specific nursing program site when they begin the program. In addition to this pledge, students will sign any confidentiality agreements required by their placement agencies.

The following section will provide you with guidelines for safeguarding the **verbal and written** communication and information exchanges that are a key part of the preceptorship experience. This can include:

- conversations with students
- conversations with faculty members (in person or via distance)
- written communications with students (i.e. text, email)
- written communications with faculty members (i.e. text, email)
- written notes kept to provide context for clinical assessments (i.e. Collaborative Assessment of Student Abilities)
- clinical assessments (i.e. Collaborative Assessment of Student Abilities)

The privacy rights of UNB students are protected under the New Brunswick Right to Information and Protection of Privacy Act (RTIPPA). As such, we recommend the following:

- Conversations with the student (discussions about learning experiences, providing feedback) should preserve the student's privacy. Conversations should be held in a private area without others present.
- Conversations with the faculty liaison and/or the preceptorship coordinator should follow the same principles.
- Student information on an electronic device (computer, laptop, tablet, mobile phone, usb drive, etc.) should be protected. The device should be password protected and encrypted. A screen lock should be timed to turn off after 5 minutes of inactivity.
- Student information in physical format (including the CASA document) should be safeguarded. Ensure that it is securely stored and not accessible by anyone but yourself (i.e. locked cabinet, locked office, etc.).
- Written notes about the preceptorship placement should be securely shredded if the student receives credit for the course. If the student does not receive credit, please contact your faculty liaison for further direction.

- If you lose any information or documents associated with the preceptorship experience, contact the faculty liaison and/or preceptorship coordinator immediately.
- Communication via email or text is not recommended when sharing personal information specific to the student's performance.

Student Preparation

You are expected to prepare for your clinical experiences and are responsible for your own learning. Here are some considerations for enhancing your awareness and personal responsibility.

The following information has been developed by Em M. Pijl, BScN, MEd, PhD, RN © 2005 – University of Lethbridge. Adapted and used with permission of author by Debra Amirault, Dr. Lisa Keeping-Burke and Karen Tamlyn, University of New Brunswick, 2017.

Be self-directed:

- Seek learning experiences that you need.
- Seek feedback, both positive and constructive, to improve your practice.
- Pursue the information you require from multiple sources.
- Identify areas of strength and weakness in your performance, and find strategies to improve.
- Engage regularly and openly in discussion with your preceptor about your clinical performance.
- Integrate preceptor feedback into your actions.
- Keep the lines of communication open between you and your preceptor at all times.
- Remember that your preceptor expects you to be an independent learner who seeks her/his own information and identifies appropriate solutions.

Be accountable:

- Know that the knowledge you bring is not as important as your accountability in finding the answers.
- Prepare for patient assignments by researching and asking for clarification if you don't understand the care required or what is written.
- Accept responsibility for your own actions. Do not make excuses for your actions. Accept feedback and find ways to improve.
- Contribute to learning experiences through pursuing skill proficiency and increasing your knowledge base.
- Demonstrate accountability to the academic program by adhering to practice expectations.
- Be proactive in your interactions with the preceptor, staff, and other health team members.
- Articulate your learning needs frequently to your preceptor to ensure an effective learning plan is in place.

Be professional:

- Demonstrate a strong sense of commitment to your role in the preceptorship experience.
- Practice according to the Code of Ethics and Standards of Practice.
- Follow best practice guidelines.

- Follow dress code requirements as required for the practicum, and manage your behavior, speech and attitudes to reflect the highest of professional standards.
- Interact respectfully with the preceptor, faculty, patients, families, colleagues, fellow students, and other members of the health care team.
- Be knowledgeable about what you can and cannot do as a student.
- Demonstrate critical thinking and clinical judgment in decision making.
- Ask for and be open to constructive feedback.

Be reliable:

- Follow through on the various roles and patient assignments for which you are responsible
- Act in a consistent manner
- Maintain organization in your care
- Be safe
- Be competent in your actions
- Always ask for clarification if you do not understand

Be aware of potential challenges:

- Time management
- Clinical decision making
- Prioritization
- Understanding or accepting feedback
- Adapt approaches after making mistakes

Student Learning Goals

You will be asked to write a letter of introduction to share with your preceptor. Included in this letter will be:

- Why you chose a specific area of practice
- Educational background, including practice experiences
- Strengths and challenges
- Professional learning goals

During the first few days, the preceptor should review the letter with you and set aside time for discussion about what you have shared. It is helpful to revisit this letter throughout the experience, as it will help to provide context and guidance for learning.

Psychomotor Skills

Many preceptors ask faculty liaisons for a list of clinical skills that students have learned during the program as it is helpful to have an understanding of what students have/have not learned. There are a number of factors that result in variations of student practice experiences, and as a result, a

definitive checklist is not feasible. However, a general overview of lab theory and practice is included in the section that follows, as a guide.

Please note: This is an overview of the psychomotor skills taught throughout the BNASP. Due to the variations in student practice experiences, students may not have had opportunity to develop these skills in practice settings. Therefore, supervision by the preceptor is required to ascertain the student's ability to perform the skill.

Fundamentals

- Asepsis
- Vital signs and glucose monitoring
- Urinary care (catheterization, CBI, specimen collection)
- Bowel care (enemas, specimen collection, enteric precautions)
- Personal hygiene
- Mobility
- Oxygen therapy
- Nutrition (glucose monitoring, enteral feeding)
- Surgical asepsis

Medications

- Medication administration (insulin, subcutaneous, oral, topical, sublingual, suppositories, trans/intradermal, instillation, IM, IV, saline lock)
- Pain management (PCA, epidurals)

Wound Care

- Wound care (staples, sutures, steristrips, irrigation, packing, negative pressure dressings, bandaging, binding, slings)
- Drainage (Penrose drain shortening, NG tube, hemovac, Jackson Pratt, urometer)
- Ostomy care
- Tracheostomy care
- Chest tube management

IV Therapy

- IV therapy (pump, fluid balance)
- Central lines and venous devices (Hickman, Portacath, PICC, midline catheters)
- TPN
- Blood product administration
- IV initiation and phlebotomy

Accountability to Ensure Safety

All parties involved in the preceptorship experience are partners in teaching and learning. This section will provide clarification related to the responsibilities and accountabilities assumed as part of the preceptorship experience.

Information from the following two documents has been adapted and included in the section that follows. Preceptors and students are requested to review and be familiar with the content of these publications.

“Guidelines for Supporting Learners in the Workplace” (NANB)

<http://www.nanb.nb.ca/media/resource/NANB-PracticeGuidelines-SupportingLearners-E.pdf>

“Managing Legal Risks in Preceptorship” (CNPS) <http://www.cnps.ca/index.php?page=92>

These documents provide overarching concepts to guide student learning while ensuring client safety within the preceptorship experience.

As outlined in the Guidelines for Supporting Learners in the Workplace (NANB, 2016), “In supporting learners, an RN is responsible and accountable for sharing nursing knowledge and for maintaining safe, competent and ethical patient care in accordance with nursing standards. The RN working with the learner is not accountable for the learner’s actions provided that the RN has fulfilled her/ his responsibilities as outlined by the employer and in the learning agreement, if applicable (e.g. learning plan, appropriate supervision) (p.2). However, in accordance with the *Code of Ethics for Registered Nurses* (2008), the primary responsibility for the nursing care received by the patient remains that of the primary nurse to whom the patient has been assigned, (e.g. The RN should ensure that the learner is reporting to her on patient status throughout the shift).” (pg.2)

Client safety

Client safety is always the priority and the primary responsibility of the RN is to the patient.

Learning goals and outcomes

The university, the preceptor and the student collaborate to ensure all parties are aware of the learning goals and outcomes for the placement. You will develop your own learning goals for the placement in collaboration with your faculty liaison and share these goals with the preceptor. Your preceptor will facilitate your learning with these goals and use course outcomes as the focus.

Competence

All parties must determine the level of supervision required, and to use this information to identify the distribution of responsibilities related to client care.

You must recognize your level of knowledge, skill, and experience and communicate with your preceptor accordingly. It is imperative that you identify the need for supervision and to communicate clearly with the preceptor to request it. **If a student is not competent to provide a specific type of care, they must not do so, and must communicate this to the preceptor.**

The preceptor must be aware of the student's knowledge, skill, and experience and supervise accordingly. In addition to verbal discussions to provide information about the student's knowledge and experience, the preceptor will observe the student to determine if the student can perform a particular aspect of care safely.

The faculty liaison will be available as a resource to answer questions about the level of supervision required.

Resources and Policy

It is your responsibility to be aware of agency policy and/or other regulations (from regulatory bodies and/or provincial legislation) and to provide care in accordance with established regulations, asking for clarification as needed.

Your preceptor will act as a role model by adhering and referring to standards of nursing care and agency policy when providing care.

Communication

All parties must communicate effectively and professionally. This creates an environment for learning, fosters professional and respectful relationships, and supports the provision of safe care.

In the situation of unsafe practice by the student, or if a preceptor is concerned about a student's competence, the preceptor must increase supervision and communicate with the faculty liaison promptly.

The faculty liaison is expected to maintain consistent communication with you and your preceptor and act as a resource throughout the preceptorship experience.

While there are many variances in the learning experience due to clinical settings, agency policy, and student competence, it is important to note that students may not do the following, even while supervised:

- Act as a Graduate Nurse or Registered Nurse. The preceptee is a student nurse. Examples could include but are not limited to: witnessing consents or providing discharge instructions. This also includes situations when two RNs are required to provide nursing care, such as administering blood products.
- Perform functions defined as "delegated medical functions" by the agency (terminology may differ between placements).
- Perform care that requires additional training or certification programs for an RN to perform.
- Have possession of keys or access tools for narcotics.
- Students are not permitted to accompany clients on ambulance transfers.

Please note:

UNB enters into an affiliation agreement with the partnering agency prior to the student being placed.