

**California State
University,
Chico School of
Nursing**

Preceptor Handbook



**California State University, Chico
School of Nursing**

September, 2017

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California State University, Chico
School of Nursing

We welcome you as a preceptor to School of Nursing, California State University, Chico. This handbook is intended to enhance the clinical nurse's ability to function as a preceptor. It emphasizes the role that mentoring plays in precepting and discusses the benefits awarded to both the student nurse and the preceptor. It further examines the levels of proficiency the nurse passes through on the way to achieving expertise in his or her field. Last, it will survey some of the characteristics of learning that are unique to the adult learner.

The word preceptor is defined most simply as one who teaches. However, in the clinical setting there is a need for more than a teacher when it comes to working with student or new graduate nurses. To help one make the transition from the classroom to the clinical environment takes more than a good teacher. The student or novice nurse not only needs instruction and supervision with tasks, but also requires guidance and support as he or she enters the nursing profession.

Upon completion of this Preceptor Training, the prospective preceptor will:

- Describe three benefits of preceptorship to both preceptor and student
- Name the five main components of the preceptor role
- Identify two ways that the preceptor/student relationship influences the quality of learning that takes place.
- Describe the "Five Levels of Proficiency for Nurses" according to Dr. Benner
- Explain three things preceptors can do to create a positive learning environment.
- Demonstrate interdisciplinary communication skills that promote consultative and collaborative relationships.

INTRODUCTION

Mission

The mission of the School of Nursing is to offer baccalaureate and master's programs in nursing that prepare graduates as generalists in professional nursing, as nursing educators, and as leaders/managers for diverse healthcare settings. As such, the school provides high quality, student-centered learning environments that incorporate evidence based care and the use of clinical reasoning. The school supports faculty and student scholarly activities and encourages lifelong learning. The school also fosters service to others through our extensive community and regional collaboration with external healthcare stakeholders.

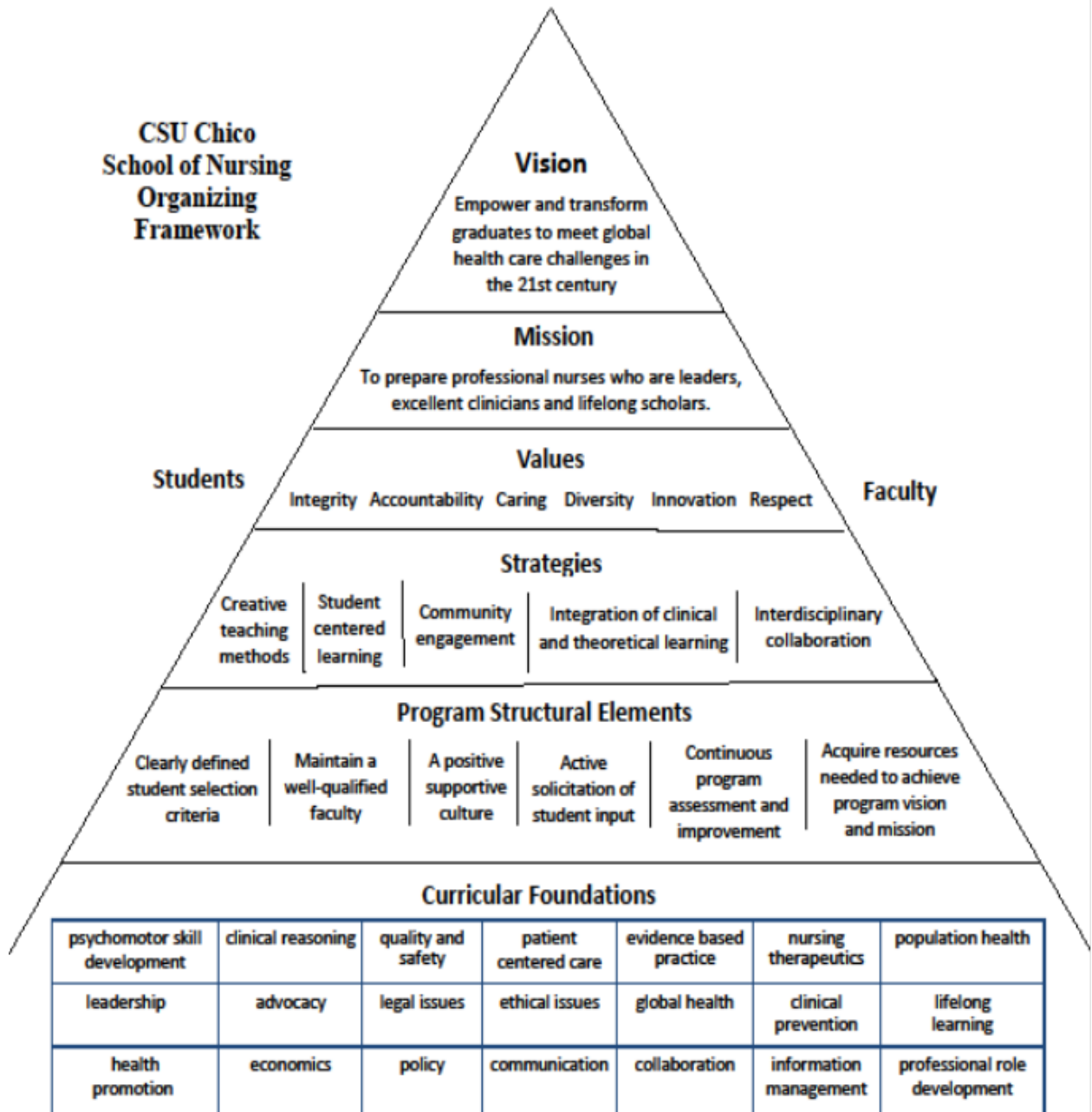
University Goals and Strategic Priorities

1. Believing in the primacy of student learning, we will continue to develop high quality learning environments both in and outside of the classroom.
2. Believing in the importance of faculty and staff, and their role in student success, we will continue to invest in faculty and staff development.
3. Believing in the value of the wise use of new technologies in learning and teaching, we will continue to provide the technology, the related training, and the support needed to create high quality learning environments both in and outside of the classroom.
4. Believing in the value of service to others, we will continue to serve the educational, cultural, and economic needs of Northern California.
5. Believing that we are accountable to the people of the State of California, we will continue to diversify our sources of revenue and manage the resources entrusted to us.
6. Believing that each generation owes something to those that follow, we will create environmentally literate citizens who embrace sustainability as a way of living. We will be wise stewards of scarce resources and, in seeking to develop the whole person, be aware that our individual and collective actions have economic, social, and environmental consequences locally, regionally, and globally.

Our school of nursing curriculum

The curriculum for the basic Baccalaureate of Science in Nursing and the RN to BSN programs are available in the appendix A.

**CSU Chico
School of Nursing
Organizing
Framework**



Integrate liberal education to inform baccalaureate generalist nursing practice.

Demonstrate the knowledge and skills in leadership, quality improvement, and patient safety necessary to provide high quality healthcare.

Demonstrate professional practice grounded in current evidence and best practices.

Illustrate cultural awareness when caring for diverse patient populations.

Student Learning Outcomes

Use knowledge and skills in information management and technology to the delivery of quality patient care.

Describe how financial and regulatory healthcare policies influence the nature and functioning of the healthcare system.

Demonstrate communication and collaboration among healthcare professionals to achieve quality and safe patient care.

Utilize clinical prevention at the individual and population level to improve health.

Demonstrate professional behavior as fundamental to the discipline of nursing.

Provide nursing care to patients, families, groups, communities, and populations across the lifespan.

Demonstrate the appropriate individualized application and use of the nursing process in all baccalaureate generalist nurse roles.

What is a preceptor?

The preceptor is an experienced registered nurse who is enthusiastic about the nursing profession and has a desire to teach. A preceptor prepares students using a variety of skills. Role modeling professional interactions on the care unit, demonstrating nursing actions, and giving timely and appropriate feedback to the student are ways of fulfilling this role.

The preceptor creates an environment conducive to learning and determines appropriate patient care assignments for students. To do so, the preceptor assesses the learning needs of the student and collaborates with him/her to determine goals and learning outcomes. The preceptor's knowledge of the clinical area and the patient population will help guide students to select relevant and attainable goals and outcomes.

Communication between preceptor and student, and preceptor and faculty is vital. "Thinking out loud" helps the student see how the expert nurse solves problems or individualizes care. The preceptor provides students with timely, honest and respectful feedback, whether positive or negative. Communication with faculty includes ongoing assessment of the student's progress and the overall experience. The preceptor contacts the faculty member with any concerns.

Preceptor Responsibilities

- Participate in identification of learning needs of the nursing student
- Set goals with the student in collaboration with the faculty and curriculum
- Act as a role model
- Provide patient care in accordance with established, evidence-based nursing practice standards
- Fulfill nursing duties according to hospital and unit policies and procedures
- Maintain mature and effective working relationships with other health care team members
- Use resources safely, effectively and appropriately
- Demonstrate leadership skills in problem solving, decision making, priority setting, delegation of responsibility and in being accountable

- Recognize that nursing role elements may be new to the student
- Facilitate the student's professional socialization into the new role and with a new staff
- Provide the student with feedback on his/her progress, based on preceptor's observation of clinical performance, assessment of achievement of clinical competencies and patient care documentation
- Plan learning experiences and assignments to help the student meet weekly professional and clinical goals
- Consult with the clinical faculty as necessary
- Participate in educational activities to promote continued learning and professional growth
- Participate in ongoing evaluation of the course

Preparation

The complexity of preceptorship demonstrates that preparation is a serious undertaking, which requires close attention. Most registered nurses have no formal teaching experience nor the knowledge and skills required of the role.

All preceptors need:

- ◆ An understanding of the principles of adult education and their application to the practice of nursing
- ◆ The knowledge of teaching/learning strategies
- ◆ An appreciation of the need to provide an environment conducive to learning
- ◆ An understanding of feedback, assessment, goal setting and evaluation

On or before the first day of the placement, the preceptor and the student should set aside some time to meet. The focus of this initial meeting is to orient the student, initiate a supportive relationship, and develop a tentative plan for the preceptorship. One of the unique aspects of a preceptorship is that the student is provided the opportunity to become an active part of the health care team and, as a result, can begin the socialization process necessary in the transition from student to graduate nurse. Prior to placement, preceptors should be apprised of the student role and objectives so they can support the clinical instructor in identifying valuable learning experiences for the student, and include him or her in the health care team.

It is appropriate that the preceptor explicitly state his/her expectations regarding the level of participation for the student and guidelines for student-patient interaction. Because clinical experiences and skill vary widely among student nurses, preceptors will need to determine, on an individual basis, which treatments or procedures require direct preceptor observation.

The one-on-one learning relationship between a preceptor and a student is an in-depth and personal association. The initial discussion provides an opportunity for the development of a trusting relationship, which grants the student the confidence to acknowledge his or her accomplishments and mistakes in a supportive atmosphere. Early in the placement, the preceptor and the student should carefully review the learning objectives and discuss ways in which each objective can be met. A plan can be developed that will ensure adequate clinical supervision and clinical assignments that will be realistic and challenging.

After a general schedule for the student has been determined, it is advisable to develop a tentative calendar to assure availability to supervise the student nurse. It is imperative for both the preceptor and the student to promptly communicate changes in schedules.

Upon completion of the course, the preceptor will be asked to complete a written student evaluation, which the student will provide. This evaluation is designed to rate the student's ability to meet objectives, and also his or her attitude and professional commitment to patients, staff, preceptor, and agency. The evaluation needs to be reviewed by the preceptor and the student to discuss and clarify the preceptor's observations and comments, and to give the student an opportunity to ask questions and give feedback. The student will be responsible for collecting this evaluation prior to the end of his or her clinical experience and give to the clinical instructor.

Student Responsibilities

The student is responsible for meeting with the preceptor at the beginning of the semester to identify his/her learning needs and to develop a plan for implementing these goals. The student should demonstrate self-direction by actively seeking learning experiences and being prepared to accomplish the learning objectives for the experience. S/he is expected to accept and act in accordance with the direction provided by the preceptor and participate in ongoing evaluation of his/her progress with the preceptor and clinical instructor.

Clinical Instructor Responsibilities

The clinical instructor is responsible for placement of the students with the preceptors. Students are required to attend an orientation prior to the initiation of the clinical preceptorship.

Prior to, during, and after the placement, the clinical instructor will be available by phone and/or email/text to provide ongoing assistance to the preceptor and the student. In the rare occasion that the preceptor pairing is not mutually satisfactory, the clinical instructor should be immediately notified so that action can be taken to modify the preceptorship. Should the preceptor have concerns regarding the student's professional behavior and/or safety in the clinical setting, the clinical instructor should also be notified.

Site visits will be arranged between the clinical instructor and student nurse. Preceptors are not *required* to participate in the site visit; however, their participation is welcomed and valued. The visits occur on a regular visit (weekly or biweekly), and are primarily used as an evaluation and assessment tool to determine the student's progress, depth of engagement, and commitment at the site. If placement is at a distant site, visits may be one to two times during the semester. It is the student nurse's responsibility to inform the preceptor when this site visit is scheduled to occur. In some cases, a site visit may be substituted by a telephone or a web-based conference.

Clinical Site Requirements

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

Student Nurses Requirements

Will vary from site-to-site. All student will meet the hospital standards for immunization, insurance, and other requirements of the clinical site.

1. Complete agency orientation requirements and complete needed forms.
2. Arrive promptly when scheduled to work; BE SURE to call your preceptor and clinical instructor if you cannot attend your assigned clinical facility.
3. Provide safe, basic nursing care at the highest level of your knowledge.
4. Participate in daily patient care and unit activities as delegated by the assigned preceptor.
5. Share your objectives with your preceptor.
6. Review your competency achievements on a regular basis, usually weekly, with your preceptor and your clinical instructor.

Clinical Instructor Requirements

1. Seek regular feedback from the student nurse and the agency/preceptor on progress and developments.
2. Provide regular feedback to students nurse 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 students for clinical conferences.

"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. This same paradigm is described by Patricia Benner and her colleagues in the classic text, *From Novice to Expert: Excellence and Power in Professional Nursing Practice*.

Stage	Behaviors	How to Help
The Honeymoon	perceives everything as being wonderful fascinated by the newness of the experience focused on mastery of skills, routines and integration with the staff	harness the student's enthusiasm for skills and routines be realistic but don't stifle the enthusiasm introduce the student to the staff, be inclusive
The Shock/Crisis	sets in when needs and goals are not met experiences outrage rejects school and work values preoccupied with the past globally negative	be a good listener have the student record his/her suggestions for improvement provide opportunities to vent assist the student to see more of the situation and view it more objectively
The Recovery	sense of humor returns tension lessens discrimination between effective and ineffective behaviors	assist student to see positives talk about ways to improve the work environment verify and support critical thinking efforts
The Resolution	conflicts in values resolve in either constructive or destructive ways (crisis doesn't last forever) could see rejection of role/nursing or burnout, or new ways to cope positively	assist the student with constructive problem solving help the student with new, more helpful coping mechanisms acknowledge and manage conflicts that persist

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 feelings 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, the preceptor serves 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 check lists, 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 instructor 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.

Tips from Expert Preceptors

1. Remember how you felt when you started a new job and how incompetent you felt.
2. Make the student nurse feel welcome by introducing him/her to other staff members.
3. Listen to what the student nurses 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 nurse'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 nurse: they usually bring a wealth of information with them.
8. Be patient and understanding.
9. Give the student nurse some independence; don't do too much for them.
10. Don't rush the teaching.
11. Communicate frequently and give feedback
12. Be open and honest.
13. Encourage the student nurse 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: student nurses cannot be taught short cuts - they first need to learn things the established way.
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 - share the positives and negatives; don't wait to provide information until the end of the experience.
21. Have the student nurse keep a brief outline of what was covered each day.
22. Set clear goals with time for feedback in both directions.
23. Be open and available.
24. Have fun! Laughter can be most helpful sometimes.
25. Remember that everyone has a contribution to make.

The Learning Process

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

Principles of Effective Communication

- An active listener shows interest and acceptance.
- Eye contact is important.
- Be open-minded and avoid prejudging the speaker or the message.
- Tune into words, meanings and feeling conveyed.
- Focus on the central message or the message being sent.
- Note the other person's body language (and your own...).
- Avoid interrupting.
- Listen first, then respond.
- Respond to what is communicated rather than how the message is sent.
- Ask questions to verify your understanding of the message: 'Do I understand you correctly that...' 'What I hear you saying is...'
- Communication involves both the sending and receiving of a message.
- '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.
- Communication is more effective when it involves talking with and to rather than at the listener.

FORMAL AND INFORMAL FEEDBACK

During the time you are precepting a student nurse, you will find yourself in numerous situations in which feedback can be given. There are two ways to present feedback to a student nurse—formally and informally.

The key to informal feedback is spontaneity – giving information about performance during or immediately following a behavior. According to Robert Veninga (1982), the advantages of spontaneous, informal feedback are that problems can be handled as they occur, support is given at the time it is most needed, and anxiety can be alleviated by knowing the job is being done correctly. People tend to place more trust in informal feedback because they feel the communication is spontaneous and is given without the pressure of organizational policy.

Although there are definite advantages to informal feedback, formal feedback should be given on a systematic basis to provide the intern with yet another perspective on their performance. The preceptor will examine the intern's progress in more detail on a daily basis. During this daily *formal feedback* session, you may want to:

- ◆ Discuss the clinical day
- ◆ Identify the areas of student nurse weaknesses and strengths
- ◆ Review the intern's clinical objectives
- ◆ Evaluate the outcome of goals and objectives

During weekly progress review meetings, progress will be reviewed from a broader perspective. In weekly *formal feedback* meetings you may want to

- ◆ Re-evaluate plans to assist in the intern's achievement of desired outcomes
- ◆ Discuss strengths and weaknesses

PROVIDING CONSTRUCTIVE CRITICISM

- Be clear about your expectations and with directions.
- Give suggestions as to how improvements can be made.
- Allow for the opportunity to improve.
- Correct at the time of the incident, but consider your timing; is the student nurse able to hear the message at that particular moment, or is the anxiety too high?
- Be consistent.
- Make sure the behavior is being corrected, not the person.
- Acknowledge when improvement occurs.
- Use "I messages, not "you messages" to reduce threatening feelings.

Steps in Problem Solving

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

School of Nursing Medication Administration Guidelines *California State University, Chico*

Student nurses in the nursing program who administer medications will follow the policies and procedures of the clinical facility. However, the School of Nursing policy is as follows.

1. Student nurses will, at all times, observe the standards of safe medication administration, including the 6 rights of medication administration, appropriate aseptic technique, and any other applicable precautions. Failure to follow these safety precautions may warrant removal from the clinical facility, referral to the safety and executive committees, and may result in dismissal from the nursing program.
2. Student nurses may not administer any medications before they have demonstrated competence in the route of administration: oral, feeding tube, IM, SQ, rectal, etc.
3. The clinical instructor will supervise the first medication administration of any clinical rotation by each student nurse, except in preceptored clinicals. Provided the student meets the appropriate competency, either the clinical instructor may supervise later medication administration, or the staff nurse with whom the student nurse is working. Student nurses in precepted clinical rotations, N424 and N247 may administer medications with the supervision of their preceptors.
4. All intravenous medications, whether IV push, ongoing infusion, or secondary medication infusions will be supervised by the clinical instructor, except in preceptorships as noted in paragraph 3.
5. Student nurses who have passed the IV start competency may attempt/start IVs with the supervision of the staff nurse they are working with. The clinical instructor may also, at his/her discretion, supervise IV attempts/starts.
6. All medication errors and near misses will be reported to the School of Nursing safety committee as well as to the appropriate personnel at the clinical facility. Refer to the School of Nursing's Adverse Event Policy

LEARNING THEORIES

Adult Learning Theory

Many managers attempt to teach adults as they were taught in school, using *pedagogy* or child learning strategies. This type of teaching is usually ineffective for mature learners because adults have special needs. Malcom Knowles (1970) developed the concept of *androgogy*, or adult learning, to separate the adult learner from pedagogy. Display 13.2 summarizes the basic differences between the two learners. Adult learners are mature, self-directed individuals who have learned a great deal from life experiences and are focused toward solving problems that exist in their immediate environments.

I. Display 13.2 Pedagogy and Androgogy Characteristics	
<u>Pedagogy</u>	<u>Androgogy</u>
Learner is dependent.	Learner is self-directed.
Learner needs external rewards and punishment.	Learner is internally motivated.
Learner's experience is unimportant or limited.	Learner's experiences are valued and varied.
Subject-centered	Task- or problem-centered.
Teacher-directed	Self-directed

Adult learning theory has contributed a great deal to the manner in which adults are taught. By understanding the assets adults bring to the classroom and the obstacles that might interfere with their learning, trainers and educators are able to create an effective learning environment. Display 13.3 depicts the obstacles and assets to adult learning, and Display 13.4 shows how the child and adult learning environments should differ.

II. Display 13.3 Obstacles to and Assets for Adult Learning	
<u>Obstacles to Learning</u>	<u>Assets to Learning</u>
Institutional barriers	High self-motivation
Time	Self-directed
Self-confidence	A proven learner
Situational obstacles	Knowledge experience reservoir
Family reaction	Special individual assets

III. Display 13.4 Learning Environment of Pedagogy and Androgogy

Pedagogy

The climate is authoritative.
Competition is encouraged.
Teacher sets goals.
Decisions are made by teacher.
Teacher lectures.

Androgogy

The climate is relaxed and informal.
Collaboration is encouraged.
Teacher and class set goals.
Decisions are made by teacher and students.
Students process activities and inquire about

Readiness to Learn

Many people confuse readiness to learn with motivation to learn. Readiness refers to the maturational and experiential factors in the learner's background that influence learning. Maturation means that the learner has received the necessary prerequisites for the next stage of learning. The prerequisites could be behaviors or prior learning. Experiential factors are skills previously acquired that are necessary for the next stage of learning.

The implications gained from this theory are that it must be determined if learners have the necessary prerequisites prior to beginning the next stage of learning and learning should occur in sequential patterns that build on each other. Many training programs fail because prerequisite skills and knowledge were not considered.

Motivation to Learn

If learners are informed in advance about the benefits of learning specific content and adopting new behaviors, they are more likely to be motivated to attend the training sessions *and* learn. Telling employees *why* and *how* specific educational or training programs will benefit them personally is a vital management function in staff development.

Reinforcement

Reinforcement also is important. Because a learner's first attempts are often unsuccessful, a preceptor is essential. Good preceptors are wonderful reinforcers. Once the behavior or skill is learned, it needs continual reinforcement until it becomes internalized. Managers and preceptors can influence the maintenance of new learning through rewards and benefits on the job.

Task Learning

Learning theory research (Wexley & Latham, 2002) has shown that when individuals are learning complex tasks, learning is facilitated when the task is broken down into parts, beginning with the simplest and continuing to the most difficult. It is necessary, however, to combine part learning with whole learning. When learning motor skills,

spaced practice is more effective than massed practice. Over-learning also has been shown to be an effective method for teaching tasks.

Task learning research has been especially helpful in teaching healthcare workers, because much of the learning involves tasks and motor skills. Trainers teaching tasks should teach complex tasks in steps; teach in frequent, short sessions; and teach repeatedly until the task can be performed automatically.

Transfer of Learning

The goal of training is to transfer new learning to the work setting. For this to occur, there should first be as much similarity between the training context and the job as possible. Second, adequate practice is mandatory, and over-learning is recommended. Third, the training should include a variety of different situations so that the knowledge is generalized. Fourth, whenever possible, important features or steps in a process should be identified. Finally, the learner must understand the basic principles underlying the tasks and how a variety of situations will modify how the task is accomplished (Marquis & Huston, 2017).

Transfer of learning principles has many implications for healthcare managers. One of the reasons many in-service training sessions fail is because there is little transfer of classroom learning to the bedside, due to inadequate reinforcement. Learning in the classroom will not be transferred without adequate practice in a simulated or real situation and without an adequate understanding of underlying principles.

Social Learning Theory

Social learning theory builds on reinforcement theory as part of the motivation to learn and has many of the same components as the theories of socialization discussed in previous chapters. Bandura (1977) suggests that individuals learn most behavior by direct experience and observation, and behaviors are retained or not retained based on positive and negative rewards.

Social learning theory involves four separate processes. First, people learn as a result of the direct experience of the effects of their actions. Second, knowledge is frequently obtained through vicarious experiences, such as by observing someone else's actions. Third, people learn by judgments voiced by others, especially when vicarious experience is limited. Fourth, people evaluate the soundness of the new information by reasoning through inductive and deductive logic. Social learning theory also acknowledges that anticipation of reinforcement influences what is observed and what goes unnoticed (Bandura, 1977). Figure 13.1 depicts the social learning theory process.

The soundness of social learning theory is demonstrated by the effectiveness of role models, preceptors, and mentors. Because the cognitive process is very much a part of social learning, observational learning will be more effective if the learner is informed in advance of the benefits of adopting a role model's behavior

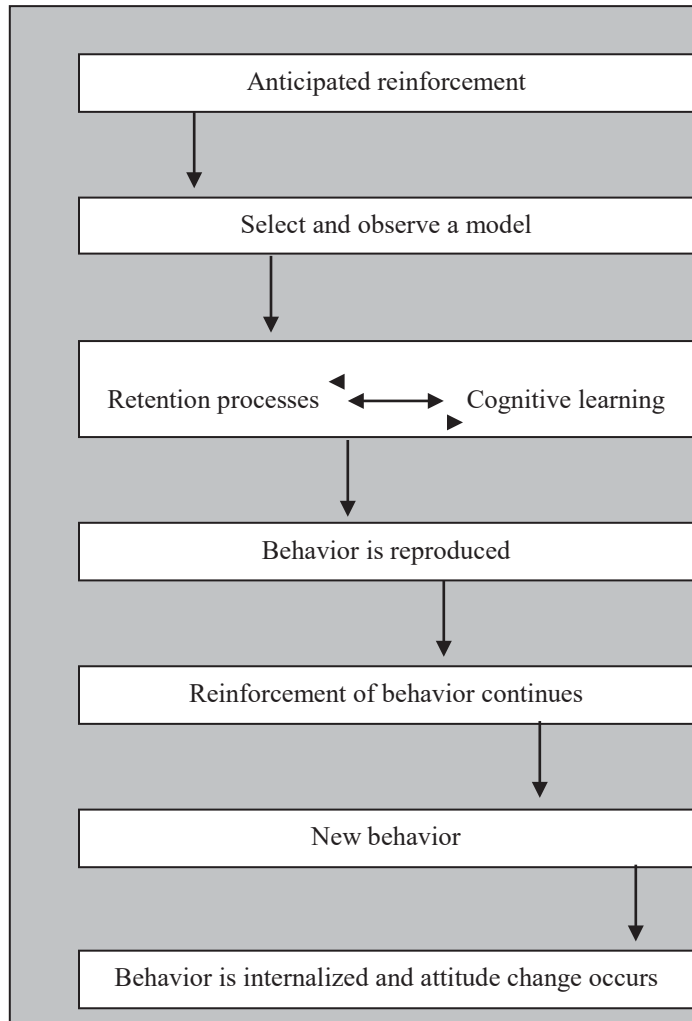


Figure 13.1 The Social Learning Theory Process

COACHING AS A TEACHING STRATEGY

Coaching as a means to develop and train employees is a teaching strategy rather than a learning theory. Coaching is one of the most important tools for empowering subordinates and changing behavior (Orth, Wilkinson, & Benfari, 1990). It is perhaps the most difficult role for a manager to master. Coaching is one person helping the other to reach an optimum level of performance. The emphasis is always on assisting the employee to recognize greater options, to clarify statements, and to grow. The following quote exemplifies coaching from an employee's viewpoint:

Coaching isn't always noisy and obvious. The best coach I ever had used to come around and ask, "How's such and such going?" or "What do you think the customer wants? Those questions were perfectly aimed. I'd leave those little meetings believing I'd come up with the answers. Only later did I realize that he directed my attention with those questions of his, used them as rudders, to steer me in a certain direction. He never once came out and told me what to do; he led me there and made me feel like I'd figured it out on my own. He was never impatient or too busy to listen. But I think what I appreciated about him the most was that he never asked me to do something I didn't have the ability to do, even if I didn't realize it. He knew me well enough to judge my reach; that was his credibility. If he had put me in situations where I failed, I would have doubted his ability as a coach more than mine as a player. I know he wanted me to succeed and that we could count on each other. After talking to him, I felt empowered (Peters & Austin, 1985).

Coaching may be long term or short term. Short-term coaching is effective as a teaching tool, for assisting with socialization, and for dealing with short-term problems. Long-term coaching as a tool for career management and in dealing with disciplinary problems is different.

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Appendix A School of Nursing Curriculum

Basic BSN Program Progression:

Beginning in Semester I and through each of the four succeeding semesters, each of the theory and clinical courses provides content, clinical practice, feedback and evaluation that enable students to integrate their nursing knowledge into their science, art and humanity foundation. The result is the progression of the student from simple to clearly more complex application of critical thinking, communication and nursing therapeutics to individuals, groups and communities that culminates in the meeting of the baccalaureate student learning outcomes previously noted.

Semester I introduces the student to the fundamental competencies essential to the beginning professional nursing role. These include the knowledge and application of the nursing process, interpersonal communication and critical thinking. In addition, the student is introduced to the competencies essential to the professional nursing role. These include knowledge and application of interpersonal communication, critical thinking, nursing assessment, basic skills and the nursing process. Students are also introduced to evidence-based practice through the use of scientific data, outcomes and application in practice. (Courses N255, N283, N284, N285)

Semester II builds on the essential competencies of Semester I and provides the biophysical foundation for the application of decision making, communication and nursing therapeutics in the acute care of the adult and geriatric patient. The focus of the semester is on pathophysiology, pharmacology and laboratory data, nursing informatics and nursing research. In addition, students explore nursing informatics and nursing research as tools for assessing, planning, implementing, documenting, and evaluating high quality nursing care (Courses N303, N304, N311, N312)

Semester III focuses on the application of theories of family nursing and family health maintenance as well as critical thinking, communication and nursing therapeutics in the care of child bearing and childrearing families in acute and community settings. Students also continue to build upon their knowledge base in pharmacology and medical/surgical nursing with theory coursework and clinical application (Courses N313, N314, N343, N344)

Semester IV has multiple foci. Students are provided the theory and clinical opportunities (in both the acute and community setting) to apply their decision-making, communication and nursing therapeutics to the nursing care of individuals and groups of individuals with mental disorders. In addition, students have the opportunity to demonstrate an integration of decision-making, communication and nursing therapeutics in complex/high risk situations with clients across the life span in acute care settings. An additional theoretical component in healthcare policy is provided. Finally, students complete a capstone simulation course. (Courses N400, N403, N404, N412, N413, N414)

Semester V has a dual focus and uses as its foundation all of the course work of the preceding four semesters. Students are introduced to the management and leadership roles of professional nursing within the structure of an organization; they apply their decision-making, communication and nursing therapeutic skills to planning, implementing and evaluating the nursing care of groups of acutely ill patients. In addition, students complete theoretical and clinical courses in community health nursing with a focus on nursing care delivery to diverse cultural family systems with impaired adaptation mechanisms within a rapidly changing health care environment. (Courses N422, N424, N474/474W, N475).

RN to BSN Program Progression:

The Nursing Curriculum

The curriculum throughout the RN to BSN Program is designed to expand on the nursing role learned in the A.D.N. program, providing content, clinical practice, feedback and evaluation that enable students to integrate their nursing knowledge into their science, art and humanity foundation. The result is the progression of the student to more complex application of critical thinking, communication and nursing therapeutics to individuals, groups and communities that culminates in the meeting of the baccalaureate student learning outcomes previously noted.

Program Progression

Initial Summer Session focuses on self-assessment, characteristics of the adult learner, academic writing professional nursing roles, and career planning. The coursework equips students with the information and skills needed to be successful throughout the program. (Courses N300W RN to BSN Bridge Course and 5 N310 Academic Writing for Nurses)

Fall Semester focuses on Nursing Research and its application to nursing practice, a Nursing Informatics course, and the first Upper Division General Education (GE) course World Religion and Global Issues. (Courses N342W, N316, and RELS 332) RELS 332 is waived for those students with a previous Baccalaureate degree.

Winter-session provides the 2nd Upper Division GE Course, LGBTQ Issues and Identities. This course is waived for those with a previous Baccalaureate degree. (Course MCGS 310)

Spring Semester will focus on Leadership and Management in Nursing and Professional Values and Ethics in Nursing (Courses N422W and N427)

Final Summer Session has each student complete theoretical and clinical courses in community health nursing with a focus on nursing care delivery to diverse cultural family systems with impaired adaptation mechanisms within a rapidly changing health care environment. (Courses N477 and N478).

SAFE AND PROFESSIONAL NURSING PRACTICE

The student will be required to demonstrate professional behavior and safe nursing practice. Students who exhibit behavior resulting in performance, which is potentially unsafe or unprofessional, will be removed from the clinical setting. **Unsafe practice or unprofessional behavior can result in a failing grade for the course regardless of the course grade at the time of the incident.**

The student will in no instance demonstrate any unsafe or potentially unsafe behavior, which could endanger not only the physical wellbeing but also the emotional wellbeing of any client, family member, faculty or staff. Unsafe behavior includes, but is not limited to, being under the influence of drugs or alcohol, failure to use Universal Precautions at all times, and failure to report any abnormal finding. Unsafe behavior is the failure to perform in the manner that any prudent student nurse, at the same level of preparation would perform in a clinical situation.

Students in the nursing program are expected to adhere to professional standards in their experiences and relationships with nursing faculty, agency staff (which includes your preceptor), clients and family members. The student will in no instance demonstrate any behavior deemed unprofessional or inappropriate by the nursing faculty or agency staff. Professional behavior includes, but is not limited to, following directions, adequate preparations for each clinical day, meeting deadlines for assignments, being dressed appropriately, meeting appointments, being on time, honesty in all statements or documentation, and appropriate communication with patients and their families, hospital staff, and faculty. If a pattern of unprofessional behavior or incivility is exhibited the student will be referred to the Executive Committee to determine if the student may continue in the nursing program.

Students are expected to be familiar with all information that is published in the course supplements and the student handbook. Failure to read this material cannot be cited as a reason for non-compliance with information that promotes safe and professional nursing practice.

STUDENT RESPONSIBILITIES

1. This course requires 108 hours of clinical with a preceptor on a step-down or medical-surgical unit, and 16 hours with a nurse leader. It is important to have

clinical hours scheduled regularly through the 10-weeks allotted for clinical.

Waiting until the last weeks doesn't allow for last minute changes in preceptor schedules and is not a valid reason for extending clinical time. Failure to complete clinical hours in a timely manner is evidence of overall time-management issues and may be reflected in your grade. Failure to meet the clinical hour requirement will result in course failure.

2. A schedule is due to your faculty by the end of week one with the first journal. This should include as much of the 10 weeks as your preceptor has scheduled. Clinical is not to be scheduled on a weekly or daily basis. Once your hours are submitted and approved by your clinical faculty, they cannot be changed unless there is an emergent problem or change in preceptor schedule.
 - a. It is important to do as many 12-hour shifts as possible this may require some weekend shifts. It is *required* that at least once during your rotation that you schedule 2-days together. It is highly recommended that most of your shifts are scheduled with 2-days together if possible. Students cannot schedule more than three 8-hour shifts or two 12-hour shifts in any week without discussing with clinical faculty. **Please note:** you cannot add additional "over-time" to your shift. The hours you have scheduled for that day need to be completed during the allotted time. If you want to stay longer because of something specific, you must get verbal or written/text permission from your instructor and your preceptor must be there. A 12-hour shift is not 12 ½ hours because you stayed to do charting or last minute patient care.
3. Students will be present in the clinical setting only on those days/shifts that their preceptor is assigned to work. Should the preceptor not work on a scheduled day for any reason, the student must cancel clinical and notify the instructor as soon as possible. The student **cannot be assigned to an alternative preceptor** for the day. If the preceptor is floated to a different unit, the student should accompany the preceptor to the new unit.
4. Students are responsible for reporting to clinical on time, for wearing appropriate dress whenever entering the clinical setting, and for notifying both the preceptor and the clinical instructor of cancelled clinical due to illness. Notice must be given prior to the beginning of the shift if unable to meet clinical commitments.
5. The policy and procedure for patient charting varies among clinical sites. Hospital orientations will provide students with the policy and procedure for charting in the individual clinical setting.
6. Students will report to their preceptor whenever they leave the unit or become involved in another experience that takes them away from their assigned activities. Students must assure appropriate coverage for their assigned patients whenever they are off the unit or otherwise engaged.

7. Students are responsible for reporting off to their preceptor at the end of the clinical shift. The student should also, under the supervision of the preceptor, prepare an oral or taped report to the oncoming staff.
8. Students may give medications under the following criteria:
 - a. All medication must be administered according to the hospital policy.
 - b. Students will perform **all intravenous (IV) therapy under the direct supervision of the preceptor throughout the entire rotation, without exception**. Students may prepare the patient, assemble supplies and otherwise get ready and then notify the preceptor when ready to prepare and administer the medication. There are **NO EXCEPTIONS** to this policy.
 - c. Students will perform the first intramuscular (IM) injection under direct supervision of the preceptor. If the technique is appropriate, future IM administration need not be directly observed **unless it is hospital policy**.
 - d. Students may give their own PRN medications without direct supervision after being checked off by the preceptor. All double-checked medications must have two licensed signatures. Narcotics must be co-signed by a licensed person as well. Again, **this is over-ridden by individual hospital policy**.
 - e. Without exception, students **may not administer any drug that requires institutional certification such as chemotherapy drugs or conscious sedation**. Investigate on the first day to see which drugs are involved in this policy.
9. Students are responsible for observing and maintaining their patients' IVs. Students must be able to calculate drip rates and know the correct order for the IV solution, flow rates, and titration criteria.
10. Students may take verbal orders from doctors **only when directly supervised by the preceptor**. The preceptor must be able to hear the order directly either from a verbal encounter or listening in on a telephone-order. The preceptor co-signs all verbal orders transcribed to the patient medical record.
11. Students are responsible for **immediately reporting any changes** in their patients' status, pertinent observations, or situations beyond their ability. If a significant change occurs, the student is responsible for communicating with their preceptor to report these events and changes.
12. Charts/Medical Records must be checked throughout the clinical shift for new orders.
13. Students must be aware of the hospital protocol and the needs of the staff, and should:
 - a. Minimize noise and numbers around the nurse's station.

- b. Follow appropriate lines of communication. For example report to the primary nurse before the charge nurse, etc.
 - c. Use all appropriate resources prior to asking questions unless time is of a critical nature.
 - d. Prior to doing treatments and procedures validate the correct hospital policies.
 - e. Be sensitive to the needs of others such as sharing space and/or moving around to facilitate the flow of the unit work.
14. Students are responsible in collaboration with their preceptor to add to nursing care plans on their assigned patients.
 15. Students are to complete and submit the “Report of Absence or Missed Deadline” forms to their clinical instructor when appropriate. For example: late/missed logs.
 16. **Errors in the clinical setting.** For errors or “near misses” the student will work with the preceptor to correct the error and complete the necessary hospital documentation. If not in conflict with hospital protocol, please obtain a copy of hospital documentation to submit to instructor and **be sure to maintain patient and hospital confidentiality** on these records (no patient name, room number, medical record number, social-security number, unit, or hospital name). It is not necessary to immediately contact instructor unless the error is of a life threatening nature **OR** the preceptor feels the need for immediate intervention from the instructor. Failure to report a near miss, an error, or anything that required an incident report is considered an over-riding safety issue, which could lead to failure of the course. The student should discuss the error in reflective journal; analyze why the error happened (is there a system error that needs to be addressed) and how it can be prevented in the future. The student, in conjunction with faculty, will fill-out the “CSUC Student Nurse Adverse Event Reporting Form” and give it to the course coordinator. A copy of this form can be found on black board.
 17. **Professional Behavior is an expectation.** Please review the School of Nursing Student Guidelines and the University Catalogue: Dress codes, Infection Control Policy, Plagiarism Policy, Reporting of Accidents, Students Rights, Responsibilities, Discipline. You are responsible for all information in the Student Guidelines. Academic dishonesty and lack of civility to peers, faculty, and hospital staff will be addressed in Executive Committee and can lead to dismissal from the program
 18. **Confidentiality.** Be consistently aware of what your words are, who you are saying them to, and where you are saying them. Copying any part of patient’s chart/record, whether electronic or print, is a HIPAA violation and students discovered doing so, will receive disciplinary sanctions. Our credibility with clinical agencies requires 100% compliance with this policy. The ATI HIPAA

tutorial will be required prior to starting clinical, and understanding established with the pre/post-test

19. **Appropriate use of electronic equipment** (smart-phones, tablets, and hospital equipment). Smart phones are to be used only as a reference source and communication with instructor or preceptor, and need to be turned-off or on vibrate at all times. Using electronics for personal communication and/or entertainment during your clinical is considered non-professional. Unless there is an emergency, personal communication needs to be done during your break. Phones are not to be used to photograph patients or any hospital records. Do not text or email patients. If you are found to be using any electronics inappropriately, you will be asked to leave clinical and may be removed from clinical pending executive committee recommendation.

STUDENT OBJECTIVES FOR FIRST DAY OF CLINICAL ORIENTATION TO UNIT

1. Students are responsible to become familiar with:
 - a. Any special unit requirement for the student.
 - b. The unit shift routines, vital sign schedules, patient meal times, policy for checking medications, and routine care.
 - c. The methods used to give report.
 - d. The location of equipment, materials and supplies.
 - e. The system for chargeable items required for patient care.
 - f. The location of emergency equipment and supplies:
 - 1) The crash cart and related supplies and equipment
 - 2) Fire alarms and fire extinguishers and other equipment
 - 3) Specific emergency trays used on the unit
 - 4) Location and use of personal protective equipment
2. The routines for charting; look at and review actual charts/EHR; become familiar with where forms are kept and what to chart in patient records including care plans.
3. The location of the procedure manuals and other resource materials such as medication books, nursing books, policy manuals, etc.
4. Reading the procedures used for emergencies such as codes, admissions, medications and fires. Locate exit doors and path maps for evacuation of patients.
5. Medication records including orders, medication administration records (MARs) etc.
6. Types and operation of infusion pumps including the correct tubing brands to use for each.

N424 PRECEPTOR RESPONSIBILITIES

Preceptors are responsible for direct supervision of their student when they are in the clinical setting. The preceptor may, however, allow the student some autonomy in completing work that is within both their scope of practice and ability level, and individual hospital policy. Because clinical experiences and skill dexterity varies widely among students, preceptors will need to determine on an individual basis, which treatments or procedures require direct preceptor observation. For example, fifth semester students are generally able to do simple dressing changes, assess vital signs, discontinue IVs and provide basic care with little or no supervision. They will probably require supervision and assistance with more technical procedures such as central line dressing changes, catheter insertions, etc. As the rotation progresses, the preceptor may allow the student to work more autonomously as the student's ability level to manage certain procedures and situations becomes clearer. Follow your hospital's policy regarding the issue of co-signing student charting, medication administration and other procedures. *The following are policies for the school of nursing:*

1. **All intravenous (IV) therapy provided by the student must be directly supervised by the preceptor throughout the entire rotation.** This includes direct supervision of the medication preparation and administration. There are NO EXCEPTIONS to this policy. Students may prepare the patient, assemble supplies and set up and then notify the preceptor when she or he is ready to prepare and administer the IV. This includes IV starts with plain solutions as well as medication, flushes, fluids and mixtures.
2. The preceptor must directly supervise the student during the first intramuscular (IM) injection. If the technique is acceptable with the preceptor, the student may give subsequent IM medications without direct supervision.
3. Oral medication administration by students generally does not require direct supervision, as this task should be mastered by fifth semester. If you feel comfortable with student's skills and your hospital policy allows, the student does not need direct supervision
4. **All verbal orders** given to the student must be actually heard by the preceptor. This can be a verbal order that is also heard, or listening in on the telephone to verbal orders given in that manner.
5. Students cannot be paired to work with someone else in the clinical setting when the preceptor must cancel a workday. Should the preceptor be unable to work on any given day, such as low census or sick day, the student must take the shift off also. Students may, however, accompany their preceptor in floating to other units.
6. The clinical instructor will schedule conferences with the students based on the schedule of shifts worked weekly. The student will be notified in advance and

should notify the preceptor that the instructor will be on the unit that day. The instructor will confer briefly during this time to determine if any questions, concerns or issues have arisen regarding the preceptor experience. The instructor reserves the option of dropping in on the student related to evaluation of accountability and following student responsibility guidelines. Instructors are available to meet with preceptors at any time the preceptor deems it appropriate. Instructors are available by telephone during all clinical hours the student is on the unit and can also schedule telephone conferences with preceptors when needed. Instructor's contact information will be provided.

7. Preceptors will fill-out the "BNR Preceptor Information Form" and return to student. This is a BRN requirement and will be filed in the nursing office.
8. Preceptors will fill-out a final evaluation form that is provided by the student.

California State University, Chico
Community Health Nursing Practicum: N474/477
Preceptor Information

Faculty:

Faculty Contact:

COURSE DESCRIPTION:

This course is a synthesis of nursing and public health practice with the goal of promoting and preserving the health of populations. Emphasis is on establishing a caring presence in the community with responsibility to the population as a whole. Students will apply the nursing process and concepts to culturally diverse individuals, families, and communities in homes, community agencies, and schools to facilitate movement toward achievement of maximum potential for daily living. This course includes a service-learning project. **The student is required to complete a total of 80 clinical hours at the agency.**

COURSE DESIGN: This service learning clinical course has 3 components (Total 135 hours):

1. **Agency:** Students are required to participate in field experiences at an assigned community agency. Students will be assigned to an agency and partner with a preceptor at that agency to complete course objectives. Students will also participate in public health nursing simulation learning through the Rural California Clinical Simulation Center.
2. **Community Project:** Students are required to participate individually or as a group in a self-directed comprehensive community assessment project experience. The project should be meaningful to both student learning and the community being served. Students will present their project by developing a professional poster presentation.
3. **Seminar:** The student is also required to attend and participate in scheduled seminars that allow students to reflect on their community experience. Students are required to present one case presentation for their seminar group. Times and details of seminars will be determined by each clinic instructor.

ROLES OF COURSE PARTICIPANTS:

1. THE STUDENT:

- a. Is expected to assume responsibility for and an interest in learning.
- b. Is expected to meet at required times in required agencies to meet learning objectives.

- c. Is expected to work with the agency staff, initially listening and learning from the staff and then assuming the lead in the case management process.
- d. Is expected to interact with clients in an appropriate and professional manner.
- e. Is expected to be aware of agency policies, recording requirements, become familiar with resources and take advantage of learning opportunities as they present.
- f. Should demonstrate the ability to use the nursing process in a community setting.
- g. Should report progress, concerns, or changes to staff in a timely manner.
- h. Will discuss clinical experiences with the instructor on a regular basis.

2. THE PRECEPTOR:

- a. Participates in student learning by sharing knowledge of community and clients and reviewing preceptor information.
- b. Will be available during clinical hours to assist the student.
- c. Will be aware of opportunities and select experiences that seem appropriate to the students' ability and that will benefit the students understanding of community nursing.
- d. Will serve as a resource person offering additional client information and sharing knowledge of community resources with the student.
- e. Will alert the instructor of any problems or concerns relative to student performance.
- f. Will provide evaluation information to the clinical instructor.
- g. Is responsible for student knowledge about the recording process in their particular agency.

3. THE INSTRUCTOR:

- a. Assumes responsibility to orient agency staff to expected student performance outcomes on an ongoing basis.
- b. Assumes responsibility with the appropriate staff for arranging learning experiences to meet course goals.
- c. Is responsible for student knowledge of safety and knowledge of community health nursing theory and public health science.
- d. Confers with agency staff regarding any concerns relative to student performance.
- e. Reviews the clinical experience with students in the field and at seminars.
- f. Is responsible for student performance and competency evaluation.
- g. Is responsible for school, agency, preceptor and student evaluations.

4. THE SUPERVISOR-DIRECTOR:

- a. Facilitates arrangements for student clinical experiences in the agency, including, assigning agency staff to work with students.
- b. Informs instructor of changes in agency policy.
- c. Assists with orientation where appropriate.
- d. Participates with instructor in evaluation of student experiences within the agency.

OVERALL OBJECTIVE:

The student will be able to practice in beginning positions in Community Health Nursing. The student will be able to demonstrate the ability to assess factors in the community that affect individual, family and aggregate responses to health states and actual or potential health problems across the life span and use this ability to plan, implement and evaluate community health nursing care in various settings. The opportunity for learning through service will further develop the student's role as a responsible and effective citizen in the context of professional nursing.

CONTRIBUTING OBJECTIVES:

At the end of the clinical rotation the student will be able to:

- 1. Communicate effectively in all interactions in the community.** This includes skills in:
 - a. Direct communication with clients: listening, observing, questioning, interviewing, teaching, collaboration, consulting.
 - b. Appropriate professional communication.
 - c. Conferences with appropriate personnel such as: instructor, staff nurse, physician, and other agencies.
 - d. Ability to express assessments to the appropriate individual or agency in a timely and professional manner. This includes all written and verbal communication, records and referrals (initiating and responding to).

- 2. Demonstrates information literacy competency in required course assignments (for example, logs, seminar, etc.). This includes the ability to:**
 - a. Determine the nature of the information needed and access this effectively and efficiently.
 - b. Evaluates information critically and only use evidence based information for decision making.
 - c. Individually or as a member of a group, uses information effectively to accomplish a specific purpose.
 - d. Understands the economic, legal, and social issues involving the use of information and uses information ethically and legally.

- 3. Demonstrate critical thinking skills and apply the nursing process in giving nursing care to families in home, community agency and other settings. This includes:**
 - a. Assessment of health status of individuals and families in various settings.
 - b. Document the critical thinking that led you to the identification of the family's strengths and weaknesses.
 - c. Refinement of needs (nursing diagnosis).
 - d. Establishing goals and plan of action that include evidence based information.

- e. Intervention.
- f. Evaluation.

4. Demonstrate an awareness of the community "as a client." This includes:

- a. Participation in a community assessment. Students gather population-focused and other appropriate community data necessary to identify potential or actual health problems of a defined community.
- b. Identification of a public policy (local, state, national) that impacts on the community or project chosen.
- c. Determine a nursing diagnosis of the aggregate.
- d. Establishing goals and plans for the aggregate community.
- e. Plan an intervention at the aggregate level.
- f. Evaluation of the project.

5. Identify subgroups across the life span within the population, which are at high risk of illness, disability or premature death, and direct resources toward these groups. This includes:

- a. Understanding cultural, social, economic and age specific influences in the community that result in the development of disease.
- b. Apply the nursing process to the underserved aggregate, particularly the economically disenfranchised, including racial and ethnic groups disproportionately at risk of developing health problems.
- c. Describe and where possible, apply all three levels of prevention at the individual, family and community level.
- d. Identify the protocols for notifiable situations including disease, abuse, etc. and where possible participate in this process.
- e. Complete training in the detection, prevention, reporting requirements and treatment of child neglect and abuse, which shall be at least 4 hours in length and shall include but not be limited to prevention techniques, early detection techniques, California reporting requirements and intervention techniques

6. Become aware of administrative process in a specific agency and describe how changes in the health care system have affected the agency and its' policies. This includes:

- a. Use of structure and organization, philosophy of a local agency and how they relate to state and national health care organizations.
- b. Understand how national policies and practices impact on state and local governments handling of health and social problems.
- c. Know roles of team members of agency, characteristics of a functioning team.
- d. Identify policies of the agency - including legal constraints and learn how national, state and local policies are derived.
- e. Be aware of and where possible observe the role of nursing in health policy development.

7. Demonstrate the ability to be a professional person. This includes ability to:

- a. Describe how working in the community supports becoming a responsible and effective citizen in the context of professional nursing.
- b. Seek out and utilize supervision in a timely manner.
- c. Demonstrate skills in problem solving within a group.
- d. Behave in a professional manner this includes ones affect, dress, communication, record keeping, and approach to clients, staff and instructor.
- e. Function professionally in diverse environments.
- f. Be committed to tasks assigned.