

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

Preceptor Handbook

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

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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 (or student) 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 students 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.

**Objectives**

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.

## I. 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 Strategic Plan 2019-2024**

**Mission:** Chico State is the comprehensive university of the North State with a global reach.

Through excellence of inquiry, innovation, and experiential learning, we develop students who are critical thinkers, responsible citizens, diverse leaders, and inspired stewards of environmental, social, and economic resources.

**Vision:** Chico State will be known as a preeminent university solving the unprecedented challenges of the 21st century.

### **Strategic Priorities:**

- Equity, Diversity & Inclusion
- Civic & Global Engagement
- Resilient & Sustainable Systems

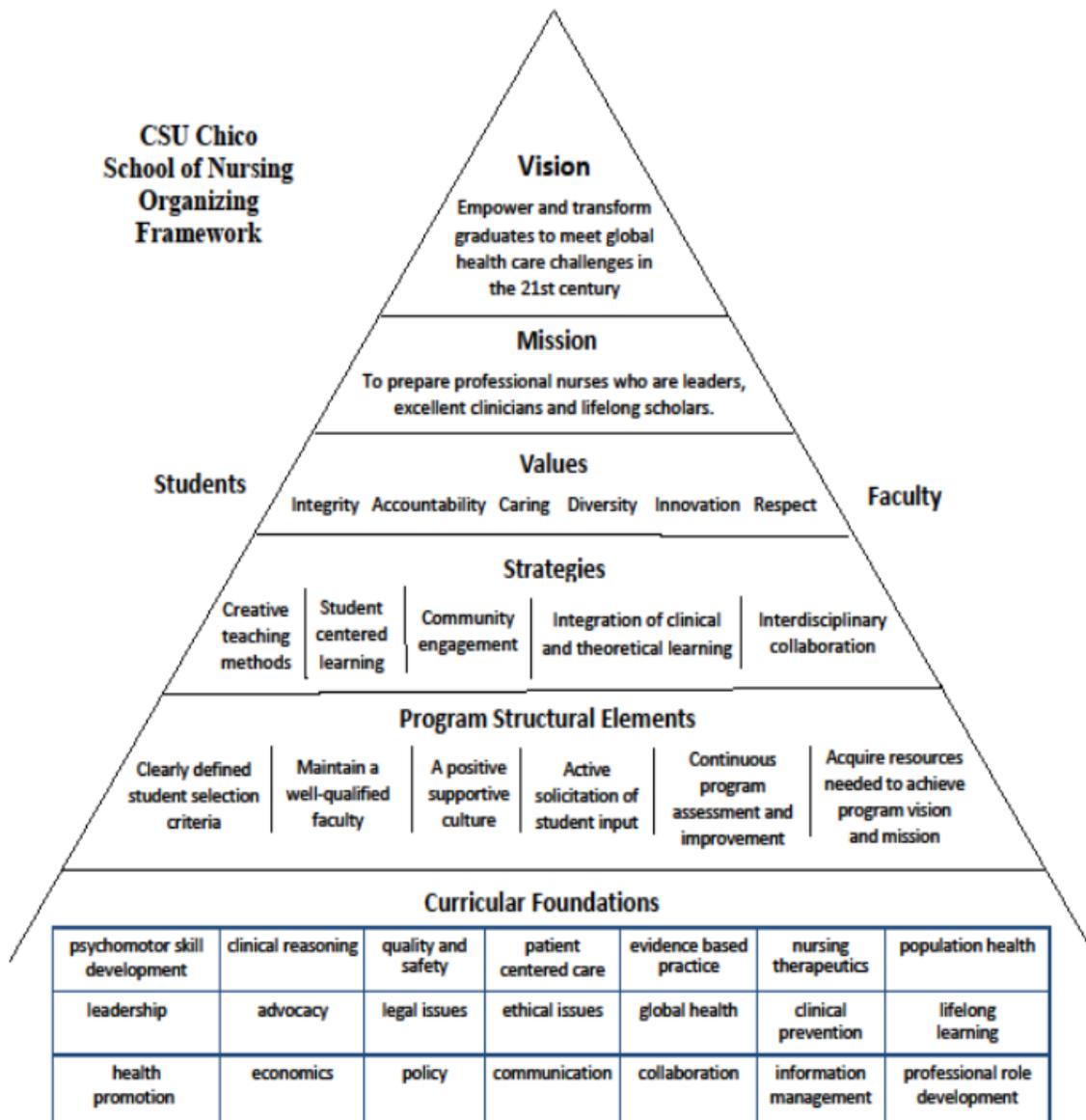
### **Our Enduring Commitments are:**

- Academic Distinction
- Transformative Student Experience
- Prominent Scholarship and Innovation
- Culture of Excellence and Accountability

### **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](#).

## II. 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.

### **III. 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 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.

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 faculty 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 faculty will be responsible for collecting this evaluation prior to the end of his or her clinical experience.

#### **IV. 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.

## **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. The visits occur on a regular basis (at least biweekly or monthly), 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 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.

## **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 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.

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

## **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.

## "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

## **V. 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.

## **VI. 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.

## VIII. 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**

##### Pedagogy

Learner is dependent.  
Learner needs external rewards and punishment.  
Learner's experience is unimportant or limited.  
Subject-centered  
Teacher-directed

##### Androgogy

Learner is self-directed.  
Learner is internally motivated.  
Learner's experiences are valued and varied.  
Task- or problem-centered.  
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**

##### Obstacles to Learning

Institutional barriers  
Time  
Self-confidence  
Situational obstacles  
Family reaction

##### Assets to Learning

High self-motivation  
Self-directed  
A proven learner  
Knowledge experience reservoir  
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).

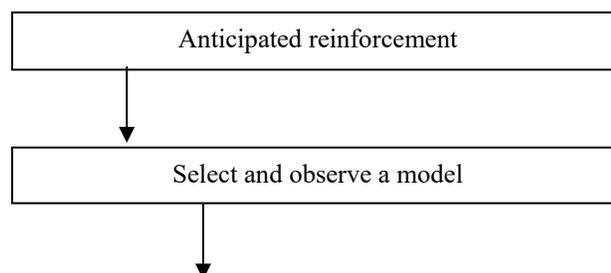
Transfer of learning principles has many implications for healthcare managers. One of the reasons many in-service training sessions fail is because there is little transfer of classroom learning to the bedside, due to inadequate reinforcement. Learning in the classroom will not be transferred without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

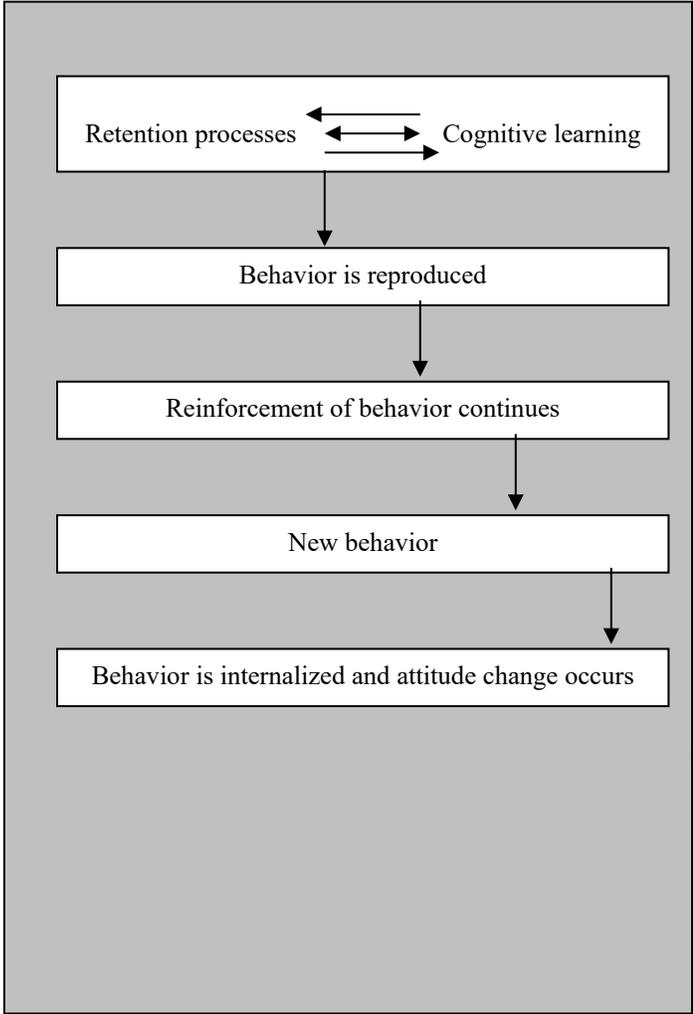
### **Social Learning Theory**

Social learning theory builds on reinforcement theory as part of the motivation to learn. 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





## IX. 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.

## Appendix A: School of Nursing Medication Administration Guidelines

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.

(Adopted by SON 2019)

Students 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. Students 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. Students 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, except in precepted clinicals. Provided the student meets the appropriate competency, either the clinical instructor or the staff nurse with whom the student is working may supervise later medication administration. Students in precepted clinical rotations, such as N424 or the RCNP may administer medications with the supervision of their preceptors. **All** medication administration in first semester clinical courses will be performed under the supervision of the clinical instructor.
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. Students may, with the consent of the clinical instructor, administer saline flushes before and after IV medications, and as routine flushes to saline locks.
6. Students 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.
7. 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.

## **Appendix B: 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.

**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.

**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.

**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.

**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: review/revise**

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).

Appendix C: BRN Preceptor Form

PRECEPTOR INFORMATION

1. Name: \_\_\_\_\_ e-mail: \_\_\_\_\_

2. Address:

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

3. Phone #'s: Home: \_\_\_\_\_ Work # & Extension: \_\_\_\_\_

4. Education: College, University, or other School of Special Program

Name of School	Location	Type of Degree Subject/Major	Date Obtained

5. Employment - Experience:

Name of Organization	Position Title Academic Rank	Location: City, State	# Years/Months

6. California R.N License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

7. Publication, teaching experience, member of professional organization:

\_\_\_\_\_ Signature \_\_\_\_\_ Date

**Directions:** Preceptors are required to complete this form annually. Check with the student's clinical instructor for questions. The completed form may be e-mailed or sent to the instructor

## X. REFERENCES

Benner, P. (2001). *From novice to expert: excellence and power in clinical nursing practice. Commemorative edition.* Upper Saddle River, NJ: Prentice Hall.

Marquis, B. & Huston, C.J. (2017). Theories of learning. *Leadership Roles and Management Functions in Nursing* (9<sup>th</sup> ed.). Philadelphia: Lippincott, Williams & Wilkins.