Texas A&M University
Corpus Christi

College of Nursing & Health Sciences

eLine© Preceptor/Clinical Coach
Orientation Manual
2015 – 2016
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*Adapted from the Austin Area Health Industries Steering Committee Preceptor Module - Precepting Nursing Students: The Essential Elements and Texas Tech Coach Manual for Second Degree Students*
Position Description
Preceptor/Clinical Coach

TEXAS A&M UNIVERSITY-CORPUS CHRISTI
COLLEGE OF NURSING & HEALTH SCIENCES

Position Description

title: eLine© & eLine© Military Preceptor/Clinical Coach

Function

- Serves as a preceptor/clinical coach to a eLine© & eLine© Military student for the Foundations, Nursing of Children, Nursing of Parents/Newborns, Care of Psychiatric/ Mental Health Clients, Medical Surgical I & II, Leadership, and Transitions course clinical components.

Typical Responsibilities

- Works with the eLine©/eLine© Military student in the clinical setting for 12 to 36 hours per week, depending upon course requirements.
- Assists the eLine©/eLine© Military Student in meeting clinical objectives set by the course facilitator.
- Completes student evaluations with the student present at mid-term and at the end of the semester, and submits to appropriate faculty.
- Notifies appropriate faculty of student problems in a timely manner to facilitate the remediation of inappropriate student behaviors.
- Offers objective, fair critique of student performance and assists in remediation as necessary.
- Reviews student progress of coursework through regular review of course information provided through course syllabi and coach newsletters with faculty of record.

Qualifications

Education

- Bachelor of Science in Nursing, preferred

Experience

- Two to three-years experience as a Registered Nurse on a Medical-Surgical or Acute Care unit.

Knowledge, Skills and Abilities

- Two to three-years experience as a Registered Nurse on a Medical-Surgical or Acute Care unit
- Effective communication skills for the eLine© student
- Effective verbal/written communication skills

Licensure

- Licensure as a registered nurse in the State of Texas
Welcome to the Texas A&M University-Corpus Christi College of Nursing & Health Sciences (TAMUCC - CONHS) eLine©/eLine© Military BSN Track. You have been selected as a Preceptor/Clinical Coach because you are recognized by your facility as a proficient provider of care with clinical expertise and an exemplary role model for future nurses. Thank you for your willingness to serve as a preceptor/coach to a well-qualified BSN nursing student enrolled in our eLine©/eLine© Military track.

TAMUCC - CONHS has been providing professional nursing education for more than 25 years. The eLine©/eLine© Military track was designed in 2003 to meet the distinctive educational needs of students with non-traditional nursing education needs. Unlike a traditional undergraduate clinical course in which a group of students is under the supervision of a single faculty member, the eLine©/eLine© Military pairs one or two students with a preceptor/coach for the clinical portion of this tract. This precepting/coaching format has proven to be successful.

As a practicing nurse, you have the skills and knowledge to assist in the clinical education process. You will be directly involved in role modeling, socializing, and educating in the clinical setting. You will be in a unique position to contribute to and monitor the student’s clinical progress through this tract.

The purpose of this orientation manual is to give you the tools you need to be a successful preceptor/coach and to prepare you for the joys and challenges of serving as a preceptor for nursing students. The manual provides you with the essential information you need to understand your responsibilities as a preceptor/coach, the responsibilities of the student, as well as the faculty’s role and responsibilities. In addition, you will find helpful teaching strategies, information about the legal and ethical aspects of your role, and several helpful resources.

Thank you again for agreeing to participate in this worthwhile endeavor and for giving back to the profession in such a direct way! Please let us know how we can continue to assist you during the year.

**Orientation Manual Objectives:**
1. Identify the Texas A&M University-Corpus Christi (TAMU-CC) and College of Nursing & Health Sciences (CONHS) mission and vision statements.
2. Describe the eLine© delivery method of the BSN curriculum.
3. Outline the definitions of the term preceptor located in the Texas Board of Nursing Rules and Regulations and in current literature.
4. Explain the responsibilities of the clinical preceptor/coach, the student, and the faculty.
5. List the incentives and rewards offered to nurses who agree to serve as clinical coaches.
6. Discuss the responsibilities of the clinical facility and the nursing program related to coaching/precepting.
7. Explain legal liability and ethics related to the role of the clinical preceptor/coach.
8. Demonstrate clinical teaching strategies useful in assessing learning needs of the students, in coaching students to think like nurses, and in evaluating the students’ clinical activities in the clinical setting.
9. Describe the characteristics of a successful and well-qualified clinical preceptor/coach.
TEXAS A&M UNIVERSITY-CORPUS CHRISTI (TAMUCC)
COLLEGE OF NURSING & HEALTH SCIENCES (CONHS)

TAMU-CC MISSION

Texas A&M University-Corpus Christi is an expanding, doctoral-granting institution committed to preparing graduates for lifelong learning and responsible citizenship in the global community. We are dedicated to excellence in teaching, research, creative activity and service. Our supportive, multicultural learning community provides undergraduate and graduate students with a challenging educational experience through residential, distance learning and international programs. The university's federal designation as a Hispanic Serving Institution (HSI) provides a foundation for closing educational gaps, while its strategic location on the Gulf of Mexico and on the cultural border with Latin America provides a basis for gaining national and international prominence.
(Adopted Spring 2013)

VALUES

• Excellence
• Integrity
• Leadership
• Sustainability
• Inclusion

COLLEGE OF NURSING AND HEALTH SCIENCES MISSION

The College of Nursing & Health Sciences positively impacts the health of the global population through the education of health care leaders and providers of tomorrow with innovative educational programs in the nursing and health professions. The College identifies, attracts, and graduates students of high potential, especially from groups who have been historically under-represented in the organization and provision of health care. This work is enhanced through faculty contributions to community service, leadership, practice and research. These activities are fostered in a collaborative inter-professional and multicultural learning environment promoting a sense of community and caring.
(Adopted by CONHS faculty Spring 2015)

VISION

Envisioning the future……transforming healthcare through education, research, innovation, & practice.

GOALS OF THE COLLEGE OF NURSING AND HEALTH SCIENCES

1. To develop within the student the knowledge and skills necessary for beginning professional and advanced health care practice, cultivating basic and specialized abilities needed to successfully pursue a career.
2. To promote the concept of caring and facilitate attainment of a care delivery system sensitive to multicultural diverse communities and their health values.
3. To offer individuals the opportunity to increase the breadth and depth of the theoretical base for health care practice, enhance and expand competence, prepare for role specialization and contribute to the discovery of new nursing knowledge.
4. To provide an educational environment of respect within which students may evolve as broadly educated, responsible and accountable professionals dedicated to the principles of lifelong learning.
5. To build a foundation for graduate education.
6. To ethically serve diverse communities as health care experts, leaders and consultants and advocates of resources.

**Brief History of the College of Nursing & Health Sciences**

In 1972, a delegation of community nursing leaders led by Elizabeth Willis, Chairperson of Registered Nurses Education at Del Mar College, met with the first Dean of the College of Science and Technology, Dr. Ralph Gilchrist, to study a number of successful upper-level nursing programs in the United States. Application for an Upper-Level Nursing Program at University of Corpus Christi (UCC) was made to the Coordinating Board, Texas College and University System. In July 1974, University of Corpus Christi (UCC) one of three universities in the state approved to implement the multiple entry/exit model curriculum designed by the Study Committee on Nursing Education of the Coordinating Board.

**The Baccalaureate Nursing Program:** The Baccalaureate Nursing Program at Texas A&M University-Corpus Christi (TAMUCC) then known as University of Corpus Christi (UCC) was established in 1974. Research conducted by the Study Committee of Nursing Education of the Coordinating Board, Texas College and University System, had identified the need for increased numbers of nurses in Texas at all educational levels, especially those prepared for teaching and leadership. The results also indicated the need for an upper-level nursing program in South Texas. Graduates of the five associate degree nursing programs in the region who wanted to further their education found that the nearest baccalaureate nursing programs were 160 to 220 miles away. The majority of those who moved away from the area to go to college never returned. This migration left an even greater deficit in the numbers of available graduates. (Toward Quality Health Care: The Improvement of Nursing and Nursing Education in Texas, 1974.)

The Baccalaureate Program for Registered Nurses at the University of Corpus Christi (UCC) (Texas A&M University-Corpus Christi) began on a limited scale in the fall of 1974, becoming fully operational in the fall of 1975. Dr. Ruth M. Bakke was the first director of the Baccalaureate Nursing Program. Initial accreditation by the National League for Nursing (NLN) was attained December, 1979, retroactive for eight months. The Baccalaureate Nursing Program was the first RN-BSN program in Texas to be accredited by NLN. Continuing accreditation was granted by the NLN Board of Review in March, 1985. The program was reaccredited in fall, 1992 by NLN with full accreditation to 2002. Accreditation occurred in 1998 by CCNE, with reaccreditation in 2005 and scheduled visit for reaccreditation in Oct 2015.

In 2001, the College of Nursing and Health Sciences received a grant from the Learning Anytime Anywhere Partnership (LAAP) and from the Fund for the Improvement of Postsecondary Education (FIPSE) for the development of an online nursing education track. Through collaboration between Associate’s Degree in Nursing (ADN) and Bachelor of Science in Nursing (BSN) educational
partnerships, the eLine© track was established and became operational in 2003. The online modular-based nursing education became first online generic Bachelor of Science in Nursing (BSN) in the nation.

In 2010 the CONHS received a grant from the Health Resources and Services Administration (HRSA). The White House and the Department of Defense has repeatedly recognized the program for its unique mission to fill two critical needs in our nation: a nursing shortage and civilian employment for military veterans. The eLine© Military (ELM) track, is a competency-based online program with face-to-face clinical experience, which facilitates access to a full curriculum to obtain a Bachelor’s of Science in Nursing (BSN) degree and pathway to Registered Nurse (RN) licensure. The program developed an individualized Prior Learning Assessment (PLA), awarding the maximum amount of college credit based upon prior learning from medical training and experience obtained while serving in the military.

The eLine© Military Nursing track at Texas A&M University-Corpus Christi, was the recipient of the 2013 American Association of Colleges of Nursing (AACN) Innovations in Professional Nursing Education Award.

The Graduate Nursing Program: The Graduate Nursing Program at the Texas A&M University-Corpus Christi was established in 1984 as one of the Corpus Christi State University graduate programs. The program offered registered nurses the opportunity to expand their scope of practice in one of three specialty areas: advanced clinical practice, nursing administration, or nursing education. Students earn their Master of Science in Nursing (MSN) upon completion of core and specialty course work in tracks now known as Family Nurse Practitioner, Leadership in Nursing Systems, and Nurse Educator areas of study. Starting in 1996, nurses who have not earned the BSN degree were also admitted to the MSN program through the RN-MSN entry option. The MSN program initially was accredited by the National League for Nursing in the academic year 1988-89. The Master of Science in Nursing program has maintained accreditation since 1989 and is now currently accredited by CCNE. The MSN program will undergo program review again in October 2015.

With the goal of meeting regional and state needs and as a component of the faculty’s commitment to educating the nursing and healthcare leaders for tomorrow, the graduate nursing program has been offered to students in distant sites. Outreach sites supported students living and working in the Rio Grande Valley, Laredo, Temple, Victoria and Weslaco, Texas. The faculty initially drove to these sites, moving shortly to incorporating audio-conferencing technology, then fixed image transmission, progressing to slow scan video-conferencing as the method of course delivery. Faculty had access to the slow scan television after Corpus Christi State University joined the A&M University System in 1989. At that time, the Texas legislature authorized the name change from Corpus Christi State University to Texas A&M University-Corpus Christi. Enrollment in A&M University-Corpus Christi MSN program grew with access to televised real-time classes. Faculty supplemented these televised class interactions through regular travel to the regional sites. By 2002 web-based computer delivery of classes was the norm. The interactive high-definition distance education technology available through the Internet provided access to graduate nursing education for working nurses living and working in rural areas. Neither students nor faculty had to travel to engage in learning activities. The MSN program now offers all of its tracks only through web-based course management systems. The MSN programs were initially accredited by the National League for Nursing in the academic year 1988-89. The Master of Science in Nursing program has maintained accreditation since 1989 and is now currently accredited by CCNE. The MSN program will undergo CCNE re-accreditation in October 2015.
After Dr. Ruth Bakke was named Dean of Science & Technology, in the 80’s, the BSN and MSN programs were chaired by Dr. Susan Nelson and Dr. Elizabeth Erkel. In August, 1989, Dr. Noreen C. O’Neill was invited to Texas A&M University-Corpus Christi to direct the Division of Nursing. Her mission was to reorganize its administrative structure, fortify its infrastructure and help develop new programs. In 1990, after receiving the approval of multiple oversight groups, the generic BSN option was implemented as a four-semester, upper-division nursing major. After Dr. O’Neil retired in 1994, Dr. Rebecca A. Jones (August 1994) assumed the directorship. In spring, 1995, the Division became a School of Nursing and two program coordinator positions were approved. Dr. Mary Jane Hamilton was appointed by the Director as Undergraduate Program and Dr. Claudia Johnston was appointed as Graduate Program Coordinator.

Health Care Administration and Health Sciences: An interdisciplinary committee began the Health Care Administration (HCA) minor in 1992. The minor is available to students choosing health care as a focus for future administrative positions in support of the Master's in Public Administration or Business Administration programs. A certificate in Health Care Administration is available for those students who hold a Master's degree in another field and wish to complete a short course of study focused on Health Care Administration. The first group of students to complete the minor graduated with their M.P.A. in May of 1995. Dr. Claudia Johnston served as the founding Program Coordinator. The Bachelor of Science in Health Sciences provides enrichment opportunities at the baccalaureate level for students with technical degrees in Allied Health. The program has been revised to accommodate freshmen choosing Health Science as a major which prepares graduates for a variety of career opportunities in the health care field by providing the management skills necessary for success.

In fall of 2003, the university administration, with the rapid growth in the School of Nursing proposed to the A&M system and the Texas Higher Education Coordinating Board that the School become a College of Nursing and Health Sciences. In October 2004 the Convocation celebrating the College of Nursing and Health Sciences took place. Dean Mary Jane Hamilton was installed by President Dr. Robert Furgason as the Founding Dean. Dr. Bunny Forgione was appointed Associate Dean and Dr. Karen Koozer-Olson was appointed the Outreach Coordinator. Dr. Linda Cook was appointed Undergraduate Chair and Dr. Eve Layman was appointed Graduate Chair.

The CONHS in 2012) expanded its graduate programs to include a cooperative Doctor of Philosophy in Nursing Science program through a partnership with the Denton campus of the Texas Woman’s University (TWU). Students enrolled in this program earn their degree from TWU. Members of the A&M University-Corpus Christi faculty provide student support through their roles on advisory and research committees. The first student graduated from this partnership in 2013. The College added a new doctoral program with the approval of the Doctor of Nursing Practice program. The first cohort of students will be admitted in fall 2016.
Currently (2015) the administrative structure consists of the Dean (Dr. Mary Jane Hamilton), Associate Dean (Dr. Bunny Forgione), Associate Dean for Graduate Nursing Programs (Dr. Eve Layman), Undergraduate Chair (Dr. Christina Murphey) and Graduate Chair (Dr. Linda Gibson-Young).

**Accreditation**

The BSN, MSN, and post-graduate APRN certificate at Texas A&M-Corpus Christi is accredited by the Commission on Collegiate Nursing Education (CCNE) (http://www.aacn.nche.edu/ccne-accreditation).

Approved by the Texas Board of Nursing (https://bon.texas.gov/)

Texas A&M University – Corpus Christi is accredited by Southern Association of Colleges and Schools (SACS) (http://www.sacs.org/)
IMPORTANT CONTACT INFORMATION

The Clinical Placement Coordinator (CPC) who arranged the clinical experience with the coach should be able to address any questions about the coach-student experience. The CPC may communicate in person, via e-mail, or by telephone. The course instructor is available for consultation at any time. Coaches can also contact the Department Chair or Program Coordinator:

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UNDERGRADUATE PROGRAM PURPOSE AND OUTCOMES

Under the guidance of an admissions committee all qualified applicants are carefully evaluated individually and holistically. Admission to the nursing program is highly competitive and only the most qualified applicants are selected.

Purpose
The purpose of the Undergraduate Program is to prepare generalist nurses who will develop into leaders for the future as they provide competent, compassionate patient care in the rapidly changing health care environment.

Student Learning Outcomes
1. Incorporate the philosophy “Caring is the essence of Nursing” into nursing practice.
2. Practice nursing utilizing the nursing process and other systematic approaches derived from the sciences and liberal arts to promote optimum health for individuals, families, and communities from diverse populations.
3. Communicate and collaborate purposefully, using creative approaches that acknowledge interdependent roles and relationships.
4. Demonstrate leadership through the application and utilization of theories for the improvement and enhancement of care and health status.
5. Display critical thinking and independent decision-making that utilize and apply theory and research in practice.
6. Show awareness of political, ethical, and social issues; accountability for professional practice and commitment for continuing professional development.
7. Accept nursing leadership roles that respond to a changing society and health care delivery system.

THE eLine©/eLine© Military BSN Track

The eLine©/eLine© Military track is a basic pre-licensure nursing education track designed for non-traditional students who are self-motivated independent learners. The highlighted courses are those in which the BSN preceptor/coach and student work together:

NURS 3318 - Nurse as therapeutic Communicator 3 sem. hrs.
NURS 3435 - Health Assessment 4 sem. hrs.
NURS 3614 - Fundamentals of Nursing Care 6 sem. hrs.
NURS 3548 - Nursing Care of Children and their Families 5 sem. hrs.
NURS 3550 - Nursing Care of Parents/newborns 5 sem. hrs.
NURS 3628 - Nursing Care of Adults I 6 sem. hrs.
NURS 4318 - Nurse as Research Consumer 3 sem. hrs.
NURS 4564 - Nursing Care of Psychiatric Clients 5 sem. hrs.
NURS 4628 - Nursing Care of Adults II 6 sem. hrs.
NURS 4660 - Nursing Care of Community Health Clients 6 sem. hrs.
NURS 4370 - Nurse Coordinating Care 3 sem. hrs.
NURS 4470 - Professional Transitions 4 sem. hrs.
NURS 4150 - Professional Nursing Issues II 2 sem. hrs.
COURSE DESCRIPTIONS

NURS 3318 - Nurse as therapeutic Communicator
3 sem. hrs. (3:0)

Emphasis is on caring communication as an essential dimension of professional nursing. Theories are presented to explain the dynamic relationship between human behavior, health, and illness, and the impact of interpersonal relationship skills to effect positive changes in individuals and their families. Nurse communication in the role of educator will be introduced as part of the teaching/learning course content.

NURS 3435 - Health Assessment
4 sem. hrs. (3:3)

Focuses on health assessment skills and application of the nursing process in selected pathophysiological disorders through analysis and synthesis of information obtained from subjective and objective data collection methodologies. Specified frameworks are utilized for data categorization and processing. The data are used to make judgments about health status or determine care needs for a given individual. Students are assigned to a weekly two-hour lab to practice under supervision and demonstrate health assessment skills.

NURS 3614 - Fundamentals of Nursing Care
6 sem. hrs. (3:9)

Fundamentals of Nursing Care is developed for the incoming nursing student and introduces them to nursing practice and philosophies that underpin clinical practice. Fundamental nursing skills are an integral part of the nursing experience and include, but are not limited to, patient safety, with a focus on techniques related to environmental concerns, positioning and transporting, asepsis and sterile technique, medication administration, and selected intrusive therapies. The critical thinking process, art of caring, and nursing theories upon which clinical practice is based will be integrated throughout the course to provide and manage safe, holistic care practices. The campus laboratory and clinical settings will afford practical experiences that include simulation and direct patient care interventions. These experiences facilitate learner application and integration of the principles and skills taught in the theory portion of this class. Students are expected to demonstrate beginning competency in application of the nursing process. Prerequisite NURS 4322; Co-requisite: 3435, 3318.

NURS 3548 - Nursing Care of Children and their Families
5 sem. hrs. (3:6)

Applying a family-centered approach, this course focuses on health promotion, acute and chronic health conditions, and rehabilitative needs of children. Emphasis is placed on developmental, physiological, psycho-social, cultural, and spiritual care of the child within the family unit. Using the nursing process, strategies are formulated for promoting and maintaining optimal functioning of
the child-family unit and for enhancing the strengths of the family unit. Clinical activities emphasize the application of theory to practice in a variety of acute care settings. Prerequisites: NURS 3318, 3342, 3435, and 3614.

**NURS 3550 - Nursing Care of Parents/Newborns**  
5 sem. hrs. (3:6)

A study of the theoretical and empirical basis for nursing care of childbearing families using both nursing and developmental theories. Biopsychosocial factors such as legal/ethical and cultural considerations related to pregnancy, birth and newborn periods are included. A historical overview of obstetrical advances and parent-child nursing will be presented. Practice in providing nursing care to families during each phase of the childbearing cycle will occur in selected local hospitals and clinics. The nursing process is used with emphasis on the theoretical and empirical basis of practice. Prerequisites: NURS, 3318, 3614, 3342, 3435

**NURS 3628 - Nursing Care of Adults I**  
6 sem. hrs. (3:9)

Introduces the student to the use of the nursing process in the care of adults with chronic or non-complex illness. Uses a systems approach to discuss the effects of illness on individual and family, and to examine the disruption of growth and development patterns across the lifespan from young adult to senior years. The course includes clinical laboratory to allow the student the opportunity to apply theoretical concepts to clinical practice in diverse adult populations. Prerequisites: NURS 3318, 3345, 3614, 3342

**NURS 4318 - Nurse as Research Consumer**  
3 sem. hrs. (3:0)

Study of theory and research as a base for nursing practice. Critically analyzes published research studies with regard to implications for clinical practice. The course is planned for collaborative peer examination of the research process through critique of nursing studies. Prerequisite: MATH 1442, 1342, or 2342. The web-based version of this course (NURS 4318W01) satisfies the university computer literacy requirement.

**NURS 4564 - Nursing Care of Psychiatric Clients**  
5 sem. hrs. (3:6)

Focus is on the nurse as a provider of care to individuals, families and groups experiencing psychiatric-mental health problems. Theoretical foundations for the practice of psychiatric-mental health nursing will be studied. Application of nursing process to promote, maintain or restore mental health of individuals, families and groups. During the clinical experience, students will demonstrate theory-based practice and collaboration with interdisciplinary team participants. Pre-Corequisite: NURS 3550, 3628

**NURS 4628 - Nursing Care of Adults II**  
6 sem. hrs. (3:9)

Presents to the senior student critical thinking and problem-solving strategies for care of adults with acute or complex illness and/or injury. The effects of acute illness are examined in relation to the individual’s developmental stage, culture, and gender. Building on Nursing Care of Adults I, a systems approach is used to analyze and intervene in alterations to the health of the individual and
family. The course includes clinical laboratory to allow the student the opportunity to integrate theoretical concepts and clinical practice in diverse populations. Pre-Corequisites: NURS 3550, 3548 and 3628

**NURS 4660 - Nursing Care of Community Health Clients**
6 sem. hrs. (3:9)

Explores Community Health Nursing, focusing on historical development, philosophy, health care systems, epidemiology, and specific target groups. Primary, secondary and tertiary prevention activities are emphasized as they relate to individuals, families, and aggregates. Applies theoretical and empirical knowledge in using the nursing process in community settings to promote, maintain and restore health. Focuses on transcultural nursing concepts, rural and home health care delivery. Progressively more independent behaviors are expected of students in community health practice. Diverse roles of the community and public health nurse are examined and a community assessment is completed using research and data processing skills. Prerequisites: NURS. 3614, 3318, 3435

**NURS 4370 - Nurse Coordinating Care**
3 sem. hrs. (2:3)

This class provides a theoretical and experiential approach to identifying the coordinating role of the professional nurse within health care and its delivery. Current theories of management, leadership, and change are examined and related to nursing practice. Critical thinking is required in case analysis and student assessments of their own thinking, ideas and use of intellect. Pre-requisites: All courses except for co-requisites. Co-requisites: NURS 4660, NURS 4370

**NURS 4470 - Professional Transitions**
4 sem. hrs. (2:6)

This capstone course focuses on the role of the developing professional nurse’s ability to use evidence-based practice and quality standards to deliver safe holistic care to culturally diverse and complex clients and families. Emphasis is on the transition of the student nurse into a professional role which includes the ability to apply concepts related to leadership, interprofessional teamwork, informatics, and patient-centered care. Strategies for successful completion of the graduate licensure exam will be included. Pre-requisites: All courses except for co-requisites. Co-requisites: NURS 4660, NURS 4370

**NURS 4150 - Professional Nursing Issues II**
(1:0)

Concentrates on economic and political issues affecting the nurse as an individual and a professional, and health care delivery to clients, groups and aggregates. Consideration is given to self-discovery, personal assertiveness, role conflict, negotiation and collective bargaining. Students are encouraged to apply critical thinking strategies during classroom discussions and presentations. Prerequisites: NURS 3628, 4564, 3548, 3550
DEFINITION OF A CLINICAL COACH/PRECEPTOR

Clinical coaches function in the role of a preceptor. According to the Board of Nursing for the State of Texas Rules and Regulations, Chapter 215 Professional Nursing Education, Rule 215.2 (10) Definitions, a preceptor is:

“A registered nurse or other licensed health professional who meets the minimum requirements in 215.10(j)(6) of this chapter (relating to Clinical Learning Experiences), not employed as a faculty member by the controlling agency/governing institution, and who directly supervises a student’s clinical learning experience. A clinical preceptor facilitates student learning in a manner prescribed by a signed written agreement between the educational institution, preceptor, and affiliating agency (as applicable).”

- Rule 215.10(h) indicates: (h) Clinical preceptors may be used to enhance clinical learning experiences after a student has received clinical and didactic instruction in all basic areas of nursing or within a course after a student has received clinical and didactic instruction in the basic areas of nursing for that course or specific learning experience. (1) In courses which use clinical preceptors for a portion of clinical learning experiences, faculty shall have no more than twelve (12) students in a clinical group; (2) In a course which uses clinical preceptors as the sole method of student instruction and supervision in clinical settings, faculty shall coordinate the preceptorship for no more than twenty-four (24) students. (3) The preceptor may supervise student clinical learning experiences without the physical presence of the faculty member in the affiliating agency or clinical practice setting; (4) The preceptor shall be responsible for the clinical learning experiences of no more than two (2) students at a time per clinical group.

- Rule 215.10(j)(6) indicates “Clinical preceptors shall have the following qualifications: competence in designated area of practice, philosophy of health care compatible with the nursing program, current licensure or privilege to practice as a registered nurse in the State of Texas, or, if not a registered nurse, a current license in Texas as a health care professional with a minimum of a bachelor’s degree in that field.”

In congruence with these BON rules, TAMU-CC-CONHS prefers that clinical coaches be prepared with BSN or higher degrees.

REWARDS AND CHALLENGES OF COACHING

Rewards and benefits of serving as a preceptor can be both personally and professionally satisfying.

Personal Rewards:

- As a preceptor, you have a unique opportunity to serve as a role model for nursing students by setting an example of excellence in nursing practice. As you answer students’ questions and continually clarify and present the role of the nurse, you potentially will discover that you are affirming your own knowledge and reenergizing yourself in your nursing practice.
- Another potential outcome of these experiences with students is that you will revisit your own professional career goals as you begin to recognize your strengths as an educator and the rewards that come from this experience.
Professional Benefits:

- Serving as a preceptor you obtain valuable practice experience to add to your resume’ that strengthens your potential for promotion or other career opportunities.
- As a preceptor, you may be entitled to invitations to school and scholarly events, such as conferences or workshops.
- As a preceptor, you may receive points or credit for career ladder advancement depending upon what your facility offers.
- As a preceptor, you and/or your eligible children may qualify for exemption of up to $500 of tuition per term for undergraduate degrees.

Challenges:

Coaching can be very rewarding personally and professionally. However, working with students at any educational level can be stressful. Burns et al (2006) discuss some of the challenges that coaches face as they balance job pressures with coaching responsibilities. The following table looks specifically at role expectations.

<table>
<thead>
<tr>
<th>Role pressures: potential areas of difficulty</th>
<th>Role expectations</th>
</tr>
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<tbody>
<tr>
<td>Make connections between didactic and clinical work</td>
<td>Identify preceptors and appropriate settings that meet student learning needs in a timely and efficient manner.</td>
</tr>
<tr>
<td>Work according to prescribed trajectory for clinical progress</td>
<td>Evaluate student progress indirectly through written documentation and short visits to the site.</td>
</tr>
<tr>
<td>Balance adult life with student expectations</td>
<td>Keep learning expectations from impacting too greatly on preceptor service demands.</td>
</tr>
<tr>
<td>Achieve learning needs within a service environment</td>
<td>Orient and develop preceptors within their time and interest constraints.</td>
</tr>
</tbody>
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The authors also discuss “strategies for teaching while practicing on busy days.” Developing an optimal climate for learning on your unit will pay off for everyone:

§§ Maintain ongoing student assessment and feedback
§§ Focus on close communication
§§ Respond quickly to student’s stress
§§ Establish trusting relationships with your student
§§ Show mutual respect
§§ Treat the student as part of team

The Clinical Coordinator is a valuable resource for coaches to identify effective strategies for working with students. Additionally, Corpus Christi site has a Retention Counselor to assist with skills, content review, tutoring, etc.

**FACULTY, COACH, AND STUDENT RESPONSIBILITIES**

Collaboration between the Clinical Coordinator, Course Instructor (CONHS faculty), the Clinical Coach, and the student is formally established at the beginning of the experience. It is important that each individual obtain a clear and mutual understanding of the purpose of the arrangement and the related responsibilities of each role. Lines of communication must be established at the outset with frequent and open communication throughout the experience. The primary responsibilities for each role are described below:

**TAMUCC Nursing Program Responsibilities:**

1. Ensure that preceptors meet qualifications in Rule 215.10(f) (5).
2. Ensure that there are written agreements which delineate the functions and responsibilities of the clinical preceptor and associated agency and nursing program.
3. Assure student compliance with standards on immunization, screening, OSHA standards when appropriate, CPR, criminal background check as needed, and current liability insurance coverage.
4. Orient both the student and the preceptor to the clinical experience.
5. Provide the preceptor an orientation to the philosophy, curriculum, course, and clinical objectives of the program and specific courses.
6. Monitor student’s progress through clinical site visits, student clinical seminars, student-faculty-preceptor conferences, and review of student clinical assignments.
7. Provide recognition to the preceptor for participation as a preceptor.

**TAMUCC Nursing Faculty Responsibilities:**

1. Ensure that clinical experiences using preceptors occur only after the student has received basic theory and clinical experiences necessary to safely provide care to clients (within course or curriculum) appropriate to the student’s progress in the program.
2. Assume overall responsibility for teaching and evaluation of the student.
3. Suggest appropriate student assignments to the preceptor.
4. Communicate assignments and other essential information to the preceptors.
5. Communicate regularly with the clinical preceptor and the student in order to monitor and evaluate the learning experience.
6. Be readily available, e.g., telephone, pager, or e-mail for consultation when students are in the clinical area.
7. Receive feedback from the preceptor regarding student performance.
Agency/Preceptor Responsibilities:

1. Retain ultimate responsibility for the care of clients.
2. Retain responsibility for preceptor’s salary, benefits, and liability.
3. If preceptor is a nurse practitioner or physician assistant, notifies collaborating physician of preceptor/student arrangement.

Preceptor Responsibilities:

1. Participate in a preceptor orientation (the orientation will be sent electronically).
2. Function as a role model in the clinical setting.
3. Facilitate learning activities for no more than two students per day.
4. Orient the student(s) to the clinical agency.
5. Guide, facilitate, supervise, and monitor the student in achieving the clinical objectives.
6. Supervise the student’s performance of skills and other nursing activities to assure safe practice.
7. Collaborate with faculty to review the progress of the student toward meeting the clinical learning objectives.
8. Provide feedback to the student regarding clinical performance.
9. Assist the student in care plan development
10. Contact the faculty if assistance is needed or if any problem with student performance occurs.
11. Arrange for appropriate coverage for supervision of the student should the preceptor be absent.
12. Give feedback to the nursing program regarding clinical experience for student and suggestions for program development via the CONHS clinical evaluation tool.

TAMUCC Student Responsibilities:

1. Maintain open communications with the preceptor and faculty. The student must:
   a. Notify preceptor of faculty contact information,
   b. Notify faculty member of preceptor contact information: phone number & e-mail,
   c. Provide preceptor with course clinical objectives, evaluation forms, etc.,
   d. Send faculty member proposed clinical schedule with dates, times, and location including unit description and phone number.
2. Maintain accountability for own learning activities.
3. Prepare for each clinical experience as needed.
4. Be accountable for own nursing actions while in the clinical setting.
5. Arrange for preceptor’s supervision when performing procedures.
6. Report any illness/absence to the agency and instructor before clinical day begins.
7. Contact faculty by telephone per faculty instructions if faculty assistance is necessary.
8. Respect the confidential nature of all information obtained during clinical experience.
9. Wear appropriate professional attire and university name tags and behave in a professional manner when in the clinical site.
10. Adhere to safety principles and legal standards in the performance of nursing care.
11. Complete the entire shift on each clinical day
LEGAL AND ETHICAL ASPECTS OF BEING A PRECEPTOR

- LEGAL – BON Rules and Regulations, Texas Nursing Practice Act, Student Handbook and Catalog, Delegation

SUCCESSFUL COACH CHARACTERISTICS

We already know that you are highly respected for your clinical expertise and leadership abilities. Take a minute to review the list of the characteristics of a successful coach (Baltimore, 2004; Croxon & Maginnis, 2009). How many of these characteristics can be applied to you?

- Knowledgeable
- Skilled clinician
- Competent
- Patient
- Enthusiastic
- Advocate or Teacher or Confidant
- Sense of humor
- Respectful
- Lifelong learner
- Self-aware
- Self-controlled
- Motivated
- Motivational
- Passionate about nursing
- Empathetic
- Strong social skills

GETTING TO KNOW YOUR STUDENT

During your initial meetings with your student, it would be good to share information and get to know each other, such as, “personal and professional backgrounds, teaching–learning and communication styles, and common reactions to stress” and “circumstances that could potentially affect learning” (Baltimore, 2004, p. 134).

When the student first comes to the unit, be sure to introduce him/her to the staff, provide an orientation to the physical environment, and review how to locate policies and procedures related to patient care. Help the student feel like a member of the health care team rather than a guest. The student will slowly, but surely become a contributing member of the team.

It will be helpful to understand your student’s learning style. Ask how the student learns best. If he/she doesn’t know, suggest that he/she complete a learning style inventory, such as the ones found on the following websites: www.vark-learn.com or www.kiersey.com.

CLINICAL TEACHING STRATEGIES

You are probably already very good at teaching. After all, you are a nurse! Teaching is what we do. This portion of the orientation is designed to give you some tips for using your teaching skills in your new role as coach-educator.

Let’s start with four basic principles about clinical teaching and learning (Burns, Beauchesne,
Ryan-Krause, & Sawin, 2006, p. 175):

1. Learning is evolutionary.
2. Participation, repetition, and reinforcement strengthen and enhance learning.
3. Variety in learning activities increases interest and readiness to learn enhances retention.
4. Immediate use of information and skills enhances retention

Your student may or may not be completely new to nursing – a blank slate, if you will. Regardless your student will be new to BSN education and practice. The student’s knowledge base will “evolve” over time. You will see it happening before your very eyes. Be patient; it is a beautiful (and sometimes slow) process.

The most important teaching strategies to employ with nursing students in the clinical setting include: questioning and feedback, assessing learning needs to determine what they already know about their patient(s) and the patient care required, and evaluating the progress and competencies required for high quality and safe clinical practice.

Let us examine some key teaching strategies:

- **Questioning students** to determine what they know and exactly what they plan to do and why is a most important tool
- **Modeling clinical practice**, including thinking out loud, to demonstrate how you formulate clinical judgments will be critically important to the students’ learning
- **Providing feedback** (both positive and negative) is another helpful and essential strategy to employ
- And finally, **evaluating the progress of students** is an ongoing continuous process that will culminate in a final review and conclusion about students’ work

The faculty will maintain the responsibility of awarding the final clinical grades but will rely on your invaluable input. Assisting students to improve throughout the course will hopefully lead to a successful completion of all clinical objectives and ultimately course objectives and eventually, successful practice as a registered nurse.

**The Fine Art of Questioning**

One of your primary goals is to help the student apply theory (what he is learning in the online course) to practice (what he sees in the clinical setting) in order to think critically and make sound clinical decisions. To find out what the student is learning in the online course ask the student and review the semester newsletter. Let’s assume that you have accessed the course information and are ready to reinforce some concept or learning objective. How should you proceed? Ask questions!
Guide the student to think about theory as it applies to the current situation. Help them connect the pathophysiology of underlying diseases with assessment findings and interventions. Shift report is a perfect time to stimulate critical thinking as your student learns to quickly summarize key patient care issues, events, goals, and outcomes (Baltimore, 2004).

Forneris & Peden-McAlpine (2005) found that “coaching is integral to a process of thinking critically.” One resource gave specific examples of questions that help the student focus on important details while setting aside irrelevant data during decision making. You may find these questions, shown in the table below, helpful during your work with your student.

<table>
<thead>
<tr>
<th>Learning goal</th>
<th>Script</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The student is to make a decision regarding the case at hand</td>
<td>“What do you think?”</td>
<td>This question is helpful throughout the decision-making analysis—from making a diagnosis to working out a plan; the student is not simply providing information to the preceptor to make decisions</td>
</tr>
<tr>
<td>2. Probe for supportive findings and evaluate the critical thinking that led to the decision</td>
<td>“Why do you think that?” or “What led you to this conclusion?” or “What else did you consider and rule out?”</td>
<td>Diagnose the learner’s understanding—gaps and misunderstandings, poor reasoning or attitudes; do not ask for textbook knowledge</td>
</tr>
<tr>
<td>3. Tell student what was right in the conclusions and critical thinking</td>
<td>“Specifically, you did a good job of ________ and this is why it is important ________.”</td>
<td>State specifically what was done well and why it was important to reinforce excellent performance</td>
</tr>
<tr>
<td>4. Correct student errors</td>
<td>“You did well based on your knowledge of older children but didn’t factor in the infant’s development”; “I disagree with __________.”; “A more efficient way . . .”</td>
<td>Specific correction will reinforce correct ideas and extinguish incorrect ones</td>
</tr>
<tr>
<td>5. Teach a general principle/clarify the take-home lesson</td>
<td>“The key point I want you to remember is ________.”</td>
<td>Point out key ideas, prioritize essential points among many details</td>
</tr>
<tr>
<td>6. Your own one-minute reflection</td>
<td>“What did I learn about my teaching?”. “What did we learn from this?”</td>
<td>Place exercise into larger context of patient care and refocus for teaching episodes</td>
</tr>
</tbody>
</table>

Adapted from Neher, Gordon, Meyer, & Stevens, 1991.

(From Burns et al., 2006, p. 174)
• Are there any patterns that you should pay attention to?
• Focus on cues
  o Which cues are leading you to draw a conclusion?
  o What prior learning experiences do you have?
  o What aspects of the situation were significant?
• Help novice nurse to draw conclusion
  o What are the data saying?
  o What are the necessary nursing interventions to support this medical approach?

Besides the Socratic Method (questioning described above), you can help your student by “thinking aloud.” As your student observes you throughout the shift, tell her what you are thinking as you go. This may take some practice on your part, because your thoughts are automatic now and many may feel like intuition. If you take the time to explain your actions, you will teach your student so much more than if she simply observes you in action without commentary.

**Modeling Clinical Practice**

Students will learn from your role modeling whether or not you purposefully present yourself as a role model. Two of the most significant aspects of learning accomplished through role modeling are critical thinking and professional role behavior in interaction with patients, interdisciplinary colleagues, and others.

Your thinking is invisible – just as the student’s thinking process is invisible unless you ask for responses that call for the student to describe his or her thinking. Make your thinking visible to teach clinical judgment. Think-out-loud whenever appropriate. Since thinking-out-loud is not a very natural behavior, practice. As you go about patient management without a student present, challenge yourself to formulate a description of your thought process.

You will find some times inappropriate for thinking-out-loud (because of concerns about the effect on a patient who is present or because of concerns about the effect on interdisciplinary or political relationships). In those situations, alert the student in advance to attend to particular critical features of your behavior. Afterward, ask the student questions about his or her observations and ask the student to interpret your rationale. This approach is a version of a “pop-quiz” on thinking-out-loud.

When you are thinking-out-loud, call attention to the essential features of your actions. In some situations there may be a crucial sequence of actions or other features which are more important than others.

Let the student see the consequences of your actions. Seeing your favorable outcomes and tying them to specific actions focuses the student’s attention and motivates.

Brookfield (1990), an adult education authority, refers to our mistakes as our “instructional friends.” Our instructional friends teach us how to improve, what to watch out for and many other valuable lessons. You will find students extremely attentive to your war stories of valuable lessons learned from mistakes.
Experienced professionals know that everyone makes mistakes occasionally or at least can see a better course of action with 20/20 hindsight. Use an occasional, “I remember the time…” or “I learned this the hard way when…” This approach is a variety of role modeling that draws upon reflection on practice. With this approach you can sometimes prevent student errors.

Students may also have greater willingness to approach you with their uncertainties if they perceive that you have a reasonable tolerance for error. This certainly is not meant to suggest lowering performance standards or quality of care. Rather, the intent is that when mistakes occur, as they inevitably will, find the learning opportunity as well as apply whatever corrective action is indicated.

It is extremely important for the student to understand the connection between nursing practice and the rules and regulations that govern that practice. Please refer to and discuss the Nursing Practice Act (http://www.bon.state.tx.us/nursinglaw/npa.html) and Rules and Regulations (http://www.bon.state.tx.us/nursinglaw/rr.html) with your student.

Providing Feedback

Providing both positive and negative feedback to students is a critically important role of the preceptor. Feedback answers the question, “How am I doing?” Providing positive feedback frequently and directly will help students know when they are making good decisions and increasing their critical thinking and psychomotor skills. Negative feedback offered from a positive perspective also provides them with an immediate alert that they have misunderstood, acted on or omitted something that may not be in the best interest of the patient.

Because this teaching strategy is so essential to your role, an in-depth discussion of the principles of effective feedback will be provided.

Feedback should be helpful to the person who receives it. Feedback will be most helpful when the student:
• understands the information.
• receives the information close to the time of the activity in question.
• is able to accept the information.
• is able to do something about the information.

Important Points about Feedback
• Everyone deserves feedback.
• Saying the right words is not nearly as important as knowing why you are saying them.
• Negative feedback (or criticism) will most often be uncomfortable for both parties.
• Positive feedback can be equally uncomfortable but no less needed.
Guidelines for Providing Constructive Criticism:

Focus on CHANGEABLE THINGS.
• Feedback can lead to improvements only when it is about things which can be changed.
• Share ideas and information and explore alternatives rather than expecting answers or solutions.

Make DESCRIPTIVE NOT INTERPRETIVE statements.
• Act as a video camera. Playback a report of your observations rather than your interpretation about why things happened or what was meant by them. If you observe a practice that the student needs to improve, state your observation and then ask questions such as, “How could you do that more efficiently?” or “How could you do that procedure more safely?” or “What was a risk or potential problem with that approach?”

Make SPECIFIC statements.
• Look for the details.
• Give concrete and objective “playback.”
• Focus on the student’s actions (or sequence of actions, or omitted actions).
• Offer specific positive, as well as corrective, statements. “Good job,” is too general; state what exactly was “good” and why.
• Give specific suggestions about how to improve.

Provide IMMEDIATE feedback.
• The sooner feedback is given, the more effective it will be.
• When you must delay, identify the specific time or incident to which you are referring.
• Many occasions will arise when you must defer feedback. You may defer feedback to avoid delays in care, to avoid embarrassing the student, or for other reasons. Because such delays are appropriate in the practice environment, it is important to make a habit of giving feedback at the end of the day.

Choose APPROPRIATE TIMES.
• Give feedback when the receiver is ready to become aware of it. Of course, issues of safety, ethics or legal requirements take precedence over the student’s readiness to receive feedback.
• Critical feedback in front of others may be more damaging than helpful.
• Feedback provided should serve the needs of the recipient rather than the needs (for “release”) of the giver.

Choose ONE ISSUE at a time
• Focus on the most critical behavior needing feedback at the time.

Do NOT DEMAND A CHANGE
• Providing feedback and helping the student explore alternatives is not the same as requesting or demanding that the student change. There will be occasions when you request or demand changes in student practice. However, keep in mind the video playback analogy. Share your observations and perceptions with the student, reflect on your observations with the student and encourage the student to develop the habit of
reflecting on practice.

**Evaluating Student Progress**

You are responsible for ongoing evaluation of your student’s progress toward course objectives and professional role expectations. As you monitor your student’s clinical performance and skill development, ask “check-point questions” to identify issues related to “overconfidence” or “underconfidence” and additional learning needs (Baltimore, 2004).

- §§ What do you like about what you did today?
- §§ If you could do it over, what would you do differently?
- §§ What would you like to work on next shift?

Providing constructive feedback can be challenging for coaches. You must be able to tell your student both good news and not so good news. He needs both your positive and negative feedback. You are the expert. You can help him identify strengths and areas for improvement.

Informal and ongoing evaluations and feedback should take place each shift. Clinical site coordinators will gather feedback during site visits, as well as during formal midterm and final clinical evaluations.

Formal evaluation and feedback will take place in mid semester (formative) and at the end of each semester (summative). On the evaluation and the course syllabi contain information regarding clinical standards and associated behaviors. Clinical Site Coordinators will also enter Coach feedback and evaluation information collected during site visits in the Clinical Database.

**COACHING FREQUENTLY ASKED QUESTIONS**

*How can I help the student feel a part of the unit where I work?*
- Introduce the student to the staff
- Include the student in nurse reports
- Participate in a student tour of the unit
- Dialogue with the student while making decisions
- Communicate with the student consistently
- Utilize the student’s goals/clinical checklists in the learning process
- Provide constructive feedback routinely

*How and when do I communicate with the Clinical Site Coordinator?*
- Notify the course instructor immediately if you observe the student in unsafe or unprofessional conduct.
- Information shared with faculty is held in strict confidence.
- The faculty liaison is available to assist the coach at any time via phone or email.

*Is the student working under my license?*
- The student does not work under your license.
- The Board of Nurse Examiners for Texas states (Rule 215.10) that the nursing
program and faculty liaison assumes overall responsibility for the precepted student’s teaching and evaluation.

- Clarity about the student’s level of competence will serve as a basis for appropriate patient assignments and adequate supervision.
- Agency nursing staff maintains primary responsibility for patient care.

**What if I just cannot work with the student?**

- Personality differences can create challenges in communication on occasion. This nursing program’s goal for a student’s clinical experience is that the experience be mutually positive for both the student and coach. Therefore, the Clinical Placement Coordinator is committed to assisting you to resolve problems. Contact the faculty as soon as you notice a problem.

**How closely do I have to monitor the student?**

- The Board of Nurse Examiners for the State of Texas states that preceptors are responsible to guide, facilitate, supervise, and monitor the student in achieving the clinical objectives.
- Each nursing program requires that students be observed closely for any behaviors that do not meet the three criteria of the Critical Safety Elements: Safety, Knowledge, and Communication.
- Each student is expected to function in the role of a pre-licensure student nurse during the clinical experience. Each of them will need close supervision, at least initially. As increasing competence is demonstrated through the observed delivery of safe and comprehensive care, less direct supervision should be needed.

**How can I be sure I have the knowledge and skill to teach students?**

- You have been recognized by your facility as possessing the clinical expertise to serve as a role model for the student in the clinical setting.
- These students are motivated to learn and will benefit from your ability to function as an expert in your area of specialization.
- The clinical course objectives will serve as guides in planning and teaching this orientation. Review syllabus and clinical checklists.

**What if the student is critical of the way I do things?**

- The student is responsible and accountable for his or her own learning needs. Effective professional communication with the preceptor and other members of the health care team is a valuable part of this clinical experience. It can provide an opportunity for the preceptor to role model appropriate, professional communication.
- There are usually many different ways to view a situation or accomplish a goal without compromising patient care. Discussing alternative approaches provides the student with critical thinking skills required to provide safe care.

**What if the student is not successful in this rotation?**

- Concerns about the student’s performance should be communicated to the faculty early so that any possibility for remediation can be collaboratively planned between the coach and the faculty.
- Should the student still fail the course, after early intervention, the fault is not yours, but lack of readiness on the part of the student to fulfill all the course requirements.
What if the student is about to make a mistake or makes a mistake while I am working with him/her?

- Stop and question the student about what he/she is about to do and why.
- Help them to see the correct answers to your questions and suggest, “Next time this happens, try this.”
- If an error occurs after initiating corrective action, involve the student in completing an incident report (as per hospital policy) and call the faculty. Show the student how to take responsibility for the error.

**SKILLS COMPETENCE**

Now is probably a good time to talk about the skills your student can perform when they arrive on the unit. Your student completed the didactic portion of NURS 3614 - Fundamentals of Nursing Care. They went to the TAMUCC- CONHS campus in Corpus Christi and were checked off in the clinical laboratory by TAMUCC-CONHS faculty on the following psychomotor skills:

- §§ Hygiene
- §§ Vital Signs
- §§ Health History
- §§ Skin Assessment
- §§ Standard Precautions & Hand Washing
- §§ Isolation Procedures
- §§ Wound Care (sterile and non-sterile dressings)
- §§ All Routes of Medication Administration except for IV
- §§ GI/GU Assessment
- §§ Bowel Management Techniques (toileting, enemas, etc.)
- §§ GI Techniques (NG tube insertion and feeding)
- §§ Urinary Management Techniques (toileting, catheterization, etc.)
- §§ Cardiopulmonary Assessment
- §§ Respiratory Therapies
- §§ Suctioning (oral-pharyngeal, naso-pharyngeal, naso-tracheal, tracheal)

Your student will attend a virtual lab on IV insertion and IV medication administration in NURS 3628. They will be given opportunities to practice these skills during the skills lab in Corpus Christi prior to attending clinical. They will also practice and demonstrate tracheostomy care during that time.

Your student may perform any of these skills under your direct supervision in the clinical setting. Once you have determined that your student consistently performs safely and competently, they may perform the skills with indirect supervision and random spot checks. Institutional policy must be followed with regard to delegation of skills, with particular attention paid to skills students are not allowed to perform, i.e. IV push for high risk medications.

Your student will be co-enrolled in other courses, like health assessment and pharmacology, during your student’s time with you on your unit. As your student’s skill level increases, you
will expect more evidence-based rationale from your student. The course objectives and specific clinical skills the student should be able to perform with appropriate guidance and supervision can also be found in the clinical objectives for each nursing course. You will be instrumental in helping your student learn to effectively organize and prioritize patient care and delegate appropriately to unlicensed personnel. The following suggestions are adapted from the work with hospital preceptors by Baltimore (2004):

- Instruct your student to formulate a shift routine and plan. Show your student your organizational tools and encourage him to observe other coworkers’ methods of organization and then formulate their own. Good organizational skills will help your student handle unexpected events and competing responsibilities inherent in daily clinical practice.

- To help your student prioritize patient care responsibilities, have them categorize tasks based on their urgency, the level of skill required to complete tasks, and the consequences of delay or inaction.

Once your student has demonstrated competence in skills that are usually carried out by other staff, they may delegate some tasks to unlicensed assistive personnel. Help your student understand the delegation rules and how to recognize when delegation would be inappropriate. Effective delegation will ensure that your student will be more equipped to meet the multiple demands of patient care assignments during school and after graduation. (Delegation rules and resources can be found at Texas Board of Nursing website at http://www.bon.state.tx.us/practice/delegationresources.html).

**STUDENT POLICIES**

Policies can be found in the College of Nursing and Health Sciences Student Handbook https://conhs.tamucc.edu/_assets/images/student-handbook.pdf

*Code of Ethics*

Students are expected to function within the framework of the Code for Nurses (ANA). Students may purchase the Code for Nurses by contacting the American Nurses Association Publishing Company or it can be downloaded at http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/EthicsStandards/CodeofEthics.aspx.

*Confidentiality/Health Insurance Portability and Accountability Act of 1996 (HIPAA)*

The School of Nursing is dedicated to ensuring each student is current in issues as they relate to nursing practice and research. One such regulation includes the Health Insurance Portability and Accountability Act (HIPAA). Annually, each student is required to provide proof of education in HIPAA training. The training requirements vary by program; the student will receive information regarding HIPAA training and will be asked to sign a Confidentiality Agreement during New Student Orientation. All proof of training will be placed in the student’s file located in the appropriate Associate Dean’s Office. Those who cannot show proof will not be allowed to attend clinical. In addition, release of confidential information (including verbal communications, written communications or electronic communications with or about patients or involving patient health information to anyone who does not need the information for treatment, payment or health care
operation) is a cause of dismissal from the School.

Personal Appearance/Uniform

The CONHS expects nursing students to maintain a professional image at all times while in the clinical setting. It is the expectation that the professional uniform of the College of Nursing shall be worn only for clinically related activities. BSN students must follow the standards listed below:

<table>
<thead>
<tr>
<th>Hospital Clinical Settings Uniform:</th>
<th>Uniform approved by the CONHS clean, neat and pressed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shoes:</td>
<td>Primarily white or black leather shoes.</td>
</tr>
<tr>
<td>Socks/Hose:</td>
<td>White and clean (Women may wear socks with pants. White or natural color hose must be worn with skirts or dresses.)</td>
</tr>
<tr>
<td>Lab Jacket:</td>
<td>White, clean and pressed.</td>
</tr>
<tr>
<td>CONHS Patch:</td>
<td>Permanently affixed to the left sleeve on scrub top and lab coat.</td>
</tr>
<tr>
<td>Name Tag &amp; ID Badge:</td>
<td>Worn with the uniform or lab jacket in all clinical settings.</td>
</tr>
<tr>
<td>Professional Nursing Pins:</td>
<td>May be worn on the lab coat or uniform.</td>
</tr>
<tr>
<td>Hair:</td>
<td>Clean and neat (long hair must not obstruct peripheral vision when bending forward or over a sterile field).</td>
</tr>
<tr>
<td>Makeup:</td>
<td>In moderation to promote a professional image.</td>
</tr>
<tr>
<td>Nails:</td>
<td>Clean and well groomed (fine motor skills should not be limited by nail length). Natural or pale (beige/pink) colored nail polish is acceptable. No artificial nails.</td>
</tr>
<tr>
<td>Jewelry:</td>
<td>In moderation (multiple rings and dangling bracelets, necklaces and earrings are unacceptable.)</td>
</tr>
</tbody>
</table>

Phones and Pagers

Phones and pagers should be placed in the silent mode or turned off when students are in attendance at any learning activity at the CONHS. Phone conversations on cell phones must occur outside of direct patient care areas.

Unsafe Student Practices

A student who demonstrates any unsafe practices as outlined below may be subject to disciplinary actions dependent upon the severity of the unsafe practice, including but not limited to, the following: verbal warning, written warning, formal reprimand, failure and/or dismissal. Every effort will be made to use progressive discipline; however, at the discretion of the faculty member, a student can be failed at any time during the semester for an unsafe practice as defined above.

1. Violates or threatens the physical, psychological, microbiological, chemical, pharmacological or thermal safety of the patient.
2. Violates previously mastered principles/learning objectives in carrying out nursing care skills or delegated medical functions.
3. Accepts assignments beyond knowledge, education, experience or competence.
4. Fails to recognize or accept legal/ethical responsibility for actions as defined in the Nursing Practice Act for the State of Texas or the Code for Nurses of the American Nurses Association.
5. Fails to carry out CDC Standard Precautions.
REFERENCES


Quality Safety Education for Nurses web site: http://www.qsen.org

