

**The University of Texas at Austin
School of Nursing**

N279P Capstone Preceptorship

Course Syllabus

Fall 2017



**The University of Texas at Austin
School of Nursing**

The University of Texas at Austin
School of Nursing
N279P Capstone Preceptorship
Fall 2017

Course Unique Numbers: 57830; 57835; 57840; 57845; 57850

Prerequisites: Successful completion of all required and elective nursing courses

Course Dates: November 14 - December 11, 2017

Course Hours/Location: 30-40 hours per week over 3-4 weeks for a total of 120 clock hours at various health care facilities. Additional preparation time to assure clinical competence may be required of the student.

Course Facilitator: Lorraine C. Haertel, PhD, RN, CS, ARNP
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Course Faculty:

| Faculty | Phone | Office Room Number | Office Hours |
|---|-----------------------------|--------------------|--|
| Marta Anderson, MSN, RN | 512-232-4706 | 5.163 | TBD |
| Jessica Barr, MSN, RN | 512-475-6354 | 5.138 | Thursday: 1:00-2:30 pm & 4:30–6:00 pm |
| Lorraine C. Haertel, PhD, RN, CS, ARNP | 512-232-4703 | 5.190 | Friday: 10:00-1:00 pm |
| Amber Sherman, MSN, RN | 512-232-4733 | 5.140 | Wednesday: 4:00–7:00 pm |
| Laura M. Swarts, MSN, RN | 512-585-9161 Cell & Text | 2.308 | Wednesday: 7:00-8:30 am Friday: 11:30-1:00 pm and by appointment |
| Veronica Garcia Walker, PhD, RN, NE-BC, CNE | 512-217-7996 Cell & Text | 4.140 | Wednesday: 10:00 am – 1:00 pm |

Course Description

This course is clinical preceptorship that will include experiences similar to those students are likely to confront as newly employed BSN-prepared registered nurses. The Capstone Preceptorship is a 1:1 relationship between an experienced BSN-prepared nurse preceptor and the N279P student. The Capstone Preceptorship supports the role transformation of students and promotes clinical competence at the BSN preparation level. Students will practice the essential role development skills of communication, collaboration, negotiation, delegation, coordination, and evaluation of interdisciplinary work.

Course Objectives: Upon completion of this course, the student will be able to:

1. Provide for the care of multiple clients and their families through direct care and delegation of care to other members of the health care team.
2. Prioritize and carry out nursing aspects of multidisciplinary health plans which reflect legal and ethical standards of care and practice.
3. Assist in making assignments and supervising nursing care in the preceptorship setting.
4. Demonstrate the use of critical thinking as a basis for decision making in clinical practice.
5. Apply appropriate leadership and management strategies in the delivery and evaluation of care provided by nurses and multidisciplinary health care providers.
6. Apply systems thinking appropriate to goal attainment.
7. Collaborate with clients, families, aggregates and other health care providers, as appropriate to the preceptor setting, for the planning and delivery of care.

Teaching/Learning Strategies

References To Be Used By Student: Students are required to use textbooks, lab and drug references, journal articles, and other references as appropriate to deepen their understanding of experiences before, during, and after clinical experiences.

Clinical Practicum: In order to receive credit for N279P, the student will engage in 120 hours of clinical practicum. The student will be assigned to work with a preceptor in the clinical area. The student's clinical schedule will follow the preceptor's work schedule and may consist of day, evening, night, and/or weekend shifts. The student, instructor, and preceptor will collaboratively plan the student's clinical hours. A total of 120 clinical hours are **required** to be completed. These hours do not include a 30-minute meal break. A student completing anything less than a total of 120 full clinical hours will **not** pass this course.

Management and Leadership Experiences to Be Completed by Student: The leadership and management role of the BSN-prepared nurse includes: (1) Planning of Care; (2) Supervision of Care, and; (3) Coordination of Care. Capstone includes experiences in leadership and management that are planned to involve the student in these roles. The completion date of these experiences is to be documented on the "Preceptor Evaluation of Student Behaviors" under the Management/Leadership section.

- (1) Planning of Care Role – Participate in one interprofessional meeting.
- (2) Supervision of Care Role – Mentor with the charge nurse during one shift on the student's assigned floor to gain insight into the role and responsibilities of being in charge of a unit. Discuss with the charge nurse a recent nursing situation where a leadership or management decision was made.
- (3) Coordination of Care Role – Assist in the decision-making process to determine patient assignments for nursing staff (may be accomplished during Supervision of Care Role). Apply leadership and management strategies during the shift.

Student Self-Assessment: Students will complete a written self-assessment at the completion of their clinical experiences. Self-assessment is an ongoing component of professional performance and is incorporated into Capstone to encourage students to continue this during their career advancement.

Final Evaluation by Preceptor and Faculty: The student will participate (via face-to-face meeting) in a final evaluation at the end of the clinical experience with their preceptor. The preceptor(s) is (are) asked to provide input regarding the student's level of proficiency in performing nursing care and managerial functions as delineated in the attached evaluation tool. The preceptor will not be asked to assign a Pass or Fail grade to the student's performance. The assigning of the course grade is the instructor's responsibility. Should the student have worked with more than one preceptor, the primary preceptor will complete the student's evaluation with input from alternate preceptors.

Evaluation & Grading Policies: N279P is graded Pass/Fail. In order to pass this course, the student must complete all of the following:

1. Satisfactory completion of 120 hours of nursing activities with a total score of 10 or higher on preceptor and faculty Capstone evaluations.
2. No marginal or dependent performance in any of the 5 evaluation areas as evaluated by preceptor and faculty.
3. No violation of the four (4) CRITICAL SAFETY ELEMENTS as noted on the Clinical Evaluation Tool at any time during the Capstone course.
4. Completion of 3 management/leadership experiences as noted above.
5. Submission of all required paperwork to faculty within 24 business hours of the last clinical day.
 - a. Clinical Time Log
 - b. Clinical Evaluation Tool
 - c. Self-Assessment (submitted on Canvas)
 - d. Other Documentation Required by Individual Faculty
6. Completion of Capstone Course Evaluation – sent via electronic survey

Passing Marginally and Failing Notices: Students who are passing marginally or in danger of failing will receive a secured email report from Student Affairs. The student, faculty and/or preceptor may meet together to discuss areas of concerns and develop a learning contract.

Course and University Policies

Minimum Passing Grading Criteria: No marginal or dependent performance in any of the evaluation areas.

Policy on Failure to Maintain Minimal Standards of Safety: Failure to demonstrate safe performance in any one of the CRITICAL SAFETY ELEMENTS constitutes failure in the course, regardless of nursing care proficiency in performing other behaviors or written work.

The following four (4) criteria are considered CRITICAL SAFETY ELEMENTS in the student's evaluation. If the clinical instructor or preceptor observes behaviors which in his/her judgment indicate that the student is not meeting **any one** of these 4 criteria **at any time during Capstone** at a passing level, the student will not receive a Pass grade and may be removed from the clinical setting, regardless of the behaviors assessed in the remainder of the evaluation tools. The CRITICAL SAFETY ELEMENTS are as follows:

- a. Safety: Consistently delivers nursing care which prevents real or potential personal harm to clients and their families.
- b. Knowledge: Consistently demonstrates having a theoretical knowledge base necessary for clinical practice.
- c. Communication: Consistently demonstrates the use of communication skills necessary for patient safety. Keep client information confidential.
- d. Professionalism: Consistently demonstrates behaviors congruent with nursing standards and accountability.

Student Conduct Policy: From the Nursing Student Handbook, Undergraduate & Graduate:

Students and faculty in The School of Nursing each have responsibility for maintaining an appropriate learning environment. Faculty have the professional responsibility to treat students with understanding, dignity and respect and to guide the teaching/learning process. Students are expected to refrain from verbal and nonverbal behaviors in the classroom and clinical that may be distracting to others, such as, but not limited to: arriving late or leaving early, side conversations, text messaging, note passing, surfing the internet or answering e-mail on laptops, and answering cell phone or pager. Students who persistently engage in behaviors that are disruptive to the teaching/learning process may be required to leave the setting. For further information, refer to General Information, Institutional Rules on Student Services and Activities, Chapter 11: Student Discipline and Conduct.

The School of Nursing is a professional school and we often have members of the public visiting our facility; therefore, we require students to dress in a professional manner at all times. There is a very specific School of Nursing uniform policy for clinical settings and within the School of Nursing building we can be a bit more relaxed; however, general rules of dress still apply.

1. Body piercing, other than ears, must not be visible.
2. Revealing clothing must not be worn or, at a minimum, must be covered while in the School of Nursing
 - a. Revealing clothing consists of
 - i. midriff baring shirts
 - ii. short-shorts or short skirts
 - iii. low-rise pants &/or low cut shirts that reveal "cleavage"

Please remember that you are representing the School of Nursing and the nursing profession. As such you are expected to maintain an appropriate level of professionalism at all times.

Clinical Attendance Policy: The student is expected to attend all clinical sessions as dictated by the preceptor's schedule. Reporting to clinical on time at the beginning of the shift as well as completing all work before leaving at the end of the shift is expected professional behavior. Failure to appear for scheduled clinical shifts and tardiness are viewed as unprofessional behavior. A student may be dropped from the N279P course or may receive a failing grade

for absence or tardiness. At the discretion of the preceptor and faculty, excused missed clinical sessions will be made up to ensure completion of 120 total clinical hours. In the event of exceptional circumstances which make it impossible for a student to be present for a scheduled clinical practicum, arrangements must be made with the instructor, and the preceptor must be notified in accordance with agency policies. **Failure to notify the instructor and the preceptor in advance of an anticipated absence or tardiness may result in a failing grade for the course.**

Attendance Policy for Students with Infectious Disease: To protect students, staff, faculty and patients, students in all clinical courses must report to their supervising faculty all infectious diseases they may be experiencing. Students must not attend clinical experiences if they are febrile or if there is any possibility they have a communicable disease. Students must be free of fever without the use of any fever-reducing medication for 24 hours prior to returning to the clinical units and have improved symptoms. If the student is coughing, they should utilize respiratory etiquette and meticulous hand hygiene. Students may be required to provide a release from the Health Care Provider to the clinical faculty in order to return to the clinical units. Students are urged to consult their clinical faculty prior to coming to clinical if they are unsure about attending.

Beginning Capstone Shifts: Students are required to complete ALL paperwork prior to starting their first shift. Students are required to confirm with their faculty that all required paperwork has been received. Should a student begin working their first shift before all paperwork is completed, submitted, and verified, the student will be in immediate danger of failing the course. The student will receive a failing notice, a learning contract, and any clinical hours completed will not count toward the 120 hours. This legal and professional violation will be reflected on the student's evaluation tool which will be placed in the student's file in Student Services. A second violation of any Capstone policy or rules will result in immediate failure in the course.

Working with Assigned Preceptor: Students are required to work with their assigned preceptor during the assigned preceptor's work schedule. The preceptor assigned to each student has signed a written agreement with the School of Nursing to work with you as their student. Students may not design their own work schedule using alternate preceptors on days the assigned preceptor is not working. Alternate preceptors are very helpful in the Capstone course but used only as a backup when the primary preceptor is not available to complete the 120 clinical hours.

Course Repeat Policy: A student may repeat a nursing course only once. If the student does not earn a Pass grade upon repeating the course, he/she cannot continue in the School of nursing. If, while repeating the course, the student drops the course or withdraws from the university at a time when the student's performance in the course is considered to be inferior to that required for a Pass grade, he/she may not re-enroll in the course or continue in the School of Nursing.

Official Student Uniform Policy: *** All students must wear a School of Nursing photo identification name tag when on site at clinical settings.*

During practicum experiences, students are to remember that they are representing The University of Texas at Austin School of Nursing to the general and professional public. Students will wear the official UT School of Nursing student uniform when on-site in clinical settings during assigned clinical times. This consists of the white UT top and the orange scrub pants only. Students may wear a plain white T-shirt underneath the UT white top if additional warmth is needed.

Per the undergraduate student handbook, "T-shirts or undershirts worn under uniform must be plain white: long sleeves for cooler winter months is OK, as long as they can be pushed up out of the way during certain procedures and gloving."

A lab coat may be worn instead of the uniform in some situations. A three-quarter length or full-length lab coat is required with the School of Nursing patch. When a lab coat is worn, appropriate business professional clothing is to be worn underneath.

Agency Policies: The student is responsible for being familiar with applicable agency policies and procedures in the provision and supervision of nursing care. Students may not take verbal or telephone orders from a physician, physician assistant, nurse practitioner, or any other prescribing health professional.

Medication Administration: Administer prescribed medications for assigned patient(s) under the supervision of the preceptor. ALL medications are to be verified against the MAR by a licensed nurse prior to administration. Students are reminded and required to implement the 6 rights of medication administration. Please refer to the 'Student Administration of Potent Medications' in this syllabus.

Conflict in Patient Assignments: If a Capstone student reports to clinical and a nursing student(s) is present on the unit as part of an assigned cohort from another UT SON course or another nursing program, the other nursing student(s) has priority in patient assignments. If the unit manager finds it necessary and possible, the unit manager will make alternate, and preferably comparable, arrangements for the Capstone student for that shift. Should this occur, the Capstone student is to notify their Capstone faculty immediately for final approval. For example, a student is in L&D and assigned to work with their preceptor in triage for the shift. The alternate nursing student as part of their cohort assignment is scheduled to have the triage experience that shift. The Capstone student is to relinquish this assignment to the other nursing student. The nurse manager may have the Capstone student work with another preceptor for the day in L&D, have the Capstone student work with another preceptor in post-partum or perhaps the nursery, etc. Once decided by the unit manager, the Capstone student will call their Capstone.

Preceptor Floating to Another Floor: If the student's preceptor is floated to another floor for the shift, the student may float with the preceptor if it is a lateral float. For example, if the preceptor is floated from one medical-surgical floor to another medical-surgical floor, the student may float as well in order to provide continuity of the preceptor-student relationship.

If the preceptor is floated to a unit in which patients have a higher level of acuity – for example, a medical-surgical floor to PACU, ICU, or ER (as an example only, not inclusive), the student must stay on their assigned floor. The preceptor, charge nurse, nurse educator, or nurse manager is to be asked to assign the student to work with another preceptor on their regular floor.

Student Working With An Alternate Preceptor: Should a student work with the same alternate preceptor for 2 shifts, the student is responsible for accessing Canvas, printing out the Alternate Preceptor Information Sheet and having the alternate preceptor complete this form. This form is to be submitted to the student's Capstone Faculty within 24 hours.

Should the student work with an alternate preceptor 3 shifts or more, the student is responsible for printing out the complete preceptor packet from Canvas, submitting it to the preceptor and overseeing the completion of the packet by the preceptor. Any necessary forms are to be submitted to the Capstone faculty within 24 hours.

Professional Behaviors: Students and faculty in the School of Nursing each have responsibility for maintaining an appropriate learning environment. Faculty have the professional responsibility to treat students with understanding, dignity and respect, and to guide the teaching/learning process. Students are expected to refrain from verbal and nonverbal behaviors that may be distracting to others; such as, but not limited to: arriving late or leaving early, side conversations, note passing, and answering cell phone or pagers in the clinical setting. Students who persistently engage in behaviors that are disruptive to the teaching/learning process may be required to leave the setting.

For further information, refer to "Institutional Rules on Student Services and Activities, Chapter 11: Student Discipline and Conduct"

Compliance Policy: Students must be compliant for clinical courses one month prior the first class day. Students who are not compliant will be dropped from the clinical course on the first class day. Students may petition to be re-enrolled in the clinical course(s) after completing the compliance requirements up to the 12th class day. However, University late fees will apply and students will not be guaranteed their preferred clinical site or instructor.

Academic and Program Accommodations for Students with Disabilities: The University of Texas at Austin provides upon request appropriate academic accommodations for qualified students with disabilities. Refer to General Information for information on Academic and Program Accommodations for Students with Disabilities <http://www.utexas.edu/diversity/ddce/ssd/> or contact the Services for Students with Disabilities office in the Office of the Dean of Students at 512-471-6259. The School of Nursing works to ensure that students who have disabilities have equal access to the University's programs and services. If you have any questions about services or

accommodations for students with disabilities, you may talk with the professor, or the Assistant Dean for Student Affairs.

Accommodations for Religious Holy Days: Per The University of Texas at Austin policy, a student must notify the instructor of a pending absence at least fourteen days prior to the date of observance of a religious holy day. If a student must miss a class, an examination, a work assignment, or a project in order to observe a religious holy day, the instructor will give the student an opportunity to complete the missed work within a reasonable time after the absence.

University Code of Conduct: “The core values of The University of Texas at Austin are learning, discovery, freedom, leadership, individual opportunity, and responsibility. Each member of the University is expected to uphold these values through integrity, honesty, trust, fairness, and respect toward peers and community”.

http://www.utexas.edu/news/2004/04/29/nr_honor/

Student Honor Code: As a student of The University of Texas at Austin, I shall abide by the core values of the University and uphold academic integrity.

School of Nursing Honor Code: The profession of nursing has a legacy of public respect and trust. We provide specialized care for the health needs of individuals and the community with integrity, honesty, compassion, and state of the art knowledge and skills. Learning and practicing responsible and ethical professional behavior is a vital part of professional education.

“As a student in The University of Texas at Austin’s School of Nursing, I pledge myself to be honest in all of my student activities including, but not limited to, all of my scholastic work and interactions with patients, members of the community, faculty, and peers. Furthermore, I will not use any substance prior to or during my interaction with patients that could alter my judgment or ability to render safe care: this includes but is not limited to any use of alcohol, illegal drugs, and prescription or over-the counter drugs that may impair my mental and/or physical abilities required to perform safe patient care. I will disclose to my instructor any violations of the above standards of conduct.”

For more information and resources about how to uphold the Honor Codes, visit the website of the [Office of the Dean of Students - Student Judicial Services](#).

Scholastic Dishonesty Policy and Professional Integrity: The Dean of Students Office records acts of dishonesty and notifies the School of Nursing of each incident. In addition to all of the University statements and policies relative to academic dishonesty, the School of Nursing recognizes the strong link between honesty in academic work and professional integrity. Any act of academic dishonesty, including fabrication of reports or records of interactions with clients, is considered incompatible with ethical standards of nursing practice. Students who engage in scholastic dishonesty may be subject to dismissal and may jeopardize their eligibility for licensure as a registered nurse. Refer to the Institutional Rules on Student Services and Activities for information on the Scholastic Dishonesty Policy [Section 11-802](#). Please see also http://deanofstudents.utexas.edu/sjs/scholdis_what_is.php

Some examples of dishonesty are listed below.

1. "Scholastic dishonesty" includes, but is not limited to, cheating, plagiarism, collusion, falsifying academic records, and any act designed to give unfair academic advantage to the student. Examples include, but are not limited to, submission of essentially the same written assignment for two courses without the prior permission of the instructor, providing false or misleading information in an effort to receive a postponement or an extension on a test, quiz, or other assignment or the attempt to commit such acts.
2. "Cheating" includes, but is not limited to discussing the contents of an examination with another student who will take the examination. Falsifying research data, laboratory reports, and/or other academic work offered for credit.
3. For further information, refer to General Information, Institutional Rules on Student Services and Activities, Chapter 11: Student Discipline and Conduct.
<http://www.utexas.edu/student/registrar/catalogs/gen-info/appC11.html>

Course Web Site: Canvas is the web site for this course. The course syllabus and handouts will be posted on Canvas. Students are responsible for checking for announcements that may be posted on Canvas. If you need assistance with Canvas, please call the ITS HELP DESK at 475-9400.

**** Placement in Capstone and Student Responsibilities ****

Effort will be made to place students in a clinical setting with regard to student interest. However, the objectives of this course, the overall educational needs of the individual student, the quality and availability of preceptors, and the availability of clinical areas as dictated to the School of Nursing by the agencies take precedence over student interests.

Capstone placement is a complex and lengthy process that is a collaborative effort between the School of Nursing and the agencies. The School of Nursing does not have sole discretion in placement. Many variables are not within the control of the School of Nursing. Thus, this shared effort between the School of Nursing and the agencies involve numerous challenges. Students are to be respectful of these efforts.

To assure a smooth collaborative effort and to maintain policies and procedures between the School of Nursing and the agencies, students are absolutely prohibited at all times from conferring with preceptors or administrative staff within the agencies in an attempt to arrange their own Capstone placement. Should such behavior occur, the student will have seriously jeopardized his/her standing in this Capstone course.

Requests for placement in specialty clinical areas with limited availability and/or outside of the Austin area will be given to students who have earned a grade of "B" or higher in all of their clinical courses and have not had to repeat any nurses courses. Students who are placed (per their request) at sites located outside of the Austin area will be required to provide their own housing and transportation.

If a student is tentatively placed in a specialized area and if at any time the student's clinical performance in S2 courses prior to Capstone falls below the "supervised" level (refer to N377P and N375P evaluation criteria) clinical placement in Capstone will be affected.

Students will be notified of their clinical placement during the general course orientation. Students must understand that although an agency has availability for a Capstone student in a particular area, the name of the student's preceptor may not be available at the same time. The qualified and available preceptors are selected by the agencies, not the School of Nursing, and therefore outside the control of the SON. Preceptor availability, hiring of new nurses, resignation of nurses, vacation time and sick leave taken by preceptors all influence which, if any, preceptors are available in each clinical area and availability during which shift (day or night). The agencies often do not know this information and will inform the School of Nursing of the names of available preceptors and shifts only when they themselves know. Therefore, students who need to make personal arrangements such as child care or with outside employers, etc. should begin that process now to the best of their ability knowing that Capstone occurs during a 4-week period of time.

Students are required to maintain professional and respectful behavior at all times before and during the Capstone experience, especially in their communications and interactions with faculty. Students are to accept the assignment arranged for them with maturity and with the understanding that learning and meeting the course objectives can be achieved in a variety of settings. Students are to appreciate that the Capstone Preceptorship is a required course in the School of Nursing curriculum and the purpose is to assist the student in transitioning into professional nursing – not transition into a career path. Students who have an interest in a special clinical area for their career are to pursue those opportunities during their search for employment.

Students who demonstrate unprofessional behaviors before and/or during Capstone as it relates to their clinical placement will have this reflected by faculty on the student's evaluation tool under communication and professionalism. Such documentation can seriously affect the student's successful completion of this course.

Contaminated Needle Stick or Exposure to Blood or Blood Products

Student and Faculty Guidelines Following a While in Clinical Learning Experiences

The faculty and administration of The University of Texas at Austin School of Nursing endorse the following: Clinical learning sites include such settings as hospitals, clinics, physicians' offices, patients' homes, schools, learning center simulation labs, and other settings where students may learn and apply nursing care/skills.

Students who have been exposed to needle sticks or to potentially infectious blood or blood products should be evaluated and have treatment initiated within two hours according to established criteria that conform to federal and state law, CDC standards, and University procedures.

The treatment/management guidelines:

1. Wash and inspect the wound or exposed area. Dress wound if necessary.
2. Report incident immediately to clinical faculty member, charge nurse and agency's employee health office/occupational health office.
3. Student's treatment intervention should be provided within *2 hours* of the exposure incident. Treatment may be provided by:

- University Health Services (UHS) - Call the Nurse Advice line at 475-6877 to arrange appointment within the 2-hour time frame. The Nurse Advice line is available 24/7. If incident occurs after 5PM you will be referred to either the UHS urgent care clinic or an area provider.
- Private health care provider – Student should contact health care provider before arriving at the clinic.

Note: some hospitals assist students involved in incidents through their employee health or emergency departments, but they do not cover expenses of prophylactic treatment or extended medical treatment.

Students are responsible for obtaining their own health insurance and are responsible for the costs of medical/health care assessment, treatment, and follow-up that are not covered by the student's health insurance.

Faculty Role:

In responding to an incident in which a student experiences a contaminated needle stick or exposure to hazardous blood or blood products, the faculty will:

1. Confirm with the student that all of the above guidelines have been followed
2. Counsel the student as needed regarding follow-up and the most recent CDC protocols.
3. Complete the School of Nursing's *Clinical Incident Report* and deliver it to the Assistant Dean for Student and Clinical Affairs at The University of Texas at Austin School of Nursing.

Note: if Faculty or Meds Assistants are exposed, she/he is covered by Worker's Comp program and should consult the School of Nursing HR Director or consult the UT-Austin web site:

<http://www.utexas.edu/hr/manager/wci/injuries.html>

Updated January 2012

The University of Texas at Austin, School of Nursing - N279P Capstone Preceptorship
Student, Preceptor and Faculty Responsibilities

Student Responsibilities

1. Collaborate with assigned preceptor to schedule the clinical experience.
2. Submit the clinical schedule to the student's faculty prior to the start of the experience.
3. Maintain open communication with the preceptor(s), faculty, and staff.
4. Adhere to safety principles and legal and ethical standards in the performance of nursing care.
5. Confirm that all student documented nursing notes have been co-signed by preceptor before leaving every shift.
6. Be accountable for his/her learning activities and nursing actions while in the clinical setting.
7. Provide nursing care, including medication administration, in compliance with course policies in the course syllabus.
8. Contact faculty, e.g., telephone, text, or e-mail if faculty assistance is necessary. Utilize the Faculty On-Call list as needed.
9. Initiate plans to develop greater competency in organizing self, managing client care, delivering complex nursing care, and improving interdisciplinary communication.
10. Complete all required paper work as specified. Complete on-line course evaluation.

Preceptor Responsibilities

1. Retain ultimate responsibility for patients' care.
2. Contact the faculty if assistance is needed or if any problem with student performance occurs.
3. Utilize faculty call list as needed for urgent faculty contact.
4. Provide faculty with contact information for hospital and home/cell.
5. Collaborate with the student to formulate a clinical schedule.
6. Function as a role model in the clinical setting.
7. Co-sign all student documented nursing notes every shift.
8. Facilitate learning activities for no more than 2 students at a time.
9. Orient the student(s) to the clinical agency.
10. Supervise the student in the performance of nursing care with the goal of moving the student toward more independent functioning of specific nursing tasks and to assure safe practice. See especially the section entitled Medication Administration under Course Policies in this syllabus.
11. Have mobile, electronic or in-person conferences with the clinical instructor to discuss the student's performance and progress.
12. Evaluate the student's level of proficiency in clinical performance. Complete "Preceptor Evaluation of Student Behaviors."
13. On an ongoing consistent basis, provide feedback to the student regarding clinical performance.
14. Arrange for appropriate coverage for supervision of the student should the preceptor(s) be absent and discuss with student/faculty as needed.
15. Complete a Capstone & Student Final Course Evaluation to provide feedback to the nursing program regarding the Capstone preceptorship experience.

Faculty Responsibilities

1. Orient both the student and the preceptor to the Capstone Preceptorship and course policies listed in the syllabus.
2. Assure that all required preceptor paper work is returned to UT Student Affairs office.
3. Provide preceptor with course syllabus and information about the preceptor role.
4. Have weekly conferences with the clinical preceptor to evaluate the student's performance and progress.
5. Contact preceptor before the start of Capstone at during the first week of Capstone.
6. Support the preceptor in guiding the student's clinical experiences and making assignments.
7. Be readily available for problem solving and consultation through text, telephone, or e-mail and/or direct time spent in the clinical unit each week when students are in the clinical area.

8. Provide student feedback to support student's efforts to refine performance.
9. Assume overall responsibility for rendering a student's course grade for performance.
10. Obtain feedback from preceptor regarding Capstone course.
11. Document all visits/contacts with preceptors, maintain record of contacts, and document preceptor's evaluation of student behaviors with every preceptor contact.
12. Submit documented preceptor contact with preceptor evaluation of student behaviors to Adult Health Division Chair no later than the date grades are due.

The University of Texas at Austin
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N279P Capstone Preceptorship
Fall 2017

ALTERNATE PRECEPTOR INFORMATION SHEET
Student is Required to Submit to Faculty Within 24 Business Hours

Preceptor Contact & Certification Information:

PLEASE PRINT

Date: _____

Preceptor's Name: _____

Preceptor's Credentials & Position Title: _____

Agency/Facility: _____ Address: _____

Floor: _____ Direct Phone Number to Floor: _____

Preceptor's Phone: _____

Preceptor's Email: _____

Preceptor's Home Mailing Address: _____
(Street Address)

(City & State) (Zip Code)

Name of Student You Are Working With: _____

*** Note to Capstone Students:**

- 2 SHIFTS - Students are required to have all alternate preceptors they work with for 2 shifts complete the above form. This form must be printed and completed on the second day the student works with the same alternate preceptor. This form must then be submitted to your Capstone faculty at the next clinical visit.
- 3 SHIFTS - Should an alternate preceptor work with the same Capstone student for 3 shifts or more, the student is then responsible for having the alternate preceptor complete the full preceptor packet which can be found on Canvas.

**ALLOWABLE / NONALLOWABLE
ADMINISTRATION
OF
POTENT MEDICATIONS BY STUDENTS**

Safety - All medications administered by the student will be verified regarding correct medication, characteristics of medication (clarity, color, viscosity) and 10 Rights-Route. The last check of the 10 rights must be with the patient's armband – whether the armband is scanned or not per agency policy.

IV Medications - For IV medications, the concentration, correct diluent and the time interval over which medication is to be given must be verified.

Nursing Responsibilities - Prior to medication administration, any pertinent assessments by the student are to be verified under the supervision of the preceptor, i.e., lab tests, blood pressure, pulse respirations, monitor for dysrhythmias, etc.

Other Medications - Additional medications may be added to this list at the discretion of individual faculty members or Capstone preceptors.

Calculations and Knowledge of Drugs - Students are responsible for doing related calculations and knowing drug facts on all medications the patient receives.

OVERALL POLICY

Vasoactive or Antiarrhythmic Medications - Students cannot regulate these medications or administer these medications during a cardiac arrest.

IV Paralyzing Agents, IV Sedative Agents or Drugs for Conscious Sedation - cannot be administered by students.

Fibrinolytic therapy - cannot be administered by students.

Chemotherapeutic drugs – cannot be administered by students .

Blood or Blood Products – cannot be hung by students.

INDIVIDUAL MEDICATIONS – PARTIAL LIST

Vasoactive Drugs (Partial List)

These are drugs that are given intravenously and are potent vasoconstrictors or vasodilators. Students **MAY NOT REGULATE** continuous infusion rates (i.e. may not titrate dosage).

Dobutamine
Dopamine
Epinephrine
Milrinone (Primacor)
Natreacor
Nitroglycerine
Nitroprusside
Norepinephrine
Vasopressin

Antiarrhythmic medications (partial list).

Students may give only under **DIRECT SUPERVISION**.

Student **MAY NOT REGULATE** a continuous infusion of these medications.

Intravenous Medications:

Adenosine
Amiodarone
Atropine
Calcium chloride
Cardizem
Digoxin
Isoproterenol
Lidocaine
Magnesium sulfate
Procainamide
Verapamil

Tikosyn (oral medication); may not administer

Other potent medications (various groups).

Student may give only under **direct supervision**.

3% saline
Aminophylline (intravenous medications)
Amphotericin
Coumadin (oral)
Heparin (must double check dose prior to giving)
Insulin—IV or subcutaneous (must double check dose prior to giving SQ)
IV Dilantin
KCl concentration of 40 mg/1000 ml or greater
Mannitol
Narcan

IV medications that the student MUST NOT administer:*Paralyzing agents (partial list)*

Atracurium
Pancuronium
Succinylcholine
Vecuronium

*Intravenous sedatives as **continuous infusion** (partial list)*

Ativan
Benzodiazepines- diazepam, lorazepam, midazolam
Propofol

Fibrinolytics (Thrombolytics) (partial list)

Eminase
TNKase
tPA

Additional Specific Medications for Mother-Baby

No meds will be administered by students in labor and delivery (this includes recovery). Students are not to administer medications to any pregnant patient.

May not start IV pump nor make any pump rate changes for any IV fluids and/or Epidural or Pitocin any time in labor & delivery & recovery.

Medications in postpartum, if not on this list, must be administered under direct supervision of the preceptor at the bedside.

Additional Specific Medications for Children

Medications to children may only be administered under direct supervision of the preceptor at the bedside.

STUDENT RESPONSIBILITIES

For any questions or clarification if a medication can or cannot be administered or regulated by a student, the student is absolutely required to contact their faculty prior to administration for direction. A student is not to assume a potent medication can be administered under any circumstances.


The University of Texas at Austin School of Nursing - N279P Capstone Preceptorship
Fall 2017

CLINICAL TIME LOG

Clinical hours begin when the student arrives on the unit to begin work and ends when the student leaves the unit at the completion of the shift. Lunch and dinner breaks **are not** included toward the 120 hours. Use additional sheet if necessary.

Student Name: _____ EID: _____ Preceptor Name: _____

Agency: _____ Floor: _____

| Date Worked | Time Arrived on Unit | Time Left Unit | Meal Break (Not Included in Total Time) | Total Hours for This Date | Preceptor Signature <i>To Be Signed Daily</i> | Date of Preceptor's Signature |
|---|----------------------|----------------|---|---|--|-------------------------------|
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| | | | | | | |
| | | | | | | |
| Total Hours Worked (Completion of 120 hours is mandatory) | | | |  | | |

Student Signature

Date

Preceptor Signature

Date

Faculty Signature

Date

EVALUATION OF STUDENT BEHAVIORS BY PRECEPTOR AND FACULTY

Student: _____ **EID:** _____

Instructions: Please answer yes or no to the following 4 critical safety elements. In the remaining part of the evaluation form, please place one check mark in the appropriate column for each of the 5 major areas which reflect your evaluation of the student's clinical performance. Please share your evaluation/comments with the student in a face-to-face meeting and have student sign and date form at bottom. Student is responsible for returning this evaluation tool to their faculty.

Definitions

Independent: Student demonstrates independence under the observation of the preceptor.

Supervised: With occasional verbal and physical direct intervention on the part of the preceptor.

Assisted: With frequent verbal and physical direct intervention on the part of the preceptor.

Marginal: Student is unable to provide safe nursing care on a consistent basis. Safe performance varies day-to-day.

Dependent: Student is unable to provide safe and complete nursing care and needs direct intervention from the preceptor to meet patient/family needs.

Critical Safety Elements - The following 4 criteria are considered critical safety elements in the student's evaluation. If the preceptor observes behaviors *at any time during the course* which in her/his judgment indicate that the student is not meeting **any one** of these 4 criteria at a passing level, the student will not receive a Pass grade, regardless of the behaviors assessed in the remainder of the tool. The critical safety elements are as follows:

| <u>Critical Safety Elements</u> | | YES | NO |
|---------------------------------|---|------------------------------|-------|
| | | <u>Preceptor's Signature</u> | |
| 1. | (Safety) Delivers nursing care which prevents real or potential personal harm to clients and their families. | _____ | _____ |
| 2. | (Knowledge) Applies theoretical knowledge necessary for clinical practice. | _____ | _____ |
| 3. | (Communication) Applies communication skills appropriate for the situation. | _____ | _____ |
| 4. | (Professionalism) Demonstrates behaviors congruent with nursing standards and accountability. | _____ | _____ |

| EVALUATION AREAS | 4 | 3 | 2 | 1 | 0 | |
|---|--------------------|-------------------|-----------------|-----------------|------------------|-----------------|
| 1. Critical Thinking/Knowledge | Independent | Supervised | Assisted | Marginal | Dependent | Comments |
| A. Takes initiative in obtaining knowledge necessary to perform nursing responsibilities. | | | | | | |
| B. Demonstrates critical thinking/analysis in the process of solving patient care problems. | | | | | | |
| C. Demonstrates knowledge of patient's condition and the nursing interventions necessary to deliver safe, effective care. | | | | | | |
| D. Uses current literature and/or research findings in modifying nursing activities. | | | | | | |
| E. Demonstrates good clinical judgment.. | | | | | | |
| 2. Nursing Process | Independent | Supervised | Assisted | Marginal | Dependent | Comments |
| A. Performs comprehensive assessments of patient's conditions from a variety of sources in an organized and systematic manner. | | | | | | |
| B. Considers the individual needs of the patient and family in the assessment, planning and delivery of care. | | | | | | |
| C. Able to identify and prioritize nursing diagnoses during patient care. | | | | | | |
| D. Interacts with other health care professionals (case managers, pastoral services, PT, Pharmacy, etc.) in planning and delivering care. | | | | | | |
| E. Performs technical skills according to policy and procedure in a timely manner. | | | | | | |
| F. Evaluates care and patient outcomes and takes initiative to improve quality of care delivered. | | | | | | |
| G. Makes use of opportunities to conduct patient and family teaching. | | | | | | |

| 3. Management/Leadership | Independent | Supervised | Assisted | Marginal | Dependent | Comments |
|--|-------------|------------|----------|----------|-----------|----------|
| A. Demonstrates increasing ability in handling and organizing nursing assignments. | | | | | | |
| B. Practices from a middle range theoretical base. | | | | | | |
| C. Sets sound priorities in delivering care. | | | | | | |
| D. Delegates care according to standards and follow-up on delegation duties. | | | | | | |
| E. Evaluates the care provided by other health care providers. | | | | | | |
| <u>Completion of 3 Leadership/Management Experiences:</u> _____ Planning of Care Role – Interprofessional Meeting (Date Completed) _____ Supervision of Care Role – Charge Nurse Experience (Date Completed) _____ Coordination of Care Role –Leadership and Management Strategies (Date Completed) | | | | | | |
| 4. Communication | Independent | Supervised | Assisted | Marginal | Dependent | Comments |
| A. Utilizes appropriate, timely oral and written communication. | | | | | | |
| B. Maintains professional relationships with all members of the health care team. | | | | | | |
| C. Interacts therapeutically with patients, family and/or significant others by evaluating verbal and nonverbal communication. | | | | | | |
| D. Keeps preceptor informed in a timely manner of patient’s condition and changes in status. | | | | | | |
| E. Initiates and maintains open communication among self, preceptor, and faculty in all aspects of the Capstone course and clinical experiences. | | | | | | |

| 5. Professionalism | Independent | Supervised | Assisted | Marginal | Dependent | Comments |
|--|-------------|------------|----------|----------|-----------|----------|
| A. Adheres to attendance and punctuality expectations. | | | | | | |
| B. Follows dress code and maintains professional appearance. | | | | | | |
| C. Demonstrates accountability for his/her behavior and practice. | | | | | | |
| D. Accepts feedback and constructive criticism with maturity. | | | | | | |
| E. Shows initiative for own learning. | | | | | | |
| F. Maintains confidentiality and HIPPA policies. | | | | | | |
| G. Demonstrates a strong work ethic with integrity and honesty in work. | | | | | | |
| H. Displays cultural awareness and sensitivity. | | | | | | |
| I. Respectful, nonjudgmental caring behaviors with patients, families, and healthcare team. | | | | | | |
| J. Applies legal and ethical principles and professional standards in the provision and evaluation of own nursing care as well as care provided by others. | | | | | | |

Preceptor Comments (*Use back of page if necessary*):

Faculty Comments (*Use back of page if necessary*):

Student Comments (*Use back of page if necessary*):

Preceptor Signature/Date

Student Signature/Date

Faculty Signature/Date

Emergency Contact

Emergency Preparedness: Review The University of Texas at Austin web site to learn about UT emergency information. <http://www.utexas.edu/safety/preparedness/>

Behavior Concerns Advice Line (BCAL): If a student is worried about someone who is acting differently (UT faculty, students and staff), the student may use the Behavior Concerns Advice Line to discuss by phone the concerns about another individual's behavior. This service is provided through a partnership among the Office of the Dean of Students, the Counseling and Mental Health Center (CMHC), the Employee Assistance Program (EAP), and The University of Texas Police Department (UTPD). Call 512-232-5050 or visit <http://www.utexas.edu/safety/bcal>.

School of Nursing Contact: Call the Student Affairs Office at (512) 232-4780 and the Front Desk at (512) 471-7913 for UT Austin School of Nursing emergency updates.

Nursing Building Evacuation Plan

If you see smoke, see flames, smell something burning, or become aware of another emergency that may require evacuation of the building, **immediately**:

1. If possible, **ISOLATE** the fire or other emergency by closing the door.
 2. **ACTIVATE** the nearest **FIRE ALARM PULL STATION**.
 3. **EVACUATE** to the **PRIMARY** or **SECONDARY ASSEMBLY AREA**.
 4. Dial University Police at **911** or Dispatch **471-4441**.
- DO NOT CALL 911 UNTIL YOU ARE OUTSIDE THE BUILDING.**

IF A FIRE ALARM IS ACTIVATED OR IF YOU HAVE RECEIVED AN EVACUATION ORDER:

- In a calm and orderly manner, proceed to evacuate the area and follow the instructions of the Floor Managers or emergency response personnel. Each floor has two designated floor managers. Their role is to ensure that everyone on their floor has proceeded to the fire exit stairs. Occupants in areas 1, 3, 5, 7, and 9 are to exit the first level of the southwest stairwell. Occupants in areas 2, 4, 6, 8, and 10 are to exit the first level of the northwest stairwell. See maps that follow these instructions.
- Do not rush, push or panic.
- Close your office, classroom, or lab door behind you.
- EVACUATE to the designated ASSEMBLY AREAS. If your progress to one of the PRIMARY assembly areas is impeded, proceed to the other PRIMARY assembly area without either re-entering the building or attempting to move through any obstruction. SECONDARY assembly area is unavailable at this time due to construction.
- DO NOT USE ELEVATORS TO EVACUATE. Descend the nearest fire exit stairs in single file down to the GROUND LEVEL (first floor) and exit the building. Primary fire exit stairs are located on the southwest and northwest ends of the building.
- If there is someone who requires assistance, please escort them to the STAGING AREA, outside the stairwell. Once everyone has moved down the stairs, they should move/be moved inside the stairwell, which is considered to be “outside” the building.
- Do not reenter the building unless directed by UTPD, an Austin Fire Department Officer in charge, or Building Manager.
- Faculty are responsible for informing their students and any guests of these procedures. If for some reason your class should meet in a classroom that is not your assigned classroom, you should provide evacuation instructions for that location.

Refer to the floor-specific plans to determine your evacuation route and assembly area.

DO NOT BLOCK ACCESS TO BUILDING FOR EMERGENCY PERSONNEL. Do not exit through the front door of the building unless you are in the lobby areas outside the central elevators/stairwell or unless access to one of the other stairwells is blocked. If you are in the courtyard outside the second floor lobby, you may exit through the glass doors to the east or west, then out to one of the designated assembly areas.

ASSEMBLY AREAS

From **NORTHWEST FIRE STAIR EXIT**—proceed to first floor stairwell exit door to outside of building. **DO NOT ENTER FIRST FLOOR HALLWAY AND EXIT THROUGH GLASS DOORS.** Primary assembly area is outside the building to the bridge. Secondary assembly area, which should be used in inclement weather, is the 4th level of the Trinity Garage.

From SOUTHWEST FIRE STAIR EXIT— proceed to first floor stairwell exit door to outside of building. DO NOT ENTER FIRST FLOOR HALLWAY AND EXIT THROUGH GLASS DOORS. Primary assembly area is outside the building to the foot bridge. Secondary assembly, which should be used in inclement weather, area is the 4th level of the Trinity Garage.

EVACUATION ASSISTANCE

It is expected that faculty and staff will assist those among us who require assistance in case of evacuation. If you, or a guest or student, require assistance in emergency situations, please inform the Building Manager at the beginning of the semester of the type of assistance needed based on the following categories:

- Alarm Notification – occupant has hearing and visual impairments; may be able to easily navigate stairs but require notification if the alarm has activated. This can be the case if a person with hearing impairments is working in an office with the door closed.
- Slow Evacuation Capability – occupant can navigate stairs but requires some assistance or who move at a much slower pace than others.
- Impractical Evacuation Capability – occupants who cannot navigate the exit stairs. To evacuate the building, this occupant must be carried down or evacuated through an elevator provided with emergency service.

The names of those provided will be kept in the fire alarm panel for use by emergency responders.

STAGING AREA

If an occupant needs assistance, please escort them to the area outside the stairwell. If they are unable to use the stairs, wait until everyone has evacuated the area, move them into the stairwell, and after evacuating the building, inform the Communication Coordinator where you have left them.

BUILDING EMERGENCY MANAGEMENT TEAM

| | | |
|---------------------------------------|-------------------------|--------------|
| 1. Building Manager/Emergency Manager | Margaret Hill | 512.471.9906 |
| 2. Communication Coordinator | Charla Carrington | 512.471.2062 |
| 3. Floor Manager/Floor 1 | Jane Denson (P) | 512.471.9905 |
| | Kellie Ann Royse (P) | 512.471.1945 |
| | Sergio Delgado (A) | 512.471.2628 |
| 4. Floor Manager/Floor 2 | Jeanne Morriss (P) | 512.471.7924 |
| | Matthew Parker (P) | 512.471.5000 |
| 5. Floor Manager/Floor 3 | TBD (P) | |
| | Vicki Kullberg (P) | 512.471.9077 |
| | Rachel Whitefield (A) | 512.965.7594 |
| 6. Floor Manager/Floor 4 | Mayra Suarez (P) | 512.471.9062 |
| | TBD (P) | |
| | Scott Hudson (A) | 512.471.4552 |
| 7. Floor Manager/Floor 5 | Ruth Brady (P) | 512.232.4727 |
| | Prati Rijal-Trimble (P) | 512.471.1359 |
| | DeAnna Baker (A) | 512.471.7961 |

* P=primary; A=alternate



