

**GREATER GREEN BAY  
HEALTH CARE ALLIANCE**

**RN PRECEPTOR  
HANDBOOK**

Updated September 23, 2022

Thank you for agreeing to serve as a preceptor for a nursing student. Your support and input will be essential to assisting the nursing student with learning the role and developing as a graduate nurse. The information in this handbook is designed to serve as a guide and reference and meant to be applied by the preceptor when working with a nursing student.

For your reference, the following definitions of “supervision” are from the Wisconsin Board of Nursing Standards of Practice for Registered Nurses, Chapter N 6.02 (December 2018):

“**Direct Supervision**” means immediate availability to continually coordinate, direct, and inspect at first hand the practice of another. N 6.02 (6)

“**General supervision**” means regularly to coordinate, direct, and inspect the practice of another. N 6.02 (7)

**If there are any questions regarding the clinical experience or student learning, do not hesitate to contact the instructor.**

## **CRITERIA FOR RN PRECEPTOR**

1. Directly involved in the delivery of care. A student may be assigned one or two preceptors.
2. Possess a current unencumbered Wisconsin registered nurse license.
3. The RN must have experience preferably greater than one year, with at least 6 months of employment at the agency. (Exceptions granted at discretion of course faculty.)
4. Expressed desire and willingness to participate in role of preceptor.
5. Identified as a role model of professional nursing by manager of unit, peers, nursing faculty, etc.
6. Interested in facilitating the transition of student to graduate nurse.
7. Have a work schedule of sufficient number of hours during the clinical period to allow the student to meet the hours required by the course.

## **RN PRECEPTOR RESPONSIBILITIES**

1. Orient student to agency/unit.
2. Orient agency/unit to student role on unit.
3. Review clinical learning objectives with student and jointly plan the learning experiences.
4. Generally, supervise student’s work on the unit. Review definition of ‘general supervision’ above.
5. Directly supervise invasive procedures. Review definition of ‘direct supervision’ above.
6. Serve as resource to student and faculty liaison.
7. Establish clinical work schedule with student, planning for clinical hours.
8. Corrects student’s assessment(s) if the preceptor does not agree with student documentation.
9. Participate in evaluation of preceptorship experience.
10. Discuss progress towards meeting learning objectives with student. Provide written evaluation per course requirements. Discuss performance jointly with student and faculty liaison.
11. Contact the faculty liaison for:
  - a. Excessive student absences.
  - b. Consistent tardiness or student “no show” to clinical.
  - c. Lack of professional conduct or accountability involving the student.
  - d. Changes to be made in role of student on unit (i.e., restriction of practice).
  - e. Any questions or concerns.
12. Contact the student for:
  - a. Any changes in work schedule (vacations, low census days).
  - b. Illness to self.
13. Follow student related policies and procedures established by each clinical agency.

## FACULTY LIAISON RESPONSIBILITIES

1. Establishes interest and informs student of assigned site.
2. Meets/discusses with agency representative to identify potential RN preceptors.
3. Facilitates recruitment of and orientation of preceptors.
4. Meets with students before start of the clinical to discuss issues/concerns/expectations.
5. Assists the preceptor by:
  - a. Identifying learning experiences needed for the student based on course competencies/objectives.
  - b. Meeting to discuss student progress, issues/concerns per course guidelines.
  - c. Serving as a resource and support person.
  - d. Supplying telephone contact number – office/beeper/cell phone.
6. Maintains a record of student clinical experiences and monitors their clinical attendance.
7. Determines course grades based on achievement of competencies.
8. Evaluates feedback provided by the preceptor.

## STUDENT RESPONSIBILITIES

1. **Student must be available during the preceptor's scheduled hours.**
2. Provide faculty liaison with a copy of scheduled hours **prior** to start of experience. Notify faculty of any changes immediately. Student may not begin clinical until schedule is submitted.
3. Share weekly learning goals with faculty liaison and RN preceptor. Identify and seek specific learning experiences to meet individual goals.
4. Work under the supervision of the RN preceptor.
5. Present self as a professional at all times, adhering to all school policies and agency policies.
6. Contact the RN preceptor for:
  - a. Illness or any other reason for not appearing at the clinical site at the designated time.
  - b. Questions related to agency policies/procedures.
  - c. Any questions or concerns.
7. Contact the faculty liaison for:
  - a. Schedule changes.
  - b. Illness or unavailability of RN preceptor.
  - c. Incidents involving the student or RN preceptor if it affects the student's learning experience.
  - d. Questions related to program/educational standards.
  - e. Any questions or concerns.
8. Satisfactorily complete learning objectives. Evaluation of performance is done by the student and faculty liaison, with input from RN preceptor.
9. Completes the preceptor/clinical feedback form.

## **STUDENTS MAY DO THE FOLLOWING WITH RN PRECEPTOR OBSERVING**

**NOTE: Clinical site policy supersedes this list.**

1. Take verbal/phone orders (RN preceptor must listen).
2. Pass medications: Oral, including breast milk if barcoded as a medication, IM, Sub q, ID. (with RN supervision per college policy).
3. IV medications, including saline flushes: with RN direct supervision of administration.
4. Start: IVs, saline locks, do phlebotomy with direct supervision.
5. Draw blood off central lines.
6. Insert: Foley, NG, feeding tubes with direct supervision.
7. Admit/discharge.
8. Remove: IVs, CVP & PICC lines (RN must observe removal of central lines).
9. Monitor the patient while the blood product is infusing. RN must be directly present in the first 15 min. of the start of administration.

## **STUDENTS MAY NOT DO THE FOLLOWING**

**NOTE: Clinical site policy supersedes this list.**

1. Acknowledge orders (orders taken by the student should be initialed by RN preceptor).
2. Unable to sign Consent forms – includes witnessing.
3. Remove: chest tubes, pacing wires, Swan Ganz lines, and arterial lines.
4. Co-sign for administration of blood.
5. Draw blood off arterial lines.
6. Cardiovert **OR** defibrillate.
7. Adjust vasopressors, vasodilator, tocolytics/oxytocics, chemotherapeutic, and other critical care IV medications, although should be responsible for knowing drug information including appropriate calculations.
8. Draw up or administer IV procedural/conscious sedation.
9. Starting blood product administration.
10. Independent initiation or maintenance of restraints.
11. Assessment/analysis of rhythm strip for purposes of documentation.
12. Initiation or maintenance of PCA's, lipids, hyperalimentation, TPN, chemotherapy, rejection medications, epidurals, and/or experimental drugs.
13. Conduct cardiac outputs or manipulate arterial and/or invasive monitoring lines (including removal of catheter).
14. Access controlled medication or witness waste of controlled medication.
15. Access dialysis devices.
16. Initiate or discontinue peritoneal dialysis.
17. Intubate, tape, extubate, or manipulate endotracheal tubes.
18. Manipulate respiratory ventilator equipment, auto infusion devices, and/or dialysis devices.
19. Perform vaginal examinations.
20. Co-sign on the administration of insulin.
21. CPAP BiPAP application and maintenance.
22. Other skills as specified by facility policy.

**Students must follow the agency's policy for taking care of COVID patients.**