PRACTICAL NURSING
PRECEPTOR HANDBOOK

Revised 05/05/2017

Kiamichi Technology Centers
School of PRACTICAL NURSING
www.ktc.edu

KTC PN PROGRAMS LOCATED AT
ANTLERS • ATOKA • DURANT • HUGO • IDABEL • McALESTER • POTEAU • STIGLER • TALIHINA
Kiamichi Technology Center
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Dear Preceptor,

I would like to take this opportunity to thank you for agreeing to serve as a preceptor for the Practical Nursing Program at Kiamichi Technology Center. Your commitment in helping our students with the transition into the workforce is an important factor in the success of our students. We truly appreciate your willingness to share your expertise and time with a student.

The purpose of this handbook is to provide you with information about the purpose of the rotation, regulations governing preceptorship clinical experiences, preceptor roles and responsibilities, and program policies. It is also intended to serve as a resource for you as well. Please read through the information provided.

Please let the instructor know how we can better assist you with your preceptor role and feel free to contact me with questions and concerns.

Once again, thank you for helping us with this learning experience.

Sincerely,

Shelly Hovis, RN, MS
Director, Practical Nursing
Kiamichi Technology Centers
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Antlers, OK 74523
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MISSION
Preparing People for Success.

PHILOSOPHY OF PRACTICAL NURSE EDUCATION

The School of Practical Nursing operates within the philosophical framework of Kiamichi Technology Centers. The faculty of the School of Practical Nursing embraces the mission, values, and philosophy of the school. Kiamichi Technology Centers prepare individuals to practice as a licensed nurse. The purpose of Kiamichi Technology Centers’ School of Practical Nursing is to educate men and women to function as competent nurses qualified to apply to take the NCLEX-PN for licensure as a Licensed Practical Nurse. Learning opportunities are provided each student to develop basic knowledge and skills as a practitioner of practical nursing. The faculty of the School of Practical Nursing incorporates the concepts of holistic health, nursing and education into their philosophy.

HOLISTIC HEALTH
We believe in Holistic Health care, a system of comprehensive or total client care that considers the physical, emotional, social, economic, cultural, and spiritual/religious needs of the person; his or her response to illness; and the effect of the illness on the ability to meet self-care needs. We believe that individuals are dynamic and continually interacting with a multi-cultural society while progressing through stages of growth and development. As they evolve, their needs are identifiable and arranged according to Maslow’s Hierarchy of needs.

NURSING
We believe that Nursing is an art and science that assists individuals and their support systems to achieve their optimal well-being. It involves intuition, creativity, caring, compassionate interpersonal processes, application of nursing therapeutic communication skills and the Nursing Process, using nursing diagnoses. Nursing advocates the promotion and maintenance of health, and facilitates the prevention and management of illness. It is integral to the progress of an individual’s movement through the continuum of care in an environment of respect, compassion and empathy from birth through death. With this in mind, an attempt is made to develop in the student a clinical competence and a profound respect for the client as a person with rights and privileges.

EDUCATION
We believe Education requires the active participation of the adult learner in an organized program of study utilizing critical thinking, acquired knowledge, skills and attitudes. Learning is a shared process between student and faculty. The students maintain an individual accountability for assimilating knowledge and skills for their own personal satisfaction, as well as to benefit society. The faculty provides a learning environment in which the curriculum is developed to proceed from the simple to the complex and provides close correlation between theory and practice through concurrent and/or sequential instruction. Integration of this knowledge is a challenging educational undertaking and remains a lifelong process for any individual.

NURSING EDUCATION
Nursing Education requires the active participation of the adult learner and emphasizes the technical skills necessary to recognize and meet the health care individual’s basic physical, emotional, spiritual, and socio-cultural needs. We believe nursing education should assist the student in acquiring the knowledge, skills and attitudes necessary to function as a member of the health team meeting the basic human needs of clients of all ages where nursing takes place, or wherever the community dictates. Nursing Education should motivate and improve communication skills to allow for continued personal growth, leadership development, and community involvement.

Nursing as an academic subject can be developed at differing levels of knowledge and skills. One necessary level is that of Practical Nursing which forms the basic foundation for nursing practice. We believe that Practical Nursing Curriculum is based on sound educational principles, the natural and social sciences; and is related to the level of nursing for which the student is being prepared.
OBJECTIVE:

Clinical preceptors will be used for supervision of students in community health, leadership/management, independent study, elective courses, home health, selected hospitals and long-term care facility experiences consistent with Oklahoma Board of Nursing policy [OAC 485: 10-5-4,1 (g)] and Texas Board of Nursing [Rule 214.10 (h-i)].

GOALS:

1. Increase the job satisfaction of the new graduate by providing a transition to the PN role.
2. Increase the quality of client care by increasing self-confidence through improved mastery of knowledge, skills and professionalism.
3. Enhance the student’s ability to make realistic, legal, safe and ethical decisions while utilizing the nursing process as a framework.
4. Prepare the student for a non-threatening transition from the student role to the practical nurse role minimizing reality shock.
5. Enhance the understanding of leadership responsibilities, work place communication and safe delegation.

POLICY:

1. Preceptorship experience may occur throughout the PN program in community health, medical offices, home health and hospice experiences only after students have demonstrated to the faculty member knowledge and skills that are required for the clinical situation.
2. Preceptorship will provide a 1:1 relationship between the student and a licensed nurse with comparable (LPN) or greater educational preparation (RN) during a four (4) week period in the final level of the PN program. Students must complete 120 hours of preceptorship training (three 12 hour shifts will equal 40 hours a week).
3. Preceptors will be licensed nurses who meet the criteria.
4. PN Preceptorship Contract will be signed between the preceptor, student and faculty. (FORM: PN 15.1c)
5. An observation tool will be utilized by the preceptor to provide feedback concerning student performance. (FORM: PN 15.1d)
6. An evaluation tool will be utilized by the student to evaluate the preceptor and the clinical experience. (FORM: PN 15.1b)
7. The faculty will orient the preceptor to the responsibilities of the position.
8. The student will be responsible for defining and achieving specific expectations and objectives. (FORM: PN 15.1a)
9. The Practical Nursing faculty will be responsible for guidance in meeting the identified learning objectives through regular visits to the preceptorship site and by evaluating the student. (FORM: PN 15.1e)

PROCEDURE:

Director of Practical Nursing Responsibilities:

1. Initiate written agreements with the cooperating agency and nursing program delineating the functions and responsibilities of the parties involved. (Refer to Cooperative Agreement Between KTC School of Practical Nursing and Facility or the Clinical Rotation Agreement.)

Faculty Responsibilities:

1. Be responsible for coordinating clinical preceptorships, orienting preceptors, and evaluating preceptors.
   A. Provide an orientation for the preceptor to include, but not be limited to:
      i. Role of the preceptor, student and faculty member during a preceptorship.
      ii. Student expectations during a preceptorship.
      iii. Evaluation of student performance based on the established objectives and student competencies.
2. Be responsible for students’ learning experiences and shall meet regularly with the preceptor and student to monitor and evaluate learning experiences. Although the preceptor may provide input regarding the student’s performance, the faculty member retains responsibility for evaluation of the student’s achievement of the clinical objectives. (FORM: PN 15.1e)
   A. Define student competencies.
   B. Confer with the student to develop individual objectives for the clinical experience. (FORM: PN 15.1a)
   C. Assist the student and preceptor in identifying appropriate learning experiences.
   D. Confer with the preceptor in evaluating student performance.
   E. Confer with students involved in the experience to discuss reality shock experiences.
3. Be readily available by telephone when students are being supervised by a clinical preceptor. The designated faculty member should be available to provide assistance or supervision of the student at the clinical site should a problem arise that cannot be resolved by telephone.
   A. Approve the preceptors. If preceptor is absent, faculty will reassign student to another approved preceptor if possible.
4. Sign PN Preceptorship Contract with student(s) and selected preceptor(s). (FORM: PN15.1c)
5. Secure evaluation of the preceptorship program by the student (FORM: PN 15.1b). Secure observation of student by the preceptor (FORM: PN 15.1d).
   A. Review the preceptor and student evaluations/observations and provide effective feedback.

**Student Responsibilities:**

1. Document expectations for the preceptor program. (FORM: PN 15.1a)
2. Organize those expectations into specific objectives for the clinical learning experience. (FORM: PN 15.1a)
3. Work with the preceptor according to the preceptor’s normal working schedule, according to the rotation schedule provided. The student will attend class on theory days as scheduled.
4. Initiate learning experiences to meet the identified learning objectives.
5. Confer with the faculty and preceptor on a regular basis to review and revise the objectives.
6. Evaluate the preceptor and the experience. (FORM: PN 15.1b)
7. Confer with faculty and other students to discuss reality shock experiences.
8. Notify faculty immediately if preceptor is absent.

**Preceptor Responsibilities:**

1. Be a licensed nurse who is employed by the facility in which the clinical experience takes place, and who agrees to provide supervision to a student for a specified period of time during the preceptor’s scheduled work hours in order to assist the student to meet identified learning objectives.
2. Have at least one year of experience in nursing.
3. Have a current unencumbered licensure as a RN or LPN.
4. Be recommended by nursing administration to the faculty as being proficient in the technical, intellectual and interpersonal skills considered to be within the realm of the practical nurse.
5. Express the desire to perform as a preceptor.
6. Not be a family member of the student.
7. Attend an orientation session on the duties of a preceptor.
8. Work with the student and faculty to design a learning experience to meet the individual needs of the student.
   A. Hold a planning conference with the student daily.
   B. Review the objectives as established by the student and faculty.
   C. Give ongoing feedback regarding performance.
   D. Confer with the faculty weekly regarding the student’s performance.
   E. Supervise medication administration after the student has satisfactorily completed initial instruction and clinical practice with faculty supervision.
   F. Maintain confidentiality when conferring with student and faculty about student competency and professionalism.
9. Assist the student in decision-making and problem-solving in client care at the practical nurse level.
   A. Act as a clinical resource for the student.
   B. Promote assertiveness by role-modeling.
      i. Encourage staff members to also direct appropriate questions and problems to student as he/she progresses.

10. Supervise and document the student’s performance of skills and other nursing activities to ensure safe practice.
    (Competencies-FORM: PN 5.4a)

11. Provide feedback concerning the student’s performance based on the established objectives and student competency. (FORM: PN 15.1d)

12. Adhere to the Oklahoma Board of Nursing Preceptor Policy (OBN Policy/Guideline #E-02). Adhere to the Texas Board of Nursing rule regarding preceptorship [Rule 214.10 (h-i)].

13. Verify and sign the student form, “DOCUMENTATION OF CLINICAL HOURS” (FORM: PN 15.1g)
PN PRECEPTORSHIP CONTRACT

We, the undersigned, agree to the following criteria for the KTC PN Preceptorship Program:

INSTRUCTOR:

As the faculty person, I will oversee and manage the learning experience. I will initially review the student’s expectations and assist the student to develop specific learning objectives from those expectations. I will be readily available by telephone when the student is being supervised by a clinical preceptor. I will also be available to provide assistance or supervision of the student at the clinical site should a problem arise that cannot be resolved by telephone. I will also serve as a resource person and make weekly visits to the site of the preceptorship. I will verify the selected preceptor has a valid, current, unencumbered license to practice nursing in the state of Oklahoma/Texas.

_____________________________________________ __________________________
Instructor Date

_____________________________________________ __________________________
Instructor Date

PRECEPTOR:

As the student’s preceptor, I have received preceptor orientation and will follow the responsibilities as defined in the Preceptor Handbook. I will act as a clinical resource at all times. I agree to consult with faculty immediately if any problems arise. The major goal of my position is to act as a professional role model to enhance the technical, intellectual and interpersonal skill of the student. I will maintain confidentiality of the student at all times. I am practicing with a current, unencumbered license.

_____________________________________________ __________________________
Preceptor name as it appears on nursing license Date

_____________________________________________ __________________________
Health Care Facility

STUDENT:

I, the student practical nurse, will document my expectations and develop them with assistance into objectives. I will take the responsibility for finding learning experiences. If I do not understand the rationale behind a given situation, I will not hesitate to confer with my preceptor or faculty supervisor. I agree to follow the policies and procedures of the facility I precept in and of KTC School of Practical Nursing.

_____________________________________________ __________________________
Student Date
**OBSERVATION OF PN STUDENT BY PRECEPTOR**

This documentation of response to student progression toward objectives is to be completed by the preceptor at the end of the experience. Please consider your responses carefully. Remember, this is your opportunity to help the student identify areas for improvement that will make the student an effective employee. At the same time, criticism should be constructive.

The faculty will discuss this evaluation with the student in a conference. We believe the discussion will help the student benefit from your observations and comments.

Thank you for your contribution to the student’s education. Your support of our program is greatly appreciated.

STUDENT: _________________________________________          DATE: _____________________________

<table>
<thead>
<tr>
<th>Legend:</th>
<th>Above Average = 4</th>
<th>Average = 3</th>
<th>Needs Improvement = 2</th>
<th>Unsatisfactory = 1</th>
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<tr>
<td><strong>OBJECTIVE</strong></td>
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<tr>
<td><strong>Nursing Process</strong></td>
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<tr>
<td>Data Collection</td>
<td>Completes accurate objective and subjective data collection using correct physical assessment techniques—reporting deviations to appropriate personnel.</td>
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<tr>
<td>Analysis</td>
<td>Identifies and prioritizes problem(s). Uses critical thinking and reasoning to make decisions. Articulates understanding of client’s condition(s).</td>
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<tr>
<td>Planning</td>
<td>Incorporates objective, subjective, and diagnostic test data when contributing to the plan of care. Utilizes a holistic, culturally sensitive, approach and Maslow’s hierarchy of needs to develop client goals.</td>
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<tr>
<td>Implementation</td>
<td>Uses safety measures including aseptic technique and good body mechanics. Stays within scope of practice. Correctly performs nursing skills, manages time effectively. Bases nursing actions on scientific principles and nursing knowledge.</td>
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<tr>
<td>Evaluation</td>
<td>Evaluates client’s response to interventions and determines if client’s needs have been met. Documentation is concise and accurate.</td>
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<tr>
<td><strong>Professional Behavior</strong></td>
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<tr>
<td>Attendance and Preparation</td>
<td>Arrives on time, prepared to provide knowledgeable care to the assigned client, and with necessary equipment.</td>
<td></td>
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<tr>
<td>Responsibility</td>
<td>Takes initiative to learn. Is neat and appropriate in appearance. Follows specific instructions for clinical area.</td>
<td></td>
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<tr>
<td>Confidentiality</td>
<td>Conforms to standards of HIPAA and confidentiality.</td>
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<tr>
<td><strong>Communication</strong></td>
<td></td>
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<tr>
<td>Verbal</td>
<td>Establishes therapeutic nurse/client relationship, utilizing client centered communication. Communicates with staff and peers in professional manner using correct medical terminology.</td>
<td></td>
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<tr>
<td>Written</td>
<td>Documents accurate/concise information using correct medical terminology.</td>
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</table>
Does the student meet your expectations of a Practical Nurse graduate?  ___ Yes  ___ No
Would you recommend this student for employment as a Practical Nurse?  ___ Yes  ___ No
Would you consider being a preceptor again?  ___ Yes  ___ No
What suggestions do you have to improve the preceptor program?  ______________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

PRECEPTOR  ______________________________  ______________________________
STUDENT    ______________________________  ______________________________
INSTRUCTOR ______________________________  ______________________________
INSTRUCTOR ______________________________  ______________________________
PN PRECEPTOR ORIENTATION

The faculty will provide orientation for the preceptor which includes but not limited to:

1. Review KTC Mission Statement and PN Philosophy of Education

2. Review contents of the KTC PN Preceptor Handbook.


4. Review KTC PN Student Clinical Handbook. (available at www.ktc.edu → students)

5. Review forms that need to be completed by the student, preceptor and faculty.

6. Review Oklahoma Board of Nursing policy and Texas Board of Nursing rule regarding preceptorship.

7. Provide preceptor with PN faculty contact information.
HELPFUL TIPS FOR PN PRECEPTORS

• Remember how you felt when you started as a new nurse: overwhelmed, insecure and incompetent, then you can understand how the student feels.

• Make the student feel welcomed by introducing them to other staff members.

• Ask the student what skills or area of practice do they need to work on or want to learn.

• Learn from the student they usually bring a wealth of information with them.

• Be patient, understanding, open, honest and encouraging.

• On the first day, discuss together what will be expected. This decreases anxiety and helps both parties understand what to expect of the other.

• Encourage questions and make sure that the student understands that no question is stupid.

• Take 10 -15 minutes at the end of the shift to review what was learned, answer questions and set goals for the next time.

• Communicate!

• When negative feedback is required, don’t forget to give the student positive feedback also.

• Remember that students have different learning styles; you need to tailor teaching to their style.

• Create a non-threatening environment that is friendly because learning is stressful.

• Provide the student with your contact information in case they would be unable to attend the clinical experience.
OKLAHOMA BOARD OF NURSING

PRECEPTOR POLICY FOR

REGISTERED NURSES AND LICENSED PRACTICAL NURSES

I. Purpose: Clinical preceptors may be used for supervision of students in community health, leadership/management, independent study, elective courses, home health, and selected hospitals and long-term care facility experiences consistent with Board policy. [OAC 485:10-5-4.1(g)]. This policy is applicable to students enrolled in nursing education programs leading to licensure as a Registered Nurse or Licensed Practical Nurse.

II. Definitions

A. “Preceptor”: a licensed nurse who is employed by the facility in which the clinical experience takes place, and who agrees to provide supervision to a student for a specified period of time during the preceptor’s scheduled work hours in order to assist the student to meet identified learning objectives.

B. “Preceptorship”: a clinical experience in which a student is participating in the provision of care for one or more clients and a faculty member may not be in attendance on-site.

C. “Faculty Member”: Clinical instructor employed by the nursing education program meeting qualifications consistent with Board policy.

III. The following established Board policies must be met for a clinical preceptorship:

A. Preceptors may be used for supervision of students only after students have demonstrated to the faculty member knowledge and skills that are required for the clinical situation.

B. Preceptorships may constitute only a small percentage of a student’s total clinical experiences. The decision to provide a clinical experience through a preceptorship shall be made after evaluation of the student’s individual learning needs and must be justified by the nature of the experience required.

C. When the preceptorship is provided in a setting in which the student is employed, the faculty member must ensure that both the student and the preceptor understand the difference in the student’s role during the preceptorship experience vs. their role while employed at the facility.

D. A clinical preceptor shall have not less than the following minimum qualifications:
   1. at least one year of experience in nursing
   2. current unencumbered licensure as an R.N. or L.P.N.
   3. hold a nursing license with comparable or greater educational preparation, i.e.: a B.S.N. to act as preceptor for baccalaureate students; an A.D.N. to
act as preceptor for associate degree students; an L.P.N. to act as preceptor for practical nursing students.

E. A written agreement will be established among the cooperating agency, the preceptor, and the nursing education program, and shall delineate the functions and responsibilities of the parties involved in the preceptorship.

F. Medication administration and invasive nursing procedures and care may be supervised by the preceptor after the student has satisfactorily completed initial instruction and clinical practice with faculty member supervision. An appropriate orientation to the setting for the preceptorship experience will be provided by the facility for the student.

G. A faculty member shall be responsible for coordinating preceptorships. Orientation of faculty responsibilities as provided by the nursing program shall be documented in the faculty files.

H. The faculty member shall provide each preceptor with an orientation to the role of the preceptor and shall be responsible for evaluating the effectiveness of the preceptor in the role.

I. The designated faculty member shall be responsible for students’ learning experiences and shall meet regularly with the preceptor and student to review clinical objectives, monitor and evaluate learning experiences. Although the preceptor may provide input regarding the student’s performance, the faculty member retains responsibility for evaluation of the student’s achievement of the clinical objectives.

J. The designated faculty member shall be readily available by telephone when students are under the supervision of a clinical preceptor. The designated faculty member should be available to provide assistance or supervision of the student at the clinical site, should a problem arise that cannot be resolved by telephone.

IV. On-site supervision of students by a faculty member is required at all times, except in the following cases:

A. The clinical experience is strictly observational.
   1. The purpose of an observational experience is to allow the student to observe specialized or advanced areas of clinical care. In an observational experience, the student does not provide hands-on care.
   2. Students may be placed at clinical sites for observational experiences without the supervision of a preceptor, provided that such experiences are limited to a small percentage of the student’s clinical time and learning objectives and guidelines for the experience are clearly identified.
   3. Examples of observational experiences include, but are not limited to attendance at an AA meeting or birthing class, an experience at the office of a health care provider, or “shadowing” a nurse in a specialized role, such as a wound care nurse or nurse administrator.

B. The experience is a precepted clinical experience meeting the criteria established in this policy.

V. **Regulatory Authority:** OAC 485:10-5-4.1 (g)
Texas Board of Nursing, Source Note: The provisions of this §214.10 adopted to be effective February 13, 2005, 30 TexReg 545; amended to be effective May 2, 2007, 32 TexReg 2361; amended to be effective October 19, 2008, 33 TexReg 8501; amended to be effective October 21, 2012, 37 TexReg8294 – Page 1 of 2

TEXAS BOARD OF NURSING

CLINICAL LEARNING EXPERIENCES

(a) Faculty shall be responsible and accountable for managing clinical learning experiences and observation experiences of students.

(b) Faculty shall develop criteria for the selection of affiliating agencies/clinical facilities or clinical practice settings which address safety and the need for students to achieve the program outcomes (goals) and course objectives through the practice of nursing care or observation experiences. Consideration of selection of a clinical site shall include:

1. client census in sufficient numbers to meet the clinical objectives/outcomes of the program/courses; and
2. evidence of collaborative arrangements for scheduling clinical rotations with those facilities that support multiple nursing programs.

(c) Faculty shall select and evaluate affiliating agencies/clinical facilities or clinical practice settings which provide students with opportunities to achieve the goals of the program.

1. Written agreements between the program and the affiliating agencies shall be in place before clinical learning experiences begin and shall specify the responsibilities of the program to the agency and the responsibilities of the agency to the program.
2. Agreements shall be reviewed periodically and include provisions for adequate notice of termination and a withdrawal of participation clause indicating a minimum period of time to be given for notice of such withdrawal.
3. Affiliation agreements are optional for those clinical experiences which are observation only.

(d) The faculty member shall be responsible for the supervision of students in clinical learning experiences and scheduling of student time and clinical rotations.

1. Selected clinical learning experiences will remain unchanged unless a client's condition demands reassignment.
2. Reassignment must be approved with prior consent of faculty.
3. The student's daily client assignment shall be made in accordance with clinical objectives/outcomes and learning needs of the students.
4. The total number of daily assignments shall not exceed five (5) clients.

(e) Clinical learning experiences shall include the administration of medications, health promotion and preventive aspects, nursing care of persons throughout the life span with acute and chronic illnesses, and rehabilitative care.

1. Students shall participate in instructor supervised patient teaching.
2. Students shall also be provided opportunities for participation in clinical conferences.
3. Simulated laboratory experiences may also be utilized as a teaching strategy in classroom and clinical settings to meet objectives and may be counted as either classroom or clinical hours for the purpose of calculating the hours in the curriculum.

(f) Faculty shall be responsible for student clinical practice evaluations. Clinical evaluation tools shall be correlated with level and/or course objectives and shall include a minimum of a formative and a summative evaluation for each clinical in the curriculum.
The following ratios only apply to clinical learning experiences involving direct patient care:

1. When a faculty member is the only person officially responsible for a clinical group, the group shall total no more than ten (10) students.
2. Patient safety shall be a priority and may mandate lower ratios, as appropriate.
3. The faculty member shall supervise that group in only one (1) facility at a time, unless some portion or all of the clinical group are assigned to observation experiences in additional settings.
4. Direct faculty supervision is not required for an observation experience.

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 after a student has received clinical and didactic instruction in the basic areas of nursing for the related 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.

When faculty use clinical preceptors to enhance clinical learning experiences and to assist faculty in the clinical supervision of students, the following applies:

1. Faculty shall develop written criteria for the selection of clinical preceptors.
2. When clinical preceptors are used, written agreements between the vocational nursing education program, clinical preceptor, and the affiliating agency, when applicable, shall delineate the functions and responsibilities of the parties involved.
3. Faculty shall be readily available to students and clinical preceptors during clinical learning experiences.
4. The designated faculty member shall meet periodically with the clinical preceptors and student(s) for the purpose of monitoring and evaluating learning experiences.
5. Written clinical objectives shall be shared with the clinical preceptors prior to or concurrent with the experience. Written clinical objectives shall be shared with the clinical preceptors prior to or concurrent with the experience.
6. Clinical preceptors shall have the following qualifications:
   (A) competence in designated areas of practice;
   (B) philosophy of health care congruent with that of the nursing program; and
   (C) current licensure or privilege to practice as a licensed nurse in the State of Texas.

During clinical learning experiences, programs shall not permit utilization of students for health care facility staffing.

The affiliating agency shall:

1. provide clinical facilities for student experiences;
2. provide space for conducting clinical conferences for use by the school if classrooms are located elsewhere;
3. provide assistance with clinical supervision of students, including preceptorships, by mutual agreement between the affiliating agency and governing entity; and
4. have no authority to dismiss faculty or students. Should the affiliating agency wish to recommend dismissal of faculty or students, such recommendation(s) shall be in writing.

Source Note: The provisions of this §214.10 adopted to be effective February 13, 2005, 30 TexReg 545; amended to be effective May 2, 2007, 32 TexReg 2361; amended to be effective October 19, 2008, 33 TexReg 8501; amended to be effective October 21, 2012, 37 TexReg 8294.