

## Audio file

BGSU School of Nursing Preceptor Workshop.mp4

## Transcript

Hello and welcome to our preceptor workshop! I will be providing an overview of the RN pre-licensure program at BGSU. To give you some insights into our program, and how students are being educated, this presentation also includes important information on OAC 4723-5, which is the section of the Ohio Administrative Code that deals with precepting pre-licensure nursing students.

### **00:00:32 Presenter Introduction**

I am Doctor Emily Niedzwiecki and I am the Curriculum Coordinator and an Assistant Professor in the School of Nursing at BGSU. I am also one of the faculty members teaching the practicum and debriefing courses. I am so glad that you are here, and we thank you for being a significant part of our students' transition from student nurse to professional nurse. We could not get these students ready for the workforce without your help.

### **00:01:07 Objectives**

These are the objectives for this workshop. By the end of the workshop, the learner will be able to discuss the BSN program at BGSU and how it is congruent with OAC 4723-5 rules related to the curriculum for a registered nursing program; analyze the role of the nursing process in the clinical education of a registered nursing student in accordance with OAC 4723-4-07; create a plan for implementing the nursing process and clinical judgment in the precepted clinical experience in accordance with OAC 4723-4-07; evaluate OAC 4723-5 rules and regulations related to the role of the preceptor of pre licensure nursing programs and the key functions of the preceptor related thereto; and lastly, discuss strategies for the preceptors contribution to the evaluation of student performance in the practicum experience pursuant to OAC 4723-5-20.

### **00:02:31 Disclosure**

This presentation is free from bias and commercial support. This workshop has been approved for one CE. To earn the one CE, you must complete the entire workshop, complete a brief post-test, and complete a short evaluation. Instructions for receiving the one contact hour Category A will be at the end of the workshop.

### **00:03:02 Curriculum for a Registered Nursing Program**

First, let's explore curriculum for a registered nursing program. These definitions, taken directly from the OAC will help to give context to the portions of the rule that will be discussed in this presentation pertaining to OAC 4723-5. "Curriculum" means all theory components, clinical components, and laboratory experiences that must be successfully completed for admission to licensure examinations. "Conceptual framework" means the key concepts and basic themes drawn from the program's philosophy that form the basis for the curriculum. "Course objectives or

outcomes” means the cognitive psychomotor or effective knowledge and skills to be learned by the nursing student upon completion of a course.

According to OAC, 4723-5 letter B, every nursing curriculum shall be derived from a philosophy, conceptual framework, or organizing team that is consistently evident throughout the curriculum.

On the next few slides, I will show you some examples of how the BGSU School of Nursing is meeting this portion of the law.

The mission of the BSN program at Bowling Green State University is to prepare registered nurses to provide safe and quality person centered care to diverse populations across the lifespan using evidence-based practice. Graduates will use leadership and clinical judgment skills to improve the spectrum of complex healthcare issues throughout Ohio, the nation and the world.

The BSN Pre licensure program admitted its first cohort of students in August of 2021 and now admits students every August and January. Our first cohort graduated in May of 2023, and our first January cohort will graduate in December of 2025. Pictured on this slide is most of our current faculty. As our program grows, so does our faculty with four additional full-time faculty joining us in January of 2025.

On this slide is a link to the BGSU School of Nursing philosophy, which can also be found in its entirety on our website (<https://www.bgsu.edu/health-and-human-services/programs/nursing/philosophy-of-school-of-nursing.html>) It is too lengthy to put all on one slide, but our comprehensive philosophy encompasses the role of the student, the faculty and the curriculum.

This is our conceptual model for our program - on the outside of the circle is the four phases of clinical judgment.

Image: Conceptual Model

Circle with the clinical judgement phases (noticing, interpreting, responding, reflecting) with an arrow between them to represent their flow on the outside border. Inside the circle is divided in half, with slices on the left half representing the ANA standards (Economics, Technology and Innovation, Equity and Social Determinants, Community and Public Health, Health and Wellness, Ethical Standards and Professionalism, and Advocate). The slices on the right half represent QSEN (Patient Centered Care, Teamwork and Collaboration, Evidence-Based Practice, Quality Improvement, Safety, Informatics. The very center of the circle represents the foundation of these themes (Individual, Family, Community, Environment, Health, Nurse)

Clinical judgment is foundational in our program and is evident throughout our theory, lab, simulation, and clinical courses. Our program is unique in that students take two separate courses in Semester 1 and semester 2 on clinical judgment. At the very heart of the circle are the concepts that are from our philosophy. On the right half of the circle are the QSEN or quality and safety education for nurses competencies, and these competencies are embedded throughout the curriculum. The QSEN competencies have been mapped to the new AACN essentials and we just completed a comprehensive review of our program to ensure alignment.

On the left of the circle, you will see the ANA scope and standards of practice, which are also embedded throughout our curriculum. Students also take a course in the BSN 1 semester in which the entire ANA scope and standards of practice, as well as the ANA and a guide to the Code of Ethics for nurses, are explored in their entirety.

We have opted to use a concept-based curriculum as our organizing framework. We use the Jean Giddens concepts for nursing practice as our foundational textbook, and we use the concepts in exemplar set forth in that publication to frame our curriculum and content delivery in each nursing course.

A concept is an organizing principle or classification of information that helps students understand and apply nursing concepts and practice concepts are abstract ideas that are generalized from specific instances. They are used to illustrate the big picture and help students identify patterns and connections between situations.

An exemplar, similar to the word example, is a specific condition or disease process that falls under a particular concept. On the next slide, I will show you how we align concepts and exemplars across the curriculum.

On this slide is an example of concept alignment in the concept-based curriculum, with the connections between theory, skills lab, simulation lab, and clinical.

Image: Flowchart

Concept: Perfusion

Exemplar: Acute Myocardial Infarction

Theory: Lecture with unfolding case study or reverse case study

Lab: How to perform EKG, administration of meds used in MI protocols

Simulation: MI scenario incorporating latest EBP & AHA guidelines

Clinical: (if possible) assign a STEMI or NSTEMI client, post PCI client, chest pain r/o MI

Here, we have the concept of perfusion and the exemplar of acute myocardial infarction. In the theory course, the students may receive a lecture, perhaps with an unfolding case study or reverse case study. Then in the lab, they learn how to perform an EKG and learn how to administer medications used in MI protocols.

Then in the simulation lab, the students work through an MI scenario, incorporating the latest evidence-based practice and American Heart Association guidelines. Then in clinical, if possible, the clinical instructor may assign a STEMI or non-STEMI client, a post PCI client, a chest pain-rule out MI, etcetera.

**09:50:00 School of Nursing Introductory Video**

Here is a short video that illustrates how the BGSU School of Nursing is meeting the requirements set forth in OAC 4723 and shows an alignment with our institutional mission to be a public university for the public good.

### Video: School of Nursing

Bowling Green State University made a commitment to launch a School of Nursing to help meet workforce needs. As a public university for the public good, we hope to educate more students and increase the number of nurses available for Ohio and the nation.

We are promoting excellence in nursing through our new Bachelor of Science in Nursing at BGSU. Our mission is to graduate nurses with excellent clinical judgement skills, ready to transition into the workforce throughout Ohio and the nation.

It is important to have access to realistic manikins, as it helps our students learn how to care for patients prior to going into the hospital or community setting.

In the skills lab, students practice skills such as wound care, vital signs, health assessments, hygiene, administering medications, inserting catheters, and any other skill that a student would need prior to taking care of a patient. In our simulation lab, we provide students with actual patient care scenarios, which really help them to develop their clinical judgement skills. In our simulation center and skills lab, we have a variety of manikins, ranging from static manikins all the way up to highly computerized manikins. These computerized manikins can breathe, they have heart sounds, lung sounds, they can speak, they have pulses, and they can blink. We even have a pregnant mother, who is able to birth a baby.

After the simulation scenario, students go to a debriefing session with their faculty and peers. During this time, they reflect on their experience and discuss what went well, and what they will do differently in the future. We can also do live streaming of these scenarios from one station to another, where students are able to watch each other – and through this, they are able to grow in their learning process.

A unique benefit to our program at BGSU is our focus on clinical judgment. We are committed to providing our students with excellent education, where they can take clinical judgment skills, truly “think like a nurse”, and enter the workforce prepared to care for all patients across the lifespan.

### ***00:12:58 Curriculum for a Registered Nursing Education Program***

According to OAC 4723-5 letter C, the curriculum objectives or outcomes, course objectives or outcomes, teaching strategies and evaluation methods shall be: developed and written by program faculty; consistent with the law regulating the practice of nursing as a registered nurse; implemented as written; and distributed to each nursing student.

On the next few slides, I will show you some examples of how the BGSU School of Nursing is meeting this portion of the law.

According to OAC, 4723-5 letter D, the program shall establish a curriculum plan that sets forth the sequence of courses, the laboratory and clinical experiences that are included in each course, and the total number of clock hours per term allotted to theory, laboratory and clinical experiences within each course. The curriculum shall be implemented as written and distributed to each student.

According to OAC 4723-5 letter E, the curriculum shall span a minimum length of two years, full time study, with each year containing at least 30 weeks including examination time, unless it is an accelerated program that must provide a minimum of 52 weeks of clinical coursework, or a program offering advanced standing, as discussed in paragraph H of this rule.

According to OAC 4723-5 letter G the curriculum shall include clinical experiences in providing care to patients across the lifespan. The only periods of life span excepted are those related to the obstetrical patient, the immediate newborn and pediatrics. Programs utilizing high fidelity simulation, or mid or moderate fidelity simulation, obstetrical immediate newborn or pediatric simulation laboratory experiences may use those experiences instead of providing clinical experience in those periods of lifespan.

On the next few slides, I will give you some examples of how the BGSU BSN program is congruent with these portions of the law and will also give you some insights into how our program is organized and therefore how your preceptees have been educated thus far.

### ***00:15:55 BGSU curriculum – End of Program Outcomes***

These are our end of program outcomes that have been mapped to the new AACN BSN Essentials.

These end of program outcomes are published on our website, in our student handbook, and on the canvas core shell for each nursing course, so that our students have multiple ways to access this information.

### ***00:16:22 BSN Curriculum – Junior Year***

On this slide is the current curriculum plan for our junior level students, listing the courses that each student takes in the BSN one and BSN 2 semesters, you'll notice that there are a combination of theory, skills lab, simulation lab and clinical courses.

### ***00:17:00 BSN Curriculum – Senior Year***

This is the current curriculum plan for our senior level students. The level of student that you are precepting is at the BSN four level and they are still taking coursework concurrently with the practicum experience. So while they have quite a good knowledge base to start the experience, they are still learning several concepts in their Nursing Concepts Three course, and learning new medications related to those concepts in their Pharmacology Three class. They are also being prepped for their transition to practice and to take the NCLEX licensure exam.

### ***00:17:41 BGSU SON Simulation Lab***

Our simulation lab features high fidelity human patient simulators, including SIM mom - who gives birth to a baby and with this simulator we can also simulate complications such as postpartum hemorrhage and preeclampsia.

We also have SIM Newbie, a neonate simulator and SIM Junior, who is our pediatric simulator.

Our high-fidelity simulators have lung sounds, bowel sounds, heart tones and pulses you can palpate. We can use these manikins for a wide range of scenarios, including a "Code Blue" where

the students will actually do chest compressions on the manikin, and we can simulate Defibrillation.

We can do skills in the simulation lab, such as blood administration. and the titration of drips like insulin that the students are legally not permitted to perform on real patients and clinical.

We also use standardized patients in some of our mental health simulations where one of our faculty play the role of the patient, such as one suffering from severe anxiety.

Pictured on the left of the screen are some of our BSN three students in their OB simulation and on the right is one of our debriefing rooms.

In one simulation group, we typically have six to seven students. We start with a pre-briefing where we discuss the concept of the simulation that day, go over the medications the students would have been given ahead of time to look up, and go over any new or unfamiliar equipment.

We use a product called SimCapture that will livestream what is happening in the simulation room on to the TV you see pictured while the entire SIM is also being recorded. Half the students will be in the simulation room, while the other half are watching and giving peer feedback.

At about midway through, the first group gives an SBAR report to the second group, and then the Group 2 cares for the patient, while Group 1 watches and prepares their feedback.

In our debriefing room, we have two whiteboards that take up the entire wall and we have magnets for those students to organize their peer feedback. We have some pre-made magnets for things like patient identification, diversity, equity, inclusion and more. The students can also use dry erase markers to record their feedback on the wall.

Images: Laminated Sheets with Magnets for Use in Simulation

What did your peers do well today?

Where are our Opportunities for Improvement?

Name 3 Priority Nursing Diagnosis and Interventions.

What are you PROUD of based on your performance in simulation today?

What is one thing you would like to improve on based on your performance today?

Magnets for Items Performed include: Priority Assessments, Patient Identification, Diversity/Equity/Inclusion, Infiltration/Extravasation of IV site, Write Down Read Back of Orders, IV Site Assessments, Informed Consent

In our debriefing session with both Group 1 and Group 2, we go through all of the constructive feedback. We like to end our sessions by asking the students to tell us one thing they are most proud of related to that simulation and one thing they would like to work on and apply in future simulations and clinical.

After simulation, each student is required to watch the SimCapture video and prepare a reflection journal which is turned into and graded by the faculty who ran that simulation scenario. This reflecting on action is where the learning really happens.

This is our simulation fiction contract, and I think one key take away here is our saying that mistakes are puzzles to be solved, not crimes, to be punished. Simulation is a safe place to learn and make mistakes. But with that said, we do address errors and depending on the nature and severity, students may not earn a passing score for that simulation experience and/or may be required to complete a remediation activity such as attending a mandatory practice lab session. in our skills lab.

#### Image: Simulation Contract

The purpose of simulation-based nursing training is for you to develop skills, including clinical judgment and reasoning, for the care of real clients. Using patient simulators and simulation teaching strategies, your faculty will recreate realistic patient care situations. The realism of each simulation may vary depending on the learning goals for the scenario. The simulation environment and patient have certain limitations in their ability to exactly mirror real life. When participating in the simulation scenarios, your role is to assume all aspects of a practicing nurse's professional behavior. Additionally, when a gap occurs between simulated reality and actual reality, it is expect that you try to understand the goals of the learning session and behave accordingly.

Top 3 Things to Remember: 1- our basic assumption: "We believe that everyone participating in simulation scenarios at the BGSU School of Nursing is intelligent, capable, cares about doing their best, and wants to improve". 2- Mistakes are puzzles to be solves, not crimes to be punished. 3 – The "Vegas Rule" applies – what happens in simulation, stays in simulation.

Faculty Responsibilities: Create goal-oriented, practical simulations based upon measurable learning objectives. Add enough realism to each simulation so that the learner receives enough clues to identify and solve a problem. Set and maintain an engaging learning environment. Provoke interesting and engaging discussion that foster reflective practice. Identify performance gaps and help to close those gaps.

Learner Responsibilities: Suspend judgment of realism for any given simulation in exchange for the promise of learning new knowledge and skills. Maintain a genuine desire to learn even when the suspension of disbelief becomes difficult. Communicate aloud the skill steps and your application of the clinical judgment competencies. Treat the simulation or standardized patient with the same care and respect due an actual patient. Request consultation with other interdisciplinary professionals.

I will say that in our simulation lab, the patient does not die unless that was a predetermined outcome. We do not have the patient die as the result of anything the students do, or don't do. We do insist that our students treat the simulators as if it is a real live patient in the bed and they are expected to use their therapeutic communication skills in addition to their technical skills in the care of the patient.

## **00:22:04 Standards Related to Competent Practice as a Registered Nurse**

Next, we're going to explore the standards related to competent practice as a registered nurse.

OAC 4723-4-03 Section C states: a registered nurse shall demonstrate competence and accountability in all areas of practice in which the nurse is engaged, including consistent performance of all aspects of nursing care, and recognition, referral or consultation and intervention when a complication arises.

OAC 4723-4-07 relates to the standards for applying the nursing process as a registered nurse. A registered nurse shall apply the nursing process in the practice of nursing as set forth in Division B, Section 4723.01 of the revised code and in rules of the board.

The nursing process is cyclical in nature and requires that the nurse's actions respond to the patients changing status throughout the process. The following standards shall be used by a registered nurse using clinical judgment – there's that tie in there- in applying the nursing process for each patient under the registered nurses care.

As assessment of health status - the registered nurse shall, in an accurate and timely manner, collect data. This includes the collection of subjective and objective data from the patient family, significant others, or other members of the health care team. This registered nurse may direct or delegate the performance of data collection and documentation of the collected data.

Under analysis and reporting, the registered nurse shall, in an accurate and timely manner, identify, organize, assimilate and interpret data; establish, accept, or modify a nursing diagnosis that is to be addressed with applicable nursing interventions; and report the patient's health status and nursing diagnosis as necessary to other members of the healthcare team.

In the planning phase, the registered nurse shall, in an accurate and timely manner: Develop, establish, maintain or modify the nursing plan of care, consistent with current nursing science, including the nursing diagnosis, desired patient outcomes or goals, and nursing interventions; and communicate the nursing plan of care and all modifications of the plan to members of the healthcare team.

In the implementation phase, the registered nurse shall, in an accurate and timely manner implement the current nursing plan of care, which may include: executing the nursing regimen; implementing the current valid order authorized by an individual who is authorized to practice in this state and is acting within the course of the individuals professional practice; provide nursing care commiserate with the documented education, knowledge, skills, and abilities of the registered nurse; assisting and collaborating with other health care providers in the of the patient; delegating nursing tasks, including medication administration only in accordance with chapter 4723-13, 4723-23, 4723-26, or 4723-27 of the Administrative Code.

With regards to evaluation, the registered nurse shall in an accurate and timely manner, evaluate, document and report the patient's: response to nursing interventions and progress toward expected outcomes and reassess the patient health status and establish or modify any aspect of the nursing plan as set forth in this rule.

## **00:26:56 Why Clinical Judgment**



So, why clinical judgment?

Image:

Two students work on either side of a manikin while putting on a bearhugger gown in the nursing skills lab. Bedside table is located at the foot of the bed and has orders, wipes, an incentive spirometer, bandage, and oral hygiene kit.

Nursing leaders and scholars have noticed that new graduate nurses have been entering the workforce not quite prepared for the realities of practice and are underprepared to prioritize to care for multiple patients, and their communication within the interdisciplinary team has been lacking.

The results of a study published in 2017 by Cavanaugh and Sueda indicated that only about 23% of new graduate nurses demonstrated adequate entry level competence and practice readiness. This is concerning because we know that patients are more complex and the care environment is also becoming more complex.

The NCLEX has changed to the NextGen NCLEX, in which the way that questions are being asked are reflective of clinical judgment. A great example of this is the case study, in which the graduate nurse is given information on a patient- and this can include the patient's history labs, diagnostic information, et cetera - the candidate is then asked a series of six questions using that case study.

In this regard, our program being new, had a unique advantage and that we would proactively address this by building our program around clinical judgment and by structuring our exams according to the NextGen NCLEX clinics to ensure that our graduates are well prepared for the types of questions they will see on the licensure exam.

Clinical judgment can also be linked to the nursing process that we just discussed, and this allows us to maintain alignment with OAC 4723-4-07 on the next slide. I will demonstrate how clinical judgment and nursing process are connected.

**00:29:00 Clinical Judgment and Nursing Process**

On this slide, you can see where each of the clinical judgment phases aligns with the nursing process.

Table: Comparison of Two Processes

Two columns of table, clinical judgement phase column (lists noticing, interpreting, interpreting, responding, and reflecting) and nursing process column (lists assessment, diagnosis, planning, implementation, and evaluation).

Rows match noticing/assessment, interpreting/diagnosis, interpreting/planning, responding/implementation, reflecting/evaluation.

You will notice that I have interpreting listed twice and that's because two of the phases of the nursing process are encompassed within that interpreting phase of the clinical judgment model.

**00:29:29 Clinical Judgment and Nursing Process (2)**

The graphic on this slide also shows how the clinical judgment model and nursing are related by showing the specific activities that relate to each phase.

Image: Clinical Judgment Components

Image shows four squares of different colors. Each of the four components of the clinical judgment process has a bullet-point list of what that component comprises.

Noticing: Determining important information to collect. Scanning the environment. Identifying signs and symptoms. Assessing systematically and comprehensively. Ensuring accurate information

Interpreting: Clustering related data. Identifying assumptions. Recognizing inconsistencies. Distinguishing relevant from irrelevant information. Judging how much ambiguity is acceptable. Comparing and contrasting. Predicting potential complications. Collaborating with healthcare team members. Determining patient care needs/healthcare environment issues.

Responding: Selecting interventions. Managing potential complications. Setting priorities. Determining how to implement the planned interventions. Delegating. Communicating. Teaching others.

Reflecting: Evaluating data. Evaluating and correcting thinking.

00:29:55 ***Clinical Judgment and Nursing Process (3)***

On this slide is Tanner's clinical judgment model with the four phases of the model represented in yellow. In blue are some additional pieces that help to illustrate what is involved within those phases.

Image: Clinical Judgment and Nursing Process Flowchart

Noticing (or recognizing cues), Interpreting (or analyzing cues, prioritizing hypotheses, and generate solutions) and Reflecting (evaluate outcomes) coincided with the flow of:

Initial Grasp leads to reasoning patterns (analytic, intuitive, narrative) leads to reflection in action which cycles back but also forward to reflection on action/clinical learning leads to context/background/relationship which leads to expectations which leads back to initial grasp.

Reasoning patterns, when not cycling through to reflection in action, may also lead to action, which results in an outcome.

Responding coincided with the action and outcome phases of the flow.

So for example, when we look at the first phase, "noticing" this involves the context, background and relationships. Also involved is our expectations and initial grasp.

In Orange is the NCSBN model, so we can see that NCSBN's "recognizing cues" correlates with "noticing" in the model.

An example of how you could incorporate this into the student's practicum day, is by having the student take the shift report from the previous nurse. After report asked the student what their initial grasp of the patient (or patients) is. If taking report on multiple patients, ask them based on their initial grasp of each patient's needs, who they will assess first. This will really help them with our prioritization skills.

"Interpreting" involves making sense of the data collected and analyzing it. What does it mean? What is important? What is not important?

"Responding" involves taking actions and this is where our nursing interventions are implemented.

There is also a really nice comprehensive model on the NSBSN website that also shows the relationship between the nursing process and clinical judgment. Nursing process is still very much a part of how we educate students, and in fact we are required by the OBN to incorporate nursing process into our curriculum.

The NSBSN prohibits the model from being reproduced and displayed, but it is easily accessible on their website.

### ***00:32:16 Fostering Clinical Judgment & Nursing Process in the Practicum Experience***

#### Slide Text:

Noticing: Assessment

Interpreting: Diagnosis & Planning

Responding: Implementation

Reflecting: Evaluation

#### Image:

Students are in a simulation room – one in the foreground is on the phone standing at a computer workstation/medcart. Another is standing at the manikin bedside, speaking to them and conducting an intervention. The third is standing by an IV pump near a whiteboard documenting on the board.

Next, let's talk about fostering clinical judgment and nursing process in the practicum experience. As practicing nurses, we don't go home after our shift and write out a care plan with all of the phases of the nursing process written out. But we do use the nursing process in our care of patients. In my own previous practice as an ER nurse, we didn't have care plans, period. But if I reflected on the care I provided to any patient, I could easily identify how I use the nursing process to guide all of the care I provided to each and every patient.

As you are working with our students and their practicum, we would ask that you use the same terminology that we have used the past three semesters in the curriculum.

We use the term "clinical judgment" rather than the term "critical thinking".

The 4 phases of the Tanner clinical judgment model and nursing process can serve as a really effective framework to guide your work with the student and complies with the OAC which mandates the use of nursing process in the delivery of nursing care to patients.

I think that the last piece is so important to our students and their growth. This is where they and you can talk about what went well, what did not go well. Where they excel and where they can continue to grow. This semester is an important time in their learning where they begin the transition from student nurse to new graduate nurse.

The constructive feedback that you can offer them is truly a gift, and we encourage those conversations.

That reflection in action is important and can help the student problem solve in real time, whereas the reflection on action can occur at the end of the shift.

We also encourage communication with the faculty. As a preceptor, you should be provided contact information for the students assigned faculty for the experience. Never hesitate to reach out if there is an issue or if you would like to recognize a student who is excelling in a particular aspect of their practicum performance.

### ***00:34:52 Promoting Clinical Judgement & Nursing Process***

Here are some additional ideas to promote clinical judgment and use of the nursing process.

The “noticing” phase of the clinical judgment model is directly related to the assessment phase of the nursing process. Students should be assisting with data collection and assessment of the patient.

“Interpreting” is directly correlated to diagnosis and planning in the nursing process. Ask the student to identify relevant versus irrelevant data. Compare and contrast. Prioritize. Here is where you can really share your own thought processes and how you analyze and interpret data. What is a priority nursing diagnosis for this patient? What goals should be set?

“Responding” directly correlates with implementation. Identify appropriate interventions, carry out interventions with the appropriate supervision.

“Reflecting” is where a lot of the learning can take place, and this is related to the evaluation phase of the nursing process. What went well? What did not go as well as it could? What was the patient's response? What would you change? What would you do differently?

### ***00:36:21 Preceptor Role in Education of Nursing Students***

In this next section, we'll explore the preceptor role in the education of nursing students.

This definition of a preceptor is taken directly from the OAC.

And according to rule 4723-5-1, a “preceptor” means a registered nurse or licensed practical nurse who meets the requirements of this chapter, who provides supervision of a nursing student's clinical experience at the clinical agency in which the preceptor is employed, to no more than two students at any one time, and who implements the clinical education plan at the direction of a faculty member responsible for the course in which the student is enrolled.

“Clinical course” is defined as a nursing course that includes a clinical experience, and a “clinical experience” is defined as an activity planned to meet course objectives or outcomes and to provide a nursing student with the opportunity to practice cognitive, psychomotor and affective skills in the supervised delivery of nursing care to an individual or group of individuals who require nursing care.

“Supervision” is defined as a faculty member, teaching assistant or preceptor is immediately available to the nursing student at all times to provide guidance and review of the student’s performance.

The information on this slide is taken directly from the OAC and is specific to the provision that relates to preceptors. According to Rule 4723-5-10A, for a preceptor as defined in paragraph D of rule 4723-5-01 of the Administrative Code, completion of an approved registered nursing education program in a jurisdiction as defined in paragraph S of rule 4723-5-01 of the Administrative Code: experience and the practice of nursing as a registered nurse with demonstrated competence in the area of clinical practice in which the preceptor provides supervision to a nursing student. A baccalaureate degree in nursing is preferred, and a current valid licensure as a registered nurse in the jurisdiction or foreign country where the supervision of a nursing student clinical experience occurs.

Rule 4723-5-20: responsibilities of faculty, teaching assistants and preceptors in a clinical setting.

Section A - A faculty member of a nursing education program is responsible for planning the students clinical experience and for evaluating the student’s performance. Clinical nursing experiences are assigned by faculty based on course objectives and student learning needs faculty, teaching assistants, or preceptors shall supervise student practice by providing guidance, direction, and support appropriate to the clinical situation.

Under letter B, supervision of a nursing student shall be provided for each clinical experience involving the delivery of nursing care to an individual or group of individuals. This supervision shall be provided only by a faculty member, teaching assistant or preceptor who meets the qualifications set forth in rule 4723-5-10 of the Administrative Code for a registered nursing education program or rule 4723-5-11 of the Administrative Code for a practical nursing education program. When supervising a nursing student the faculty member or teaching assistant shall function only as a faculty or teaching assistant during the students clinical experience.

OAC 4723-5-20 letter C: All experiences for a nursing student in a clinical setting involving the delivery of nursing care to an individual or group of individuals shall be performed under the direction of a faculty member who functions only as a faculty member during the nursing student’s clinical experience. The faculty member providing direction shall: establish clinical objectives or outcomes within the framework of the course in which the student is enrolled; communicate clinical objectives or outcomes to the student, the teaching Assistant and preceptor, if utilized, and the staff at the clinical site. Additionally, provide for orientation of each student to the clinical site, including introduction to staff; make assignments in conjunction with the teaching assistant or preceptor if utilized for the students experience consistent with the specific objectives or outcomes of the course in which the student is enrolled; provide for supervision of each student in accordance with this chapter; and evaluate the students experience, achievement and progress in

relation to the clinical objectives or outcomes with input from the teaching assistant or preceptor if utilized.

Under letter D, the faculty or teaching assistant to the student ratio for direct patient care experiences shall be no greater a ratio than 10 students to one faculty or teaching assistant; or a smaller ratio in clinical settings where necessary to ensure the safe delivery of nursing care.

Under letter E, the teaching assistant or preceptor, providing supervision of a nursing student shall at least have competence in the area of clinical practice in which the teaching assistant or preceptor is providing supervision to a student and design, at the direction of a faculty member, the student's clinical experience to achieve the stated objectives or outcomes of the nursing course in which the student is enrolled. Clarify with the faculty member the: role of the teaching assistant or preceptor; the responsibilities of the faculty; the course in clinical objectives or outcomes, the clinical experience evaluation tool; and contribute to the evaluation of the student's performance by providing information to the faculty member and the student regarding the student's achievement of established objectives or outcomes.

Under letter F, a Preceptor shall provide supervision to no more than two nursing students at any one time, provided the circumstances are such that the preceptor can adequately supervise the practice of both students.

#### ***00:44:45 The Preceptor's Key Role***

Next, we're going to explore some of the key functions of preceptors related to OAC 4723-5-20. These include: supervising and guiding the student; serving as a positive role model of professional nursing practice; communicate; motivate, and facilitate the students learning; apply clinical judgment; provide constructive feedback; and evaluate.

Image:

Students pose together wearing their new purple Sigma Theta Tau graduation cords and holding their purple induction certificate.

As part of that debriefing process, ask the student to tell you how they think they did. What are their strengths and what are their areas for growth? Our students do this at the end of every clinical and simulation experience, so they should be able to articulate this.

You will evaluate the student on a weekly basis, and we appreciate your honest feedback for the student. Please be detailed and if you are rating a student low in a particular area, please give examples. We want our students to be successful and they need honest feedback in order to make the changes needed to grow and improve. The earlier we can address issues, the better.

Please do not hesitate to involve the faculty.

All of the faculty are full-time faculty and we pride ourselves on being both accessible and responsive.

#### ***00:46:24 Post-Test and Evaluation***

On this slide is both a QR code and a link to the post-test and evaluation.

<https://forms.office.com/pages/responsepage.aspx?id=nXLLzQZRfE23W6MMRV1bCjqo6BLhCihAmYVhSlkd5LRUMk8xSVQ3RIRXWIAzVE42OEFNVklOWFhIMy4u&origin=QRCode&route=shorturl>

The evaluation and post-test are required in order to earn the one contact hour Category A.

**00:46:48 Conclusion**

Thank you for completing this CE independent study activity, and for all you do to help our students cross the finish line of their educational journey.

Pictured here is our very first cohort to graduate from our program after they received their BGSU BSN School of Nursing pins at their Pinning Ceremony.

Image

Students wearing white lab jackets and their newly received Nursing Pins which are on an orange ribbon around their neck, holding an orange long stem carnation, stand on orange-bordered stairs.

It takes a village to get them to this momentous occasion, and we thank you for being an important part of it.