

Preceptor Handbook For Nurses



- Supervising and Supporting Students
- Discussing Learning Opportunities
- Sharing your Knowledge

- Role-Modelling
- Assisting Students in applying Theory to Practice
- Encouraging Critical Thinking and Problem Solving



- Timely Constructive Feedback
- Praising Performance & Addressing Concerns
- Responsible for Care Students provide

Table of Contents

| | |
|---|---------|
| Introduction | Page 3 |
| What is a preceptor/preceptorship? | Page 3 |
| Tips to providing constructive feedback | Page 4 |
| Competency Assessment Document | Page 5 |
| Examples of progress notes | Page 6 |
| Absolute Restrictions | Page 10 |
| Preceptorship Course | Page 13 |
| Useful Links | Page 13 |

Introduction

Each nurse has the professional responsibility to provide students with support to help them question and critically reflect on their practice and develop autonomy in clinical decision-making, thus upholding the values of the *Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2021)*. The aim of this booklet is to support you as a preceptor in supporting undergraduate nursing students on clinical placement.

What is a preceptor / preceptorship?



The *Nurse Registration Programmes Standards and Requirements 5th ed. (2023)* is the guiding document for preceptorship, and student learning, progression and assessment. In your role, as a preceptor, guiding and directing student nurses/midwives, **you must take responsibility for the care they provide**. Evidence of student assessment is documented in the National Competency Assessment Document, which acts as the record of continuous achievements by the undergraduate nursing student, a fundamental component for the successful progression through the undergraduate nursing programme.

Attributes of an effective preceptor

- Has a non-judgemental attitude
- Provides constructive feedback
- Encourages a feeling of belonging to the team
- Promotes equity and mutual respect
- Leads by example
- Is honest and trustworthy
- Is empathetic, compassionate and caring
- Has good interpersonal skills
- Has good decision making abilities

Tips to providing constructive feedback

Providing students with ongoing constructive feedback **is one of the most** important student development tools at your disposal

Have and show compassion when providing feedback, in a non-judgmental tone, and in a setting that conveys support and respect

Let students know what is expected of them, how they are doing, what they are doing well and what they need to do better

We all thrive on positive reinforcement. Do not assume the student knows when they are working well. **Tell them**

Avoid storing up feedback. **Provide feedback there and then**

Be clear, specific, factual, honest, concise, and direct. Identify the key areas where the student did well or underperformed, giving actual clinical examples. Relate feedback to the student's learning outcomes in their Competency Assessment Document (CAD)

Ask the student how they feel they are getting on. This facilitates the student to self-assess, and become more open minded and receptive to your feedback. **Listening** to the student allows you to gauge the student's insight into their performance and can highlight other factors that are impacting on the student's learning and performance.

Identify the follow-up and set the learning goals in conjunction with the student's CAD learning objectives. **Link with the CPC /CNM** if there are performance issues. If a student is not achieving required Domains an 'Additional Interview' or 'Supportive Learning Plan' may be required and will be discussed and planned by the link CPC.

Competency Assessment Document (CAD)

For each year of the Supernumerary BSc General and BSc Integrated Children’s and General Nursing Programmes, the students will have a Competency Assessment Document (CAD) with them on clinical placement. One CAD per each year of training. Each of the following Six Domains of Competency must be achieved for each clinical placement:

1. Professional Values and Conduct of the Nurse Competences
2. Nursing Practice and Clinical Decision Making Competences
3. Knowledge and Cognitive Competences
4. Communication and Interpersonal Competences
5. Management and Team Competences
6. Leadership Potential and Professional Scholarship Competences

Table 1 below sets out the required NMBI supervision and level of achievement required by the supernumerary student and nursing Intern while on placement.

Figure 1 on page 6 -7 provides more guidance on student supervision and expected level of competence.

Tables 2 to 5 on page 8 and 9 provide examples of completion of progress note. Progress notes are a vital part of documenting a student’s continuous progress and supports the assessment of the student across the clinical placement.

There is a more detailed account of the level of competence and supervision that each student will need at the start of the CAD and in each section of the CAD.

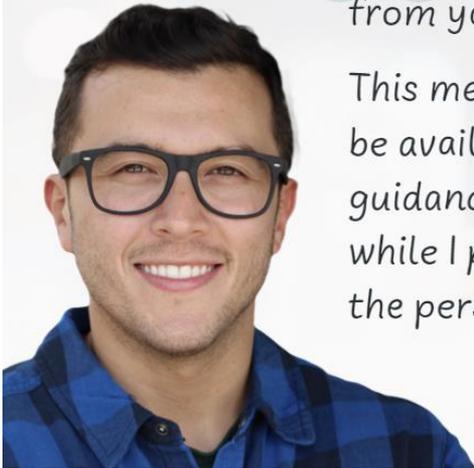
Table 1. Levels of Competence and Supervision Required for Each Year

| Year | Benner | Steinaker and Bell | Level of Supervision |
|------------|-------------------|-------------------------------------|----------------------|
| Year 1 | Novice | Exposure and/or Participation | Direct Supervision |
| Year 2 | Advanced Beginner | Participation and/or Identification | Close Supervision |
| Year 3 | Advanced Beginner | Participation and/or Identification | Indirect Supervision |
| Year 4 | Advanced Beginner | Identification | Distant Supervision |
| Year 4/4.5 | Competent | Internalisation and Dissemination | Distant Supervision |

Figure 1. Supervision and stage of competence by student year



Supporting a Year 3 student



*I need **indirect supervision** from you.*

This means you need to be available to me for guidance and support while I provide care to the person.

A Year 3 student is an **advanced beginner**.

They can identify the needs of persons and primary carers in practice.

They begin to adopt a problem-solving approach to the provision of safe care.

They actively participate in the assessment, planning, delivery and evaluation of person-centred care and are able to provide a rationale for actions.

It may be difficult for them to prioritise care in particular or complex situations.

Supporting a Year 4 supernumerary student



*I need **distant supervision** from you. I'm able to provide safe and effective care to the person.*

I accept responsibility for the provision of care and recognise when the guidance and support of you is required, and seek such assistance in a timely manner.

A Year 4 supernumerary student is an **advanced beginner**.

- They can identify the needs of persons and primary carers in practice.
- They take more responsibility for their own learning, initiate appropriate action and evaluate their action.

Supporting a Year 4 internship student



*I need **distant supervision** from you. I'm able to manage complex clinical situations on my own.*

I accept responsibility for the provision of care and recognise when the guidance and support of you is required, and seek such assistance in a timely manner.

A Year 4/5 internship student is **competent**.

They make informed decision based on the information available and work as an autonomous practitioner.

They use critical analysis to determine the outcomes of their actions and can give rationale for their actions to others.

They apply a systematic approach to the provision of person-centred practice.

Progress Notes

Progress notes are a vital part of documenting a student's continuous progress and supports the assessment of the student across the clinical placement

Table 2. Progress note (Year 1) Example of addressing uniform policy

| | | | |
|---|----|------|------------|
| Preceptor/Associate Preceptor/Supervisor can use this space to write any progress notes they may have on nursing student's development of competencies | | | |
| *Rory has been exposed to the care delivery for a frail patient including the provision of care for ADLs such as cleansing and dressing, elimination, feeding the patient and the principles of moving and handling. Uniform issues addressed with Rory including ironing his tunic and the removal of jewellery. | | | |
| Signature | Ae | Date | 10/01/202X |
| *Rory is progressing well in his placement and has responded well to feedback provided. *Rory has been seeking out learning opportunities and has been communicating with the patients in his care. | | | |
| Signature | Ae | Date | 15/01/202X |

Table 3. Progress note (Year 2) Example of addressing professionalism and time keeping

| | | | |
|--|----|------|------------|
| Preceptor/Associate Preceptor/Supervisor can use this space to write any progress notes they may have on nursing student's development of competencies | | | |
| *Sally arrived late to placement this morning. We discussed importance of professionalism, time keeping and her assessment. CNM2 & CPC aware of Sally's poor timekeeping. *Sally advised to contact ward if running late due to unforeseen circumstances *Sally received handover and has been actively caring for patients. | | | |
| Signature | Ae | Date | 10/01/202X |
| *Sally was late returning from her evening break. Sally was reminded of her allocated break times and reminded of her professionalism as it pertains to her assessment in domain 1. Discussed with CPC and *Sally was made aware of the disciplinary policy. | | | |
| Signature | Ae | Date | 15/01/202X |

Table 4. Progress note (Year 3) Example of addressing management of patient care

| | | | |
|---|----|------|------------|
| Preceptor/Associate Preceptor/Supervisor can use this space to write any progress notes they may have on nursing student's development of competencies | | | |
| *Jane completed patient observations with an iNEWS of 5. *Jane made me aware of the score however, failed to return to repeat patient observations as per escalation protocol. On discussion Jane stated she has not experienced escalating patient care previously. Jane has been made aware to follow through on patient care to achieve identification level as set out in her learning aims for this placement. | | | |
| Signature | Aa | Date | 10/01/202X |
| *Jane has been involved in the care of patients with elevated iNEWS scores and has escalated care appropriately. Jane appears more confident in her communications with the MDT and is actively seeking out learning opportunities. | | | |
| Signature | Aa | Date | 15/01/202X |

Table 5. Progress note (Year 4) Example of addressing assessment, implementation, management and evaluation of patient care

| | | | |
|---|----|------|------------|
| Preceptor/Associate Preceptor/Supervisor can use this space to write any progress notes they may have on nursing student's development of competencies | | | |
| *Joe is communicating well in the team-nursing format. *Joe needs to improve on his planning of care and time management of tasks assigned for his patient load. Needs prompting to progress care along in the morning as BGL recordings and medication administration delayed. *Joe has been advised to ask preceptors/nurses in his section for planning care guidance after report and huddles throughout the day. We will discuss his progress next week. | | | |
| Signature | Aa | Date | 10/01/202X |
| Joe has worked three shifts since our last progress note. Joe is improving on his daily plan of care and time management. Advised to keep working on same. Joe has been actively partaking in handovers to a good standard. | | | |
| Signature | Aa | Date | 15/01/202X |

Absolute Restrictions

In Cork University Hospital, the following restrictions apply for student nurses. Failure to adhere to this Joint UCC/Hospital Policy puts the patient at risk and therefore incurs the possibility of the Disciplinary Process for both Student and supervising Registered Nurse.

- Supernumerary students are not permitted to accompany patients to other departments (including Operating Theatre Department and Mental Health settings) without an RN.
- Students are not permitted to be redeployed to another ward/department without consultation with Nurse Practice Development Coordinator.
- Both supernumerary and internship students are not permitted to accompany patients to external sites from your placement hospital.
- Students are not permitted to check or hang Blood or Blood Product.
- Internship students are not permitted to accompany patients to and from other departments within the hospital without an RN, including operating theatre, without first **deemed competent** by an RN /Preceptor /CNM and work within their scope of practice.

Additional Conditions

- During Paediatric Internship both a 'Theatre' and 'Sedation' Learning Outcome must be achieved before accompanying a child to theatre and any procedure where a child requires sedation
- C&G Integrated Interns must complete the 'Paediatric Medication Competency Assessment' prior to role as a Second checker for medication on Paediatric clinical placement
- All documentation in nursing notes **must be counter signed** by a RN.

Absolute Restrictions relating to medication administration

All Nursing Students must be Directly Supervised throughout ALL activities related to medications regardless of the year of training.

Students are **not permitted** to:

- Hold Medication keys or be given access codes to stored medications
- Count Controlled Drugs
- Give IV Flushes under any circumstances
- Give bolus IV drugs under Any Circumstances
- Give any IV Infusions which contains Medications/Additives under any circumstances
- Attend to any type of Central Venous Access Device

For further guidance on nursing student's involvement in peripheral IV infusions please see the 'Peripheral Intravenous Infusion Policy' for CUH 2020. Table 6 on page 11 and 12 is an extract taken from this document. (available on Staff Directory under Nursing folder)

Table 6. BSc General Nursing and BSc Children’s and General (Integrated) Nursing students’ involvement in peripheral IV infusions

| YEAR 1 General/YEAR 1 Integrated |
|---|
| <p>Exposure Level limited to the student observing a registered nurse/midwife performing:</p> <ul style="list-style-type: none"> ➤ Peripheral IV related documentation. ➤ Change of peripheral IV dressing using ANTT. ➤ Removal of peripheral IV cannula. ➤ Selection of prescribed IV fluid. ➤ Prime an IV line with prescribed fluid. ➤ Calculate flow rate of IV infusion and adjust using roller clamp or pump as appropriate. ➤ Preparation of infusion pump including threading tubing through device, connecting to peripheral IV cannula and commencing infusion. ➤ Troubleshooting of IV device alarms. ➤ Replace completed IV infusions with prescribed follow-on infusion. ➤ Discontinue fluids, disconnect from peripheral IV cannula and dispose appropriately. ➤ Use of pause function when attending to hygiene, clothes change or elimination needs. ➤ Use of pause function in the event of suspected phlebitis or extravasation. <p>Participation under direct supervision of a registered nurse/midwife:</p> <ul style="list-style-type: none"> ➤ Removal of peripheral IV cannula and completion of relevant documentation. <p><i>Supernumerary students are not permitted to press the stop, start button, recommence or administer IV fluids</i></p> |
| YEAR 2 General /YEAR 2/3 Integrated |
| <p>Exposure Level limited to the student observing a registered nurse/midwife performing:</p> <ul style="list-style-type: none"> ➤ Selection of prescribed IV fluid. ➤ Prime an IV line with prescribed fluid. ➤ Calculate flow rate of IV infusion and adjust using roller clamp or pump as appropriate. ➤ Preparation of infusion pump including threading tubing through device, connecting to peripheral IV cannula and commencing infusion. ➤ Troubleshooting of infusion device alarms. ➤ Replace completed IV infusions with prescribed follow-on infusion. ➤ Discontinue fluids, disconnect from peripheral IV cannula and dispose appropriately. ➤ Use of pause function when attending to hygiene, clothes change or elimination needs. ➤ Use of pause function in the event of suspected phlebitis or extravasation <p>Participation under direct supervision of a registered nurse/midwife:</p> <ul style="list-style-type: none"> ➤ Change of dressing of peripheral IV cannula using ANTT. ➤ Removal of peripheral IV cannula and completion of relevant documentation. <p><i>Supernumerary students are not permitted to press the stop, start button, recommence or administer IV fluids</i></p> |
| YEAR 3 General / YEAR 4 Integrated |
| <p>Participation under direct supervision of a registered nurse/midwife with the following:</p> <ul style="list-style-type: none"> ➤ Selection of one of the 4 specified, prescribed IV fluids. ➤ Prime an IV line with one of the 4 specified, prescribed IV fluids only. ➤ Calculate flow rate of IV infusion and adjust using roller clamp or pump as appropriate. ➤ Preparation of infusion pump including threading tubing through device, connecting to peripheral IV cannula. ➤ Troubleshooting of infusion device alarms. ➤ Replace completed IV infusions with one of the 4 specified, prescribed follow-on infusion. ➤ Discontinue fluids, disconnect from peripheral IV cannula and dispose appropriately. <p>Identification</p> <ul style="list-style-type: none"> ➤ Observation and documentation in relation to peripheral IV cannula. ➤ Change of dressing of peripheral IV cannula using ANTT. ➤ Removal of peripheral IV cannula and completion of relevant documentation. ➤ Supernumerary nursing students must complete the numeracy assessment in Year 3. <p><i>Supernumerary students are not permitted to press the stop, start button, recommence or administer IV fluids</i></p> |

Table 6 continued. BSc General Nursing and BSc Children's and General (Integrated) Nursing students' involvement in peripheral IV infusions

YEAR 4 General / YEAR 5 Integrated

Participation under direct supervision of a registered nurse/midwife with the following:

- Selection of one of the 4 specified, prescribed IV fluids.
- Double check for IV fluids as listed in policy.
- Prime an IV line with one of the 4 specified, prescribed IV fluids.
- Calculate flow rate of IV infusion and adjust using roller clamp or pump as appropriate.
- Preparation of infusion pump including threading tubing through device, connecting to peripheral intravenous cannula.
- Troubleshooting of infusion device alarms.
- Replace completed IV infusions with one of the 4 specified, prescribed follow-on infusion.
- Discontinue fluids, disconnect from peripheral IV cannula and dispose appropriately.
- Seek permission to use the pause function when attending to hygiene, clothes change or elimination needs.
- Use of pause function in the event of suspected phlebitis or extravasation and notify a registered nurse/midwife immediately

Internalisation

- Observation and documentation in relation to peripheral IV cannula.
- Change of dressing of peripheral IV cannula using ANTT.
- Removal of IV cannula and completion of relevant documentation.
- Double check for IV fluids
- Double check IV medications as per local hospital policy.
- Sign as the "second checker" in accordance with local HSP policy and NMBI double-checking medications guidelines (2007, p.11, 12)
<https://www.nmbi.ie/nmbi/media/NMBI/Publications/GuidanceMedicinesManagement.pdf?ext=.pdf>
 and only under direct supervision or, in the presence of, a registered nurse/midwife.
- Internship students only are permitted to: Press the start button to commence/recommence the following IV fluids only and under the direct supervision of a registered nurse/midwife:
 1. Normal Saline 0.9%
 2. Hartmann's Solution
 3. Dextrose Saline
 4. Dextrose 5%

Where hospital policy permits

C&G Integrated Interns must complete the 'Paediatric Medication Competency Assessment' prior to role as a Second checker for medication on Paediatric clinical placement

Preceptorship Course

The preceptorship course must be completed on HSEland and renewed every two years.



Preceptorship in Practice

★★★★☆ 14 Reviews [Skip to Session](#)

The aim of this programme is to provide you with the relevant knowledge to be able to supervise and support a student during their practice placement.

Upon completion of this eLearning programme, learners are advised to attend a developmental workshop according to their local HEI and AHCP PPPG's.

This developmental workshop is generally coordinated by the local Centre's for Nursing and Midwifery Education (CNME's), Centre's for Midwifery Education (CME's), Centre of Children's Nurse Education (CCNE), or Centre's for Learning and Development (CLD's).

- Learning Type:** Programme
Language Enroled: English
Duration: 70 minutes
Support Contact: ONMSD; Glory George (Project Lead)
glory.george@hse.ie
Click on the Enrol button to enrol on the complete group of learning modules listed below.
Session(s):

Preceptorship workshops are provide by the Centre Nurse Education (CUH) department. Please contact the CNE for the next preceptorship workshop dates.

Useful links

All the below information is available on the UCC school of nursing & midwifery, preceptor information page - <https://www.ucc.ie/en/nursingmidwifery/allocations/preceptorinfo/>

Disability Support Services that students can avail of in college and on clinical placements. - <https://ucc.cloud.panopto.eu/Panopto/Pages/Sessions/List.aspx#folderID=%22f1367637-330f-4ebf-ab6d-ac0900a0cc71%22>

Frequently asked questions from preceptors-

<https://www.ucc.ie/en/media/academic/nursing/allocations/documents/provisonalplacementplans/preceptorinformation/FAQsCUHNov2018.pdf>

Additional information can be sourced on the Cork University Hospital intranet, under the headings – GUIDELINES – Nursing – Information for preceptors.



- Directory**
- Applications Citrix**
- CUH Forms**
- Guidelines**
 - Central Appointments
 - CUH Guidelines
 - COVID-19
 - CUH MAJOR EMERGENCY PLAN
 - CUH Pharmacy & Medicines Management Guidelines
 - Haematology Guidelines
 - HSE Emergency Multilingual Aid
 - ICM User Guidelines
 - IPM User Guidelines
 - Maternal Newborn Clinical Management System
 - MGH
 - Nursing
 - Oncology Guidelines
 - Paiste Guidelines
 - Qpulse Guidelines
 - Surgical Procedure Codes for Bed Booking Form
 - Thromboprophylaxis Guidelines for Adult Patients in CUH
- Help**

Nursing

Useful Links

- BNF - Current BNF for Children
- BNF - Current British National Formulary
- HSE Library(Incl. Royal Marsden Manual)

GOSH Manual of Children's Nursing Practices

GOSH Manual of Children's Nursing Practices

Information for Preceptors

Nurse Documentation

