

**North Carolina RN Refresher Program
RN Refresher Preceptor Guide
Area Health Education Center (AHEC)**



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General Program Description

General Overview: The Nurse Refresher Program (RNNRP) is a two part program consisting of a self-study theory course entitled Medical-Surgical Nursing Review and a clinical practicum. The RNNRP addresses a full range of common adult medical-surgical nursing problems. Depending on their needs and licensing requirements, eligible individuals who are residents of North Carolina may enroll for the complete program (self-study theory course followed by the clinical practicum) or for the self-study theory course alone.

Program CEU Credit

The theory portion of the RNNRP is approved for 140 contact hours (14 CEUs) are awarded by the UNC-Chapel Hill Friday Center for Continuing Education. An additional 160 contact hours (16 CEUs) are awarded upon successful completion of the clinical portion of the program. CEU's for clinical contact hours are awarded by either the regional AHEC or the UNC at Chapel Hill SON. **No partial credit is given for the clinical practicum; the refresher student must successfully complete the entire 160 clinical hrs.**

Program Objectives

Objectives for the program are established by the NC AHEC Nurse Council RN Refresher Committee and comply with the NCBON regulations and rules.

Upon completion of the *theory portion* of this course, the refresher student will be able to:

- Describe the status of contemporary nursing, including legal and ethical implications.
- Utilize the Nursing Process to plan individualized patient care.
- Identify procedures for administering medications and intravenous therapy.
- Describe the pathophysiology, symptomatology, diagnosis, medical management, and nursing care associated with common medical-surgical conditions.
- Discuss special needs and care of the geriatric patient.
- Discuss infection control and chemical/biological hazards related to patient care.

Upon completion of the *clinical portion* of the course, the refresher student will be able to:

- Safely carry out the role of a registered nurse in the contemporary medical surgical environment using current clinical and pharmacological knowledge and current technology.
- Demonstrate competence in applying all elements of the Nursing Process.
- Apply critical thinking skills and the Nursing Process when providing care to adult patients.
- Competently perform a range of basic medical surgical nursing skills
- Demonstrate the ability to alter or add to previously acquired nursing skills in order to practice in the current clinical environment.
- Provide safe nursing care to groups of patients within the legal, ethical and professional standards of nursing practice.

Program Credit

Theory Course

- The course consists of 23 self-instructional modules that are available either in correspondence or online formats. The modules progress from general nursing topics to increasingly complex medical-surgical content. These must be completed within 9 months.
- Each module consists of learning objectives, pertinent content, key points, references and recommended readings/web sites, a self-test, and a final examination.

The modules are:

Number	Title
1	Contemporary Nursing: Change or Transformation?
2	Legal and Ethical Considerations in Nursing
3	Critical Thinking and the Nursing Process: Assessment through Nursing Diagnosis
4	Critical Thinking and the Nursing Process: Planning through Evaluation: The Nursing Plan of Care
5	The Adult Life Span: The Process of Aging
6	Patient and Nurse Safety
7	Pharmacotherapy: Therapeutic Considerations
8	Medication Administration
9	Fluid, Electrolyte, Acid-Base Imbalances and Blood Administration
10	Protecting Patient & Nurse: Infection Control, Biohazards, Blood-borne Pathogens

11	The Respiratory System: General Principles
12	The Respiratory System: Common Disease Conditions
13	Common Cardiovascular and Peripheral Vascular Disorders
14	Disorders of the Gastrointestinal System
15	Conditions of the Urinary/Renal System
16	Neurological Disorders
17	Disorders of the Musculoskeletal System
18	Selected Disorders of the Endocrine System
19	Disorders of the Immune System: A Focus on HIV/AIDS
20	Disorders of the Hematologic System
21	Oncological Disorders
22	Emergency Situations
23	Caring for the Perioperative Patient

Clinical Practicum Description

1. The practicum consists of 160 clinical hours. **These should ideally be completed within a 90 day period once started.** One hundred and twenty of those hours must be accomplished on a unit where a range of medical-surgical experiences are available. The remaining 40 hours may be completed through a range of clinical experiences, including traditional clinical, orientation, laboratory experiences and clinical simulations. (These experiences, especially orientation experiences, must be approved by the AHEC RN Refresher Coordinator **prior** to the experience and is dependent upon site availability).
2. The clinical portion of the program is facilitated in partnership with a preceptor, or a clinical instructor, and is coordinated by regional AHEC Nurse Refresher Coordinators. Refresher Students must work with the refresher coordinator throughout the clinical portion of the program.
3. All refresher students must enroll in the clinical portion of the program within one year of the completion of theory.

General Preceptor Information:

1. RN Refresher Program clinical experiences are almost always preceptor supervised. Some AHEC's may have a clinical instructor lead a clinical group of students, if there are large numbers of refresher students at one time needing a clinical practicum.
2. RN Refresher students working with licensed RN preceptors are treated as student nurses needing supervision regardless of whether those refresher students do or do not have active licenses. That means that any procedures or policies that are followed and required by a clinical agency for generic students should be used by preceptors with refresher students (such as co-signatures).
3. Students including RN Refresher students do not "practice on" the preceptor's license. However; the preceptor is responsible for appropriate delegation to and supervision of students and, should she/he fail to provide such standards, the preceptor is legally liable for practice issues.

Clinical Evaluation of Refresher Student

Clinical activities progress from simple to the complex based upon the Program Clinical Objectives, using clinical evaluation tool(s). **(See Appendix D)**

1. Clinical Placements are not guaranteed. Placements are based upon preceptor availability and clinical site requirements. Clinical sites have the right to refuse a refresher student.
2. Refresher students who are successfully placed are evaluated based upon their progress towards meeting clinical objectives. **The preceptor and the refresher student complete the clinical evaluation form collaboratively.** This evaluation provides a comprehensive review of a refresher student's progress in the clinical setting.
3. The preceptor and the refresher student evaluate the refresher student's progress using the clinical evaluation tool twice during the program. Dependent upon refresher student progress this may occur more frequently.
4. At the end of the 160 hours, students who successfully meet clinical objectives meet with the clinical preceptor and the preceptor and the student sign the evaluation form. The preceptor and/or refresher student provides the evaluation form to the Regional RN Refresher Coordinator for final review and approval.

Students Needing Development to Meet Clinical Objectives:

5. When a refresher student demonstrates areas needing development in the clinical setting and is not meeting clinical performance requirements, the RN Refresher Coordinator meets with the refresher student and the preceptor to develop a Clinical Improvement Plan (**Appendix C**). This plan includes:
 - a. The specific clinical areas needing development as evidenced by refresher student behaviors.
 - b. Specific interventions to address areas needing development.
6. If, in spite of reasonable efforts at remediation, a refresher student is unable to complete/meet clinical requirements, the RN Refresher Clinical Coordinator in collaboration with the Preceptor will determine whether the RN Refresher student will receive a grade of fail.
7. If a refresher student is not prepared, does not exhibit professional behaviors or practices nursing in an unsafe manner he/she may be dismissed from the clinical unit by the preceptor and the RN Refresher Coordinator will be notified by the preceptor and/or a representative of the clinical agency.
 - a. The situation will be reviewed with the preceptor, appropriate personnel from the clinical agency, and the regional AHEC RN refresher coordinator
 - b. A meeting will be held with the refresher student.
 - c. A plan for remediation will be developed as appropriate.
 - d. If after investigation, it is determined that a refresher student placed patients in imminent danger he/she will be dismissed from the program immediately and receive a grade of fail.
8. When, in the judgment of the clinical preceptor, AHEC refresher coordinator and the Statewide AHEC Nursing Liaison a refresher student's behavior constitutes conduct of a nature that warrants dismissal, (Unsafe, illegal, unprofessional, threatening) the RN refresher coordinator will notify the refresher student and instruct the refresher student to stop attending clinical experiences. Follow up will occur in writing with 15 business days.
9. Clinical agencies reserve the right to dismiss a refresher student from the agency based upon the institution's policies and procedures.

10. If a refresher student fails the clinical practicum for reasons other than safety issues, illegal activities, unethical or unprofessional behaviors, they may re-enroll after 45 days in the content and clinical portion and pay for all aspects of the course again.
11. Refresher students dismissed from clinical for safety issues, illegal activities, unethical or unprofessional behaviors are not eligible to retake the AHEC RN Refresher Program.

Evaluation:

1. The preceptor returns completed student clinical evaluation form to the Regional AHEC Coordinator.
2. The Preceptor evaluates the program using the preceptor program evaluation form found in **Appendix C** and returns both evaluation forms to the Regional AHEC Coordinator.

Appendix A: One Minute Preceptor Module:

The One Minute Preceptor: 5 Microskills for One-On-One Teaching

Acknowledgements

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Introduction

Health care providers face many challenges in the day to day pursuit of their careers, and those who choose to teach health professions students face the further challenge of efficiently and effectively providing teaching to these learners. No matter what type of learner – resident, medical student, physicians assistant or nurse practitioner – and no matter what their level of skill or training, the challenge of integrating teaching into your day to day routine remains. Fortunately tools and techniques have been developed to assist the preceptor. A tested and valuable approach is the One-Minute Preceptor.

Initially introduced as the "Five-Step `Microskills' Model of Clinical Teaching" (Neher, Gordon, Meyer, & Stevens, 1992), the One Minute Preceptor strategy has been taught and tested across the nation (Irby 1997a, 1997b; STFM, 1993) and has been welcomed by busy preceptors. The dissemination of this technique has been allowed and encouraged, and we are pleased to be able to present it to you as part of our Preceptor Development Program.

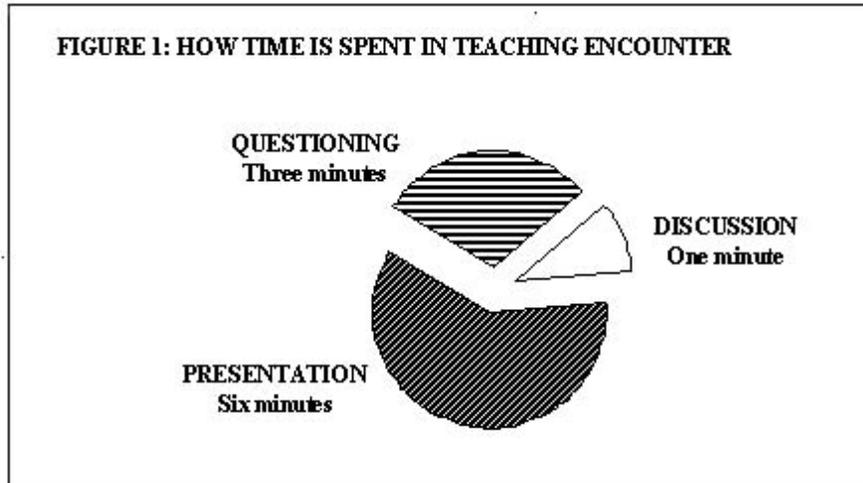
At the end of this module you will be able to:

1. List the Steps of the One-Minute Preceptor model of clinical teaching.
2. Explain how each step fosters effective and efficient teaching.
3. Demonstrate understanding of the One-Minute Preceptor on a sample student presentation.
4. Integrate the One-Minute Preceptor model into your clinical teaching.

Making the Most of Teaching Time

Much of clinical teaching involves the learner interviewing and examining a patient, and then presenting the information to the preceptor. This strategy is common both in the office and hospital setting. Studies have indicated that on average, these interactions take approximately 10 minutes and the time is divided into several different activities. (See Figure 1.) Much of the time is taken up by the presentation of the patient by the learner. Additional time is spent in questioning and clarifying the content of the presentation. As a result only about one minute of time is actually spent in discussion and teaching.

The One-Minute Preceptor approach allows the preceptor to take full advantage of the entire encounter in order to maximize the time available for teaching. The teaching encounter will still take longer than a minute but the time spent is more efficiently used and the teaching effectiveness is optimized.



The Method

The One-Minute Preceptor method consists of a number of skills that are employed in a stepwise fashion at the end of the learner's

presentation. (See Table 1.) Each step is an individual teaching technique or tool, but when combined they form one integrated strategy for instruction in the health care setting.

Table 1: The One-Minute Preceptor Method

1. Get a Commitment
2. Probe for Supporting Evidence
3. Reinforce What Was Done Well
4. Give Guidance About Errors and Omissions
5. Teach a General Principle
6. Conclusion

An Example:

Let us look at a sample presentation in order to help illustrate the steps of the One- Minute Preceptor model and their practical application.

You are working with student from a physician's assistant program who is in your office for their final six-week preceptorship before graduation. The student has just finished seeing a patient and is presenting to you in your office while the patient waits in the exam room.

Student: Hi...I just saw Mrs. Winkler. She is a 67-year-old woman who comes in today with a complaint of fever, cough and shortness of breath. As you may know, she has a 30-pack year smoking history and carries the diagnosis of mild COPD.

She began getting sick about two days ago with what she thought was a cold but by yesterday she had more chest congestion and a temperature of 101 orally. She also noted that she was more winded than usual in her usual activities at home. Yesterday her cough was productive of whitish sputum but by this AM it had become yellow to tan with streaks of blood. She noted chills this AM and her temp was 100.5 and she called to come in. She has noted some increase in her wheezing but denies chest pain, except when she coughs.

"She is on Capoten and HCTZ for high blood pressure, and uses an albuterol inhaler and has been using this about every two hours since last evening. She has no allergies, got a flu shot this year and had the Pneumovax 2 years ago.

"On physical she is working hard at breathing with wheezes heard without a stethoscope. HEENT is basically normal but her lung exam reveals diffuse wheezes expiratory wheezes and decreased breath sounds in the area of the right middle lobe..." [Student pauses here waiting for your response]

Step One: Get a Commitment

At this point, there are many teaching techniques you could employ, but the One-Minute Preceptor method suggest that you get a commitment from the learner – to get them to verbally commit to an aspect of the case. The act of stating a commitment pushes the learner to move beyond their level of comfort and makes the teaching encounter more active and more personal. This can show respect for the learner and fosters an adult learning style.

In this situation the learner stopped their presentation at the end of the physical exam. An appropriate question from the preceptor might be: "What do you think is going on with this patient?" This approach encourages the learner to further process the information they have gathered. You obtain important information on the learners clinical reasoning ability and the learner is given a higher sense of involvement and responsibility in the care of the patient. If the answer is correct, then there is the opportunity to reinforce a positive skill. If the response is incorrect, an important teaching opportunity has occurred and the impact of the teaching is likely to be greater since the learner has made the commitment.

Not all learners will stop at the same point in their presentation, but the preceptor can still get a commitment. Additional examples include:

"What other diagnoses would you consider in this setting?"

"What laboratory tests do you think we should get?"

"How do you think we should treat this patient?"

"Do you think this patient needs to be hospitalized?"

"Based on the history you obtained, what parts of the physical should we focus on?"

By selecting an appropriate question, the preceptor can take a learner at any stage and encourage them move them further along in their skills and to stretch beyond their current comfort level.

Notice that questions used in getting a commitment do not simply gather further data about the case. The goal is to gain insight into the learner's reasoning. Questioning by the preceptor for specific data reveals the preceptor's thought process – not the learner's. The learner in the example above needs the opportunity to tell you their assessment of the patient data they have collected.

Step Two: Probe for Supporting Evidence

Now that you have a commitment from the learner, it is important to explore what the basis for their opinion was. The educational setting often rewards a lucky guess to the same degree as a well-

reasoned, logical answer. In the clinical setting, it is important to determine that there is an adequate basis for the answer and to encourage an appropriate reasoning process. By the same token it is important to identify the "lucky guess" and to demonstrate the use of appropriate supporting evidence.

Once the learner has made their commitment and looks to you for confirmation, you should resist the urge to pass immediate judgement on their response. Instead, ask a question that seeks to understand the rationale for their answer. The question you ask will depend on how they have responded to your request for a commitment:

"What factors in the history and physical support your diagnosis?"

"Why would you choose that particular medication?"

"Why do you feel this patient should be hospitalized?"

"Why do you feel it is important to do that part of the physical in this situation?"

There are significant benefits from using this step at this time. You are able to immediately gauge the strength of the evidence upon which the commitment was made. In addition, any faulty inferences or conclusions are apparent and can be corrected later. This step allows the preceptor to closely observe the vital skill of clinical reasoning and to assist the learner in improving and perfecting that skill. Our learner in the role-play will get a further chance to demonstrate their ability to integrate and use clinical data.

Step Three: Reinforce What Was Done Well

In order for the learner to improve they must be made aware of what they did well. The simple statement "That was a good presentation" is not sufficient. The learner is not sure if their presentation is "good" because they included current medications or because they omitted the vital signs. Comments should include specific behaviors that demonstrated knowledge skills or attitudes valued by the preceptor.

"Your diagnosis of 'probable pneumonia' was well supported by your history and physical. You clearly integrated the patient's history and your physical findings in making that assessment."

"Your presentation was well organized. You had the chief complaint followed by a detailed history of present illness. You included appropriate additional medical history and medications and finished with a focused physical exam."

With a few sentences you have reinforced positive behaviors and skills and increased the likelihood that they will be incorporated into further clinical encounters.

Step Four: Give Guidance About Errors and Omissions

Just as it is important for the learner to hear what they have done well, it is important to tell them what areas need improvement. This step also fosters continuing growth and improved performance by identifying areas of relative weakness. In framing comments it is helpful to avoid extreme terms such as 'bad' or "poor". Expression such as "not best" or "it is preferred" may carry less of a negative value judgement while getting the point across. Comments should also be as specific as possible to the situation identifying specific behaviors that could be improved upon in the future.

Examples:

"In your presentation you mentioned a temperature in your history but did not tell me the vitals signs when you began your physical exam. Following standard patterns in your presentations and note will help avoid omissions and will improve your communication of medical information."

"I agree that, at some point, complete pulmonary function testing may be helpful, but right now the patient is acutely ill and the results may not reflect her baseline and may be very difficult for her. We could glean some important information with just a peak

flow and a pulse oximeter."

The comments are specific to the situation and also include guidance on alternative actions or behaviors to guide further efforts. In a few sentences an opportunity for behavior change has been identified and an alternative strategy given.

It is important to reflect here that a balance between positive and constructive criticism is important. Some preceptors may focus on the positive, shying away from what may be seen as criticism of the learner. Others may focus nearly exclusively on areas for improvement without reinforcing what is already being done well. As with many things in life, balance and variety are preferable.

Step Five: Teach A General Principle

One of the key but challenging tasks for the learner is to take information and data gained from an individual learning situation and to accurately and correctly generalize it to other situations. There may be a tendency to over generalize – to conclude that all patients in a similar clinical situation may behave in the same way or require the exact same treatment. On the other hand, the learner may be unable to identify an important general principle that can be applied effectively in the future. Brief teaching specifically focused to the encounter can be very effective. Even if you do not have a specific medical fact to share, information on strategies for searching for additional information or facilitating admission to the hospital can be very useful to the learner.

Examples:

"Smokers are more likely than non-smokers to be infected with gram-negative organisms. This is one situation where you may need to broaden your antibiotic coverage to be sure to cover these more resistant organisms."

- OR -

"Deciding whether someone needs to be treated in the hospital for pneumonia is challenging. Fortunately there are some criteria that have been tested which help..."

- OR -

"In looking for information on what antibiotics to choose for a disease. I have found it more useful to use an up-to-date hand book than a textbook which may be several years out of date."

Because of time limitations it is not practical to do a major teaching session at that moment, but a statement or two outlining a relevant and practical teaching point can have a significant impact on the learner.

Step Six: Conclusion

Time management is a critical function in clinical teaching. This final step serves the very important function of ending the teaching interaction and defining what the role of the learner will be in the next events. It is sometimes easy for a teaching encounter to last much longer than anticipated with negative effects on the remainder of the patient care schedule. The preceptor must be aware of time and cannot rely on the student to limit or cut off the interaction.

The roles of the learner and preceptor after the teaching encounter may need definition. In some cases you may wish to be the observer while the learner performs the physical or reviews the treatment plan with the patient. In another instance you may wish to go in and confirm physical findings and then review the case with the patient yourself. Explaining to the learner what the next steps will be and what their role is will facilitate the care of the patient and the functioning of the learner.

Example:

"OK, now we'll go back in the room and I'll repeat the lung exam and talk to the patient. After, I'd like you to help the nurse get a peak flow, a pulse ox, and a CBC. When we've gotten all those results, let me know and we can make a final decision about the need for hospitalization and our treatment plan."

The teaching encounter is smoothly concluded and the roles and expectations for each person are made clear in a way that will facilitate further learning and optimal patient care.

Summary:

You have learned and seen examples of the six steps in The One-Minute Preceptor model. Although it is useful to divide something into discrete steps, it is hard to remember several items in order, especially when you are first using them. To help you with this challenge you will note that the back cover of the book may be cut into several pocket size cards which you may carry with you to help you remember the steps.

The One-Minute Preceptor is a useful combination of proven teaching skills combined to produce a method that is very functional in the clinical setting. It provides the preceptor with a system to provide efficient and effective teaching to the learner around the

single patient encounter. It is not intended that this technique should replace existing teaching skills and techniques that already work well for the preceptor or to avoid the need to learn further techniques. It is one approach that can help you in the very challenging work that you do.

References:

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Neher, J. O., Gordon, K. C., Meyer, B., & Stevens, N. (1992). A five-step "microskills" model of clinical teaching. *Journal of the American Board of Family Practice*, 5, 419-424.

STFM. (1993, February). The One-Minute Preceptor. Presented at the annual Society for the Teachers of Family Medicine Predoctoral meeting, New Orleans, LA.

**(Appendix B) North Carolina AHEC RN Refresher Program
Clinical Improvement Plan**

RN Refresher: _____ Date: _____

Areas Needing Development: (Based upon clinical objectives)

As Evidenced By: (Specific clinical behaviors and/or actions)

Plan for Improvement: (State as Objectives)

Date to Achieve:

Clinical Preceptor: _____ Date: _____

Regional RN Refresher Coordinator: _____ Date: _____

RN Refresher: _____ Date: _____

Appendix C: Preceptor Evaluation of Clinical Experience

CLINICAL FACILITY _____

DATE OF CLINICAL _____

NAME OF PRECEPTOR _____

NAME of REFRESHER STUDENT _____

Instructions: Please provide answer each of the questions below using the following scale:

Strongly agree= (A) Agree= (B) Disagree=(C) Strongly Disagree= (D)

Not /applicable= (E)

Questions	Rating Scale
I had adequate time to work with the RN Refresher student	A B C D E
I felt that the RN Refresher student understood his/her role in the clinical area.	A B C D E
I felt that I was adequately prepared to function in my role as a preceptor	A B C D E
I felt that I was adequately oriented to the clinical evaluation process.	A B C D E
I would be willing to precept another RN Refresher student	A B C D E

What additional information would have helped you to function in your preceptor role, if any?

Do you have any recommendations that would improve the clinical component of the Refresher course? If so, what are they?

Other Comments:

North Carolina RN Refresher Program

(Appendix D) Clinical Evaluation Tool

Student Name _____

Clinical Dates _____

Clinical Preceptor(s) _____

Nurse Manager _____

Clinical Agency _____

Clinical Unit _____

To the preceptor/instructor: This is the evaluation tool for the Nurse Refresher program and reflects the program's objectives. It is expected that you will meet with the refresher nurse for at least two evaluative feedback sessions. This evaluation tool should be used to guide your formative and summative evaluation feedback and provide a record of the exchange. Please rate this refresher student on the following five objectives using the performance rating scale below. At the conclusion of the clinical experience, please indicate if the refresher student has satisfactorily completed the clinical objectives. Please note that a student must receive a satisfactory rating in all areas by the conclusion of the clinical experience to receive a grade of pass for clinical.

Clinical Objectives

- Safely carries out the role of a registered nurse in the contemporary medical surgical environment using current clinical and pharmacological knowledge and current technology.
- Demonstrates competence in applying all elements of the Nursing Process
- Applies critical thinking skills and the Nursing Process when providing care to adult patients.
- Competently performs a range of basic medical surgical nursing skills.
- Demonstrate the ability to alter or add to previously acquired nursing skills in order to practice in the current clinical environment.

Performance Rating Scale

- Satisfactory(S) =Can safely perform the skill independently.
- Needs Improvement (NI) =Needs additional skill development to safely perform independently.
- Unsatisfactory (U) = Cannot safely perform the skill independently.

**North Carolina RN Refresher Program
Clinical Evaluation Tool**

Objective/Learning outcome	Mid Rotation S/NI/U	Final S/U	Comments
Objective One: Safely carry out the role of a registered nurse in the contemporary medical surgical environment using current clinical and pharmacological knowledge and current technology			
Uses principles of evidence based practice and quality improvement when caring for medical surgical patients with a variety of health issues.			
Uses technology/informatics in documentation and decision making per agency policy.			
Explains the patients' pharmacological regime to the preceptor and patient.			
Evaluates the patient's response to pharmacologic therapy.			
Uses equipment and technology safely when providing patient care (IV pumps, telemetry, EMR, Medication Systems, Pyxis)			
Uses culturally competent care when caring for patients.			
Objective Two: Demonstrate competence in applying all elements of the Nursing Process			
Demonstrates thorough and accurate assessments of assigned patients according to agency policy. 1. Oxygenation 2. Circulation 3. Cognition and Sensory 4. Fluid balance 5. Mobility 6. Digestion and nutrition			

7. Skin 8. Pain 9. Lifestyle 10. Learning needs and barriers			
Identifies actual and potential problems related to patient's disease process, injury and/or treatment.			
Plans interventions that address desired patient outcomes.			
Utilizes a comprehensive plan of care per agency policy			
Evaluates patient outcomes based on the goals developed in the plan.			
Objective Three: Apply critical thinking skills and the Nursing Process when providing care to adult patients.			
Integrates knowledge of best practices when providing care.			
Adapts patient plan of care based on ongoing assessment and nursing knowledge.			
Responds appropriately to changes in vital measurements and lab values.			
Uses principles of health literacy and knowledge when implementing plan of care			
Intervenes to address changes in patient condition through recognition, clinical judgment and decision making.			
Participates effectively in inter professional plan of care			
Objective Four: Competently perform a range of basic medical surgical nursing skills			
Demonstrates adherence to aseptic and sterile technique when providing nursing actions.			
Implements nursing actions that address injury prevention and adverse responses to illness and treatment (examples: post op, fall and skin protocols, and bleeding precautions, etc.			

Uses personal protective equipment and precaution procedures consistently and per institutional policy and procedure.			
Administers medications safely according to the “six rights” <ul style="list-style-type: none"> • medication, • route, • time, • patient, • dosage, • documentation 			
Cares for therapeutic equipment (lines, tubes, drains, etc.) using institutional policy and procedure.			
Promotes fluid balance. (Examples: encourage or limit fluids, monitoring and maintenance of IV fluids, etc.)			
Implements institutional policy and procedure when caring for patients receiving IV therapy and/or caring for central venous access devices.			
Performs a variety of nursing skills safely and competently related to a variety of medical surgical disorders <ul style="list-style-type: none"> • Cardiopulmonary • Gastrointestinal • Genitourinary • Mobility • Wound Care 			
Objective Five: Demonstrate the ability to alter or add to previously acquired nursing skills in order to practice in the current clinical environment.			
Uses appropriate resources to obtain information (Pharmacy, policy and procedure systems, digital library and other institutional resources)			
Accepts constructive feedback from preceptor and other members of the health			

care team			
Prepares for the clinical experience Examples include: Arrive on time, professionally attired, accurately take report from previous shift, ask pertinent questions, etc.			
Objective Six: Provide safe nursing care to groups of patients within the legal, ethical and professional standards of nursing practice			
Demonstrates caring through active listening, therapeutic communication and goal directed responses to patient needs.			
Communicates effectively within the interdisciplinary team to promote positive outcomes.			
Demonstrates nursing care that is within the scope of practice of the registered nurse and consistent with the policies of the agency.			
Intervenes to prevent or limit unsafe or unethical health and nursing care practices by self and others.			
Demonstrates accountability for decisions, and actions in all aspects of the RN Refresher Course.			
Supports patient involvement in decision-making and care management, respecting differences, values, preferences, and expressed patient needs.			
Assesses patients' needs using appropriate teaching/learning principles and patient feedback.			

Mid Rotation Evaluation: Comments: [***Unsatisfactory & Needs improvement – areas to be addressed for the remainder of the clinical experience and must be “Satisfactory” at the end of the course**]

Preceptor Comments –

Student Comments -

Final Evaluation Comments: (RN Refresher must achieve all satisfactory ratings)

Preceptor Comments -

Student Comments -

The RN Refresher Student _____ has successfully met the clinical objectives of the RN Refresher Program: Yes No

Student Signature: _____ Date

Preceptor Signature: _____ Date

Refresher Coordinator: _____ Date _____

**Appendix E:
Preceptor Reference List:**

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