

TEXAS BOARD OF NURSING
3.8.3.a. EDUCATION GUIDELINE
Precepted Clinical Learning Experiences

Revised: 07/10/2020

As described in Rules 214.10(h) and 215.10(h) many nursing education programs use preceptors to enhance clinical learning experiences after a student has received clinical and didactic instructions in all basic areas of nursing content. This plan not only serves to provide a faculty extender but also allows the student to experience following a practicing nurse and to participate in patient care for a case load.

There are two preceptor models identified in the Board rules. One model allows the clinical group to be expanded to 12 students with two students rotated from their regular patient care to spend a shift with the identified preceptor. In the second model, the entire clinical group of up to 24 students is precepted by assigned preceptors. In both models, the faculty is responsible for the clinical experience and for the final evaluation of students.

Rules 214 and 215 define a clinical preceptor as a licensed nurse (for vocational nursing programs) and a registered nurse (for professional nursing programs) who meets the minimum requirements in the rule, who is not employed as a faculty member by the nursing program, and who directly supervises clinical learning experiences for no more than two students. A clinical preceptor assists in the evaluation of the student during the experiences and in acclimating the student to the role of the nurse. A clinical preceptor facilitates student learning in a manner prescribed by a signed written agreement between the educational institution, preceptor, and affiliating agency (as applicable).

A preceptor is a licensed nurse who has agreed to serve in this role either in a short term (one or two days) basis with one or two students as described in the first model, or as a long-term (for the clinical rotation) mentor for no more than two students as described in the second model. There are differences in the students' clinical assignments when the faculty is supervising the total experience and when preceptors are used:

- When no preceptors are being used, a student may be assigned to a patient or a group of patients under the supervision of the faculty member and in collaboration with the patient or patients' assigned primary (staff) nurse. **The student nurse is learning to provide competent, safe care for the assigned patients** based upon information from their assessment (whether focused or comprehensive) and clinical reasoning.
- When the student is assigned to a preceptor, **the student is learning the nurse's role in providing all aspects of nursing care** to one or more patients. The faculty member is accountable for the learning experience but the preceptor collaborates in the supervision and evaluation of the student's clinical performance.

Clinical affiliating agencies may select nurses to serve as preceptors for nursing students and may provide an orientation for nurses serving as preceptors. Nursing programs who use preceptors should also provide a preceptor orientation to familiarize the preceptor with the program objectives and curriculum, as well as the program's expectations of the preceptor.

To assure a positive precepting experience, faculty develop written criteria for the selection of preceptors and establish written agreements that delineate the functions and responsibilities of the program, clinical preceptor and/or affiliating agency parties [Rules 214.10(i)(1-2) and 215.10(j)(1-2)].

Board rules state that:

- Even though the preceptor may supervise the students without the physical presence of the faculty member in the affiliating agency or clinical practice setting, faculty shall be readily available during the clinical learning experiences.
- The designated faculty shall meet periodically with the preceptors and students to monitor and evaluate the experience.
- Clinical preceptors shall have the following qualifications:
 - Competence in designated areas of practice;
 - Philosophy of health care congruent with that of the nursing program; and
 - Current licensure or privilege to practice as a licensed nurse in the State of Texas. The license must be a registered nurse license for professional nursing education programs.

In 2013, a Board-appointed Task Force prepared the following suggestions for the responsibilities for the nursing education program, the preceptor, the agency, and the student:

Nursing Education Program/Faculty Responsibilities:

1. Ensure that preceptors meet qualifications in Rule 214.10 or Rule 215.10, as appropriate. It is recommended that the preceptor has been licensed and in practice for at least one year.
2. Ensure that there are written agreements which delineate the functions and responsibilities of the affiliating agency, clinical preceptor, nursing program, and student.
3. Ensure that clinical experiences using preceptors should usually occur only after the student has received applicable theory and clinical experiences necessary to safely provide care to clients (within course or curriculum), as appropriate.
4. Inform the preceptor of the skill level of the student to guide the preceptor's expectations of the student.
5. Orient both the student and the preceptor to the clinical experience.
6. Provide an orientation for the preceptor outlining the philosophy, curriculum, course, and clinical objectives of the nursing education program. Discuss student expectations, skills performance, student guidelines for performance of procedures, and methods of evaluation.

7. Approve the scheduling arrangement for the student and preceptor to assure availability of the faculty member when needed during the precepting experience.
8. Assume overall responsibility for teaching and evaluation of the student.
9. Assure student compliance with standards on immunization, screening, OSHA standards, CPR, and current liability insurance coverage, as appropriate.
10. Collaborate with the preceptor to ensure student learning needs are met through appropriate student assignments and clinical experiences.
11. Communicate assignments and other essential information to the agencies.
12. Meet regularly with the clinical preceptor and the student in order to monitor and evaluate the learning experience.
13. Monitor student progress through rounds, student clinical seminars, student-faculty-preceptor conferences and review of student clinical assignments.
14. Be readily available, e.g., telephone, pager or email for consultation when students are in the clinical area.
15. Receive feedback from the preceptor regarding student performance.
16. Provide feedback to preceptor regarding performance as preceptor and the clinical learning experience.
17. Provide recognition to the preceptor for participation as a preceptor. Ex: adjunct faculty plaque, certificate.

Preceptor Responsibilities:

1. Participate in a preceptor orientation.
2. Function as a role model in the clinical setting.
3. Facilitate learning activities for no more than two students during the clinical session.
4. Orient the student(s) to the clinical agency.
5. Guide, facilitate, supervise, and monitor the student in achieving the clinical objectives. Supervise the student's performance of skills and other nursing activities to assure safe practice.
6. Collaborate with faculty to review the progress of the student toward meeting clinical learning objectives.
7. Provide direct feedback to the student regarding clinical performance.
8. Contact the faculty if assistance is needed or if any problem with student performance occurs.
9. Collaborate with the student and faculty to formulate a clinical schedule.
10. Discuss with faculty/student arrangements for appropriate coverage for supervision of the student should the preceptor be absent.
11. Give feedback to the nursing program regarding clinical experiences for students and suggestions for program development.

Agency Responsibilities:

1. Retain ultimate responsibility for the care of clients.
2. Retain responsibility for preceptor's salary, benefits, and liability.

3. Provide basic information about the agency's expectation of the preceptor experience to the program and nurses.
4. Interpret the preceptor program and expectations of students to other agency personnel who are not directly involved with preceptorship.

Student Responsibilities:

1. Coordinate personal schedule with the preceptor's work schedule to avoid any conflicts.
2. Maintain open communications with the preceptor and faculty.
3. Maintain accountability for own learning activities.
4. Prepare for each clinical experience as needed.
5. Be accountable for own nursing actions while in the clinical setting.
6. Arrange for preceptor's supervision when performing procedures, as appropriate.
7. Contact faculty by telephone, pager or email if faculty assistance is necessary.
8. Respect the confidential nature of all information obtained during the clinical experience.
9. Adhere to safety principles and legal standards in the performance of nursing care.

Some Factors to be Considered in Selecting Precepted Experiences:

1. The preceptor's nursing responsibilities that might impact his/her teaching time with the students.
2. The location and accessibility of the facility for the student.
3. Safety measures taken into account.
4. The diversity of population served.
5. Willingness to accommodate nursing students.
6. Number of other programs/students using the same setting.
7. The interdisciplinary nature of the setting.
8. Current trends in health care delivery in the setting.
9. Appropriateness of the precepted experience for the level of educational preparation for the students.

Important: Please be aware that references to Rules 214 and 215 are not all inclusive.