



Nursing
Preceptor Orientation
Handbook

TABLE OF CONTENTS

PRECEPTED CLINICAL LEARNING EXPERIENCES 3

- Functions and Responsibilities of the Agency..... 3
- Functions and Responsibilities of Nursing Education Program / Nursing Faculty 3
- Functions and Responsibilities of the Preceptor 4
- Functions and Responsibilities of the Student..... 5

TEXAS BOARD OF NURSING RULES AND REGULATIONS 5

- Rule §214.1 and §215.1 General Requirements..... 5
- Rule §214.2 and §215.2 Definitions..... 5
- Rule §214.10 and §215.10 Clinical Learning Experiences..... 6

TLYER JUNIOR COLLEGE NURSING PROGRAM 9

- Policies..... 9
- Mission 9
- Vision 9
- Values 10
- TJC Nursing Conceptual Framework 11

FREQUENTLY ASKED QUESTIONS 12

STUDENT POLICIES..... 12

- Attendance 12
- Expected Clinical Behaviors (ADN) 13
- Expected Clinical Behaviors (VN)..... 14
- Intravenous and Medication Therapy (ADN)..... 15
- Lab / Clinical Dress Code and Uniform Rules (VN)..... 17
- Medication Administration Guidelines and Policies (VN) 19
- Professional Behavior (ADN) 20
- Professional Behavior / Character (VN) 20
- Progressive Discipline 21
- Prohibited Skills (ADN)..... 21
- Uniform Rules (ADN)..... 24

EXEMPTION PROGRAM FOR CLINICAL PRECEPTORS AND THEIR CHILDREN 24

PRECEPTED CLINICAL LEARNING EXPERIENCES

The purpose of precepted clinical learning experiences is to provide the students with a professional role model whose guidance will enhance the attainment of student learning. The preceptor will act as a facilitator and resource person to the student during the clinical learning experiences and will participate in the evaluation of the student's learning.

Functions and Responsibilities of the Agency

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.

Functions and Responsibilities of Nursing Education Program / Nursing Faculty

1. Ensure that preceptors meet qualifications in
 - Rule §214.10, Vocational Nursing Education, Clinical Learning Experiences (for Vocational Nurses)
 - Rule §215.10, Professional Nursing Education, Clinical Learning Experiences (for Associate Degree Nurses)

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 the preceptor an orientation to 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, Occupational Safety and Health Administration (OSHA) standards, cardiopulmonary resuscitation (CPR), and current liability insurance coverage, as appropriate.
10. Work cooperatively with the preceptor and the agency to determine student learning needs and appropriate assignments.
11. Collaborate with the preceptor to ensure appropriate student assignments and clinical experiences.
12. Communicate assignments and other essential information to the agencies.
13. Meet regularly with the clinical preceptor and the student in order to monitor and evaluate the learning experience.
14. Monitor student progress through rounds, student clinical seminars, student-faculty-preceptor conferences and review of student clinical assignments.
15. Be readily available (telephone or email) for consultation when students are in the clinical area.
16. Receive feedback from the preceptor regarding student performance.
17. Provide feedback to preceptor regarding performance as preceptor and the clinical learning experience.
18. Provide recognition to the preceptor for participation as a preceptor.

Functions and Responsibilities of the Preceptor

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 one clinical rotation.
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 experience for student and suggestions for program development.

Functions and Responsibilities of the Student

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 clinical experience.
9. Adhere to safety principles and legal standards in the performance of nursing care.

Reference: Texas Board of Nursing, Education Guideline 3.8.3.a, Precepted Clinical Learning Experiences, Revised 07/10/2020. Retrieved from https://www.bon.texas.gov/pdfs/education_pdfs/education_nursing_guidelines/3.8Clinical_Learning_Experiences/3-8-3-a.pdf on July 31, 2021

TEXAS BOARD OF NURSING RULES AND REGULATIONS

Selected Texas Board of Nursing Rules and Regulations that apply to the use of preceptors. Rule 214 applies to Vocational Nursing Education. Rule 215 applies to Professional Nursing Education.

Rule §214.1 and §215.1 General Requirements

- (a) The dean/director and faculty are accountable for complying with the Board's rules and regulations and the Nursing Practice Act.
- (b) Rules for vocational (§214.1) and professional (§215.1) nursing education programs shall provide reasonable and uniform standards based upon sound educational principles that allow the opportunity for flexibility, creativity, and innovation.

Rule §214.2 and §215.2 Definitions

Words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise

Vocational Nursing Education §214.2 Definitions	Professional Nursing Education §215.2 Definitions
(10) Clinical learning experiences. Faculty-planned and guided learning activities designed to assist students to meet the stated program and course outcomes and to safely apply knowledge and skills when providing nursing care to clients across the life span as appropriate to the role expectations of the graduates. These experiences occur in actual patient care clinical learning situations and in associated clinical conferences; in nursing skills and computer laboratories; and in simulated clinical settings, including high-fidelity, where the activities involve using planned objectives in a realistic patient scenario guided by trained faculty and followed by debriefing and evaluation of student performance.	

<p>The clinical settings for faculty-supervised hands-on patient care include a variety of affiliating agencies or clinical practice settings, including, but not limited to: acute care and rehabilitation facilities; primary care settings; extended care facilities (long-term care and nursing homes); residential care settings; respite or day care facilities; community or public health agencies; and other settings where actual patients receive nursing care.</p>	
<p>(11) Clinical preceptor. A licensed nurse who meets the requirements in §214.10(i)(6) of this chapter (relating to Clinical Learning Experiences), who is not employed as a faculty member by the governing entity, and who directly supervises clinical learning experiences for no more than two (2) students. A clinical preceptor assists in the evaluation of the student during the experiences and in acclimating the student to the role of nurse. A clinical preceptor facilitates student learning in a manner prescribed by a signed written agreement between the governing entity, preceptor, and affiliating agency (as applicable).</p>	<p>(11) Clinical preceptor. A registered nurse who meets the requirements in §215.10(j)(6) of this title (relating to Clinical Learning Experiences), who is not employed as a faculty member by the governing entity, and who directly supervises clinical learning experiences for no more than two (2) students. A clinical preceptor assists in the evaluation of the student during the experiences and in acclimating the student to the role of nurse. A clinical preceptor facilitates student learning in a manner prescribed by a signed written agreement between the governing entity, preceptor, and affiliating agency (as applicable).</p>
<p>(24) Health care professional. An individual other than a licensed nurse who holds at least a bachelor's degree in the health care field, including, but not limited to: a respiratory therapist, physical therapist, occupational therapist, dietitian, pharmacist, physician, social worker, and psychologist.</p>	<p>(25) Health care professional. An individual other than a registered nurse who holds at least a bachelor's degree in the health care field, including, but not limited to: a respiratory therapist, physical therapist, occupational therapist, dietitian, pharmacist, physician, social worker, and psychologist.</p>

Rule §214.10 and §215.10 Clinical Learning Experiences

Vocational Nursing Education §214.10 Clinical Learning Experiences	Professional Nursing Education §215.10 Clinical Learning Experiences
<p>(a) Faculty shall be responsible and accountable for managing clinical learning experiences and observation experiences of students.</p>	
<p>(b) Faculty shall develop criteria for the selection of affiliating agencies/clinical facilities or clinical practice settings which address safety and the need for students to achieve the program outcomes (goals) and course objectives through the practice of nursing care or observation experiences. Consideration of selection of a clinical site shall include:</p> <p>(1) Client census in sufficient numbers to meet the clinical objectives/outcomes of the program/courses; and</p> <p>(2) Evidence of collaborative arrangements for scheduling clinical rotations with those facilities that support multiple nursing programs.</p>	
<p>(c) Faculty shall select and evaluate affiliating agencies/clinical facilities or clinical practice settings which provide students with opportunities to achieve the goals of the program.</p> <p>(1) Written agreements between the program and the affiliating agencies shall be in place before clinical learning experiences begin and shall specify the responsibilities of the program to the agency and the responsibilities of the agency to the program.</p> <p>(2) Agreements shall be reviewed periodically and include provisions for adequate notice of termination and a withdrawal of participation clause indicating a minimum period of time to be given for notice of such withdrawal.</p> <p>(3) Affiliation agreements are optional for those clinical experiences which are observation only.</p>	
<p>(d) The faculty member shall be responsible for the supervision of students in clinical learning experiences and for scheduling of student time and clinical rotations.</p>	
<p>(e) Clinical learning experiences shall include the administration of medications, health promotion and preventive aspects, nursing care of persons across the life span with acute and chronic illnesses, and rehabilitative care.</p>	

Vocational Nursing Education §214.10 Clinical Learning Experiences	Professional Nursing Education §215.10 Clinical Learning Experiences
<p>(1) Students shall participate in instructor-supervised patient teaching.</p> <p>(2) Students shall also be provided opportunities for participation in clinical conferences / debriefing.</p> <p>(3) When a high-fidelity simulation laboratory is used to meet clinical learning objectives, the faculty shall be trained in planning and guiding the experience and in debriefing and evaluating students. Programs may use up to 50% simulation activities in each clinical course.</p>	
<p>(f) Faculty shall be responsible for student clinical practice evaluations. Clinical evaluation tools shall be correlated with level and/or course objectives and shall include a minimum of a formative and a summative evaluation for each clinical in the curriculum.</p>	
<p>(g) The following ratios only apply to clinical learning experiences involving direct patient care:</p> <p>(1) When a faculty member is the only person officially responsible for a clinical group, the group shall total no more than ten (10) students.</p> <p>(2) Patient safety shall be a priority and may mandate lower ratios, as appropriate.</p> <p>(3) Clinical learning experiences shall be designed for students to meet clinical objectives in all clinical activities (skills and simulation laboratories and hands-on care).</p> <p>(4) The faculty member shall supervise an assigned group in one (1) facility at a time, unless some portion or all of the clinical group are assigned to observation experiences or to preceptors in additional settings.</p> <p>(5) Direct faculty supervision is not required for an observation experience.</p>	
<p>(h) Clinical preceptors may be used to enhance clinical learning experiences after a student has received clinical and didactic instruction in all basic areas of nursing.</p> <p>(1) In courses which use clinical preceptors for a portion of clinical learning experiences, faculty shall have no more than twelve (12) students in a clinical group.</p> <p>(2) In a course which uses clinical preceptors as the sole method of student instruction and supervision in clinical settings, faculty shall coordinate the preceptorship for no more than twenty-four (24) students.</p> <p>(3) The preceptor may supervise student clinical learning experiences without the physical presence of the faculty member in the affiliating agency or clinical practice setting.</p> <p>(4) The preceptor shall be responsible for the clinical learning experiences of no more than two (2) students at a time.</p>	
	<p>(i) Clinical teaching assistants may assist qualified, experienced faculty with clinical learning experiences.</p> <p>(1) In clinical learning experiences where a faculty member is assisted by a clinical teaching assistant, the ratio of faculty to students shall not exceed two (2) to fifteen (15).</p> <p>(2) Clinical teaching assistants shall supervise student clinical learning experiences only when the qualified and experienced faculty member is physically present in the affiliating agency or alternative practice setting.</p>
<p>(i) When faculty use clinical preceptors to enhance clinical learning experiences and to assist faculty in the clinical supervision of students the following applies:</p> <p>(1) Faculty shall develop written criteria for the selection of clinical preceptors.</p> <p>(2) When clinical preceptors are used, written agreements between the vocational nursing education program, clinical preceptor, and the</p>	<p>(j) When faculty use clinical preceptors or clinical teaching assistants to enhance clinical learning experiences and to assist faculty in the clinical supervision of students the following applies:</p> <p>(1) Faculty shall develop written criteria for the selection of clinical preceptors and clinical teaching assistants.</p> <p>(2) When clinical preceptors or clinical teaching assistants are used, written agreements between the professional nursing education program,</p>

Vocational Nursing Education §214.10 Clinical Learning Experiences	Professional Nursing Education §215.10 Clinical Learning Experiences
<p>affiliating agency, when applicable, shall delineate the functions and responsibilities of the parties involved.</p> <p>(3) Faculty shall be readily available to students and clinical preceptors during clinical learning experiences.</p> <p>(4) The designated faculty member shall meet periodically with the clinical preceptors and student(s) for the purpose of monitoring and evaluating learning experiences.</p> <p>(5) Written clinical objectives shall be shared with the clinical preceptors prior to or concurrent with the experience.</p> <p>(6) Clinical preceptors shall have the following qualifications:</p> <p>(A) Competence in designated areas of practice;</p> <p>(B) Philosophy of health care congruent with that of the nursing program; and</p> <p>(C) Current licensure or privilege to practice as a licensed nurse in the State of Texas.</p>	<p>clinical preceptor or clinical teaching assistant, and the affiliating agency, when applicable, shall delineate the functions and responsibilities of the parties involved.</p> <p>(3) Faculty shall be readily available to students and clinical preceptors or clinical teaching assistants during clinical learning experiences.</p> <p>(4) The designated faculty member shall meet periodically with the clinical preceptors or clinical teaching assistants and student(s) for the purpose of monitoring and evaluating learning experiences.</p> <p>(5) Written clinical objectives shall be shared with the clinical preceptors or clinical teaching assistants prior to or concurrent with the experience.</p> <p>(6) Clinical preceptors shall have the following qualifications:</p> <p>(A) competence in designated areas of practice;</p> <p>(B) philosophy of health care congruent with that of the nursing program; and</p> <p>(C) current licensure or privilege to practice as a registered nurse in the State of Texas.</p> <p>(7) When acting as a clinical teaching assistant, the registered nurse shall not be responsible for other staff duties, such as supervising other personnel and/or patient care.</p> <p>(8) Clinical teaching assistants shall meet the following criteria:</p> <p>(A) hold a current license or privilege to practice as a registered nurse in the State of Texas; and</p> <p>(B) have the clinical expertise to function effectively and safely in the designated area of teaching</p>
<p>(j) During clinical learning experiences, programs shall not permit utilization of students for health care facility staffing</p>	
<p>(k) The affiliating agency shall:</p> <p>(1) provide clinical facilities for student experiences;</p> <p>(2) provide space for conducting clinical conferences for use by the school if classrooms are located elsewhere;</p> <p>(3) provide assistance with clinical supervision of students, including preceptorships, by mutual agreement between the affiliating agency and governing entity; and</p> <p>(4) have no authority to dismiss faculty or students. Should the affiliating agency wish to recommend dismissal of faculty or students, such recommendation(s) shall be in writing</p>	

TYLER JUNIOR COLLEGE NURSING PROGRAM

Selected excerpts from the Tyler Junior College Nursing Student Handbook applicable to preceptors.

Policies

The faculty of TJC Nursing are responsible for supporting the mission and philosophy of the college, ensuring continuous approval of the programs and facilitating the eligibility of the graduates to seek licensure. Therefore, program policies for placement, progression, and graduation of nursing students will differ in specific instances from those of the College.

Mission

The mission of the Tyler Junior College Nursing Program is to develop professionalism and sound clinical judgement by providing a quality nursing education in a caring environment that supports the needs of our community.

The mission of the Nursing Program reflects the mission of the College by maintaining a high standard of excellence in education, creating a caring environment, and meeting community needs.

The faculty of the Nursing Program supports the mission of the college and ensures continuous approval of the program by the Texas Board of Nursing therefore, program policies will differ in specific instances from those of the College.

Associate Degree Nursing graduates are committed to a culturally, racially and ethnically diverse community. They provide direct nursing care and/or coordinate care for clients with predictable and unpredictable health care needs in a variety of settings.

Vocational Nursing graduates are prepared to provide nursing care in structured health care settings for clients of all ages who have well defined health problems with predictable outcomes. Emphasis is placed on the ability to make sound judgments based on critical thinking skills and the ability to use technical skills in a variety of settings

Associate Degree and Vocational nurses are vital members of the nursing profession who practice within the guidelines of the Texas Nursing Practice Act, standards of care, and the American Nurses Association Code of Ethics for Nurses, and participate in professional nursing activities. The program prepares nurses through nursing education and the teaching-learning process.

American Nurses Association Code of Ethics for Nurses - <http://www.nursingworld.org/codeofethics>

American Nurses Association Principles for Nursing Practice - <https://www.nursingworld.org/practice-policy/nursing-excellence/ana-principles/>

American Nurses Association Professional Standards - <https://www.nursingworld.org/ana/about-ana/standards/>

[Texas Board of Nursing, Nursing Practice Act - https://www.bon.texas.gov/laws_and_rules_nursing_practice_act.asp](https://www.bon.texas.gov/laws_and_rules_nursing_practice_act.asp)

(Revision effective fall 2021)

Vision

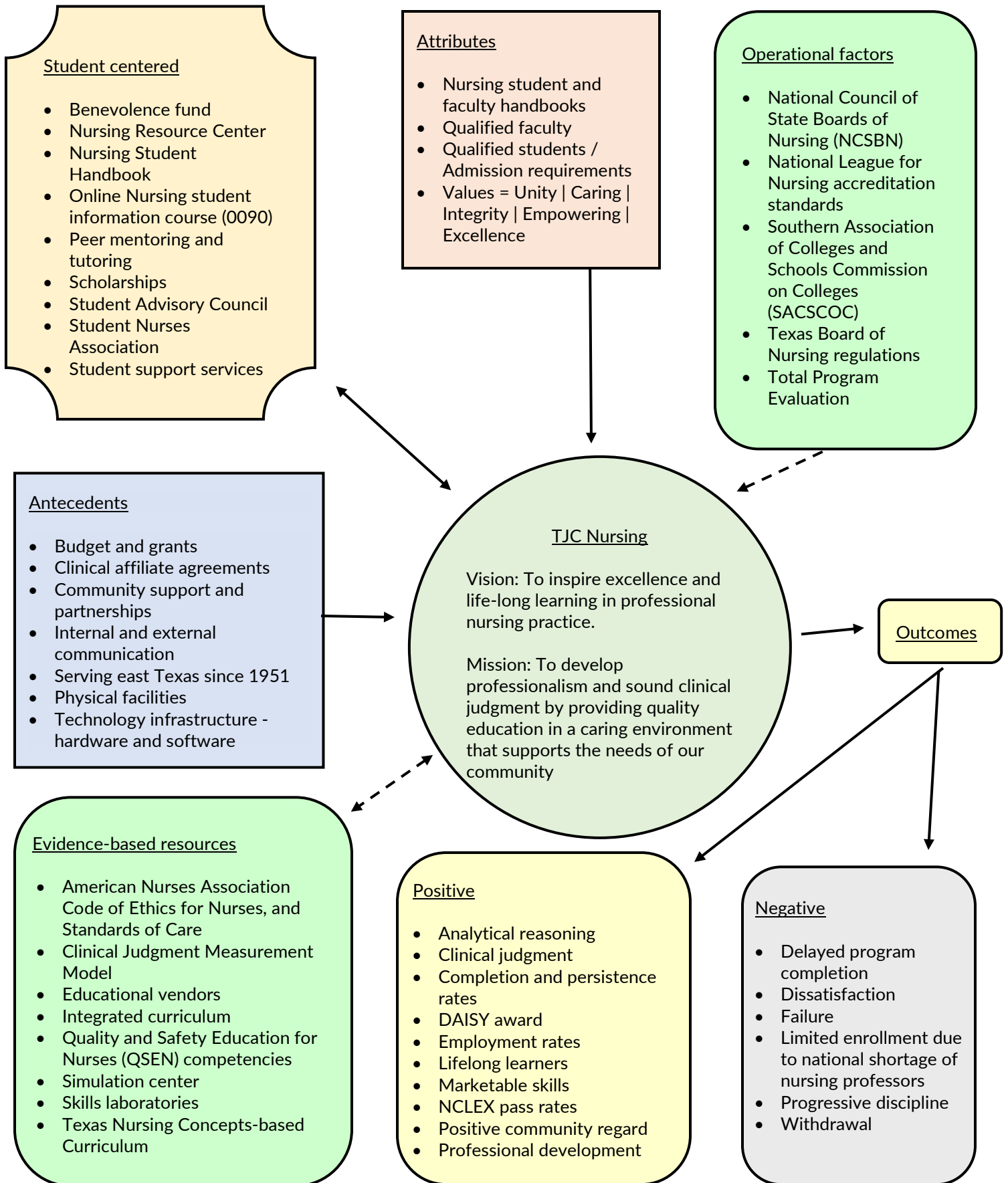
To inspire excellence and life-long learning in professional nursing practice.

Values

The values of the Tyler Junior College Nursing Program are the same as those of the College.

- Unity: Coming together for a shared purpose to achieve a common goal
- Caring: Combining empathy and action to show a generosity of spirit
- Integrity: Applying principles of transparency, accountability, authenticity, and respect to every interaction
- Empowering: Investing in others by providing the means to achieve success through development and self-actualization
- Excellence: Achieving distinction by proactively identifying opportunities and continually raising the bar

(Revision approved 10/14/2019)



FREQUENTLY ASKED QUESTIONS

1. What skills can students perform?
Students will have a Clinical Skills Checklist with them which will indicate the skills that can (and should) be performed while in the clinical setting. Information regarding procedural and medication limitations can be found in the Student Handbook (Refer to Student Policies within this document).
2. When do I contact the clinical professor?
Faculty are available by phone while students are in the clinical setting. Do not hesitate to call for questions, concerns and/or problems.
3. Who is responsible for evaluating the student?
The ultimate responsibility for student evaluation lies with the clinical professor however, your input is invaluable. You will provide input about the student's performance after each clinical rotation using a rubric.
4. How will I, the preceptor, be evaluated?
You will be evaluated by the student after each clinical rotation using the following rubric:

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Preceptor arrived promptly as scheduled					
Preceptor was courteous and provided information pertaining to the agency					
Preceptor served as professional role model					
Preceptor introduced student to staff					
Preceptor was professional in attitude and appearance.					
Preceptor was an enthusiastic teacher and helped guide clinical learning					
Preceptor demonstrated collaboration with peers, staff, and other professionals according to the nursing process					

5. What happens if a student becomes ill or is injured during the clinical rotation?
The student and/or preceptor must contact the faculty regarding the illness or injury as soon as possible. If injured while during a clinical rotation, the student is to notify the clinical professor and follow the hospital policy as outlined by that hospital. A copy of all expenses must be attached to the completed insurance form (which can be obtained from the TJC Nursing office).

STUDENT POLICIES

Selected policies from the Tyler Junior College Nursing Student Handbook

Attendance

In addition to the Administrative Policies found in the Tyler Junior College Student Handbook concerning student attendance, student absences on religious holy days, and student absence responsibility, the following specific attendance requirements will be enforced for the Nursing program. 'Class' includes all scheduled course activities, including but not limited to lecture, exams, skills labs, simulation labs, clinical

shifts and activities, and on or off campus learning activities or assignments. Punctuality and regular class attendance are mandatory for the success of all students.

Students are expected to:

1. Report promptly and regularly to all classes and remain in attendance during the entire scheduled time unless approved by the professor. All classes will begin on time. Because we are teaching workplace behaviors, students are expected to appropriately notify the Nursing office, the professor and/or the clinical unit if the student finds that he/she will be absent or tardy. Notification of an absence or tardy should occur more than thirty minutes prior to the scheduled start time. Tardiness is unacceptable and will be addressed using the Progressive Discipline policy.
2. Submit written requests to the professor for pre-approval of absences to attend extracurricular field trips or workshops interfering with scheduled class. Requests should be submitted prior to the beginning of the semester whenever possible. Students must have at least a "C" average in theory to be eligible to be excused or rescheduled. The professor may deny requests. Make-up work will be denied/rejected for individuals whose absence was not preapproved.
3. Learning is optimized when students attend class and gain information from the lecture as well as student interaction and discussion. It is the student's responsibility to obtain any missed material. Excessive tardiness/absences may lead to disciplinary action.
 - a. Refer to the Tyler Junior College Student Handbook policy on Drop/Withdrawal which states "Faculty may drop students from a course with a grade of "F" if the student has unexcused absences totaling 10% or more of the total contact hours for the course and if, in the judgment of the professor, the student cannot complete the course successfully."

Refer to the Tyler Junior College Nursing Student Handbook clinical policy on Clinical Grading for grade adjustments due to absences.

(Revision approved 12/02/2019. Effective spring 2020)

Expected Clinical Behaviors (ADN)

Scope

This policy applies to any clinical experiences and content designated as 'clinical', including but not limited to

- RNSG 1161 Clinical I – Registered Nursing
- RNSG 1162 Paramedic Transition Clinical
- RNSG 1163 LVN Transition Clinical
- RNSG 2362 Clinical II – Registered Nursing
- RNSG 2363 Clinical III – Registered Nursing
- RNSG 2360 Clinical IV – Registered Nursing

Policy

The Tyler Junior College Associate Degree Nursing program is responsible for grooming students to fulfill the professional obligations of the Registered Nurse. Expectations for clinical involvement mirror the typical expectations of the health care work environment.

Procedure

1. Assignment of students for clinical experience is designated by the semester clinical rotation for each hospital and is assigned on course calendars. Any questions regarding the rotation should be directed to the clinical professor. Students may not trade or change clinical shifts or clinical assignments. Professors may change clinical shifts and/or clinical assignment based on census and staffing of the clinical units.
2. Students are expected to arrive at the assigned clinical location on-time and prepared to deliver safe patient care. If a student anticipates they may be tardy, they are expected to appropriately notify the professor and/or the clinical unit no later than 30 minutes prior to the assigned time. Tardiness of greater than 30 minutes after the assigned time may result in dismissal from clinical for that shift. Students who do not come to clinical prepared to safely care for their assigned patients may be dismissed from clinical for that shift. Refer to the Texas Board of Nursing Rule §217.11 for additional information on Standards of Nursing Practice.
3. Students shall notify the clinical professor of absence at least two hours prior to the shift. The student should also notify the assigned clinical site. Failure to do so may result in use of the Progressive Discipline policy.
4. Students are expected to remain on assigned units unless approved by the professor to move to another unit. Facility phones are for business purposes only and not to be used for personal communication.
5. Each student is entitled to one 30-minute lunch break per 8-hour shift, with an additional 15-minute break for 12-hour shifts. Breaks for shifts shorter than 8 hours are determined by the professor. The purpose of the break is a brief rest period AFTER appropriate responsibilities are completed. Students must report off to the appropriate staff person and clinical professor prior to leaving the nursing unit. Clinical professors will give guidelines for specific courses.
6. Students are expected to attend all assigned clinical shifts and remain in the clinical facility during the entire assigned time unless approved by professor. There is no provision for make-up of clinical experiences. Per Tyler Junior College Student Handbook Drop / Withdrawal policy, faculty may drop students from a course with a grade of "F" if the student has unexcused absences totaling 10% or more of the total contact hours for the course and if, in the judgment of the professor, the student cannot complete the course successfully. In case of absence due to an extenuating circumstance, such as, but not limited to, long-term illness or an accident, a written appeal requesting makeup of clinical time and/or clinical paperwork must be submitted within 72 hours of a missed clinical shift. The Admission / Progression / Reenrollment committee chair will review the appeal and notify the student if any additional information is required. The student will have 72 hours to submit additional information. The committee will meet within five working days after receiving the appeal and all required information to determine whether or not a student will be allowed to complete makeup work and the time and nature of the makeup work.
7. Students missing any portion of a scheduled clinical shift may receive a grade of zero for all clinical paperwork associated with that shift.
8. Any student variances to this policy are unacceptable and will be addressed using the Progressive Discipline policy. Students may refer to the Tyler Junior College Student Handbook administrative policies on Attendance and Drop/Withdrawal.

(Revision approved 12/02/2019. Effective spring 2020)

Expected Clinical Behaviors (VN)

Clinical Absence / Attendance

Punctuality and regular class attendance are necessary for the success of all students in the classroom, lab, and clinical settings. Professors will monitor and record absences; however, students are responsible for keeping up with individual absence time.

A no call / no show to an assigned clinical area will necessitate referral to the Nursing Admission / Progression / Reenrollment committee for disciplinary action.

1. Clinical hours missed are totaled for each clinical course and are included in the computation of the clinical grade; see Clinical Grade Rubric. Missing more than 16 hours of clinical results in clinical failure.
2. If a student anticipates they may be tardy, they are expected to appropriately notify the professor no later than 30 minutes prior to the assigned clinical shift. A tardy is reporting for clinical up to 15 minutes after the scheduled arrival time. After 15 minutes, the student will be counted absent for the entire clinical day.
3. Two tardy occurrences in the semester will result in Step two of the Progressive Discipline Policy.
4. Three tardy occurrences in the semester will result in clinical probation per the Progressive Discipline Policy.
5. There is no provision for make-up of clinical experiences. Per Tyler Junior College Student Handbook Drop / Withdrawal policy, faculty may drop students from a course with a grade of "F" if the student has unexcused absences totaling 10% or more of the total contact hours for the course and if, in the judgment of the professor, the student cannot complete the course successfully.
6. In case of absence due to an extenuating circumstance, such as, but not limited to, long-term illness or an accident, a written appeal requesting makeup of clinical time and/or clinical paperwork must be submitted to the nursing department chair within 72 hours of a missed clinical shift. The chair of the Admission / Progression / Reenrollment committee will review the appeal and notify the student of receipt and if any additional information is required. The student will have 72 hours to submit additional information. The Admission / Progression / Reenrollment committee will meet within five working days after receiving the appeal and all required information to determine whether or not a student will be allowed to complete makeup work and the time and nature of the makeup work.
7. Students missing any portion of a scheduled clinical shift may receive a grade of zero for all clinical paperwork associated with that shift.

Intravenous and Medication Therapy (ADN)

1. General considerations
 - a. All course prerequisites must be met prior to the initiation of any part of this policy.
 - b. Prior to administration of any medication, the student is responsible for a basic knowledge of the medication to be given.
 - c. The student is prohibited from administering medication to any patient to whom they are not assigned. The student may observe the nurse administer medications to patients to whom the student is not assigned.

- d. The student must seek approval within each course before administering drugs with direct licensed supervision.
 - e. **A licensed nurse must verify and be present for all medication administration.** A student nurse must NEVER independently administer medication.
 - f. Any questionable situation regarding the medication and/or intravenous therapy policy must be referred to a professor from the TJC Nursing program.
 - g. All medications must be administered according to the policies of the clinical affiliate of assignment.
 - h. Refer to the 'Prohibited Skills' policy for restrictions.
 - i. The licensed hospital staff member responsible for narcotics will obtain narcotics for the student. The licensed hospital staff member will verify the remaining balance of the medication. The student may administer the narcotic to the patient.
2. The medication responsibilities of the **Level 1** student may include:
- a. Administration of oral, nasal, topical, intramuscular, subcutaneous, intradermal, otic, rectal and ophthalmic medications.
 - b. Use of an anesthetic agent as a diluent for intramuscular medications.
3. In addition to the above, the **Level 2 / Transition Level** student may:
- a. Initiate, maintain, and discontinue intravenous (IV) therapy. Intradermal anesthetic may be used when initiating an IV. IV initiation **MUST** be observed by professor or other licensed nurse at the discretion of the professor.
 - b. Administer piggyback solutions to primary fluids in peripheral and central venous lines with direct licensed nurse supervision, except for medications listed in the Prohibited Skills policy.
 - c. Administer hyperalimentation solutions.
 - d. Convert IV line to heparin/saline lock.
 - e. Instill Sodium Chloride and/or Heparin Flush solution into peripheral heparin locks.
 - f. Administer IV push medications, **EXCEPT** medications listed in the Prohibited Skills policy.
 - g. Instill Sodium Chloride and Heparin Flush solution into central venous and multi-lumen catheters according to procedure of the facility.
 - h. Use a syringe pump.
4. In addition to the above, and with licensed nurse supervision, the **Level 3** student may:
- a. Administer pediatric dosages of medications.
 - b. Administer oxytocic preparations only after delivery.

- c. Give Magnesium Sulfate after delivery, with professor supervision ONLY.
- 5. In addition to the above, the **Level 4** student may administer continuous IV piggyback solutions, such as:
 - a. Antiarrhythmics
 - b. Positive inotropes
 - c. Electrolyte replacement
 - d. Vasoconstrictors and vasodilators

(Revised fall 2019)

Lab / Clinical Dress Code and Uniform Rules (VN)

Students will wear the VN designated uniform, including school patch and name badge, in all clinical settings unless otherwise specified by the professor. Students must arrive at the clinical facility in appropriate clinical attire. If a student arrives for clinical without the required equipment, paperwork, or uniform, the student will be sent home from the clinical area and hours of absence will be recorded.

Vocational Nursing Students are encouraged to purchase two complete sets of uniforms and one lab jacket. Uniform rules include:

1. The uniform consists of a navy-blue scrub top, scrub bottom, and lab jacket.
2. TJC VN patches must be applied 4 fingerbreadths below the shoulder on the left sleeve of the lab jacket and scrub top.
3. TJC issued medical identification badges must be worn on the top left front side of the scrub top. No adornments may be worn on the badge.
 - a. Medical badges must be surrendered to the Nursing office in the event the student leaves the program.
4. The lab jacket with approved TJC VN patch is the only jacket/covering that may be worn over the uniform or proper school attire when in the clinical setting.
5. A solid white, black, or navy-blue t-shirt (long or short sleeves) may be worn under the scrub top. Shirts with turtleneck are not permitted.
6. Hospital issued scrubs may be worn in specialty areas (per facility policy).
7. Socks/Shoes:
 - a. Nursing shoes are to be all white or all black, and all visible parts must be LEATHER.
 - b. Plain white or black socks that completely cover the ankle are to be worn with scrub pants, while white or black hose shall be worn with scrub skirts. No-show socks are not allowed.
8. Hems:
 - a. Pants will be an appropriate length.

- b. Skirts will be no shorter than the top of the patella (knee), and no longer than mid-calf. Skirts must be approved by VN Department Chair and/or site coordinator prior to reporting to clinical.

9. Hair:

- a. Hair must be of a simple style and natural color (no blue, green, pink, maroon, etc., this includes wigs and hairpieces).
- b. Hair must be clean, neat, out of the line of student's vision and contained to prevent bacteriological hazard to patients.
- c. If hair is long enough to touch the top of the scrub neckline, it is to be pulled back and secured away from face. Hair pulled back with a rubber band (ponytail) is acceptable if appropriate.
- d. Elastic bands to secure hair back must be black or brown.
- e. No bows or scrunchies or other decorations are permitted.
- f. Plain black or brown hair clasp smaller than 2 inches may be worn.
- g. Headbands must be solid white, black, or brown and no wider than one inch.

10. Grooming/Jewelry:

- a. One flat wedding band with no stone may be worn on the appropriate ring finger. No other rings are allowed.
- b. Earrings and necklaces are not to be worn in any clinical setting by either male or female students.
- c. Facial jewelry is NOT allowed (e.g. earring in nose, cheek or tongue or other visible body parts). No visible spacers or band aids to cover facial jewelry can be worn in the clinical setting.
- d. Do NOT wear extreme make-up, scented powder, perfume, cologne, scented after-shave, or scented lotion.
- e. Tattoos may be visible unless
 - i. They convey violence, profanity, indecency, or discrimination;
 - ii. They are on the head, face, or neck.
- f. Fingernails must be clean and neatly trimmed. Nail polish, artificial nails, nail tips and/or wraps are not permitted.
- g. Uniform is to be kept neat and clean at all times.
- h. Students must conform to the clinical institution's grooming code in addition to the TJC grooming code.
- i. Male students should be clean-shaven or should keep beards neatly trimmed.

11. Uniform and name badge will be removed immediately after completing a lab or clinical activity.

12. Students will refrain from chewing gum, chewing tobacco, dipping snuff, smoking, and drinking alcohol while in uniform.

Medication Administration Guidelines and Policies (VN)

A structured clinical experience in administering medications is provided. The supervision of medication administration in the clinical area is under the direct supervision of the clinical professor, with the goal of ensuring the highest quality of patient care, while providing maximum learning experiences. If the clinical professor identifies that the student needs more supervision, the student will be assigned to work with a second professor in administering medications in a controlled environment. Professors will collaborate and counsel with student as deemed necessary. If a student cannot safely administer medications at the end of medication rotation, the student will be subject to dismissal from the VN program related to unsafe clinical practice.

Rights of Medication Administration

The student nurse has an important responsibility to provide safe medication administration. Each student nurse will administer medications according to the Rights of Medication Administration. The professor may verify student nurse knowledge of any Rights of Medication Administration at any time for any assigned patient.

Medication checks must be performed prior to administering any medication to ensure that the proper medication is being administered. Medication packages are opened at the patient bedside for maximum patient safety. Be aware of clinical agency protocol regarding medication administration.

The Medication Administration Record (MAR) must be checked against the provider orders prior to medication administration.

A licensed nurse must verify and be present for all medication administration. Nursing student may only administer medications to their assigned patients.

Additional Medication Therapy Policies

1. Any questionable situation regarding a medication administration must be referred to the clinical professor.
2. At no time are students to be in possession of narcotic keys.
3. Under the direct supervision of the clinical professor or with a designated licensed nurse (in which prior approval from the clinical professor has been given), and after student has been deemed competent, students may do the following:
 - a. Administer saline flushes to peripheral intravenous lines.
 - b. Prepare and administer intravenous piggyback medications via peripheral intravenous sites.
 - c. Hang and monitor intravenous infusions via pump to peripheral intravenous sites as deemed appropriate by clinical professor.
 - d. Start peripheral intravenous on patients age 18 or over.
4. The following limitations apply to all VN students. Students **WILL NOT** under any circumstance perform the following:

- a. Irrigate an existing intravenous to restore patency.
- b. Start a peripheral intravenous on patients under age 18.
- c. Attempt more than two peripheral intravenous insertions per patient.
- d. Start or administer intravenous oncologic medications.
- e. Administer oxytocic medications prior to delivery.
- f. Inject medications into or remove an epidural/intrathecal catheter.
- g. Administer blood or blood products to any patient (observation of this process is allowed).
- h. Titrate intravenous medications (titrate: to increase or decrease the concentration/dosage of a medication according to specified criteria).
- i. Access patient-controlled analgesia (PCA), peripherally inserted central catheter (PICC), central venous catheter (CVC), implanted ports, intraosseous, scalp, or foot lines.
- j. Administer intravenous push medications.

Professional Behavior (ADN)

Tyler Junior College and the Nursing program have certain expectations of behavior. Nursing students while on campus or while representing TJC at any clinical agency must conduct themselves in a professional manner as to reflect favorably upon themselves and the program they represent. Students are expected to assume responsibility for their actions and will be held accountable for them. Students will abide by clinical agency policies during each clinical experience.

Students are expected to adhere to the National Council for State Boards of Nursing's (NCSBN) A Nurse's Guide to the Use of Social Media (<https://www.ncsbn.org/professional-boundaries.htm#3502>).

Policies addressing violations of professional behavior include but are not limited to

1. Behavior Involving Lying and Falsification
2. Progressive Discipline
3. Scholastic Honesty and Dishonesty
4. Substance Use
5. Unprofessional Conduct
6. Unethical Practice

(Revised fall 2019)

Professional Behavior / Character (VN)

VN students are to conduct themselves in a professional manner when on campus, at any clinical facility, or in the community. Students are expected to assume responsibility for their actions and will be held

accountable for them. If at any time a student behaves in a manner which is inappropriate, unprofessional, disrespectful, argumentative, or endangers the health or safety of a fellow student, professors, patients, or the healthcare team, the progressive discipline policy will be utilized.

Every individual who seeks to practice nursing in Texas must have good professional character. The BON defines good professional character as the integrated pattern of personal, academic, and occupational behaviors which, in the judgement of the Board, indicates that an individual is able to consistently conform his/her conduct to the requirements of the Nursing Practice Act, the Board's rules and regulations, and generally accepted standards of practice. For more information, see Board Rule **§213.27 Good Professional Character** (<https://www.bon.texas.gov/>).

Progressive Discipline

Please refer to the Tyler Junior College Nursing Student Handbook for full details. The following is an excerpt from the policy:

Some situations do not allow for the progressive discipline process due to the severity or the timing of their occurrence. In response to severe or extremely dangerous behavior the student may be placed on immediate probation or dismissed from the program. Examples of these include, but are not limited to: Violations of patient confidentiality

1. Academic dishonesty
2. Falsification of documentation
3. Unprofessional behavior that seriously jeopardizes patient, student, staff, or preceptor safety.

Prohibited Skills (ADN)

Scope

This policy applies to all student nurses and clinical faculty at all clinical affiliate sites. A nursing student may not perform these skills during clinical learning experiences. This policy does not apply to the Tyler Junior College Simulation Laboratory.

Policy

The nursing student can perform tasks for which he/she has been prepared in the education program. The student is responsible for ensuring the licensed nurse assigned to the client, or the faculty member, is present when performing skills, when preparing medications, and when administering medications.

According to the Texas Board of Nursing Standards of Nursing Practice, the nursing faculty member shall:

1. Supervise nursing care provided by others for whom the nurse is professionally responsible [§217.11(1)(U)];
2. Implement measures to promote a safe environment for clients and others [§217.11(1)(B)];
3. Comply with any limitations placed on student participation in specific clinical areas that may be part of the contractual agreement between the nursing program and the clinical affiliating agency.

Procedure

1. TJC Nursing shall provide the student appropriate content and clinical application of skills commensurate to skills and knowledge required for client care.
2. Students may perform procedures and treatments commensurate with education attainment of these skills with some exceptions.
3. Students may **NOT**
 - a. Witness legal documents (such as consent, power of attorney)
 - b. Take telephone / verbal orders
 - c. Obtain consent, neither telephone nor in person
 - d. Function as a translator / interpreter
 - e. Assess cervical dilation
 - f. Insert an intravenous catheter into a client under 14 years of age
 - g. Attempt more than two intravenous catheter insertions on any client
 - h. Access an implanted vascular port
 - i. Flush an existing intravenous catheter to restore patency
 - j. Be in possession of narcotic keys
 - k. Pronounce death
 - l. Insert nasoduodenal, nasojejunal, or weighted enteral feeding tubes
 - m. Care for, or assist with the care for, a client currently involved in any type of investigational study
 - n. Care for, or assist with the care for, a client on airborne precautions, such as
 - i. Disseminated zoster (shingles)
 - ii. Mycobacterium tuberculosis (TB)
 - iii. Rubeola (measles)
 - iv. Severe Acute Respiratory Syndrome (SARS)
 - v. Smallpox
 - vi. Varicella zoster (chickenpox)
4. Students may **NOT** administer the following medication
 - a. Intravenous chemotherapy

- b. Intravenous medications that require titration (for example antiarrhythmics, positive inotropes, electrolyte replacements, vasoconstrictors, and vasodilators)
 - c. Research drugs
 - d. Moderate sedation
 - e. Blood and blood products (for example whole blood, packed red blood cells, fresh frozen plasma, platelets, RhoGAM, and clotting factors)
 - f. Thrombolytics (alteplase, reteplase, tenecteplase, urokinase)
 - g. Oxytocin drugs until after the placenta has been delivered
 - h. Prostaglandin suppositories
 - i. Epidural medications of any kind
 - j. Intrathecal medications of any kind
 - k. Any medication during resuscitation and stabilization of a client
 - l. Any medication not prepared by the student
 - m. Any medication to any patient to whom the student is not assigned. The student may observe the nurse administer medications to patients to whom the student is not assigned. The student may not participate nor assist the nurse with any other medication administration.
5. Students may **NOT** manipulate arterial catheters including
- a. Drawing blood from an existing arterial line
 - b. Removing an existing arterial line
 - c. Performing arterial punctures for blood collection or line insertion
6. Students may **NOT** perform hemodynamic monitoring including
- a. Inflating a pulmonary artery catheter (Swan-Ganz) balloon or assist with insertion
 - b. Wedging a pulmonary artery catheter
 - c. Manipulating a pulmonary artery catheter
 - d. Obtaining blood from the pulmonary artery port for SVO₂ calibration or mixed venous blood gas
 - e. Injecting fluid for cardiac output measurement
7. Students may **NOT** perform point of care testing¹ such as
- a. Glucose testing
 - b. Urine dipsticks

- c. Urine pregnancy tests
- d. Stool guaiac tests
- e. Infant heel sticks
- f. Any laboratory test or procedure that requires color discrimination (for example pH paper)
- g. Any test that requires employee identification

Reference <https://www.aacc.org/publications/cln/articles/2016/february/monitoring-point-of-care-testing-compliance>

(Revised spring 2019)

Uniform Rules (ADN)

Please refer to the Tyler Junior College Nursing Student Handbook for full details. The following is an excerpt from the policy:

1. The student will wear full uniform, including picture identification, in the clinical area as appropriate to the day's assignment. The clinical professor will be the judge of uniform appropriateness.
2. The uniform appropriate for direct patient care includes:
 - a. For females, a black top with buttoned front placket or black unisex V-neck top and black pants (cargo pants are acceptable) or skirt.
 - b. For males, a black unisex V-neck top and black scrub pants (cargo pants are acceptable). Only black or white tee shirts may be worn under the scrub top.
 - c. Closed toe and heel shoes that are predominately white or black. Athletic shoes are permitted. Shoes must have enough skid resistance to prevent unnecessary slips, trips, and falls. White or black socks or hose are to be worn with pants.
 - d. No denim (of any color) or shorts are to be worn in the clinical area.
 - e. Black lab coat with TJC patch may be worn over the uniform if needed for warmth.
 - f. Hospital issued scrubs may be worn in designated areas.
3. Exceptions to the TJC policy may be requested by clinical sites or specialty areas. Students should contact the clinical instructor when recommendations are made.
4. A student may be removed for the shift from the clinical setting by the clinical instructor for noncompliance with the Uniform Rules.

EXEMPTION PROGRAM FOR CLINICAL PRECEPTORS AND THEIR CHILDREN

If you are interested in applying for the Exemption Program for Clinical Preceptors and their Children, please retain a copy of your signed preceptor agreement to submit with your application form. For more information about the program, go to <http://www.collegeforalltexans.com/apps/financialaid/tofa2.cfm?ID=546>.