

**EMORY UNIVERSITY SCHOOL OF MEDICINE
WOUND, OSTOMY, AND CONTINENCE
NURSING EDUCATION CENTER**

**1365 CLIFTON RD, NE—RM AT 732
PHONE: (404) 778-4067**

**ATLANTA, GA 30322-1013
FAX: (404) 778-4778**

PRECEPTOR INFORMATION PACKET

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Dear Preceptor:

Thank you for your interest in serving as an offsite preceptor for the Emory University Wound, Ostomy, and Continence Nursing Education Center; it a **very** important role! We provide the principles and theory underlying clinical practice in the classroom setting; however, as you probably remember, it is in the clinical setting that the student has the opportunity to actually apply theory to practice. The preceptor is critical to this process; we rely on your expertise as a clinician and your experience as a clinical preceptor to assist the student in performing comprehensive patient assessments; identifying patient and family needs; and devising and implementing an appropriate management plan.

Enclosed in this packet you will find the following: a list of preceptor qualifications; a preceptor application form; a description of the two programs that utilize offsite preceptors; a copy of the clinical checklist and evaluation form used by the preceptor to document the student experiences and abilities; and a copy of the form used by the student to evaluate preceptor effectiveness.

Please review this packet carefully to assure that you: A) meet the criteria for an offsite preceptor; and B) are interested in serving in this role. Please note the following **critical information**:

- To be approved as an offsite preceptor, you must submit a 2-page application form and any requested supporting documents (see pp 3- 4).
- **The student assumes all responsibility for payment of preceptorship fees, which must be negotiated by the student and your agency. The usual range for offsite preceptor fees is \$85.00 - \$150.00 per 8-hour day (\$425.00 - \$750.00 per week).**
- **You will need to establish a contractual agreement between your agency and the Emory WOCNEC unless the student is an employee of the agency.**

Please feel free to contact us regarding any questions. Thanks again for your interest—we hope to receive your completed application in the near future!

Sincerely,



Dorothy B. Doughty, MN, RN, CWOCN, FAAN
Center Director
Enclosures

CLINICAL PRECEPTOR

1. Qualifications/Requirements

Professional

- 1.1 Baccalaureate degree with a major in nursing or Baccalaureate Degree in another field with documented baccalaureate level competencies
- 1.2 Graduation from WOCN-accredited center
- 1.3 Current Board Certification in Wound, Ostomy, and/or Continence Nursing
- 1.4 One year clinical experience as a WOC nurse following certification
- 1.5 Current licensure as an RN

Caseload

Caseload sufficient to provide average of six (6) learning experiences/patient visits per day (acute care) or three (3) learning experiences/patient visits per day (home health).

Preparation: Successful completion of preceptor workshop,
OR prior experience as clinical preceptor,
OR completion of Emory WOCN Preceptor Self-Study packet.

2. Responsibilities

- 2.1 Orients student to facility/role of WOC nurse/expectations of WOC nurse student
- 2.2 Facilitates clinical learning experiences and correlation of didactic instruction with clinical practice
 - a. Evaluates/assesses students learning needs and knowledge base
 - b. Reviews patient record with student and assists student to identify care need and appropriate interventions prior to entering patient care situation
 - c. Assists student to identify alternative treatment options and to relate classroom content to clinical practice
 - d. Provides any needed assistance to student in providing and documenting appropriate patient care, teaching and counseling
 - e. Clarifies/corrects any deficits or inaccuracies in student's assessment, identification of care needs, intervention, or documentation
- 2.3 Evaluates student performance and provides feedback to student and center re: strengths and areas for improvement

Evaluation includes assessment of the following:

- Technical/clinical skills
- Patient education skills
- Communication/counseling skills
- Documentation skills

- 2.4 Maintains and documents current knowledge base and clinical practice
 - a. Attends at least one (1) clinical conference per year to maintain current knowledge base
 - b. Maintains/submits statistics re: patient visits/scope of practice
 - c. Maintains current Board Certification

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APPLICATION FOR PRECEPTORSHIP

Name of Student(s) _____

1. Personal Demographic Data *Where would you like correspondence sent?* **Home** **Work**

Name _____

Last Name First Name Middle Initial Professional Designations

Home Address _____

Street Address

City State Zip

Phone #s _____

Home Work Fax

Email (work) Email (home)

Place of Employment _____

Address _____

City State Zip

Supervisor (Name & Title) _____

2. Educational Experience (After High School)

A. Date and Name of most recent Conference Attended: _____

B. Highest Education Degree:

Name of Institution	City/State	Date of Entrance	Date of Leaving	Hours/Degree Earned

3. Current RN Licensure _____

State Number Exp. Date

4. Board Certification:

	CWOCN	CWON	CWCN	COCN	CCCN	CFCN	Other:
<i>Date of Initial Certification</i>							
<i>Date of Certification Exam Last Taken</i>							

**NOTE: If your certification is NOT through WOCNCB,
please attach a copy of your current certificate(s).**

5. Patient Caseload

Type of patients you see: Inpatient Outpatient Home Health LTC

Approximate number of patients visits per day: _____

Please indicate the % of average time over the past year spent in each area:

Wounds: Trunk (<i>Pressure Ulcers, Fistulae, etc.</i>)	%
Wounds: Legs (<i>Vascular, Neuropathic, ABIs, Wraps</i>)	%
Ostomy: <i>Standard &/or Continent Diversions</i>	%
Continenence: Restorative/Behavioral	%
Continenence: Skin/Containment	%
Foot and Nail Care:	%
Other:	%
Total	100%

Are you in a position to arrange continence clinical? Yes No

6. Preparation for Clinical Preceptor Role

(Successful completion of Preceptor Workshop, Preceptor Self-Study Packet, or prior experience as a Preceptor is required.)

Please check all that apply:

Completion of preceptor workshop:

Date/Location: _____

Prior experience as clinical preceptor:

Please describe: _____

Other: Please describe: _____

(Please contact us if you need the Preceptor Self-Study Packet.)

Preceptor's Signature

Date

PLEASE FAX OR MAIL or EMAIL YOUR COMPLETED APPLICATION

FAX TO: 404 778-4778

**MAIL TO: EMORY UNIVERSITY: WOCNEC
C/O Cindy J Strickland, Administrative Manager
1365 Clifton Road, NE
Room AT 732
Atlanta, GA 30322-1013**

EMAIL TO: LJSTRIC@EMORY.EDU

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DESCRIPTION OF PROGRAMS

The Emory University WOC Nursing Education Center has two types of programs that utilize offsite preceptors; both of these programs are accredited by the WOCN Society, and both are designed to prepare the student for entry into this specialty practice. The two types of programs are as follows:

1. **“Split Option” Program with offsite preceptorship.** This is a 10-week program; however, only the six-week theory component is held at Emory. Following successful completion of the theoretical component, the student returns to her/his own geographical area to complete the clinical requirements and project requirements. Students are required to obtain qualified and approved offsite preceptors; dual scope and full scope students are required to have a minimum of two preceptors in two clinical settings and to obtain clinical experience in each area of their designated practice of the WOC role.

2. **Distance Learning Program.** This program permits the student to complete the theoretical component of the program via self-study; there are 4 self-study modules, each of which includes learning objectives, suggested readings, **core content**, and learning activities, some of which are graded. Successful completion of each of the clinical modules requires a score of at least 80% on proctored module examinations. Following successful completion of the clinical modules, the student is required to come to Emory for a one-week “on site” program; the focus during this one-week program is on simulations labs, clinical experience in foot and nail care, and critical thinking exercises.
Following the one-week “on site” program, the student returns to her/his own geographical area to complete clinical requirements and project requirements. As noted for the “Split Option” program, students are required to obtain qualified and approved offsite preceptors; dual scope and full scope students are required to have a minimum of two preceptors in two clinical settings and to obtain clinical experience in each area of their designated practice of the WOC role.

**EMORY UNIVERSITY WOUND OSTOMY & CONTINENCE
NURSING EDUCATION PROGRAM**

STUDENT CLINICAL CHECKLIST & EVALUATION FORM

Directions: **The student should make a notation of the date she/he observed or performed a particular clinical skill. The preceptor will then initial and date the appropriate column to reflect the student's level of competence.**

At the end of each rotation, the preceptor should complete the clinical evaluation component of the form.

NOTE: **All preceptors who sign the clinical checklist and evaluation form need to sign the attached signature form.**

SIGNATURE PAGE:

Student Name: _____

Initials	Signature	Agency

CLINICAL LOG, CHECKLIST, AND EVALUATION FORM

Student Name: _____

Clinical Sites:

Dates of Preceptorship:

Clinical Caseload/Experiences (Total)

Type of Patient/Learning Experience	Number of Visits/Learning Experiences
Standard Diversions (Fecal or Urinary)	
Continent Diversions (Fecal or Urinary)	
Chronic Wound Management (Pressure Ulcers, Leg Ulcers, Etc)	
Management Dehisced Incisions and Draining Wounds/Fistulas	
Foot and Nail Care	
Percutaneous Tube Management	
Assessment/Mgmt Urinary or Fecal Incontinence	
Other (Specify)	

Indicate experiences by “hash marks”; on attached checklist, make a notation of the date you observed or performed a specific procedure. The preceptor will initial and date the column indicating your level of independence. All forms must be turned in prior to course completion.

Student Name _____

	Student Notation Date	Preceptor Evaluation Level of Competence		
		Identifies principles/Did not perform procedure Date/Initial	Identifies principles Performs w/guidance Date/Initial	Identifies principles Performs independently Date/Initial
1. WOUND MANAGEMENT	Date skill performed			
1.1 Risk Assessment Identifies risk factors for skin breakdown and recommends appropriate preventive measures				
1.2 Selection/Recommendations Regarding Support Surfaces Identifies need for high level vs. low level surface based on patient assessment				
1.3 Assessment & Documentation of Wound Status Accurately assesses wound status including all critical parameters				
1.4 Differential assessment of lower extremity ulcers Accurately assesses vascular and sensorimotor status				
--ABI				
--Monofilament Testing				
Determines probable etiology and formulates appropriate management plan				
Provides appropriate education and referrals				
1.5 Development of Comprehensive Wound Management Plan				
Identifies etiologic factors and corrective measures				
Identifies and addresses systemic factors that impact on wound healing				
Initiates appropriate topical therapy based on current principles				
Provides appropriate education to patient and caregivers				

Student Name _____

	Student Notation Date	Preceptor Evaluation Level of Competence		
1. WOUND MANAGEMENT Cont'd	Date skill performed	Identifies principles/Did not perform procedure Date/Initial	Identifies principles Performs w/guidance Date/Initial	Identifies principles Performs independently Date/Initial
1.6 Primary Topical Treatment				
Wound cleansing/pulsed lavage				
Selection and application of dressing for cavity wound with mod-heavy exudate				
Selection and application of dressing for cavity wound with minimal/no exudate				
Selection and application of dressing for shallow wound with mod-heavy exudate				
Selection and application of dressing for shallow wound with minimal/no exudate				
1.7 Selection and Application Active Wound Therapies				
Identifies indications and makes appropriate recommendations				
Growth factor therapy				
Electrical stimulation				
NPWT (VAC)				
Apligraf/Dermagraft				
Hyperbaric Oxygen Treatment				
Other				
1.8 Conservative Bedside Debridement				
Identifies indications and precautions				
Performs procedure with correct technique				
1.9 AgNO3 cauterization hypertrophic tissue or closed wound edges (recognizes need and performs correctly)				

Student Name: _____

	Student Notation Date	Preceptor Evaluation Level of Competence		
		Identifies principles/Did not perform procedure Date/Initial	Identifies principles Performs w/guidance Date/Initial	Identifies principles Performs independently Date/Initial
1. WOUND MANAGEMENT Cont'd				
1.10 Selection/application compression therapy				
Identifies indications and contraindications				
Selects and applies compression therapy appropriately				
Unna's Boot				
Layered wraps				
Modified compression				
Stockings				
Other				
1.11 Implementation Off-loading Devices				
Recognizes need for offloading				
Selects appropriate device based on assessment data				
Provides appropriate education to patient/family				
1.12 Fistula Management				
Develops and implements mgmt. plan based on wound assessment/ type of output				
Trough Procedure				
Pouching Procedure				
1.13 Foot and Nail Care				
Performs complete assessment to include perfusion, sensorimotor status, status of skin and nails, footwear				
Thins nails, pares corns and callouses, Manages ingrown nails correctly				
Provides appropriate education and referrals				
1.14 Percutaneous Tube Management				
Provides appropriate stabilization/ skin care				
Implements program to contain drainage if needed				

Student Name _____

	Student Notation Date	Preceptor Evaluation Level of Competence		
		Identifies principles/Did not perform procedure Date/Initial	Identifies principles Performs w/guidance Date/Initial	Identifies principles Performs independently Date/Initial
2. OSTOMY/CONTINENT DIVERSION MANAGEMENT	Date skill performed			
2.1 Preop Counseling				
Provides appropriate explanation of planned procedure and impact on fecal/urinary elimination and sexual function (<i>if applicable</i>)				
Responds appropriately to patient's concerns/questions				
2.2 Stoma Site Selection				
Identifies appropriate site for stoma based on planned procedure, abdominal contours, rectus muscle				
Marks stoma site with indelible ink/Sharpie				
2.3 Selection, Sizing, and Application Pouching System				
Selects appropriate pouching system based on type of output, abdominal contours, and pt. dexterity				
Sizes and applies pouch correctly				
Uses sealants, powder, and paste appropriately				
Provides appropriate patient and caregiver education				
2.4 Removal Loop Support				
Determines readiness for removal loop support				
Removes loop support correctly				
2.5 Colostomy Irrigation				
Assesses patient's candidacy and readiness for irrigation				
Performs procedure based on established guidelines (including appropriate equipment and type/volume of solution)				
Provides appropriate education to patient/caregiver				

Student Name: _____

	Student Notation Date	Preceptor Evaluation Level of Competence		
		Identifies principles/Did not perform procedure Date/Initial	Identifies principles Performs w/guidance Date/Initial	Identifies principles Performs independently Date/Initial
2. OSTOMY/CONTINENT DIVERSION MANAGEMENT Cont'd	Date skill performed			
2.6 Intubation/Irrigation of Continent Diversion				
Performs procedure utilizing established guidelines (including appropriate catheter size and type/volume of solution)				
Provides appropriate patient and caregiver education				
2.7 Catheterization of Urinary Stoma				
Identifies indications for catheterization as opposed to "clean pouch" collection				
Utilizes sterile technique and appropriate procedure to obtain urine specimen				
2.9 Patient/Family Teaching and Counseling				
Assesses patient's and family's knowledge level and learning style and provides appropriate education in self care				
Provides appropriate education regarding dietary and fluid modifications based on type of diversion				
Provides supportive counseling re: change in body image/adaptation issues				
Provides appropriate information regarding sexual activity/intimacy issues				

Student Name: _____

	Student Notation Date	Preceptor Evaluation Level of Competence		
3. INCONTINENCE MANAGEMENT	Date skill performed	Identifies principles/Did not perform procedure Date/Initial	Identifies principles Performs w/guidance Date/Initial	Identifies principles Performs independently Date/Initial
3.1 Assessment and Management Urinary Incontinence				
Utilizes data from focused history and physical and bladder chart to determine etiologic factors and patterns of bladder/sphincter dysfunction				
Utilizes special assessment techniques to evaluate bladder emptying and pelvic muscle strength (bladder scan, uroflow, etc.)				
Identifies reversible factors and initiates corrective care/education				
Identifies primary type of dysfunction and treatment options				
Provides appropriate education: --Attention to reversible factors --Instruction in CIC --Scheduled/Prompted Voiding --Urge Inhibition/Bladder Retraining --Pelvic Floor Muscle Reeducation --Recommendations re: absorptive products and skin care				
3.2 Assessment and Management Bowel Dysfunction or Fecal Incontinence				
Utilizes data from focused H & P and bowel chart to determine etiologic factors and patterns dysfunction				
Utilizes special assessment techniques to evaluate anorectal function				
Identifies primary type of dysfunction and treatment options				
Provides appropriate education based type of dysfunction: --Management Diarrhea or Constipation (correction stool consistency) --Bowel Training --Stimulated Defecation				

MASTERY OF CLINICAL OBJECTIVES

Student Name: _____

S = Satisfactory (Clearly meets objectives)

AI = Area for Improvement (Meets objective minimally or intermittently)

U = Unsatisfactory (Does not meet objective)*

***Narrative documentation required for unsatisfactory ratings**

	Rotation 1	Rotation 2	Rotation 3	Rotation 4	Rotation 5
Clinical Site					
Dates					
Technical Skills					
Demonstrates knowledge of principles involved in patient care situations/procedures					
Relates classroom content to clinical setting					
Provides for patient comfort and safety at all times					
Asks for assistance or input when appropriate					
Utilizes nursing process to develop, implement, and evaluate care for assigned patients					
Interpersonal Skills					
Demonstrates empathy and active listening skills in interactions with patients and families					
Facilitates patient and family adaptation by providing supportive counseling, appropriate information, assistance in problem solving, and referrals when indicated					
Utilizes collaborative communication techniques to interact effectively with other members of the health care team					
Accepts constructive criticism and uses it to improve practice					
Patient Teaching Skills					
Assesses pt's knowledge level, learning style, and learning readiness					
Provides appropriate education to patient and caregiver based on procedure/clinical problem and current knowledge level/learning readiness					
Utilizes appropriate teaching learning strategies based on content (e.g., uses demo and return demo for instruction in skill)					
Determines appropriate discharge and followup plans based on assessment of self care status and available resources					

MASTERY OF CLINICAL OBJECTIVES (Continued)

	Rotation 1	Rotation 2	Rotation 3	Rotation 4	Rotation 5
Clinical Site					
Dates					
Documentation Skills					
Identifies critical data to be included in documentation (to include assessment findings, impression, recommendations, and interventions)					
Utilizes correct terminology					
Communicates pertinent assessment information and interventions to nursing/medical staff as appropriate					

NARRATIVE EVALUATION
(Required for NI and U ratings; otherwise optional)

Rotation 1:

•Strengths:

•Areas for Improvement:

Clinical Preceptor

Student

Rotation 2:

•Strengths:

•Areas for Improvement:

Clinical Preceptor

Student

NARRATIVE EVALUATION
(Required for NI and U ratings; otherwise optional)

Rotation 3:

•Strengths:

•Areas for Improvement:

Clinical Preceptor

Student

Rotation 4:

•Strengths:

•Areas for Improvement:

Clinical Preceptor

Student

EMORY UNIVERSITY
WOC NURSING EDUCATION CENTER
Clinical Preceptor Evaluation Form

Clinical Setting: _____ **Preceptor** _____

Dates of Preceptorship: _____

Please rate each statement according to your level of agreement as follows:

- 1 = Strongly Disagree**
- 2 = Disagree**
- 3 = Not Sure or Neutral**
- 4 = Agree**
- 5 = Strongly Agree**

The Preceptor:	1	2	3	4	5
Assessed my learning needs and clinical objectives Comments:					
Reviewed pt hx with me and assisted me to identify care needs prior to entering pt care situation (when possible) Comments:					
Encouraged me to identify alternative tx plans and helped me relate theory to practice Comments:					
Provided me with assistance in care when needed Comments:					
Allowed me an appropriate level of independence Comments:					
Explained rationale for clinical decisions and helped me improve my critical thinking skills Comments:					

The Preceptor:	1	2	3	4	5
Gave me specific and constructive feedback regarding my clinical performance, including my strengths and weaknesses Comments:					
The preceptor's clinical practice reflected classroom instruction Comments:					
The preceptor was a positive role model for WOC nursing practice and professional involvement Comments:					

Please identify positive aspects of this rotation:

Please identify any areas that need strengthening:

Additional Comments/Suggestions:
