## ANTELOPE VALLEY COLLEGE

**Corporate and Community Services**

**ASSOCIATE DEGREE NURSING WORK EXPERIENCE PROGRAM**

PURPOSE

The purpose of the Nursing Work Experience Program is to:

1. Provide for Associate Degree Nursing (ADN) students, during their basic program, an elective course that allows them to care for individuals and/or groups of patients in the clinical, outpatient, or community setting.

2. Provide opportunities to implement leadership and management skills.

3. Assist the student to develop skills in clinical practice, and organizational skills, under the direct supervision of a registered nurse preceptor who is a member of the staff of the health care agency.

The Associate Degree Registered Nurse functions within a structured healthcare setting and is responsible for the management of patients and their health care needs. General management activities required to provide care to patients include: priority setting, delegation of patient care, supervision of patient care, patient care conferences, and patient and family education.

The faculty of Antelope Valley College Associate Degree Nursing program believes that if nurses follow the principles of the nursing process, the profession and patients will benefit.

PROCEDURE

1. Students who have successfully completed the first year (first and second semesters) of the ADN program at Antelope Valley College (AVC) are given the opportunity to request ADN Work Experience in the summer session or intersession through Corporate and Community Education.

2. Assignments of students to preceptors are approved by the hospital directors, or representatives, and the ADN preceptor instructors at the college.

3. If a student is injured while on the health agency’s premises, the agreement in the contract will be followed.

HOURS

The student will arrange work hours in collaboration with the preceptor. Students must complete a minimum of 60 hours in each assigned area. Students will work the entire shift and comply with established workplace lunch and break times as approved by the nurse preceptor.

SALARY

There will be no salary relating to the work experience for the student or the preceptor.

##### STUDENT QUALIFICATIONS

1. Satisfactorily completed the first year of the ADN Program.

2. Currently enrolled in the ADN Program at AVC.

3. Current Health Care Provider CPR card and be up-to-date on yearly

physical exam and TB test as required by AVC.

4. Personal liability insurance as required by AVC.

5. May be required to sign a release of medical records at some facilities.

STUDENT RESPONSIBILITIES

The student will:

1. Receive the approval of the ADN preceptor instructor before enrolling in the program.

2. Have and will follow hospital or agency policies and nursing procedures with the health care agency.

3. Only participate in any phase of health care in which he/she has received proper instruction and supervision, either by the preceptor or the nursing faculty.

4. Engage in nursing actions only when his/her preceptor, or designated nurse substitute, is present for supervision and evaluation.

5. Assume full responsibility and accountability for his/her actions.

6. Attend all meetings scheduled by the preceptor and/or ADN preceptor instructor.

7. Assume responsibility for notifying the preceptor when he/she is unable to meet the schedule,

8. Collaborate with the preceptor in the selection of clinical experiences that will enable the

student to meet the objectives.

9. Wear the appropriate AVC nursing uniform and identification name badge while in the health care agency and follow all dress code requirements.

10. Complete all forms in the ADN Work Experience packet.

11. Notify the preceptor and the ADN preceptor instructor if the student chooses to withdraw prior to its completion of required hours.

SUPERVISOR (PRECEPTOR RN) QUALIFICATIONS

1. Registered nurse possessing an active California license, who has had a minimum of one year of recent experience in the area of nursing practice in which he/she will be precepting.

2. Employee in good standing in the health care agency participating in the ADN Work Experience program and approved to precept by the preceptor’s director or supervisor.

3. Has expressed a desire to work with a student in the preceptor role.

4. Is able to communicate effectively with patients, faculty, students, and physicians.

SUPERVISOR (PRECEPTOR RN) RESPONSIBILITIES

1. Work on a cooperative basis with the instructor in coordinating the experience for the student.

2. While retaining responsibility for the patients’ nursing care, the preceptor assumes the full responsibility for the student at the health care agency during the precepting hours..

3. Review the objectives supplied by the student.

4. In collaboration with the student, select learning experiences that will enable the student to meet the written objectives.

5. Give the student daily feedback regarding his/her clinical performance.

6. Assist faculty to complete an evaluation of student performance by submitting the written evaluation on page 6.

7. Notify faculty immediately if any difficulties arise during the work experience session.

8. Have the right to refuse to assume responsibility for the student. If this occurs, the student is to leave the agency immediately, and a written description of the incident(s) and reason(s) for refusing to continue supervision shall be sent to the ADN preceptor instructor.

9. In the event of illness and/or absence, make arrangements for a substitute preceptor after notifying the faculty member and gaining approval for the recommended substitute. The substitute must meet the qualifications of a preceptor and be approved by the hospital

supervisor.

ROLE OF FACULTY (ADN WORK EXPERIENCE instructor)

1. Assume management of Work Experience program and final student outcome.

2. Select preceptors according to stated preceptor qualifications.

3. Coordinate with the education or unit directors and provide them and the preceptor with the

student names, dates and hours of clinical experience and contact information.

4. Schedule meetings with the students prior to the start of the Work Experience, as needed.

5. Be available to provide appropriate advice and counsel to the student.

6. Collaborate with preceptor in order to evaluate student performance as needed.

7. Evaluate preceptor effectiveness and preceptor program as needed.

**ADN Work Experience Student Requirements**

To participate in the Associate Degree Nursing Preceptor program, students must:

1. Attend informational meeting and submit completed pages 4 and 5 with requests.

2. Review all requirements with RN preceptor and give preceptor copies of pages 6-9.

3. Complete a minimum of 60 clinical hours in each assigned area.

4. Complete objectives that demonstrate the skills to be learned.

**5. Write a typed 1 page paper discussing completed objectives listed on page 6. Include what was learned during the experience, in regards to the objectives, and how you can improve the student’s performance in the future.**

6. Complete, sign, and submit page 6 and 7 to the Work Experience Coordinator instructor.

ANTELOPE VALLEY COLLEGE

Corporate and Community Education

**ADN Preceptor Student Request Form**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next semester entering in ADN program (circle selection): **Third**  or **Fourth**

**Student Request:**

Anticipated number of precepting hours and/or dates to start and end \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Clinical Facility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Area of Nursing and/or unit : (list in priority order). Only fourth semester students may request ICU.

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of units/preceptors requesting: (circle) **one two**

Preferred Shift (circle) **0700-1930 (days) 1900-0730 (nights) Either**

**If requesting a specific nurse:**

Preceptor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility/Unit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility/Unit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The specific nurse agreed to precept me**: yes no**

I understand that assignments are made at the discretion of the instructor and the contracted facility based on availability of preceptors. Any special requests for changes must be made within one week of receiving the assignment. I will contact the Work Experience Coordinator as soon as possible if problems occur.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

ANTELOPE VALLEY COLLEGE

Corporate and Community Education

ADN Work Experience Student Enrollment form

**Please print clearly:**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle**: Intersession** or **Summer**  Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AVC e-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@avc.edu

Optional second e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To participate in the Associate Degree Nursing Work Experience program and receive a Certificate of Completion, I must:**

**1. Give pages 6 through 9 to the preceptor, and review each page with the preceptor.**

2. Complete a minimum of 60 clinical hours in the area or unit assigned.

3. Complete the Work Experience objectives satisfactorily.

4. Write a typed paper discussing the objectives on page 6, including what I learned during the

clinical experience and how I can improve my performance in the future**.**

5. Complete, sign and submit page 6 and 7, including the written paper to the Work Experience

Coordinator.

**I have read and agree to comply with the above requirements:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date

ANTELOPE VALLEY COLLEGE

Corporate and Community Education

**ADN Work Experience Objectives & Evaluation**

Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please place an “S” for Satisfactory or a “U” for Unsatisfactory in the boxes below.

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Objectives: At the end of the Work Experience, the student will be able to:** | **Completed by Preceptor** | **Completed by**  **Student** |
| 1. | Perform an independent, thorough and accurate head-to-toe and focused assessment. |  |  |
| 2. | Complete the patient electronic record correctly, including an assessment and appropriately document throughout the shift. |  |  |
| 3. | Identify medication categories and administer medications using the six rights and explain rationale for giving, adverse effects, nursing implications and effectiveness. |  |  |
| 4. | Consistently fulfill established nursing priorities of care in the allotted time. |  |  |
| 5. | Utilize teaching/learning principles to educate the patient and/or caregiver regarding health care issues. |  |  |
| 6. | Maintain professional appearance, accountability and responsibility. |  |  |

Preceptor Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Preceptor’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADN Work Experience Program**

**Timesheet of Student Hours Worked**

Current Date:  **Intersession** or **Summer** Year: \_\_\_\_\_\_\_\_

Student’s Name:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Daily Hours Worked for the Month of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 1 | 6 | 11 | 16 | 21 | 26 | 31 |  |
| 2 | 7 | 12 | 17 | 22 | 27 |  | Total Monthly Hours  \_\_\_\_\_\_\_\_ |
| 3 | 8 | 13 | 18 | 23 | 28 |  |
| 4 | 9 | 14 | 19 | 24 | 29 |  |
| 5 | 10 | 15 | 20 | 25 | 30 |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Daily Hours Worked for the Month of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 1 | 6 | 11 | 16 | 21 | 26 | 31 |  |
| 2 | 7 | 12 | 17 | 22 | 27 |  | Total Monthly Hours  \_\_\_\_\_\_\_\_ |
| 3 | 8 | 13 | 18 | 23 | 28 |  |
| 4 | 9 | 14 | 19 | 24 | 29 |  |
| 5 | 10 | 15 | 20 | 25 | 30 |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Daily Hours Worked for the Month of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 1 | 6 | 11 | 16 | 21 | 26 | 31 |  |
| 2 | 7 | 12 | 17 | 22 | 27 |  | Total Monthly Hours  \_\_\_\_\_\_\_\_ |
| 3 | 8 | 13 | 18 | 23 | 28 |  |
| 4 | 9 | 14 | 19 | 24 | 29 |  |
| 5 | 10 | 15 | 20 | 25 | 30 |  |

Total of all Hours Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_

Student’s Signature Preceptor’s Signature

**AVC WORK EXPERIENCE GUIDELINES**

**Registered Nurse preceptor will**:

1. Have one year experience as a registered nurse.

2. Collaborate with the student to arrange the work schedule.

3. Contact the Antelope Valley College (AVC) instructor assigned to the student if any there are

any questions, or if problems occur. See contact information listed below.

4. Be responsible for, and will observe, the student on invasive procedures and

medication administration to determine safe practice.

5. Check medications for accuracy and supervise administration of medications that have

been previously taught to the student in the AVC Associate Degree Nursing (ADN)

program. These include oral, enteral, subcutaneous, intramuscular, inhalation, topical

medications, and intravenous primary infusions and intravenous piggy-back (IVPB)

medications.

6. Directly supervise the student when managing and manipulating blood products or

performing central line flushing or administration primary infusions or IVPB

medications through central lines.

7. **NOT** allow the student to manipulate intravenous medication infusion (drips),

administer chemotherapy medications, first dose intravenous antibiotics, **not**

allow the student to administer intravenous push (IVP) medications, perform venous draws for

laboratory tests and urine dip sticks.

8.. Check medication and assessment documentation for accuracy and co-sign all

documentation that the student performs.

9. Supervise and assure the student follows hospital and AVC policies regarding safe

practice while performing procedures that have been previously taught in the ADN

program. These include nasogastric tube, foley catheter tube, peripheral

intravenous catheter insertions and discontinuation, glucose monitoring and dressing

changes.

10. **NOT** assign the student to care for patients in airborne/droplet isolation requiring fitted masks, nor

patients receiving radiation therapy.

11. Monitor the student for professional behavior and adherence to the AVC dress code.

12. Complete and sign the student evaluation form and time sheet (pages 6 & 7).

**Antelope Valley College work experience coordinators contact information.**

Debra Dickinson email: [ddickinson@avc.edu](mailto:ddickinson@avc.edu)

Casey Scudmore email: [cscudmore@avc.edu](mailto:cscudmore@avc.edu)

Susan Snyder email: [ssnyder@avc.edu](mailto:ssnyder@avc.edu)

**Student nurses:**

1. Must follow all policies of the ADN program and guidelines for the work experience

program as listed above on page 8.

1. Must complete a minimum of 60 hours for each assigned unit. There is no maximum hour limit

that may be completed during the date range.

3. Must arrange a work schedule and contact the preceptor before the beginning of the

shift if unable to attend the work experience clinical day.

4. Must contact the AVC instructor immediately if any questions or problems arise or if not able to

start or complete the precepting assignment.

5. Will turn in written paperwork on objectives (see page 3 of work experience packet),

evaluation form (page 6) and time sheet (page 7) to work experience coordinator instructor

when finished with the work experience assignment .

6. Will receive a Certificate of Completion after the end date of the work experience and the minimum

number of hours are completed and all paperwork is submitted to the assigned work experience

coordinator.