

Preceptor Handbook For Nurses



Pre- Registration BSc Nursing Programme

Table of Contents

Introduction	Page 3
What is a preceptor/preceptorship?	Page 3/4
Key Role of the Preceptors	Page 5
Providing Nursing Student with Constructive Feedback: 5 Tips to Success	Page 6
Student Role	Page 8
Competency Booklets	Page 10
Competency Assessment Document	Page 10
Steinaker and Bell's (1979) Experiential Learning Taxonomy	Page 11
Guidelines on completing Reflective	Page 15
Absolute Restrictions	Page 16
Scenarios	Page 18
Useful Links	Page 23

Introduction

Clinical based learning forms a mandatory and essential component of the professional nursing education to enable students to develop the domains of competence to become safe, caring, competent decision-makers who are willing to accept personal and professional accountability for evidence-based nursing care (NMBI,2015). Each nurse has the professional responsibility to provide students with support to help them question and critically reflect on their practice and develop autonomy in clinical decision making, thus upholding the values of the professions as stated by The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2014, pg. 8). The aim of this booklet is to support you with your role and responsibilities as a preceptor in supporting undergraduate nursing students while on clinical placement. The pivotal role that preceptors play in the socialization, teaching and assessing of student nurses is vital in helping students to integrate theory with practice (Blevins 2016).

What is a preceptor/ preceptorship?

'A preceptor is a registered nurse or registered midwife who has undertaken preparation for the role and who supports undergraduate nursing or midwifery students in their learning in the practice setting and assumes the role of supervisor and assessor of the students' achievement of clinical learning outcomes and competence' (NMBI,2015).

The preceptor develops a relationship and works with the student throughout the placement. She/he identifies the student's learning needs, plans the learning experiences with the student, demonstrates best practice and shares clinical expertise. The preceptor acts as an effective role model and plans continuity of support for student learning. Preceptors bridge the theory-practice gap (Shinners and Franqueiro 2015) by providing and fostering a supportive ethical environment that includes

a caring relationship, based on respect and confidentiality between the preceptor and the student. Preceptors must be able to recognise learning opportunities and capitalise on these learning moments so students recognise what is important in clinical situations and develops towards effective clinical reasoning (Benner et al, 2010 cited Reynolds et al, 2020). See below Reynolds et al's (2020) range of approaches recommended to maximise clinical teaching;



In your role, as a preceptor, guiding and directing student nurses/midwives, you must take responsibility for the care they provide (NMBI, 2014). Furthermore, there is an additional requirement, not only encouraging students to think, question, interpret and facilitate a supportive learning environment (Blevins 2016), but also to provide relevant feedback (Broadbent et al 2014, Thompson et al 2017) as part of the students assessment. Evidence of this assessment is documented in the National Competency Assessment Document (CAD), which acts as the record of continuous achievements by the undergraduate nursing

student (*Sidebotham 2017, Thompson et al 2017*) , a fundamental component for the successful progression through the undergraduate nursing programme, as well as a requirement for registration by NMBI (2015).The preceptorship experience is an individualised teaching-learning method, intended to expose the student to the “real world” of nursing, which is best learned through clinical experience (*Hilli et al 2014*). Your continued support and dedication to the education of nursing students is fundamental in maintaining a quality clinical learning environment. The Nurse Practice Development Unit would like to thanks all preceptors and clinical staff for supporting nursing students in the clinical setting.

Key role of the preceptor:
• assessing student learning needs and setting goals
• developing and implementing learning plans
• teaching time management and prioritisation in patient care
• evaluating clinical competence and documenting learning and clinical progress
• providing constructive verbal/ written feedback and coaching
• role-modeling evidence-based professional nursing practice
• applying effective communication, interpersonal, and conflict management skills to foster collaboration and patient satisfaction
• facilitating social interaction and acclimatisation to the organisation’s and unit’s culture.
• confer with the CPC/CDC and/or Link Lecturer as required

Providing Nursing Students with Constructive Feedback: 5 tips to Success

**THE NUMBER ONE THING STUDENT'S WANT FROM YOU IS
REGULAR AND ONGOING FEEDBACK ON THEIR PERFORMANCE**



Providing constructive feedback is a vital aspect of supporting students in practice. It is important to let students know how they are currently performing, what is expected of them, what they are doing well and what they need to do better. Effective feedback provides guidance that students welcome, leads to development and improvement of skills, increases motivation and competence thereby enhancing the quality of care. Regular and ongoing constructive feedback fosters a culture of development with your ward/unit.

Tip 1 - ACT IMMEDIATELY

Avoid storing up feedback. If you are observing a student and you have feedback, provide it immediately. If a student has done something well - praise them. If a concern arises or the student is underperforming they need timely feedback as close as possible to the event. This communicates the importance of the issue. Providing timely feedback prevents you from having to give feedback that is distorted and convoluted. Constructive and timely feedback helps students recognise their weakness, avoid further mistakes and will inspire them to achieve and reach their potential.

Tip 2 - BE SPECIFIC

Being specific is a key feature of providing accurate & effective feedback. Be factual -feedback needs to be clear, concise, honest and direct. Identify the key areas, giving actual clinical examples, where the student excelled or underperformed. Relate your concerns to the students learning outcomes in their assessment booklet. Talk to other staff nurses who have worked with the student and get their feedback. Relating the feedback to the student's outcomes shows you are concerned about addressing their performance issue(s) and not their personal attributes.

Tip 3 – LISTEN

Even though you are giving the feedback you still have to listen! Sometimes this can put the underperformance issues into perspective. Maybe the student has personal issues which you can help with – offer EAP/Counselling/Off duty request facilitated. The more you listen, the more information they will provide. Students become more open minded and relaxed, making it easier for you to provide the necessary feedback. Ask the student how they feel they are getting on which encourages student to self assess and allows you to gauge if the student has insight into their difficulties.

Tip 4 - IDENTIFY SOLUTION

Ensure you establish clear goals so to monitor progress. Set the goals in conjunction with the students learning objectives. Addressing feedback having expressed your concerns, listened to the student and identified clear goals leads to greater opportunity for the student to learn. It is useful to document in their assessment booklet their performance issues and the agreed action plan so the student can seek clarity after you have discussed performance issues. Link with your CPC!

Tip 5 BE KIND - HAVE COMPASSION

Providing effective, honest, clear and constructive feedback requires compassion and kindness. Feedback needs to be provided in a tone and setting that conveys support and respect. The best preceptors establish a supportive, mutually respectful relationship with their students. Effective learning takes place in a safe, non judgemental environment. This all helps the student recognise their weaknesses, motivates them to do better and achieve their goals.

Keep in mind we all thrive on positive reinforcement – don't assume the student knows when they are working well – come out and tell them!

Be it positive or constructive, providing students with ongoing feedback is one of the most important development tools at your disposal.

Student's Role in Negotiating Clinical Preceptorship

Before placement:

Students have the responsibility to:

- Make contact with the clinical area to obtain duty
- Review their National Competency Assessment Document (CAD) and complete the pre-evaluation section prior to commencing clinical placement
- Read and understand the student handbooks relating to clinical practice placements
- Become familiar with the ward orientation book and learning outcomes available on the UCC website and be able to explain those to the preceptor
- Have identified specific learning goals for each clinical experience

During placement

Students have the responsibility to:

- To behave in a professional and appropriate manner with regard to punctuality, attitude, and to dress according to CUH uniform policy
- If late, students must inform the ward manager and give an explanation
- Illness or absence must be reported as per the attendance and absenteeism algorithm
- Maintain confidentiality
- Develop and maintain effective communication with patients, staff and nursing team
- Be proactive in seeking out learning experiences for their level of practice
- Demonstrate a willingness to work as part of a team in the delivery of safe patient care
- Students are responsible for having their CAD book on placement each day and must organise assessment interviews in a timely manner with preceptors and ensuring the appropriate person signs the CAD book
- Actively seek feedback on clinical performance
- Reflective notes must be written prior to final interview
- Use their preceptors for guidance and support in order to enable them to achieve set learning objectives and satisfactorily complete their practice assessments
- Seek help, if required, from appropriate personnel (Preceptor, Clinical Nurse Managers (CNM's), Clinical Development Co-ordinators (CDC's), -Clinical Placement Co-ordinators(CPC's) and Link Lecturers(LL's)
- Students and preceptors are evaluated periodically throughout the programme, we welcome feedback to improve learning experiences

Competency Booklets & National Competency Assessment Document:

General Programme:

The BSc students commencing from 2018 onwards are using the new **National Competency Assessment Document.**

Current Students in **4th** year have a **Competency Booklet**

Integrated Programme:

Students in **4th** and **5th** year have a **Competency Booklet.**

The emphasis during clinical practice experiences is on providing nursing students with opportunities to engage in reflective nursing practice with a supportive learning environment, thereby enabling them to develop the attitudes, knowledge, and skills necessary for thoughtful, efficient and effective practice.

The assessment of a students practice and the **Competency Booklets** are organised around the following 5 domains as developed by An Bord Altranais (2000):

- A. Professional and ethical practice
- B. Holistic approaches to care and the integration of knowledge
- C. Interpersonal relationships
- D. Organisation and management of care
- E. Personal and professional development

A sixth domain, domain F, has been developed in conjunction with the Catherine McAuley School of Nursing and Midwifery, UCC and city wide hospitals, which consists of essential nursing skills:

- F. Skills in General Nursing

Competency Assessment Document (CAD)

Six domains of competency

1. Professional values and conduct of the nurse competencies
2. Nursing practice and clinical decision-making competencies
3. Knowledge and cognitive competencies
4. Communication and interpersonal competencies
5. Management and team competencies
6. Leadership potential and professional competencies

“The overarching aim of the programme is to ensure that the graduate acquires the competencies for critical analysis, problem-solving, decision-making, collaborative team-working, leadership, professional scholarship, effective interpersonal communication and reflection that are essential to the art and science of nursing”. (NMBI, 2018)

Steinaker and Bell’s (1979) Experiential Learning Taxonomy:

(As taken from Catherine McAuley School of Nursing and Midwifery University College Cork -Assessment of Clinical Learning Outcome/Competence Booklets)

The students’ development during their programme will be assessed against criteria based on Steinaker and Bell’s (1979) experiential learning Taxonomy. This taxonomy has 5 levels.

1. Exposure
2. Participation
3. Identification
4. Internalisation
5. Dissemination

Exposure Level:

Steinaker and Bell (1979) define this level in the following terms:

“Exposure is the process of becoming conscious of an experience. The invitation to an experience where extrinsic forms of motivation are used to gain and focus attention; reduce anxiety and establish in the student a willingness to participate further.”

An Bord Altranais (2000) interpreted Steinaker & Bell's (1979) taxonomy in the following manner:

'The student observes a competent practitioner carrying out aspects of nursing care and shows a willingness and ability to relate the observed practice and its underlying theory to her/his own previous experience. The student is able to discuss with the practitioner how certain aspects of care are carried out, and identifies sources and types of information required to enhance further application of knowledge to the observed practice.'

What to expect of a student at exposure level?

- Able to articulate an adequate level of understanding relating to fundamental nursing skills.
- Needs to observe (look, listen and question) whilst participating in nursing interventions and contact under close supervision.
- Demonstrates the components of fundamental nursing skills.
- Performance may lack aspects of co-ordination, yet practice is within safe limits.
- Develops some fundamental nursing skills but requires constant supervision.
- Demonstrates respect and courtesy to patients/clients, colleagues, visitors and relatives.
- Begins to consider the nature and significance of interpersonal communication in planning and delivering care.
- Is aware of the process and use of reflection.

Participation Level:

Steinaker and Bell (1979) define this level in the following terms:

"Participation level is the level at which the student decides to become physically a part of the experience or becomes an active participant (to replicate in some way to which the student has been exposed"

An Bord Altranais (2000) interpreted Steinaker & Bell's (1979) taxonomy in the following manner as regards:

'The student participates with the supervision of a competent practitioner in carrying out aspects of care, having demonstrated knowledge through discussion. The student discusses with the practitioner aspects of care and its rationale, decision-making, practical skills, and means of acquiring further information and opportunities for practice. The student is able to engage in psychomotor and interpersonal skills, and is able to use communication and problem solving skills with guidance.'

What to expect of a student at participation level?

- Begins to demonstrate how his/her knowledge base informs his/her

nursing practice.

- Continues to observe (look, listen and question).
- Participates in nursing interventions and patient/client contact under supervision (begins to be aware of the whole picture).
- Has acquired dexterity and accuracy in the components of a number of nursing skills.
- Becomes more articulate in communicating own knowledge both verbally and in writing.
- Becomes more confident in engaging in non-challenging interpersonal interactions.
- Begins to reflect on his/her own performance, feelings and attitudes.

Identification Level:

Steinaker and Bell (1979) define this level in the following terms:

"At this level the student actively participates in the experience using and testing data, indicating that the initial learning experience has been achieved. The student combines the organisational, emotional and intellectual context of a learning experience. The student begins to identify personally with the experience, recognises the organisation and structure of the experience, gains a deeper insight into its value, and is able to express recognition of her/his own achievement."

An Bord Altranais (2000) interpreted Steinaker & Bell's (1979) taxonomy in the following manner:

"The student now shows the ability to participate in the delivery of care under supervision on a more sustained basis with less prompting and greater confidence. The student shows a greater ability to communicate effectively, and demonstrates a wish to acquire further information. The student is able to analyse and interpret information, demonstrating a problem solving skills and knowledge base to meet different situations."

What to expect of a student at identification level?

- Active participation with less prompting from preceptor.
- More developed communication skills.
- Hunger for more information.
- Analyse/breakdown information.

- Interpret/explain the meaning of this information.
- Demonstrate problem-solving skills.
- The student has an ability to reflect on an experience – emotional, intellectual, organizational and structural.

Internalisation:

Steinaker and Bell (1979) define this level in the following terms:

"The student is an active and self-directive individual in the learning experience, with progress no longer controlled from the outside. Experiences are incorporated and further reinforced in the student thus becoming a part of unconscious problem solving. The highest level of internalisation has been achieved when an experience touches and continues to influence the lifestyle of a student."

An Bord Altranais (2000) interpreted Steinaker & Bell's (1979) taxonomy in the following manner:

"The student is able to explain the rationale for her/his nursing action. The student requires less supervision whilst caring for a group of individuals, and is able to transfer knowledge to new situations. The student seeks and applies new knowledge and research findings, and demonstrates the ability to use problem solving skills"

What is expected of a student at internalisation level?

- Self – directed.
- Progress comes from within the student.
- Problem solving becomes an unconscious solving ability.

Guidelines for Nursing Students on Completing Reflective Notes

The Gibbs model of reflective practice is used in the National Competence Assessment Document to guide nursing students on the process of reflection. Reflection must relate to situations encountered by nursing students in their practice placement whereby learning is of value to the enhancement of professional nursing practice. Particular situations may include a positive experience where something went well or a negative experience where the nursing student needs to think and reflect about what has happened and how to deal with the situation effectively if it occurs again in the future. Following each part of the Gibbs reflective cycle, the nursing student must integrate learning from the experience with theory to further inform their professional practice in the practice placement setting. Reflection provides the opportunity to enhance clinical reasoning while having a positive impact on patient care (Caldwell & Grobbel, 2013).

Protected time for reflection

In order to guide a nursing student, Preceptors/Supervisors, CPCs and Link Academic Staff must have a sound knowledge of reflective practice, its concept, its foundational theories, influences and values (Parish & Crookes, 2014) to be able to support and facilitate nursing students to develop effective reflective practice. All the key people involved in the clinical learning environment should devise innovative and effective ways to maximise the opportunity for nursing students to reflect on and learn from their clinical experience and that specific period of protected time **must** be identified for reflection during supernumerary and internship placements (Nurse Education Forum, 2000). NMBI (Nurse Registration Programmes Standards and Requirements, 2016) requires a minimum of four hours of reflective time per week.

Guidelines for reflective writing

As part of the nursing student's Competence Assessment, the nursing student is required to complete ONE piece of reflective writing per placement, regardless of duration. The purpose of reflective writing is to demonstrate learning. The reflective writing is to provide one source of evidence relevant to the learning that has been achieved and must be linked to the practice placement learning outcomes in a particular domain. The nursing student should follow the template provided in the competence assessment document. The nursing student, Preceptors/Supervisor /CPC/Link Academic Staff must ensure the content of the reflective writing piece is anonymised.

Absolute Restrictions

Please Note in CUH, the following restrictions apply for Student Nurses;

- Supernumerary students **cannot** accompany patients to other departments and hospitals (including Operating Theatre Department and Mental Health settings) **without an RN**
- Both supernumerary and internship students **cannot** accompany patients **to external sites without an RN.**
- Students are not permitted to Check or Hang **Blood or blood product**
- Students are not permitted to hold **Medication keys**
- **Students cannot** be **redeployed** to another ward/ department.
- Students are not permitted to count **Controlled Drugs** at changeover of shift or when stock delivered from pharmacy.

Absolute Restrictions In Relation to Medication Please Note that in CUH, Student Nurses are **NOT** permitted to:

- Give IV Flushes under **any** Circumstances
- Give **Bolus** IV Drugs under **Any** Circumstances
- Give any **IV Infusions Which Contain Medications/Additives** under **Any** circumstances
- Attend to **any** type of **Central Venous Access Device**
- **Count** Controlled drugs/MDA's at changeover of shift or on return from pharmacy.

All Student Nurses must be Directly Supervised throughout ALL activities related to Medications regardless of stage of student training, or potency/category of Medication

Failure to adhere to this Joint UCC/Hospital Policy puts the patient at risk and therefore incurs the possibility of the Disciplinary Process for both Student and supervising Registered Nurse

Reminder

- Internship students can accompany patients to and from other departments within the hospital without an R/N including operating theatre once they have been deemed competent by the R/N.
- Any documentation in nursing notes must be counter signed by a Registered Nurse

Possible scenarios Preceptors may encounter

Scenario 1

You have been assigned as preceptor to a 3rd year nursing student who is on placement on a busy surgical ward. Now 3 weeks into the placement and you have noted that the student appears to lack initiative and motivation. The student has difficulty in performing some fundamental nursing skills. This has also been noticed by some of your other nursing colleagues who have been working with the student in your absence. You have spoken to the student informally on two occasions regarding their performance but to date there has been no definite improvement.

How would you deal with this situation?

Highlight your concerns in relation to the student's progress to the Clinical Placement Coordinator (CPC)/Clinical Development Coordinator (CDC) as soon as possible.



Inform the student in advance that you wish to meet with them to discuss their progress. Request that they bring their CAD to this meeting. The CPC/CDC will also be present.



Ascertain from the student as to how they feel they are progressing – this will give you an indication of their own level of insight into their performance.



Provide the student with feedback on their overall performance from your perspective. Negotiated goals from the first interview should be revisited. It is important to provide balanced feedback focusing on both strengths and weaknesses. Let them know clearly what you perceive as the learning deficit i.e. a statement such as "does not plan care well" is meaningless unless it is specified exactly what it refers to. Be prepared to support judgments with evidence from practice i.e. "You seem to have difficulty in prioritising patient care as you are spending too much time recording vital signs to the detriment of other patient care needs." Give them the opportunity to respond to your comments.



The student should be given specific direction not only on what they need to achieve but also on how they can achieve it i.e. avoid saying “you need to use your initiative” but perhaps “I expect you to use your initiative in the aspects of care we have agreed you can undertake. For instance, you can go ahead and record vital signs without having to wait to be told to do so.” Suggest measures to correct inappropriate practice i.e. “I expect that in future you will keep the Fluid Balance Charts up to date for the patients you are caring for.”



Document your concerns in the additional interview section of the CAD. The CPC/CDC may wish to inform the Link Lecturer assigned to the area of the specific concerns.



Mutually agreed goals which are clear and concise and reflect the associated Domain need to be set in order to achieve the domain within a specified time frame.



The student should be informed that if there is no significant improvement within the agreed time frames that a Supportive Learning Plan (SLP) will be initiated.



Monitor the student’s progress closely. It may be necessary for the CNM to arrange with for the preceptor to be allocated to work alongside the student on the same shift pattern to facilitate this). Continue to support the student and provide regular feedback on performance. The ‘Notes for Preceptor page’ may also be used by the associate preceptor or Staff Nurse working with the student.



A reasonable review date must be agreed to discuss/demonstrate progress or for further supports to be put in place.



If there is no noticeable improvement in the student’s behaviour, liaise with the Clinical Placement Coordinator who will contact the Link Lecturer regarding the need to initiate a Supportive Learning Plan (SLP).
(Refer to CAD for steps to be followed in relation to initiating SLP)

Scenario 2

You have been assigned as preceptor to a 2nd year student nurse who is on her 4th supernumerary placement. You have noticed that the student has been late on duty a number of times and has also spoken inappropriately to patients on a number of occasions. This has also been highlighted to you by other staff members on the ward.

You have spoken to the student informally on two occasions about her professional conduct but to date there has been no improvement.

How would you deal with this situation?



Speak with the staff members who have highlighted the issues to establish the facts.



Contact your Clinical Placement Coordinator (CPC)/Clinical Development Coordinator (CDC) regarding your concerns in relation to the student's progress immediately



Inform the student in advance that you wish to meet with him/her to discuss progress and that the CPC/CDC will also be present. Request that their CAD is brought to the meeting.



Secure a private place to discuss the relevant issues with the student.



Ascertain from the student how they feel they are progressing. Provide them with feedback on their overall placement performance to date, acknowledging good practice and highlighting timekeeping and professional behaviour issues. Give specific examples i.e. "you were 20 minutes late for duty on Wednesday and Thursday this week" and "I heard you speaking inappropriately to patient, Mrs. X, last week."

Give the student the opportunity to respond to your comments. Careful consideration should be given to any explanation given.



Having made the student aware of your concerns, they should be reminded and given clear guidelines as to what constitutes as acceptable behavior and professionalism in practice. Review with the student the Practice Placement Agreement in the CAD that the student agreed to abide by on commencement of the BSc in Nursing course. Suggest

measures to correct inappropriate practice. In addition, refer the student to focus on Domain 4 –Communication and Interpersonal competences.



Poor attendance or inappropriate communication skills may signal problems elsewhere i.e. personal issues or student concerns about learning in practice.

If this is the case, advise the student of the support network that is available to him/her i.e. the Employee Assistance Programme in CUH and/or student counseling service in UCC.



Remember your working relationship and professional responsibilities as a preceptor. Your student may be confused if you take on responsibilities beyond that of preceptor.



Identify any Domains in the CAD that need to be focused on or revisited. Document the concerns and the decisions reached in the Additional Interview Section of the CAD. (Refer to guidelines in booklet.)The student needs to be informed that if there is no significant improvement within the agreed timeframe that a Supportive Learning Plan will be initiated.



If there is no noticeable improvement in the student's behaviour, liaise with the Clinical Placement Coordinator who will contact the Link Lecturer regarding the need to initiate a Supportive Learning Plan (SLP).
(Refer to CAD for steps to be followed in relation to initiating SLP)

Scenario 3

At the first Interview your student identifies to you that they have dyslexia or a learning difficulty.

How will you facilitate this student in clinical practice?

Possible difficulties students may identify

- *Difficulty remembering things or with organising their work*
- *Difficulty with the mechanics of reading writing and math's*

Suggested Accommodations that may be of help

- Ask to student to outline to you what difficulties they may have on clinical placement and what strategies they use or find helpful to their learning.

- The student may need extra time to become familiar with the work environment. Provide clear instructions as to what is expected of him/her
- Some skills may require extra practice e.g. patient handover, patient documentation, drug calculations remembering medical terminology, allow extra time for reading/writing/calculating drugs
- If possible encourage your student to practice nurse documentation and nursing handover relevant to their level of learning
- Complicated sequences of instructions may need to be broken down into smaller simpler steps (eg wound dressings).

Proceed as normal with the placement interviews providing the student with feedback on their performance from your perspective and review negotiated goals at mid and last interview.

Link with CPC/CDC in relation to any performance difficulties.

For more information on supporting nursing students with learning difficulties please contact your ward Clinical Placement Co-ordinator.

Useful links

All the below information is available on the UCC school of nursing & midwifery, preceptor information page -

<https://www.ucc.ie/en/nursingmidwifery/allocations/preceptorinfo/>

The screenshot shows the UCC School of Nursing and Midwifery website. The header includes the UCC logo, the school name in English and Irish, and navigation links for COVID-19, COURSES, MY UCC, and SEARCH. The main content area is titled 'Preceptor Information' and includes a 'SAVE TO FAVOURITES' button, a 'SHARE' button with social media icons, and a brief description of the section's purpose. It also mentions the UCC Preceptorship Coordinator, Caroline O'Connor, with her email address.

Disability Support Services that students can avail of in college and on clinical placements. -

<https://ucc.cloud.panopto.eu/Panopto/Pages/Sessions/List.aspx#folderID=%22f1367637-330f-4ebf-ab6d-ac0900a0cc71%22>

Frequently asked questions from preceptors-

<https://www.ucc.ie/en/media/academic/nursing/allocations/documents/provisionalplacementplans/preceptorinformation/FAQsCUHNov2018.pdf>

Additional information can be sourced on the Cork University Hospital intranet, under the headings – GUIDELINES – Nursing – Information for preceptors.



The screenshot shows a navigation menu for the CUH intranet. It includes buttons for 'Directory', 'Applications Citrix', 'CUH Forms', and 'Help'. A 'Guidelines' section is expanded, listing various clinical guidelines such as Central Appointments, CUH Guidelines, COVID-19, CUH MAJOR EMERGENCY PLAN, CUH Pharmacy & Medicines Management Guidelines, Haematology Guidelines, HSE Emergency Multilingual Aid, ICM User Guidelines, IPM User Guidelines, Maternal Newborn Clinical Management System, MGH, Nursing, Oncology Guidelines, Paiste Guidelines, Opulse Guidelines, Surgical Procedure Codes for Bed Booking Form, and Thromboprophylaxis Guidelines for Adult Patients in CUH.

Nursing

Useful Links

- BNF - Current BNF for Children
- BNF - Current British National Formulary
- HSE Library(Incl. Royal Marsden Manual)

GOSH Manual of Children's Nursing Practices

GOSH Manual of Childrens Nursing Practices

Information for Preceptors

Nurse Documentation

