Western Wyoming Community College

Rock Spring, Wyoming

Associate Degree Nursing Program

Preceptor Manual

“A Commitment to Quality and Success”
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Chapter 1: Introduction

Introduction

The nursing preceptor experience at Western Wyoming Community College (WWCC) provides the opportunity for students to learn under the guidance of practicing nurses. This one-to-one experience utilizes experienced nurses in the education of students as they become competent, beginning nurses. Over one-hundred nurses in Rock Springs, Green River, Evanston, Kemmerer, Rawlins, and other outlying areas have volunteered to be preceptors since 1995.

The WWCC nursing faculty thanks all the preceptors who have participated in this program, and who have taken the time to give us valuable feedback for improvement. Your patience, dedication to excellence, expertise, and willingness to share your insights continue to enrich the WWCC Nursing Program.

This manual has been developed to be used as a resource for preceptors.

Mission of the WWCC Associate Degree Nursing Program

The mission of the WWCC Nursing Program is to:

• educate students to become competent, beginning nurses.
• create an environment that facilitates independent learning, critical thinking, mutual respect, and free expression.
• provide access to nursing education throughout southwestern Wyoming.
• design learning experiences to reflect current health care trends, nursing practice, and research.
• cultivate intellectual and personal growth in faculty and students.
• promote student appreciation for lifelong learning to maintain competence and reach maximum potential.
• provide and promote mechanisms for student educational mobility among the levels of nursing.

**Philosophy of the WWCC Associate Degree Nursing Program**

The nursing faculty subscribes to the stated mission, vision, guiding principles, and goals for student success of WWCC and WWCC Nursing Program. The professional nurse provides care across the lifespan of diverse patients, families and communities. The health of the community, family and environment shapes the person's health experience; the environment is influenced by a global society. Health is unique to each person and fluctuates across the health-illness continuum. Interactive communication is utilized to construct therapeutic nurse-patient relationships and to promote teamwork to enhance the delivery of safe, patient-centered care. The nurse is devoted to ensure the delivery of safe, culturally sensitive care within the values, ethics, and standards of professional nursing practice.

Nursing students are diverse learners who bring unique perceptions and experiences to an interactive teaching-learning relationship. Nursing students are challenged and supported in the development of critical inquiry, analysis of evidence, independent thinking, and clinical decision making. Faculty strive to role model leadership and excellence in nursing. Open communication, teamwork, and quality are valued and fostered in the preparation and practice of nursing in a dynamic healthcare environment.

**Being a Preceptor Makes a Difference - for Students and for You**

Some students’ comments describe the positive effect this program has had on their educations.

- From a student who did an OB preceptorship: “This experience was awesome. I feel I learn the most from these preceptor experiences. I like coming to these areas with a solid knowledge base and witnessing first hand its application.”

- From a student precepted in long-term care: “Both preceptors had different styles of teaching and of organizing their time. But I learned so much from them! I also
gained experience with caths, wound/dressing changes, head-to-toe assessments, and skin. Very good practice.”

- From a student precepted at a pediatrician’s office: “Wonderful. I learned a ton about assessing infants. Fantastic job of growth and development teaching to parents.” Comments like this demonstrate the impact a preceptor has on nursing students.

Merriam-Webster defines a preceptor as a teacher or a tutor. Preceptors contribute significantly to the education of the students. Therefore, they can share in the feeling of accomplishment in educating students to become competent, beginning nurses. Comments from preceptors have also validated our belief that preceptors not only recognize their contribution to students and to the profession, but that being a preceptor enhances one’s own practice as well.

**Types of Precepted Clinical Experiences**

Students enrolled in nursing courses with a clinical component engage in classroom learning activities interrelated with clinical laboratory experiences in which they provide care to clients in a variety of health care settings, as well as the simulation and skills laboratories. A variety of clinical experiences are designed to assist students in developing the clinical reasoning and judgment necessary to practice as entry-level professional nurses.

**Four types of learning experiences are incorporated into clinical:**

*Concept-based experiences* are designed to support student learning of pattern recognition. Through multiple encounters with clients experiencing the same problem, students learn pattern recognition associated with a specific concept, illness, disease or health problem.

Rather than depend on the long held model of 8 students to 1 instructor to get all nursing experiences, it is believed that we can improve the students learning and clinical judgment by exposing them directly to the concepts they are studying in the classroom in a clinical or community experience.
Example: The students are studying children who have chronic conditions. During their clinical rotation should we expect that they may see these children in the hospital? Probably not! Instead we will send several to the CDC, several to the special needs classrooms in schools, and other locations where they can find these types of patients.

What does Conceptualized Clinical mean for our larger agencies? You may encounter students who are with you for specific objectives: “Interview, assess, review history of a patient with _______ concept”. Later in a post clinical discussion the instructor can help the eight students make sense of the variety of their experiences and deepen their learning. Some concepts they may study are fluid/electrolyte balance, acute vs. chronic pain, poor tissue perfusion.

How does this exhibit to agency staff? The student may spend a great deal of time in the patients chart reviewing history, labs, and medications. They may then interview and assess the patient for an hour, visit with the preceptor or instructor and leave the unit. They have not done total patient care, they have not passed meds, they have not answered call lights, but they have been learning.

Simulation experiences present students with authentic clinical problems they will likely encounter in practice and provides opportunities for students to learn to think like a nurse through simulated client experiences. Included is exploration of faculty-designed scenarios including use of high, mid and low fidelity environments using human patient simulators. These are instructor led experiences at WWCC or outreach centers.

Instructor guided experiences enable the student to gain progressive experience in the actual delivery of nursing care and to build and understand the role of developing relationships with clients. The assigned focus for a care experience allows the student to apply a growing knowledge and skill base to client care. Students learn to establish and nurture the nurse/client relationship and to integrate the ethics of caring for individuals.
**Preceptor guided clinical experiences** are incorporated to provide the student an opportunity to apply all elements of prior learning into an authentic clinical practice situation. The purpose is to facilitate transition into practice. The student is assigned to work with a registered nurse to provide client care with and under the direction of the registered nurse. The student practices integration of knowledge, clinical judgment, and competencies while providing client care and studies the role of the registered nurse as it is expressed in a particular organizational environment. The preceptor communicates with the clinical instructor to ensure student learning outcomes are met.

**Observational clinical experiences** are used to expose students to a variety of situations where “hands on” practice does not occur. Students will visit with staff or clients to meet the objectives of the unit. The faculty makes arrangements with the community agency or school for the students to visit. Example: students may be observing client interactions, growth and development, or practicing communication skills.

**Clinical partners** are health care or community professionals whom the students may have an opportunity to visit with or follow in a clinical setting to meet the objectives of the unit. Example: observing in radiology, physical or respiratory therapy; following a non-nurse case manager.

**Chapter 2: Guidelines for Clinical Preceptors**

**Preceptor Policy**

Clinical preceptors may be used to enhance clinical learning experiences. Practicing nurses will be given the opportunity to understand the preceptor role and elect to participate actively in the preceptor experience. After a student has received clinical and didactic instruction in all basic areas of nursing or content specific clinical and didactic instruction, preceptors will join nursing faculty to expand student knowledge and skills.
The faculty members shall retain responsibility for the student’s learning experiences and meet periodically with the clinical preceptor and student for the purposes of monitoring and evaluating learning experiences.

A preceptor **MUST** be present **ANY** time a student:

- initiates an IV
- administers any IV push medication
- infuses any blood or blood product
- maintains or administers any medication via Central Venous Access Device
- performs any complex sterile procedure
- performs any procedures which the student has never performed

Refer to *Medication Administration Information for Preceptors* in Chapter 5

**Roles and Responsibilities**

**Student Role**

- Students should be aware of specific clinical objectives and take responsibility for maximizing their learning experience.
- Students will work under the supervision of the preceptor and should be willing and able to use other appropriate persons in the clinical setting for supervision/consultation (charge nurse, RN’s, supervisors, faculty liaison).
- Students should achieve the clinical objectives at a satisfactory level (see Preceptor Evaluation of Student form).
- Students must work within the student’s scope of practice. It is the responsibility of the student to know his/her level of competence and when to seek assistance/supervision. (The student must not do any procedure that they have not been exposed to, practiced or been checked off in the lab setting. See Skills Content Map).
- The student will arrange his/her schedule to accommodate the preceptor. The clinical experience must not interfere with scheduled class or lab.
• Students must evaluate the preceptor using the form provided by the nursing program and submit this feedback to the Canvas Lab/Clinical Shell Grade book. The Preceptor can expect that the student will:
• Seek out experiences that build nursing skills and aid in completion of assignments and/or objectives.
• Collaborate with the preceptor.
• Respect the preceptor’s supervision, teaching and guidance.
• Seek assistance and support from the preceptor.
• Make good use of the preceptor’s time, ask questions, access resources.
• Confer with the preceptor and complete documentation as assigned.
• Notify instructor and the facility in advance of any absence from clinical.
• Complete the Nursing Student Feedback of Preceptor Form.

Preceptor Role

• Become oriented to the preceptor role and the course by meeting with the clinical faculty member and reviewing the Preceptor Manual.
• Guide the student into learning experiences that will meet the course objectives.
• Discuss with the student, the assignments he/she should accomplish at the facility.
• Provide guidance for the student.
• Give the student verbal feedback.
• Confer with the faculty member as needed. Nursing faculty expect that nursing staff will come directly to the instructor with student issues.
• Accepts total accountability for the care of the patient and cannot delegate that accountability to the student.
• Nursing staff will model professional nursing practice following organizational expectations to the students in word and action and offer encouragement and assistance when able.
• Supervise, teach and counsel the student during the clinical experience.
• Respect the student role and provide an environment that is conducive to learning.
• Provide input to the faculty about the student’s performance using the Preceptor Feedback of Student form. The clinical instructor is responsible for grading the student, but the input of the preceptor is critical.

Instructor Role

• Communicate and coordinate with agency managers and preceptors. Arrange the student’s clinical schedule or assure that an appropriate schedule is arranged between student and preceptor.
• Orient the student and preceptor to their roles.
• Guide the preceptor in his/her role. Confer with the preceptor to resolve problems, offer suggestions, give support, and request feedback about student progress.
• Assist the preceptor to identify appropriate learning experiences for the student.
• Be available by phone for consultation at all times while the student is in the clinical site.
• Be actively available for student questions and guidance.
• Evaluate the student’s performance and assign the student grade with input from the preceptor and student.
• The clinical instructor ultimately determines if the student nurse demonstrates reasonable competence in conjunction with feedback from the preceptor.

Legal and Practice Considerations
Accountability is one of the most frequent concerns of preceptors. Here are points to answer the most frequent questions of preceptors.

- A contract has been reached between the agency and WWCC which allows students who are under the supervision of preceptors to be in the facility without a nursing faculty member present at all times.

- The oversight of the student is the responsibility of the preceptor; however, the faculty liaison determines the final clinical grade for each student.

- The student is NOT practicing under the preceptor’s nursing license. The student is responsible for his/her own practice. It is essential that the preceptor is aware of the student’s abilities and limitations. Ask the student if he/she has ever observed the procedure, performed it, needs to review it first, feels comfortable performing it, or needs you there for support, etc.

- The program maintains professional liability coverage for students and faculty.
Chapter 3: The Preceptor Process

Selection

Clinical preceptors may be used to enhance clinical learning experiences. Registered nurses are invited to function as preceptors (partners in education) to augment the students’ learning. After a student has received clinical and didactic instruction in all basic areas of nursing (or content specific clinical and didactic instruction), preceptors will join nursing faculty to expand student knowledge and skills.

The program utilizes two different classifications of preceptors: short-term preceptors and long-term preceptors. Short-term preceptors are those nurses who are paired with a student from a few hours to a few days. At the beginning of each academic year (or throughout the year as needed), Clinical agency department leaders are provided with a list of current preceptors within their department. The department leader verifies that each preceptor continues to meet the established qualifications and has the opportunity to add to the list of approved preceptors, or to remove a preceptor from the list if needed. The list is sent back to the department and the Program Director and/or Faculty verify that each preceptor meets the established qualifications. After the verification from the Director or faculty has occurred, and the Office assistant has verified RN licensure, the name of the preceptor is then placed on the Approved Preceptor List, which students have access to via their Canvas course shell.

Long-term preceptors are utilized only for Nursing IV in the Spring semester. They are selected based on the positive comments from students as well as from the recommendation of the medical/surgical department leaders. Nursing IV Faculty review and approve the preceptor list. Once accepted and approved, Nursing IV preceptors must complete the paperwork for adjunct status as they receive a small stipend from the College and have an expanded role from that of the short-terms preceptor.

Preceptors who participate in teaching in clinical sites must meet specific qualifications, to include the following:
• Have an earned ADN degree or higher and be licensed as an RN in the state of Wyoming.
• Have an interest in teaching, role modeling caring and professional behavior, mentoring and the facilitation of learning.
• In addition to patient assignment, also be willing to assume the additional responsibility of a student’s clinical learning.
• Adhere to the expectations of the Preceptor Role
• Notify WWCC of any change in professional status including changes in education, licensure or employer
• Must be willing to complete WWCC Preceptor orientation by reviewing the preceptor manual and materials on the WWCC Nursing Website.
**Orientation**

The nursing faculty orients preceptors during each academic year, preferably in a face-to-face meeting. Preceptors will be oriented to their roles, the roles of the faculty member, the roles of the student, the objectives of the course, and the evaluation strategies during the initial meeting. For orientation, Preceptors will:

- Read the Preceptor Manual
- Read the *Preceptor Feedback of Student* form and the *Student Feedback of Preceptor* form

Acknowledge that Preceptor Training modules are available on the Nursing Program Website, knowing that preceptors are encouraged to view them at the beginning of each academic year. These modules are made available from a variety of sources.

**Mentoring**

The faculty member will communicate with preceptors throughout the clinical experience by phone, email or in person. If a difficult situation arises with the student, the preceptor should contact the WWCC Clinical Coordinator for direction. For mentoring, Preceptors will have ready access to faculty for help with decision making and other needs that arise.

**Evaluation**

Preceptors are provided feedback in writing by the student after each clinical experience. This feedback is shared with the preceptor at the end of the semester. In addition, the clinical coordinator from the program will contact the agency contact person to discuss the clinical experience, including preceptor and student performance. WWCC faculty will communicate annually with agency directors regarding continued eligibility of preceptors (see selection criteria). The agency has the opportunity to evaluate the objectives of the clinical experience and provide feedback to assist in improving the preceptor/student experience.

**Chapter 4:**

**Forms Required for Clinical Preceptors**
**WWCC Preceptor Feedback of Student**

**The Feedback Process**
Because the instructor is not present, the faculty depends on the preceptor to provide feedback to the student. The preceptor’s feedback is a vital component of the student’s clinical experience. The oversight of the student is the responsibility of the preceptor. However, the faculty preceptor liaison determines the final clinical grade for each student. If at any time you feel the student has acted in an unprofessional, unsafe, unethical, or illegal way, please contact the nursing department at 382-1713 immediately.

Evaluating clinical experience has a subjective component and utilizes the professional judgment of the preceptor. Specific objectives are provided for each clinical experience to provide a focus for the student while in the particular area. These objectives can also guide the preceptor in planning and evaluating the experience.

**Directions for Use of the Feedback Tool**
The preceptor will evaluate the student and return the form by using the self-addressed, stamped envelope. (Return to WWCC, Nursing Program (A714), PO Box 428, Rock Springs, WY 82902.)

<table>
<thead>
<tr>
<th>WWCC Student Name:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Clinical Site:</td>
<td>Department:</td>
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*Please return to WWCC within 2 weeks after precepted experience.*

**What did this student do well?**

**What advice would you give this student for improvement in their clinical performance?**
Preceptor Signature________________________________________Date__________________________

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WWCC Student Feedback of Preceptor

Preceptor’s Name: __________________________________________

Clinical Agency: __________________________________________

Please rank your preceptor from 5 (high) to 1 (low) on the following items. These evaluations will be shared anonymously with the preceptors. We and they appreciate honest and meaningful evaluation.

<table>
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<tr>
<th>The preceptor:</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
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</thead>
<tbody>
<tr>
<td>1. Demonstrated effective interpersonal communication skills</td>
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<td>2. Demonstrated caring behaviors to clients, peers, and student</td>
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<td>3. Demonstrated professional behaviors to clients, peers, and student</td>
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<td>4. Provided adequate support and mentoring</td>
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<td>5. Allowed me independence when appropriate</td>
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<td>6. Encouraged me to provide safe appropriate nursing care and complete procedures</td>
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<tr>
<td>7. Demonstrated support of WWCC Nursing Program, faculty, and students</td>
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11/26/12

Comments:

Chapter 5: Helpful Resources for Working With Student Nurses

Clinical Tips

Clinical Teaching:
Clinical teaching has two components: oversight and teaching. Supervising requires monitoring that tasks be completed, signatures in the right place, activities done on time, etc. Teaching is helping students become competent, beginning nurses. As YOU develop skill, you will be able to supervise on autopilot and teach at every turn.

**Feedback:**
If there are any concerns about a student performance, contact the WWCC Nursing Department. Some issues that may arise include tardiness, unprofessional behavior, lack of motivation, and lack of preparation. Remember, it is the faculty’s responsibility to award the final grade in the course. However, you are authorized to render a subjective assessment of whether or not students perform at the established level as written in the clinical objectives.

**Assessment:**
- What did you observe (hear, see, notice, etc.)?
- Is that what you expected to observe?
- What does it mean to hear crackles (erythematous prominence, low urine output, etc.)?
- How will assessment data change to indicate the client is improving/declining?
- How is this just like “the books”? How is this different?
- How is this client like others suffering_? How is this client different?
- How will you explain your findings to the client?

**Medication Administration:**
- Ask why client is receiving particular med.
- Does it seem to be effective? How do you know?
- When will you assess for effectiveness (for example: if administering Lasix, when will the patient diurese? Is that a sign of effectiveness? Is daily weight obtained, is there reduction in edema, etc.)
- Do you see any adverse effects?
- What adverse effects did you (will you) look for?
- How would you explain the purpose of this med to the client?
- Why do you think the client’s meds have changed?
- What diagnostic tests will you monitor?
Skills:

- Review away from the client.
- Check all the supplies.
- Be supportive.
- Calm client and student.
- Remind student of the next step.
- Never reprimand student or “gasp” (i.e., if student contaminates gloves, softly remind him/her to change gloves.)
- Nod, wink, or give thumbs up when student performs well during procedure.
- Assist if needed.
- Role model teaching, explaining to client as you go along.
- Take over if the student is not in control.
- Let them talk about it if they need to.
- As soon as you are done, in private place, ask the student how they think they did.

Feedback examples for appropriate performance: ○ “I’m impressed.”

○ “You did that as well as any experience nurse.” ○ “That was perfect.” ○ “VERY good job.”

○ “Can YOU feel how well you are doing?”
○ “Your client said . . .” ○ “You’ve got it.” ○ “That’s what makes you feel like a good nurse.” ○ “What I like best about how you did that was . . .” ○ “You look so confident and competent when you . . .”

Feedback examples when improvements are needed:

○ “Next time . . .” ○ “I want to spend some with you working on . . .” ○ “There are some things that still need work.” ○ “That didn’t meet the objectives. You
needed to independently . . .” ○ Tell students what must be done to meet objectives if they are not being met:

• “I need to see you independently prepare your meds and be knowledgeable about the six rights.”
• “I need to see you be able to teach the patient’s family in a way they are prepared for discharge.”
• “I need to see you follow through on changes in orders and in the patient’s condition.”

**Care Plans:**
If students are going to modify the standards of care/care plan, discuss their plans.

**Documentation:**
- Per agency policy.
- Ask student, “If an insurance company were paying you for RN service, how would your documentation support that you should be paid?” This gets them away from “resting, ate well, visitors in, watching TV” kinds of charting.
- Focus student on documentation of teaching, therapeutic communication, promoting growth and development.
- Prompt student to chart throughout shift.
- Set a deadline of half an hour or an hour before shift ends to be done.
- Standards of care/care plan and documentation should be well related.
- Give lots of feedback on charting.

**Medication Administration Information for Preceptors**

The students have gone through painstaking measures to prevent medication errors. Here is a list of some of those measures the students need to continue to employ to ensure medication safety. It is understood that facilities may use varying systems for medication administration.

• Students have been instructed on using the six rights of administering medications and Joint Commission Patient Safety Goals related to medication administration.
They must complete the appropriate assessment of the client prior to any administration of medication. The preceptor will have to decide if waiting for the student hinders patient care. In those circumstances, the preceptor should administer medications after informing the student.

- The students have been instructed that they must not give a medication unless they have the medication administration record with them. In some facilities this is not possible. In those facilities, they must then find another method of identification or verification of the medication record and the client with them.
- The students must not accept or administer a medication or IV solution prepared by another nurse.
- The students must not administer any IV push, even a saline flush, which is not labeled. They should take the vial in the room with them, along with the MAR and draw it up in the room. The students are instructed to refuse to administer medications which do not meet the rules of medication administration and have the right to do so.
- Students should not give medications for clients other than their own, unless the situation has thoroughly been discussed and the preceptor approves.

**Student Clinical Dress Code Guidelines**

> Name tag.

> Watch with a second hand.

> White uniform tops and black uniform bottoms. Scrubs are acceptable. T-shirts/jeans are not acceptable.

> Lab coats are acceptable over uniforms or over professional dress. >

Uniforms must meet professional standards of clinical agencies:

- Clean and unwrinkled, Opaque fabric,
- Skirts at knee level or below, Slits in skirts at knee level or below
- Midriff covered, No cleavage visible
- No writing or symbols that show through uniform
- No sweatshirts, tank tops, sleeveless shirts, denim, or shorts

> Professional standards as above apply to professional dress with or without lab coat
> All white or all black shoes, clogs are permissible. No open toes, no sandals - including pre-clinical.

> All white socks or white hose.

> Only one wedding band without stones or with recessed stones and no projections.

> One pair of post earrings in the lower lobes only.

> No pierced nose or tongue rings or other visible body piercing jewelry.

> No necklaces and no bracelets. (Unless it is a Medical Alert)

> All visible tattoos have to be covered in the clinical settings.

> No long or fake nails. Nails should not extend beyond fingertips. Nail polish must be clear or none.

> Hair that is shoulder length or longer must be up and off collar, and must not hang into face or over client while providing care.

> No perfume/aftershave/cologne or noticeable scented lotions or other products.

> Clean and free of any offensive odors, including cigarette odor.

> No unnatural hair colors or party colors.

> No gum chewing.

**Additional Useful Information**

The following can be found in the Student Handbook:

- Philosophy of the WWCC Associate Degree Nursing Program
- Nursing Program Conceptual Framework
- End of Program Outcomes

Current Nursing Student Handbooks are located on the Nursing Program Website at

https://www.westernwyoming.edu/academics/nursing/students.html
These shape our curriculum, and give the students a format to organize the knowledge they receive in the program. While you certainly do not need to memorize these resources, they are information that will help you relate to students more effectively in this program.

Additional information and resources are available at

https://www.westernwyoming.edu/academics/nursing/partners.html (Rev Resources 12/17 AC)

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