

Clinical Preceptor Requirements

The Emory University WOCNEC requires **dual scope and full scope students** to have at least **two (2) different preceptors and/or clinical sites two (2)** in order to get different perspectives and to assure exposure to the full scope of practice. **Single Scope only requires one (1) preceptor.**

A: Identify preceptor in your area and check their availability to precept you. A preceptor will require the following credentials:

1. RN with a Baccalaureate Degree
2. Current Board Certification through WOCNCB®.
3. At least one (1) year of fulltime clinical experience as a WOC Nurse after certification
4. Sufficient patient census to provide needed learning experiences--this is defined as about 5 patients/day for a Home Health experience, and 6-8 patients/day for an acute care or long-term care facility.

If they are interested and available, you will need to notify us of your intended preceptors. We will then send your potential preceptors an application to serve as offsite preceptor. You will be notified when your preceptors are approved.

B .Most clinical sites require an Affiliation Agreement (contract) with Emory University.

When you send us your list of intended preceptors, we will initiate contact with the agency to determine their contractual requirements, and we will work with the appropriate individuals in the agency to establish a contractual agreement. **Establishment of a clinical contract can take as long as 6 months**, so it is critical for us to get your preceptor list as soon as possible. If your preceptor has identified that you do not need such an agreement, please submit that to us in writing on the company's letterhead.

C. Hours: Full-scope (Wound, Ostomy, and Continence) students are required to obtain 120 hours of clinical with an approved preceptor, and specialty course students are required to obtain 40 hours per specialty course.

D. Specific Experiences: In addition to the requirement for a specific number of hours with approved preceptors, your clinical experience needs to provide all of the following:

- Wound students: experience with trunk wounds and lower extremity wounds. Most students need to arrange for experience in an acute care or long-term care setting (for trunk wounds) PLUS an outpatient wound clinic or home health setting (for lower extremity wounds)—1-2 days in this setting.
- Ostomy students: at least 3 – 4 days of focused ostomy clinical. It is ideal to obtain experience with both standard and continent diversions; however, it is not always possible to arrange experience with continent diversions. The required experience is with standard diversions.
- Continence students: at least 2 days of clinical focused on restorative continence care (in-depth assessment, behavioral management, surgical intervention, biofeedback, etc.) If your primary clinical sites do not provide this experience, your primary preceptor may be able to coordinate appropriate learning experiences with clinicians/facilities in your area. (The coordinating preceptor must be certified in continence care.)

Projected Clinical Preceptorship Plan

STUDENT INFORMATION:

Name: _____ BSN BS in _____ w/ADN Other _____
Phone #: _____ Email: _____

CLINICAL SPECIALTY FOCUS (Check all that apply): Wound Ostomy Continence
I would like to arrange Clinical Preceptorship in metro-Atlanta area: Yes W O C or No
I have spoken with each person listed below. Yes No

PRECEPTOR #1

Name and Credentials: _____
Best Daytime Contact #: _____ WK HM CELL
Email #: _____
Employer: _____
Has this person precepted for our program before? Yes No

Date Emailed _____	Statistics Expired _____	Current Certification _____
Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Exp _____	Name: _____ Email _____

PRECEPTOR #2

Name and Credentials: _____
Best Daytime Contact #: _____ WK HM CELL
Email #: _____
Employer: _____
Has this person precepted for our program before? Yes No

Date Emailed _____	Statistics Expired _____	Current Certification _____
Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Exp _____	Name: _____ Email _____

PRECEPTOR #3

Name and Credentials: _____
Best Daytime Contact #: _____ WK HM CELL
Email #: _____
Employer: _____
Has this person precepted for our program before? Yes No

Date Emailed _____	Statistics Expired _____	Current Certification _____
Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Exp _____	Name: _____ Email _____