ENTEROSTOMAL THERAPY NURSING EDUCATION

A DISTANCE LEARNING PROGRAM

PRECEPTOR GUIDELINES
TABLE OF CONTENTS

Introduction to ET Nursing 2
ET Nursing Education 2
Text Books 4
Integration of Theory to Practice/Preceptorship 4
Purpose of the Preceptorship Program 5
Arranging the Preceptorship 5
Theoretical Course Content to Support Preceptorship 5
Role of the Preceptor 7
Orientation to Clinical Setting 7
Clinical Skills Checklist 7
Clinical Journal 8
Liability Insurance 8
Learner Evaluation 8
Cost of Preceptorship 8
Student Evaluation 8
Clinical Evaluation Tool 9
Submission of Evaluation forms 12
Student Evaluation of Preceptorship Experience 12
Program Evaluation 12
Grievances 12
Contact Information 12
Introduction to ET Nursing
The specialty of ET nursing is more than fifty years old. Historically ET Nursing educational programs concentrated on teaching the care for patients with ostomies and fistulae. However as a response to a need, many ET Nurses became experts in managing wounds under ostomy appliances and skin breakdown due to the effects of urinary and fecal incontinence. It was a natural progression to add wound and continence care to the CAET ET Nursing curriculum. Now all ET Nursing education programs in North America, and beyond, include all three domains of practice in the curriculum. Today most ET Nurses have full practices in wound and ostomy management including selected aspects of continence care. Many ET Nurses have full continence practices, some run continence clinics, including patient assessment and non-invasive treatments for urinary and fecal incontinence.

In 2009 the Canadian Nurses Association recognized ET Nursing as a nursing specialty. Graduates of the CAET Academy ETNEP Program are eligible to write the Canadian Nurses Association Certification exam to be certified as specialists in wound, ostomy and continence care. www.cna-aiic.ca/en/professional-development/specialty-certification

In 2011 the CAET Academy entered in to an agreement with the University of Western Ontario Clinical Master’s of Wound Healing to enable graduates of the ETNEP to apply for advanced standing in the Master’s Program. Other University agreements, recognizing the advanced education of ET Nurses, are being investigated.

ET Nursing Education
Unlike many other nursing specialties, Nurses wishing to become ET Nurses must have a Baccalaureate in Nursing or related field and complete a formal ET education program, which includes a clinical practicum with an expert nurse.

ET Nursing education in Canada has had a rich history. In the earlier years, while still a region of the International Association for Enterostomal Therapy, Canadian programs in English (Vancouver, B.C.) and French (Montréal, QC) provided hospital-based ET Nursing education but closed due to insufficient enrollment to cover costs. The same fate occurred in the 1990’s for the French and English programs affiliated with universities.

Canadian Nurses, wishing to become ET Nurses, were forced to go out of country for these courses. In 1996 the CAET sponsored the development of a bilingual Canadian ET Nursing Distance Education Program and brought ET Nursing education, for Canadian nurses, home to Canada.

With the advent of the personal computer and the Internet, it was a logical progression to redevelop the CAET ETNEP in to a fully supported on line program.
The program underwent a complete redevelopment in 2007 and a completely new program consisting of 3 clinical courses and a professional practice course is now a reality.

CAET Academy ETNEP students come from a broad range of backgrounds with varied nursing experience and nursing proficiency. The minimum requirement for entry is an active Registered Nursing License, Baccalaureate in Nursing or in a health related field and two years experience. Many applicants have Master’s degrees and some are Nurse Practitioners. Students come from all sectors including Primary Care, Long Term Care, Home Care and Acute Care. As the CAET Academy ETNEP is a distance program students come from all over Canada and the Academy is looking at ways to offer the program to international students.

Students complete 360 hours of clinical theory, 60 hours of professional practice and 225 hours of clinical preceptorship.

The 4 theoretical courses are usually completed in the following order:

1. Professional Practice Pre Program (2 weeks),
2. Ostomy and fistula management,
3. Continence management,
4. Wound management,
5. Professional Practice Post Program (4 weeks).

Students start the program with a 2-week Professional Practice course. This course sets the stage for on line learning and acquaints the student with literature search strategies, Benner’s Skill Acquisition model and the mechanics of the program. Each of the 3 clinical courses is approximately 15 weeks in length and includes the two-week (75 hours) preceptorship. Students finish their studies with a 4-week professional development course designed to acquaint them with the variety of professional roles in which the Enterostomal Therapy Nurse is engaged. Students must achieve an overall average of 70% to graduate.

Academic Advisors facilitate each course and are available to guide students, participate in the discussion forums and grade assignments. All are ET Nurses prepared at Baccalaureate and or Master’s level.

In 2010 the CAET Enterostomal Therapy Nursing Education Program underwent another reincarnation and the CAET Academy was born. The CAET Academy has two educational streams, the ETNEP and the Knowledge to Practice Series, which provides continuing, on line, educational programs in wound, ostomy and continence to health professionals.

In all CAET Academy online programs the principles of adult learning dictate a cooperative and self-directed approach to learning. Students use a textbook but all other resource material is available online using PDF documents, web links and PowerPoint presentations.

Although students work at their own pace, they do have deadlines and must complete assignments and exams by specific dates. They must also participate in asynchronous discussion
forums, which promote student interaction and engagement with the Academic Advisor. IT and Administrative support ensure a seamless and stress free academic experience.

**ETNEP Program Text Books**
In the CAET Academy ETNEP each course uses a reference textbook. In 2012 the texts are:

**The Integration of Theory to Practice**
The ET Nursing Education Program includes three 2-week (75 hours) preceptorships, taken at the end of each clinical course.

Prior to starting the Preceptorship, students must complete the first 6 weeks of the theoretical component of the course specific to the Preceptorship. Within these first 6 weeks students receive the key information that they will need to carry out their clinical student ET Nurse role.

The value of the preceptorship model in Enterostomal Therapy (ET) Nursing Education is well supported in the literature. “Preceptorship is a formal, one-to-one relationship, of pre-determined length, between an experienced nurse (Preceptor) and a novice (Preceptee) designed to assist the novice in successfully adjusting to a new role.”

Students have the opportunity to put theoretical knowledge learned in their courses, into clinical practice in the safety of a mentored environment.

In the preceptorship, the student will experience the role of an ET nurse in order to:
- Meet the bio-psychosocial needs of the person with an ostomy, a fistula, a continent diversion, a wound, a percutaneous tube or selected aspects of incontinence,
- Meet the professional role expectations of an Enterostomal Therapy Nurse.

Student experience prior to the preceptorship varies. Some students have had a lot of wound and ostomy or continence experience before they start the course and some may have had very little.

Students can find the preceptorship process to be quite intimidating. It is possible for a student to be sponsored by their employer to take the course and have a position waiting for them. This can be quite intimidating when the student finds out how much there is to know to become an ET Nurse!

The CAET Academy Director and Preceptorship Program Coordinator are available to assist the process. They can be reached by telephone or email. Office hours may vary depending on each
person’s other work commitments. At all times, voice mail messages or email will be responded to within 3 business days.

**The Purpose of the Preceptorship Program**
The expectation of the Program is to graduate students with the theoretical background to support their practice as “novice” ET Nurses. The ETNEP Preceptorship is designed to be a “hands on experience”. As students are all licensed Registered Nurses it is an expectation of the preceptorship that they will gain the experience of actually providing Enterostomal Therapy care. In rare situations where this might not be possible then an observation visit may be set up and students will be required to complete extra assignments. This would need to be arranged with the Academic Advisor or Preceptorship Coordinator prior to the start.

There is no substitution for the supervised portion of the preceptorship (attending a conference) nor is advanced credit (previous wound, ostomy or continence nursing experience) permitted. In the case of unforeseen absences, the student will be required to make up the time. Students must pass each preceptorship in order to graduate.

**Arranging the Preceptorship**
The CAET Academy maintains a roster of eligible and available Preceptors. It is expected that students will take the responsibility for arranging their preceptorship with some assistance from the program. Students are given a copy of the roster at the start of the program. Students will make contact with Preceptors listed on this roster prior to setting up their experience. The CAET Academy takes care of any “paper work” and documentation that must take place prior to the start of the preceptorship and has many legally binding affiliation agreements with institution across the country.

Many facilities have student placement officers and sometimes this is the person that the student must contact prior to arranging the preceptorship.

Important steps in the process of arranging the preceptorship include:
- Determine who the contact person is.
- Determine if a contract is required and or in place with the CAET Academy and the institution.
- Students must fulfill any requirements such as proof of current RN license, immunizations and malpractice insurance required by the facility.
- Once the facility agrees that the preceptorship may take place, student and Preceptors meet to agree on the schedule and student’s learning objectives.

**Theoretical Content to Support Preceptorship**
Below is general information regarding course timelines for Wound, Ostomy and Continence. Current schedules are available to preceptors, via the website.
Wound Management
Anatomy and Physiology
• Week 1 - 2
Focused wound assessment:
• Week 3 - Wound Assessment and Critical Cofactors and complete an assignment specifically using the BWAT.
Categories of wound products and indications for use:
• Week 4 - Wound Bed Preparation, Topical and Biophysical Technologies in Wound Management.
• In week 12 the students cover product usage in the case study via their discussion forums.
Wound Pain:
• In week 10 students complete an assignment specifically on managing wound pain.

Ostomy Management
Common diagnoses and surgeries leading to an ostomy:
• Week 1- Gastrointestinal Anatomy and Physiology, Pathophysiology & Surgical, and the completion of an assignment describing surgical procedures.
Focused ostomy assessment:
• Week 5 - Patient Assessment and Stoma and Abdomen Assessment and the completion of an assignment on Stoma and Peristomal Skin Assessment.
Principles of stoma site marking:
• Week 6 - Stoma and Abdomen Assessment.
Categories of ostomy products and indications for use:
• Week 8 - Containment Products and Applications.
• Week 11 - Student discussion forums focus on product selection so this may take place after the preceptorship begins.

Continence Management
Focused client assessment:
• Week 2 – Urinary Incontinence
• Week 4 – Assignment on assessment data specific to stress and urge incontinence.
• Week 8 – Student discussion forum focus on interpretation of assessment data.
• Week 10 – Student discussion forum focus on interpretation of physical examination.
• Week 9 – Fecal Incontinence
Management of urinary incontinence:
• Week 3 – Stress Incontinence
• Week 4 – Urge Incontinence
• Week 5 – Acute & Chronic Urinary Retention
• Week 6 – Reflex Incontinence
• Week 7 – Functional Incontinence; completion of assignment on developing a care plan for a specific type of incontinence.
Management of fecal incontinence:
• Week 10 - Management of diarrhea, disordered defecation (Irritable Bowel Syndrome, Constipation) and fecal incontinence.
• Week 12 – completion of an assignment on intractable diarrhea.

**Role of the Preceptor**
Preceptors must have a broad knowledge of the program content and the Canadian Nurses Association ET Nurse Competencies (These are available on the CAET Academy Website) in order to understand the student’s preparation and learning objectives prior to the preceptorship. The Preceptor “mentors” students in the clinical area, supporting students to put theory in to practice. The Preceptor also acts as a role model demonstrating excellence in practice and the integration of the role within the health care environment.

A general update by email to the CAET Academy on the student’s progress on the 4th or 5th day into the preceptorship is requested. If any specific concerns regarding the student’s progress are identified by any of the Preceptors, they should be discussed with the CAET Academy and the student earlier rather than later. Students need the opportunity to improve before the final evaluation!

Spending a small percentage of the preceptorship in viewing important aspects of care such as surgeries is permissible, but the goals for the preceptorship are hands on clinical practice so the goals for an observational experience must be discussed before hand and students will be required to demonstrate their learnings to the Preceptor.

**Orientation to the Clinical Setting**
The student is required to adhere to the policies and procedures of the clinical setting during the preceptorship. The Preceptor should provide the learner with essential information prior to the beginning of the preceptorship. This would include:

- If the learner is from out of town, a list of places to stay, information about parking or bus access,
- A layout of the facility, office location, phone number to call if unable to attend, hours of work,
- Policies related to dress code (many institutions require a name tag that originates from the institution - check with the human resources department),
- Policies related to documentation and privacy,
- Standard care plans and routines.

An important part of the preceptorship is becoming familiar with the equipment and having the opportunity to experiment. As an integral part of the program, manufacturers will provide the student with brochures and/or samples of various products. It would be beneficial to the student to review the products available in the clinical setting and discuss advantages and disadvantages of alternative products.

**Clinical Skills Checklist**
During the preceptorship, the Clinical Skills Checklist allows the student to keep a record of the experiences gained.

Students are required to come to their first preceptorship meeting prepared with the clinical
skills checklist and learning plan and review it with the Preceptor. At this time it is also helpful for the Preceptor to articulate what theoretical knowledge they expect the student to have for the specific clinical environment. If not already covered in the theoretical component of the course, the student can acquire this theoretical knowledge by working ahead in their readings. It is important that the student inform the CAET Academy and the Preceptor when there is a clinical skill for which she or he does not have the theoretical background.

**Clinical Journal**
During the preceptorship, the student must complete a Clinical Journal. The purpose of this graded assignment is to provide an opportunity for the student to summarize the knowledge and skills they acquired during the preceptorship experience. It helps them to identify links between practice and theory.

The student should review the clinical journal with the Preceptor before submitting it to the Academic Advisor.

**Liability Insurance during Preceptorship**
The CAET Academy provides Liability Insurance to students to cover them for errors or omissions during the preceptorship. Thus it is imperative that the Preceptor take a responsible role with the student. If the student is to spend time with someone else, then the Preceptor and that person must be clear of the student’s goals and discuss how the student will be evaluated during this experience. The Preceptor is responsible for the student while on placement no matter whom they are with.

Where required, WSIB coverage is also provided by the CAET Academy.

**Costs of Preceptorship**
Most Preceptors do not charge for the preceptorship, but some institutions do. It is incumbent on the student and the Preceptor to discuss this prior to the start of the experience.

The CAET Academy does not assume any costs for the preceptorship. This is the responsibility of the student. The CAET Academy assumes no responsibility should a student default on payment.

**Student Evaluation**
The clinical evaluation contributes 20% of the student’s total grade. The Preceptor uses a standardized evaluation tool (available in the preceptor site at [www.caetacademy.ca](http://www.caetacademy.ca)). The evaluation tool asks preceptors to rate the student in each criterion according to the level of performance. Each rating level is associated with a weighting and when the CAET Academy receives the evaluation these numbers are calculated into a grade.

The evaluation tool is based on the nursing process of Assess, Plan, Implement, and Evaluate. In this program this familiar paradigm is used to evaluate the student’s ET Nursing skills, not their general nursing skills.
We would be surprised, and even a bit concerned, if any ET student earned 100% in their clinical preceptorship as it is not possible for anyone to know or do everything perfectly... and certainly not while they are still a student.

Each year financial academic awards are given out based on final grades and competition is tough for these awards; it is important to ensure that all students are evaluated in a consistent and fair way.

Clinical Evaluation Tool
The Preceptor will evaluate the progress of the student using the Clinical Evaluation Tool (available on the CAET Academy website www.caetacademy.ca). To assist in the evaluation process, the following questions are helpful.

Assessment
1. Examines pertinent information from a variety of sources.
   • Does the student consult the patient, other members of the health care team and the chart when completing an assessment?

2. Demonstrates knowledge of the relationship between pathophysiology and management.
   • Does the student make links between diseases and care provided/required?
   • Can the student explain the rationale for diagnostic test, procedures and interventions?

3. Performs a physical assessment. Does the student:
   • Have adequate assessment skills?
   • Assess the appropriate parameters?

4. Performs a psychosocial assessment. Does the student:
   • Have adequate interviewing skill?
   • Listen to the patient?
   • Solicit clarification?
   • Recognize verbal and nonverbal cues?
   • Explore pertinent aspects?

5. Anticipates potential problems and/or complications. Does the student:
   • Identify potential problems in various situations?
   • Plan interventions to avert problems?

6. Recognizes actual problems and/or complications. Does the student:
   • Identify problems?
   • Propose appropriate solutions?

7. Assesses the factors that influence learning. Does the student:
• Recognize the factors that impede learning and teaching?
• Recognize factors that enhance learning and teaching?

8. Identifies learning needs. Does the student:
• Recognize the person’s learning needs?
• Adjust teaching strategy to meet the person’s learning needs?

Plan
1. Uses assessment information to plan appropriate care. Does the student:
• Plan care based on assessment data?
• Set appropriate priorities?

2. Plans interventions to prevent or reduce problems and/or complications?
• Plan appropriate interventions and prevention strategies?

3. Designs a comprehensive care plan. Does the student:
• Take into account bio-psychosocial data when planning care?
• Develop a plan of care that is suitable for the person’s needs?
• Include all of the person’s needs in the plan of care?

4. Schedules interventions according to individual needs. Does the student:
• Adjust their schedule to accommodate the person?
• Demonstrate ability to schedule interventions based on the person’s needs and activities?

5. Develops an appropriate discharge plan. Does the student:
• Develop an appropriate discharge plan?
• Provide of discharge options?
• Include key team members when planning the discharge?

Intervention
1. Demonstrates the ability to meet individual psychosocial needs. Does the student:
• Intervene appropriately to meet individual psychosocial needs?
• Provide an atmosphere conducive to therapeutic communication?
• Demonstrates the ability to meet individual physical needs. Does the student:
• Adapt care to meet physical needs?
• Identify physical limitations?

2. Demonstrates the ability to meet individual learning needs. Does the student:
• Adjust the teaching strategy to meet the needs of the person?

3. Uses appropriate communication techniques. Does the student:
• Communicate clearly and effectively with the person?

4. Demonstrates appropriate technical skill. Does the student:
• Demonstrate dexterity, organization and attention to principles when doing technical skills?

5. Selects appropriate products/equipment. Does the student:
• Choose appropriate products/equipment?
• Explain the reasons for the choice?

6. Uses appropriate resources. Does the student:
• Know the resources available?
• Identify the need for resources?

7. Initiates appropriate referrals. Does the student:
• Initiate referrals to meet needs during hospitalization and/or in the community?

Evaluation
1. Determines progress in reaching care plan objectives. Does the student:
• Use appropriate measures to determine progress?
• Recognize the objectives that have been achieved and those yet to be achieved?

2. Evaluates effectiveness of interventions. Does the student:
• Use appropriate measures to evaluate the effectiveness of interventions?
• Reassess outcomes?

3. Revises the plan of care as needed. Does the student:
• Identify alternative plans as needed?
• Use reassessment data to alter or change interventions?

Professional Role
1. Recognizes own limitations and seeks opportunities/resources. Does the student:
• Ask for assistance when unsure of policies and procedures?
• Visit the library or request articles to obtain more information?
• Actively seek clinical experiences to meet learning needs?

2. Collaborates effectively with the interdisciplinary team. Does the student:
• Initiate communication with other team members to meet needs?
• Participate in multidisciplinary rounds?

3. Demonstrates effective oral presentation skills (if appropriate).
• If the student prepared and delivered a presentation during the clinical experience consider the organization of the presentation, i.e., objectives, content, suitability of teaching strategy, time management, etc. and the learner’s presentation skills.

4. Documents concisely and appropriately. Does the student:
• Use appropriate medical terminology?
• Use the facility format to document care?
5. Identifies potential ethical dilemmas. Does the student:
   • Identify potential ethical dilemmas in practice?
   • Articulate concerns and propose solutions?

Submission of Evaluation Forms
It is the expectation of the ETNEP that the student and the Preceptor will discuss and sign the completed evaluation together. Please post the completed evaluation form on the CAET Academy Website in the Preceptorship area within one week of completing the preceptorship. Please give the student a copy of the evaluation and keep a copy of the evaluation for your files as sometimes these get lost and second copies are required!

Student Evaluation of Preceptorship Experience
We encourage students to share their thoughts about their experience with the Preceptor and the CAET Academy using the Evaluation of Preceptorship Experience form.

Program Evaluation
Upon completion of your first preceptorship experience, we request that you complete a Program Evaluation by Preceptor form available on the Preceptorship website. This will enable us to better meet the needs of students and Preceptors and subsequently improve the program when the revision process takes place. Please post this evaluation to the CAET Academy Preceptorship Coordinator within two weeks of completing the first preceptorship.

Grievance Procedure
Although we have tried to anticipate every potential problem, situations may arise that cause concern. If the Preceptor has a complaint or concern about the program, please discuss it with the CAET Academy Director or designate as soon as possible. Every effort will be made to resolve issue to the satisfaction of all.

Contact Information
• CAET Academy Director
  Virginia McNaughton
  Tel: 613-596-4972
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  Email: director@caetacademy.ca

This document and all other required information is available on the CAET Academy password protected Preceptorship site at www.caetacademy.ca