

CLINICAL PRECEPTOR REQUIREMENTS/EXPECTATIONS

Potential Wound or Ostomy preceptors must meet the following requirements:

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
4. Sufficient patient census to provide needed learning experiences--this must be **documented by simple statistics.**

Potential Continence preceptors must meet the following requirements:

1. Meet the above criteria **OR**
2. Continence is your area of specialty and that will be proven with a CV and/or Resume. Continence preceptors can be an MD, RN, PT or Urologist.

The Emory University WOCNEC requires dual scope and full scope students to have at least 2 different preceptors and clinical sites (2) in order to get different perspectives and to assure exposure to the full scope of practice.

Most clinical sites require a contract with Emory. Emory will initiate a contact with your agency to determine any contractual requirements, and we will work with the appropriate individuals in your 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 this information as soon as possible.

Full-scope students are required to obtain **120** clinical hours with an approved preceptor, and specialty course students are required to obtain **40** hours per specialty course. In addition to the requirement for a specific number of hours with approved preceptors, the 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 both an acute care or long-term care setting (for trunk wounds) and an outpatient wound clinic (for lower extremity wounds).

•**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. Students may visit a Urology clinic to meet clinical requirements. (The coordinating preceptor must be certified in continence care.)

**EMORY UNIVERSITY SCHOOL OF NURSING
WOUND, OSTOMY, AND CONTINENCE
NURSING EDUCATION CENTER**

17 Executive Park Drive, NE; Suite 650
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Atlanta, GA 30329-2227
FAX: (404) 778-4778

APPLICATION FOR PRECEPTORSHIP

Name of Student(s) _____

1. Personal Demographic Data

Preferred method of contact: **Home** **Work**

Name _____

Last Name First Name Middle Initial Professional Designations

Home Address _____

Street Address

City State Zip

Phone #s _____

Home Work Fax

Email (work) Email (home)

Place of Employment _____

Address _____

City State Zip

Supervisor (Name & Title) _____

2. Educational Experience (After High School)

A. *Date and Name of most recent Conference Attended:* _____

B. *Highest Education Degree:* _____

Name of Institution	City/State	Date of Entrance	Date of Leaving	Hours/Degree Earned

3. Current RN Licensure _____

State Number Exp. Date

4. Board Certification:

	CWOCN	CWON	CWCN	COCN	CCCN	CFCN	Other:
<i>Date of Initial Certification</i>							
<i>Date of Certification Exam Last Taken</i>							

ATTACH A COPY OF YOUR CURRENT BOARD CERTIFICATION CERTIFICATE

5. Patient Caseload

Type of patients you see: Inpatient Outpatient Home Health LTC

Approximate number of patients visits per day: _____

Please indicate the % of average time over the past year spent in each area:

Wounds: Trunk (<i>Pressure Ulcers, Fistulae, etc.</i>)	%
Wounds: Legs (<i>Vascular, Neuropathic, ABIs, Wraps</i>)	%
Ostomy: <i>Standard &/or Continent Diversions</i>	%
Contenance: Restorative/Behavioral	%
Contenance: Skin/Containment	%
Foot and Nail Care:	%
	%
Total	100%

Are you in a position to arrange continence clinical? **Yes** **No**

6. Preparation for Clinical Preceptor Role

(Successful completion of a Preceptor Workshop, Preceptor Self-Study Packet, or prior experience as a preceptor for any nursing program/student is required.)

Please check all that apply:

Completion of preceptor workshop:

Date/Location: _____

Prior experience as clinical preceptor:

Please describe: _____

Other: Please describe: _____

Preceptor's Signature

Date

PLEASE EMAIL, FAX or MAIL YOUR COMPLETED APPLICATION TO:

EMAIL: SHENITA.WILLIAMS@EMORY.EDU

FAX : **404 778-4778**

MAIL : **EMORY UNIVERSITY: WOCNEC**
C/O Shenita J. Williams, Preceptor Coordinator
17 Executive Park Drive, NE
Suite 650
Atlanta, GA 30329-2227