

Preparing to be a Preceptor



A Handbook for Preceptors Practical Nurse Program



This handbook was developed by:
Nancy Walker, RN, MN, Nursing Faculty, Red Deer College
Anwen Burk, MILS, Learning Designer, Red Deer College
Emil Tarka, MA, PMP, Project Coordinator, Red Deer College
for the Rural Instructor Preceptor Project (RIPP)
Red Deer College/Alberta Health Services (2010)

Copyright © 2011 by the Rural Instructor Preceptor Project.
No part of this document may be reproduced or transmitted
in any form or by any means, electronic, mechanical, recording
or by any information storage and retrieval system, without
written permission from the Red Deer College Nursing Department.

How to use this Handbook

This preceptorship handbook is intended to provide you with the information necessary to be a preceptor to a 2nd year Red Deer College Practical Nursing Student.

Part 1: Essential Information

All the information regarding the course and the evaluation criteria needed to complete the midterm and final evaluations for your student is in this part of the handbook. It is recommended that you review Part 1 before you start your preceptorship. If you are precepting a student in Home Care, there is an important section at the end of the handbook (Part 2, Section 7) that addresses issues specific to home care visits by your student. It would be helpful to review this section prior to the start of your preceptorship.

Part 2: Quick Reference Guide

It contains practical tips, reminders, and ideas to help make this a positive preceptorship experience for both you and your student. You do not need to read through part 2 from the beginning to the end before you begin the preceptorship. Scan through the “Table of Contents” and read the sections that have meaning for you at this time. Some sections you may wish to read only if you need some assistance with various aspects of the preceptorship role.

Note: For purposes of clarity, this handbook uses the pronouns “she” and “her” to denote both genders.



Page 3 provides a place for you to write down the contact information for your preceptorship. If you record it now, you will always have quick and easy access to student and instructor information when you need it!

Table of Contents

Part 1: The Essentials

Review all this information before you start your preceptorship.

Getting Started

Learning Outcomes	2
Legend	2
Contact Information	3

Section 1:

The Impact of the Preceptor Role on the Student and Nursing Practice	4
Overview: The Impact of the Preceptor on Students	5
Suggested Reading	6
Review & Reflect	6

Section 2:

Preceptor, Instructor and Student Responsibilities	7
Expectations/Role of the Preceptor	8
Checklist: Responsibilities of a Preceptor	9
Expectations/Role of the Instructor	10
Expectations/Role of the Student	11
Student Skills: What Can You Expect	13
Student Skills: Practical Nurse Lab Content	14
Review & Reflect	15

Section 3:

Evaluating Students on Clinical Practice	16
Evaluation Methods used at RDC	17
Sample Clinical Evaluation Form	20
Clinical Grading Guide	22

Getting Started

Learning Outcomes:

After completing “Part 1: The Essentials” you will:

- Have a greater understanding about the value of the preceptor role within nursing practice.
- Be able to describe the roles and responsibilities in the preceptor/student relationship.
- Be able complete the Clinical Evaluation Form.

Legend

Various symbols and specific formatting have been used to indicate certain types of information. They are as follows:

**Learning Target:**

This symbol appears next to your learning outcomes for each section.

**Take Note:**

This symbol appears next to information which we want to highlight.

**Review & Reflect:**

At the end of each section there are questions and/or activities that provide you with the opportunity to review and reflect on the material covered in that section. Your answers do not need to be submitted. They are intended to be used for your own assessment of your understanding.

**Checklist:**

This symbol is used when the content contains a list of tasks that you need to perform or steps you need to take in your role as a preceptor.

Red Deer College Preceptorship Contact Information

Student's Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Dates of Experience: _____

Number of Clinical Hours/
Shifts Required: _____

Course Instructor's Name: _____

Course Instructors: Carol Sherrer, RN, BScN
Phone: 403-342-3428
Cell: 403-352-2415
Email: carol.sherrer@rdc.ab.ca

Marsha Toews, RN
Phone: 403-357-3635
Cell: 403-877-2854
Email: marsha.toews@rdc.ab.ca

Nursing Department:

Fax number: 403-357-3679

Address: 100 College Blvd.
Box 5005
Red Deer, Alberta
T4N 5H5

Section 1: The Impact of the Preceptor Role on the Student and Nursing Practice

While this section is brief, it is crucial to understand the value of your role as a preceptor. Throughout your time as a preceptor it is important that you take time to reflect upon and recognize the impact you have on your nursing student.

In this Section you will find:

- An introduction to the impact of the preceptor on students
- Suggested reading on the impact of the preceptor on students
- Read and review

Learning Target for this Section:



Once you have completed this section you will have a greater understanding about the value of the preceptor role within nursing practice.

Overview: The Impact of the Preceptor on Students

An effective preceptor is a major factor leading to the retention of new nurses. Staff nurses who precept can connect with students in ways that others cannot, building trust and responsibility, while easing the transition into professional practice and into the “real world” of healthcare.⁹

Being a preceptor is a challenging and important role that helps prepare graduates for the growing complexities of the health care system, various methods of delivering care, coping with ambiguity and diversity of clients, and the rapid changes in technology. Paired with an experienced nurse, the novice practitioner learns by observing, following guidance, questioning, and participating in nursing care, education, and health promotion of individuals, families and groups.

Preceptors facilitate learning through their ability to articulate expectations, being supportive and flexible, and by having a desire to help the student learn.

Preceptors facilitate the orientation, growth, and development of nurses who will one day work side by side with them and become their colleagues.⁹

Quotes on the Impact of the Preceptor on Students

“This final practicum is a truly amazing experience. To be able to be one-on-one with the preceptor, who is so knowledgeable in their area. Years and years of experience and someone who can be there to guide you through every single step of the practicum...is amazing!”⁶

“A good preceptor challenges a student and really pushes them, asks them questions. This helps keep the student sharp and wanting to learn”. “A good preceptor will offer constructive criticism and give feedback on ways to improve”.⁶

“This has definitely been my best learning. It’s been an absolute phenomenal learning experience for me”.⁶

Suggested Readings:

Preceptorship: Key to Success

The Registered Nurses Association of Ontario

Link: <http://www.rnao.org/Page.asp?PageID=122&ContentID=1309&SiteNodeID=405>

Preceptorship Roles

University of British Columbia

Link: <http://www.health-disciplines.ubc.ca/pm/managingprograms/preceptorshiproles/preceptor.htm>



Review & Reflect: The Impact of the Preceptor Role on the Student and Nursing Practice

Think about the potential impact of the preceptor on nursing students and consider the following questions:

- How do *you* think preceptors can affect a student's preceptorship experience?
- Think back to your own preceptorship.
 - What was the most valuable thing that your preceptor did for you?
 - What did they do that was most effective?
 - Did they do anything that hindered learning or decreased the effectiveness of the situation?

Section 2: Preceptor, Instructor and Student Responsibilities

There are three main players in the student learning experience – the preceptor, the student and the instructor. These three individuals need to work together and communicate well in order to achieve the best possible learning experience. This section will provide information on these three roles and how they work together.



In this Section you will find:

- Roles of the Preceptor
- Checklist: Responsibilities of a Preceptor
- Roles & Expectations of the Course Instructor
- Responsibilities of Your Nursing Student
- Student Skills - Practical Nurse Lab Content
- Read and Review

Learning Target for this Section:



Once you have completed this section you will be able to describe the roles and responsibilities in the preceptor/student relationship.

Roles of a Preceptor

This section contains information that will help you lay the groundwork for your role as a preceptor. As a preceptor you will establish a one-on-one relationship with your student and this will provide a sense of security while she is learning. The roles of the preceptor include:

Role Model

As you interact professionally with other nurses, staff, patients and their families your student will observe the way you respond to these situations. In similar situations your student will attempt to pattern her behaviors after yours. Role modeling effective critical thinking, organizational, problem solving and decision making abilities can have a huge and lasting impact on your student and her practice.

Teacher

As a teacher you can share your knowledge and skills with your student. For example, you can enhance her learning by offering to do an unfamiliar skill or assessment the first time and then having her do it the next time with you observing. Feedback on how she did will strengthen your students knowledge and skills. Guiding, coaching, directing, supporting, and communicating are key to being an effective teacher.

Facilitator

As a facilitator you can draw on your expertise and experience to assist your student in achieving her personal learning goals and course objectives. Facilitation is achieved through being collaborative rather than directive, providing resources, assisting in planning workload, encouraging and communicating openly, and providing ongoing feedback and evaluation to your student.

Guide

Together you and your student will select appropriate learning experiences. You can connect practice and education by providing your student with opportunities for practicing new knowledge and skills. You can do this by assessing your students readiness, providing appropriate support, and providing immediate constructive feedback.

Evaluator

It is important that fairness and sensitivity are considered when evaluating your student. If you provide your student with ongoing feedback, keep notes and examples of how your student is progressing, it will be easier to complete the midterm and final evaluations. Listening to your students perspective and encouraging self-evaluation are also effective evaluation methods.

Guardian

Your student needs consistent support to feel comfortable and it is an essential component in providing a positive learning environment.





Checklist: Responsibilities of a Preceptor

- ☒ Orientate your student to the facility and clinical area
- ☒ Serve as a role model. Share your knowledge, skills and expertise
- ☒ Make an initial competency assessment
- ☒ Facilitate the learning experience-through guiding, directing, teaching and communicating
- ☒ Facilitate clinical questioning, problem-solving and decision-making
- ☒ Facilitate the student's scheduling – adding, changing, identifying others to work with and other learning opportunities
- ☒ Gradually increase your student's responsibility for patient care
- ☒ Provide timely feedback regarding all aspects of clinical practice
- ☒ Keep notes and comments, including examples, of how your student is meeting the course objectives - this will aid you with the midterm and final evaluation of your student's nursing practice
- ☒ Provide midterm and final performance evaluation of nursing practice
- ☒ Notify the course instructor in the event of a crisis that involves your student's personal or clinical practice. Also let us know if your student performs outstanding work that deserves recognition in the form of awards

Roles & Expectations of the Course Instructor

This section outlines the roles and expectations of the course instructor. Each student is assigned an instructor who is available to assist both you and your student throughout the preceptorship experience.

- The course instructor will meet with you and your student to discuss how your student is progressing. A convenient time for these visits will be arranged with you and your student. The number of visits will depend on the workload of the instructor.
- If your student is completing the preceptorship at a distant site, alternative arrangements to discuss your student's progress will be made. These may include phone calls, teleconferences, or videoconferences.
- The course instructor is willing and able to help you with any situation in which you are not sure how to proceed. Consult with the instructor regarding any concerns about your student's clinical abilities and performance.
- If you have any concerns or "Red Flag" situations, but cannot pinpoint these, call the instructor to talk these through. The instructor is available to meet with you alone or with both you and your student, depending on what works best for you. To assist you in determining if you should contact the instructor, refer to the section on Assisting Students who are at Risk for Clinical Failure and review "Descriptors of Unsafe Student Clinical Practice" (Part 2 – Section 5)
- The instructor is available to assist you with the evaluation process.

The contact information on page 3 will assist you in contacting the appropriate person to discuss any questions or concerns.



The course instructor assigned to you and your student is available by phone to answer questions, address concerns and provide support to you and your student.

Responsibilities of Your RDC Nursing Student

Your Student is:

- **Expected to** contact you in the week prior to the clinical experience.
- **Expected to** maintain contact with the course instructor.
- **Expected to** fulfill the required time commitments of the preceptorship. The student is responsible to inform the course instructor immediately of any changes to her schedule.
- **Expected to** make up all missed clinical practice hours. Your student will discuss with you the best way to make up these hours. The Nursing Education Approval Board (ESAC) sets the number of hours needed to complete the clinical practice requirements for graduation.
- **Expected to** be open to a variety of learning opportunities that will enhance her knowledge. Your student should actively seek challenging assignments and greater responsibility as she becomes more comfortable in the practice setting.
- **Expected to** be receptive to coaching, feedback and evaluation.
- **Expected to** take responsibility for her own learning by asking questions and seeking guidance to acquire the knowledge necessary to provide competent care. Your student should show initiative and be willing to learn.

Your Student is:

- **Required to** adhere to Red Deer College and Alberta Health Services Policies regarding student behavior. If there are any questions or concerns regarding inappropriate student behavior, contact the course instructor assigned to you and your student.
- **Required to** hand in her learning assignments by a scheduled date. Your student will arrange to collaborate with you if there are any objectives requiring your input.
- **Required to** adhere to the dress code & policies of the clinical agency. The Red Deer College name-tag must be visible and worn during clinical.
- **Required to** notify you and the nursing unit if she will be late or is unable to attend clinical practice as planned.

Your Student may be:

- **Allowed to** attend workshops that focus on her area of practice. These workshops should be a full day and are counted toward clinical hours. **It is your student's responsibility to get approval from the course instructor to attend these workshops.** Your student should also inform you of the dates that she will be attending workshops.



A copy of your schedule was provided by your clinical manager. From this schedule the course instructor has made a schedule that allows your student to work the same schedule as you do. It is ideal for students to have the same preceptor for the preceptorship, however, this is not always possible and students may have additional preceptors who share the role.



Student Skills: What You Can Expect

Students should be permitted to perform any skill that falls within your scope of practice as a licensed practical nurse, and Alberta Health Services (AHS) policies regarding nursing students. It is understood that the degree of supervision given to students is a function of agency policy. **Red Deer College Practical Nurse Student Policies for Client Care** are also available through the nursing instructor.

It is important to remember that students may have learned skills in a laboratory setting, but due to the nature of their clinical experience, may not as yet had an opportunity to practice these. It is the responsibility of students to inform the preceptor if they have not had an opportunity to use various skills in clinical practice.

If students need to review or to practice their nursing psychomotor or assessment skills, they can do this at the Red Deer College Labs during evening drop in hours. A lab tutor is available to provide assistance.

If you are a preceptor in a rural area and students don't have access to the RDC lab for practice, you are encouraged to set up some equipment that students can access in a seminar room in the facility. They can come and practice at their convenience, utilizing their textbooks for guidance.



If needed, feel free to encourage your student to practice her skills and assessments.

Student Skills: Practical Nurse Lab Content

The following page contains the *Practical Nurse Lab Content*. This chart outlines the skills that the students have learned in each course during their 2 years of the program. This will give you a good idea of the skill level and knowledge of your student.

Practical Nurse Lab Content	
Semester 1	Physical assessment – adult Documentation Hand hygiene Universal precautions Personal protective equipment Transfer, Lift and Repositioning Vital signs, height and weight measurement Ambulation equipment ADL's – bathing, oral care, skin care, dressing, feeding, hair and nail care Communication
Semester 2	Medication administration IM, sc, intra-dermal injections Client teaching Simple wound care Oxygen therapy Ostomy care Bowel and bladder retraining Bowel care Hot and cold therapy Urinary drainage Specimen collection Principles of IV medication Care of pt with cognitive disorders Bandaging
Semester 3	Complex wound care, drains Suture and staple removal IV therapy, IV initiation, Blood transfusions Trach care, suctioning Catheterization Pre/post op care Cast care NG tube insertion, care Chest physio Emergency Chest tubes care Dialysis theory Mental health assessments
Semester 4	Peds assessment Newborn assessment Post partum care Community Health Principles



Review & Reflect: Preceptor, Instructor and Student Responsibilities

After reviewing your roles as a preceptor take some time to think about:

- Which of those roles you will find most challenging? Is there anything you can do to help yourself reduce the challenge?

Section 3: Evaluating Students on Clinical Practice

One of your roles as a preceptor is to formally evaluate your student at midterm and at the end of the preceptorship.

This section will give you information on how to record student progress in the clinical setting and how to translate student behavior into an evaluation for the course.

In this Section you will find:

- Evaluation Methods Used at RDC
 - Midterm Evaluation
 - Final Evaluation

Learning Target for this Section:



Once you have completed this section you will be able to complete the Clinical Evaluation Form.

Evaluation Methods Used at RDC

Midterm and Final Evaluations

In addition to providing ongoing verbal feedback, a large part of your role as a preceptor is to observe and keep notes on the progress of your student in the clinical setting. With the use of these notes you should be able to provide your student with examples to support why she is either excellent, very good, satisfactory, or needs more practice.

There are two formal evaluations of clinical performance. One in the middle and one at the end of the preceptorship (midterm and final evaluations). Evaluations will be with you and your student, or can include the course instructor. Evaluation meetings are scheduled at a convenient time for you, your student and the instructor.

A sample of the evaluation form is attached at the end of this section (page 20). Your student also has a copy of this form in her course outline. These evaluations are referred to as the “Clinical Evaluation”. The midterm and final evaluation forms are identical. **Your student will bring you copies of the midterm and final evaluation form at the beginning of clinical.**



If you require further information and tips on providing feedback and recording examples of student behaviors, see Part 2: Section 4 on “Giving Effective Feedback to Students”.

Midterm Evaluation:

During the midterm evaluation you will have an opportunity to go over the evaluation descriptors and discuss how your student is meeting these objectives. Examples from your notes will provide concrete information to your student on what you are seeing and hearing. This will allow you to suggest areas for growth and improvement, and areas where she is meeting the expectations. You can then set realistic goals with your student and outline your expectations from midterm to the end of the preceptorship.

Your student will fill out her own evaluation prior to meeting with you. During the discussion you will be able to compare your student’s perception of how she is progressing, with your perception.

What your student ultimately needs to leave with after a midterm evaluation is:

- What she is doing well.
- What she needs to improve on. How does this relate to the Clinical Evaluation? Highlight the key objectives she needs to work on.
- What strategies she will use to improve in those areas?
- Where your student is in terms of grade descriptor? You should give her an idea if you think she is excellent, very good, etc. (See page 22 for descriptors).
- Clear expectations for the next part of the preceptorship.

Final Evaluations:

Your student does require a written final evaluation. Course instructors assign the final grade for the course so you don't have to worry about that aspect. What needs to be clear for us is where you believe your student's practice is (ie., excellent, very good, good, or failing).

Tips for Completing the Final Written Evaluation:

- Include comments, examples, etc. of your student's practice on the evaluation. This will help us to determine the level at which your student is practicing.
- Use the "Clinical Grading Guide" on page 22 to help you figure out what column the checkmark goes in.
- If there are areas where improvement or more practice is needed, please identify these, otherwise your student will not know where to focus additional effort, when she begins to practice as a graduate nurse.
- Meet with your student to discuss the final evaluation. This can be done at a mutually agreed upon time – may even be prior to the last clinical day. You may wish to invite the instructor to be in attendance.
- The evaluation then needs to be given to your assigned course instructor. It can be given to the instructor on the day of the final evaluation, or you can fax it directly to the nursing office at **403-357-3679**. If faxing is a problem, the instructor can come pick it up if you leave it in an envelope at the nursing station.
- If you are in a rural area or Calgary/Edmonton it can be given to your student to give to us.



Please **call** the assigned course instructor if you are having any difficulties or questions about completing the evaluations – we can help you with the process.

Nursing 248 – Clinical Evaluation

Student: _____ Preceptor: _____ Date: _____

*E: Excellence VG: Very Good/Above Average G: Good/Satisfactory**NP: Needs More Practice F: Failing NO: Not Observed*

	<i>E</i>	<i>VG</i>	<i>G</i>	<i>NP</i>	<i>F</i>	<i>NO</i>
1. Knowledge-based Practice						
• Organizes and completes care for _____ clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Uses knowledge of anatomy and physiology, pathophysiology, and growth and development to assess clients and plan for care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sets priorities to complete client care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Anticipates potential client problems or issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Provides accurate rationale for client care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Uses pharmacology knowledge to safely administer medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Practices with knowledge of prevention and control of infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear, concise, accurate and timely charting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrates competence in required skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Provides accurate clear client teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Knowledge Comments and Examples

	<i>E</i>	<i>VG</i>	<i>G</i>	<i>NP</i>	<i>F</i>	<i>NO</i>
2. Patient Safety						
• Recognizes and reports situations which are potentially unsafe for clients or health team members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Advocates for clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Reports client changes promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Patient Safety Comments and Examples

3. Accountability

	<i>E</i>	<i>VG</i>	<i>G</i>	<i>NP</i>	<i>F</i>	<i>NO</i>
• Practices according to Practice Standards, Code of Ethics & Scope of Practice. Follows policies & procedures of clinical area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Recognizes limitations and asks for help or clarification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Accepts responsibility for own actions and decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Asks for feedback. Accepts feedback without becoming defensive or hostile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Maintains confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Seeks learning opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Consistently attends clinical and is punctual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Professional behavior and appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Shows interest and initiative in clinical area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrates sensitivity to client diversity in nursing practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Accesses opportunities for continuing education (please list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Accountability Comments and Examples**4. Leadership**

	<i>E</i>	<i>VG</i>	<i>G</i>	<i>NP</i>	<i>F</i>	<i>NO</i>
• Promotes innovation and openness to new ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrates ability to delegate tasks appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Advocate for LPN practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Shares appropriate information with team members while respecting confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Assists others when own work is done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Give and receive end of shift report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written communication clear and concise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Leadership Comments and Examples**Signatures:****Preceptor:** _____ **Date:** _____**Student:** _____

	Excellent Student	Very Good Student	Good Student	Marginal Student	Failing Student
Accountability Collaboration Leadership	Professional behaviors such as respect, integrity, and valuing of others are consistently evident in practice. The student practices within the policies and procedures of the agency and is flexible in adapting to changing clinical situations. The primary responsibility for learning lies with the student, who actively identifies strengths and limitations, and implements strategies to address these learning needs. The student responds positively and immediately to feedback regarding performance and demonstrates an openness to change. Communication skills are effectively used to promote caring interpersonal relationships and collaborative partnerships. Initiative is demonstrated on a consistent basis. Beginning skills in leadership are developing. Critical thinking skills are evident. This student is an effective and articulate communicator.	Professional behaviors such as respect, integrity, and valuing of others are consistently evident in practice. The student practices within the policies and procedures of the clinical agency and is usually flexible in adapting to changing situations in practice. Primary responsibility for learning lies with the student, who requires minimal assistance in identifying strengths, limitations, and in generating strategies to meet these learning needs. The student is open and responds quickly to feedback about practice. Effective communication skills are used in the development of caring interpersonal relationships and collaborative partnerships. The student is a highly motivated individual. Beginning skills in leadership may be demonstrated.	Professional behaviors such as respect, integrity, and valuing of others are evident in practice. Some assistance is required to identify strengths and limitations and to generate specific strategies to address these learning needs. The student is open to feedback but may need additional support to make changes to clinical practice. Responsibility and self-direction are demonstrated most of the time. Communication skills are used to develop interpersonal and collaborative relationships in most interactions with others. The student has attempted to demonstrate leadership, but lacks confidence in further developing these skills at this time.	Professional behaviors are inconsistent. The student occasionally needs assistance identifying strengths and limitations and generating strategies to address these learning needs. The student may be open to feedback but cannot or does not act on the feedback. The student takes direction but may not be self directed. The student takes responsibility for own practice reluctantly. Communication skills are used inconsistently in relationships.	This student consistently has difficulty in providing nursing care to others. Care for a group of clients is not well managed and the student requires a great deal of assistance with: determining the required nursing interventions; organizing care for clients; understanding the rationale for care; performing skills; completing accurate assessments; making clinical judgments; understanding the need for evidence based practice; and, ensuring client safety. The student demonstrates an unsatisfactory knowledge base in nursing and is unable to demonstrate beginning skills. Focus for care is on the tasks, not on the client. The student lacks effective communication skills in both interpersonal and collaborative relationships. The student has not met the course objectives, nor is ready to function as a beginning graduate in nursing.
Knowledge and Nursing Practice	The student consistently demonstrates a high level of nursing knowledge and integrates knowledge appropriately This student consistently strives for excellence in nursing practice. Nursing care for a group of clients is managed competently at the level of independence of a graduating student. The student is well prepared and uses a sound knowledge base to provide safe, ethical, competent and compassionate care to individuals, families, or groups. This knowledge base is evident and demonstrated on a consistent basis by: providing thorough rationale for nursing interventions; anticipating future client needs based on assessment of the situation; performing a variety of skills accurately; assessments are comprehensive and relevant to the situation; and making appropriate clinical judgments.	The student demonstrates a very good level of nursing knowledge and integrates knowledge appropriately This student consistently provides safe, ethical, competent and compassionate care to individuals, families or groups at an above average level. Nursing care for a group of clients is well organized and managed with minimal assistance and intervention from others in the provision of this care. The student consistently demonstrates a strong knowledge base, understands significant factors in clinical situations, and can determine most clinical implications. Minimal assistance is required in the understanding of the rationale for nursing actions, in anticipating future client needs, and in completing comprehensive, thorough assessments. The student consistently demonstrates appropriate clinical judgments and is able to think critically through most clinical situations.	The student demonstrates a satisfactory, acceptable level of nursing knowledge and usually integrates knowledge appropriately but does so with reminders and assistance. This student provides good, safe, average nursing care to clients. Nursing care for a group of clients is adequately managed, but a moderate amount of assistance with organization and determining priorities is required in some nursing situations. The student has an acceptable knowledge base and demonstrates a basic understanding of the implications of significant factors for care, but requires assistance to recognize and examine all aspects of a clinical situation. As such, critical thinking requires further attention. The rationale for care is usually understood, but assessments are not always thorough. The student safely performs skills, practices within the policies and procedures of the agency, but has difficulty adapting to rapidly changing clinical situations.	Must be directly supervised to ensure safe nursing practice. Frequently inconsistent in performance of skills and nursing practice. Unable to explain rationale for nursing actions. Has areas in knowledge and skill which require improvement. Requires guidance and direction to identify own learning needs and to establish a learning plan. Must undertake remediation and additional practice to become competent..	

Table of Contents

Part 2: Reference Content

Refer to the content in this section when the need arises. You can choose to work through the exercises provided if you need some practice.

Section 1: If you need help with the Key Elements to a Successful Orientation & Preceptorship	24
Checklist: Things to do prior to your student starting their preceptorship	25
Checklist: Orienting your student to the clinical setting	26
Read & Review.....	27
Sample Checklist: Things to do prior to preceptorship	28
Sample Orientation Plan.....	29
Section 2: If you need help Understanding Different Learning Styles	30
Overview of Learning Styles	31
Read, Review & Reflect	32
Overview: Six Principles of Adult Learning	33
Review & Reflect	36
Section 3: If you need help with Clinical Questioning	37
Overview.....	38
Clinical Questioning in Practice	41
Review & Reflect	42
Section 4: If you need help Giving Effective Feedback.....	43
Overview.....	44
Main Points to Comment On.....	45
Tips for Recording Student Behaviors and Feedback.....	45
How to Provide Feedback.....	47
Read, Review & Reflect	49
Section 5: If you need help Evaluating If a Student is at Risk for Clinical Failure.....	50
Descriptors of Safe and Unsafe Student Clinical Practice	51
Guidelines: Assisting the Student to be Successful	52
Flowchart: Assisting the Student at Risk for Clinical Failure	54
Learning Plan Information	55
Review & Reflect	56
Section 6: If you need help with The Conflict Resolution Process.....	57
Overview.....	58
Conflict Management Styles.....	59
Helpful Hints when Dealing with Conflict.....	60
Suggested Conflict Resolution Strategy	61
Review & Reflect	62
Section 7: If you are Precepting in Home Care	63
Overview.....	63
Home Visits during the Focused Practicum.....	63

Section 1: Key Elements to a Successful Orientation & Preceptorship

A successful orientation to the clinical setting is an essential component to your student's success.

This section will provide you with the guidance and resources you need to prepare for the preceptorship and orientating your student to the clinical setting.

In this Section you will find:

- Checklist: Things to do prior to your student starting their preceptorship
- Checklist: Orientating your student to the clinical setting
- Review & Reflect

Learning Target for this Section:



Once you have completed this section you will be able to implement the key elements to successfully orientate your student to the clinical placement site.



Checklist:

Things to do **prior** to your student starting their preceptorship.

- ☒ Review the Course Objectives and Evaluation Criteria (these are found on pages 20-22) or you may want to see the course outline (these are available from the course instructor, or your student)
- ☒ Review dates for midterm and final evaluations
- ☒ Review the clinical schedule
- ☒ Inform the site leader, manager/clinical coordinator, unit staff, that your student is arriving – ask colleagues to assist with making this a good experience for your student
- ☒ Suggest to your manager that you be given day without patient assignments to orientate your student to the unit and facility
- ☒ Identify parking for your student
- ☒ Make sure your student has appropriate access to the facility prior to their arrival
- ☒ Make appropriate arrangements for your student's locker
- ☒ Identify the appropriate certifications/training or access numbers that your student will need to use (computer, glucometer, etc.)



Checklist:

Things to do **during** Orientation with your student.

Tour of the Clinical Setting/Facility

- ☒ lockers
- ☒ parking
- ☒ facility access
- ☒ place to store lunch
- ☒ any other relevant areas of the clinical setting/facility
- ☒ Introductions to the:
 - ☒ manager/clinical coordinator
 - ☒ unit staff
 - ☒ multidisciplinary team members

Review of Daily Routine

- ☒ Medication system
- ☒ Charting system
- ☒ Keys to the narcotics
- ☒ Explain the unit policies, procedures and protocols
- ☒ Vital signs boards
- ☒ Code procedures, and other safety procedures (ie., fire, disaster, etc.)
- ☒ Locate report room and discuss the time to arrive on the unit
- ☒ Sick calls – who should the student contact
- ☒ Times of coffee and meal breaks
- ☒ Patient education materials
- ☒ Dress code

Discuss

- ☒ formal & informal channels of communication
- ☒ your expectations of your student
- ☒ Describe the focus of the clinical setting and outline common procedures that your student should be familiar with and is likely to encounter



It is especially important to make your student feel welcome.



Review & Reflect: Key Elements to a Successful Orientation & Preceptorship

Using the information provided in this section, put together an orientation plan for your student.

Make sure to include all the relevant components included in the checklists.

You can use the checklist and orientation plan outline provided on the next two pages (pages 28 & 29) or come up with your own.

Sample

To Do List:

Before my student starts their preceptorship I need to:

- ☐ Review the course objectives and Evaluation Criteria (these are found on page 20-24) or you may want to see the course outline (these are available from the course instructor, or your student)
- ☐ Review dates for midterm and final evaluations
- ☐ Review the clinical schedule
- ☐ Inform the site leader, manager/clinical coordinator, unit staff, that your student is arriving – ask colleagues to assist with making this a good experience for your student.
- ☐ Suggest to your manager that you be given day without patient assignments to orientate your student to the unit and facility.
- ☐ Identify parking for your student.
- ☐ Make sure your student has appropriate access to the facility prior to their arrival.
- ☐ Make appropriate arrangements for your student's locker.
- ☐ Identify the appropriate certifications/training or access numbers that your student will need to use (computer, glucometer, etc.).

Sample

Orientation Plan

Here is an example of what your orientation plan might look like. This sample includes the minimum amount of information you will need to cover. You may find that there are additional things you need to show or discuss with your student. The key is to be prepared.

Date:

Time:

Student's Name:

Tour of the Clinical Setting/Facility

- lockers
- parking
- facility access
- place to store lunch
- any other relevant areas of the clinical setting/facility
- Introductions to the
 - manager/clinical coordinator
 - unit staff
 - multidisciplinary team members

Review of Daily Routine

- Medication system
- Charting system
- Keys to the narcotics
- Explain the unit policies, procedures and protocols
- Vital signs boards
- Code procedures, and other safety procedures (ie., fire, disaster, etc.)
- Locate report room and discuss the time to arrive on the unit
- Sick calls – who should the student contact
- Times of coffee and meal breaks
- Patient education materials
- Dress code

Discuss

- formal & informal channels of communication
- your expectations of your student
- Describe the focus of the clinical setting and outline common procedures that your student should be familiar with and is likely to encounter

Section 2: Learning Styles and Adult Learning Principles

Not all adults learn in the same way. In order to provide your student with the best preceptorship experience, it is important for you to understand your own learning style and the learning style of your student.

This section provides information on three different learning styles and some ideas on how to help your student learn better.

In this Section you will find:

- An Overview of Learning Styles
- Read, Review & Reflect
- An Overview of Adult Learning Principles
- Review & Reflect

By the end of this section you will able to:



- identify the three main learning styles
- identify an example of how each learning style can be addressed
- recognize Malcolm Knowles' Six Adult Learning Principles

Overview of Learning Styles



Visual learners prefer seeing what they are learning. Pictures and images help them understand ideas and information better than explanations. A phrase you may hear these learners use is "The way I see it is."

What this means for teachers of visual learners:

- The teacher needs to create a mental image for the visual learner as this will assist in the ease of holding onto the information.
- If a visual learner is to master a skill, written instructions must be provided.
- Visual learners will read and follow the directions as they work and will appreciate it even more when diagrams are included.



Auditory learners prefer to hear the message or instruction being given. These adults prefer to have someone talk them through a process, rather than reading about it first. A phrase they may use is "I hear what you are saying."

What this means for teachers of visual learners:

- Some of these learners may even talk themselves through a task, and should be given the freedom to do so when possible.
- Adults with this learning style remember verbal instructions well and prefer someone else read the directions to them while they do the physical work or task.



Kinesthetic learners want to sense the position and movement of the skill or task. These learners generally do not like lecture or discussion classes, but prefer those that allow them to "do something." The phrase this group of people will often use is "I can see myself doing that".

What this means for teachers of visual learners:

- These adults do well learning a physical skill when there are materials available for hands-on practice.

Other Sources

Learning Styles – The Student Development Centre at University of Western Ontario
<http://www.sdc.uwo.ca/learning/index.html?styles>

Quiz: What is Your Learning Style?
<http://homeworktips.about.com/od/homeworkhelp/a/learningstyle.htm>



Review & Reflect: Learning Styles

Think about a concept that you will be teaching your student about.
For example:

- Inserting an Foley Catheter
- Changing a sterile dressing
- Physical Assessment of the Chest
- Giving an injection

Think about and/or write down what you could do to make sure that all three learning styles were addressed.

Overview: The Six Principles of Adult Learning

Malcolm Knowles identified the six principles of adult learning. Each of these principles is outlined below along with strategies to facilitate student learning using these principles.

1. Adults are internally motivated and self-directed

Your role is to facilitate a students' movement toward more self-directed and responsible learning as well as to foster the student's internal motivation to learn.

As a preceptor you can :

- *Develop rapport* with the student to optimize your approachability and encourage asking of questions and exploration of concepts.
- *Show interest* in the student's thoughts and opinions. Actively and carefully listen to any questions asked.
- *Lead the student toward inquiry* before supplying them with too many facts.
- *Provide regular constructive and specific feedback* (both positive and negative)
- *Review goals and acknowledge goal completion*
- *Encourage use of resources* such as library, journals, internet and other department resources.



2. Adults bring life experiences and knowledge to learning

Adults like to be given opportunity to use their existing foundation of knowledge and experience gained from life experience, and apply it to their new learning experiences.

As a preceptor you can:

- *Find out about your student* - their interests and past experiences (personal, work and study related)
- *Assist them to draw on those experiences* when problem-solving, reflecting and applying clinical reasoning processes.
- *Facilitate reflective learning opportunities*

3. Adults are goal oriented

According to Malcolm Knowles, adult students become ready to learn when they know they will need/be able to apply the learning to a real life situation.

As a preceptor, you can:

- *Provide meaningful learning experiences* that are *clearly linked* to personal, client and fieldwork goals as well as assessment and future life goals.
- *Ask questions* that motivate reflection, inquiry and further research.

4. Adults are relevancy oriented

Adult learners want to know the relevance of what they are learning to what they want to achieve.

One way to help students to see the value of their observations and practical experiences is to:

- *Ask the student to do some reflection* on what they expect to learn prior to the experience, on what they learnt after the experience, and how they might apply what they learnt in the future, or how it will help them to meet their learning goals.



5. Adults are practical

Through practical fieldwork experiences, interacting with real clients and their real life situations, students move from classroom and textbook mode to hands-on problem solving, where they can recognize firsthand, their learning applies to life and the work context.

As a preceptor you can:

- *Clearly explain your clinical reasoning* when making choices about assessments, interventions and when prioritizing client's clinical needs.
- *Be explicit* about how student learning is useful and applicable to the job and client group you are working with.
- *Promote active participation* by allowing students to try things rather than observe. Provide opportunities to practice assessment, interviewing, and intervention processes, with ample repetition, in order to promote development of skill, confidence and competence.



6. Adult learners like to be respected

Respect can be demonstrated to your student by:

- *Taking interest*
- *Acknowledging the wealth of experiences* that the student brings to the placement
- *Regarding them as a colleague* who is equal in life experience
- *Encouraging expression* of ideas, reasoning, and feedback at every opportunity.



Review & Reflect: Adult Learning Principles

Think about a recent learning experience you had. It may have been a course you took, an in-service, or conference you attended.

Now review the Adult Learning Principles and think about which ones influenced your expectations of that learning experience.

Section 3: Clinical Questioning

Part of your role as a preceptor is to encourage your student to engage in clinical questioning, and to use their critical thinking, priority setting, problem solving, and decision-making skills.

This section will provide you with information on how and why you should engage your student in the clinical questioning process.

In this section you will find:

- Clinical Questioning Overview
- Is Clinical Questioning a New Concept for Students?
- How do I Implement Clinical Questioning into the Clinical Setting?
- Clinical Questioning in Practice
- Read & Review

Learning Target for this section:



Once you have completed this section you will be able to guide your student through the clinical questioning (informational, application and problem-solving) process.

Clinical Questioning: An Overview

What is Clinical Questioning?

Clinical questioning is a powerful approach to teaching and learning. It provides the preceptor with some insight into the adequacy of preparation for the clinical assignment, students abilities to manage the care demands of the assignment, and their understanding of the dynamics underlying patient situations. This type of questioning involves some baseline expression of students understanding of a concept and invites further consideration of how their theoretical knowledge relates to the presenting clinical situation⁵.

To summarize, we ask our students questions to:

- try to find out what they know
- assess their clinical preparation
- understand how they think
- assess if they can link concepts
- assess their level of performance

Students consistently speak to the valuable learning that occurs when they are challenged, in a non-judgmental way, on their on their thinking, decision-making and problem solving skills⁴.

Three Levels of Questions

There are the three types of questions that we use in Clinical questioning:

- **Informational** (asks for specific pieces of information). Most of the time you will likely ask informational questions because they are easiest to ask, provide the shortest answers, and they provide you with the information that is required in clinical situations, about students' basic level of knowledge.
- **Application** asks students to apply their knowledge to a specific situation. These questions are of a higher level and require more time as students will have to apply their knowledge to a situation that may differ from what they have experienced before.
- **Problem-solving** is the highest level of question and asks for principles and creative answers to new ideas. Students will have to analyze the situation and apply previously learned concepts to it. They will also have to synthesize the information and look at various possibilities and come up with new ways of looking at the situation. They then need to make decisions as to what action is most appropriate in the given situation and evaluate whether this was the best way to proceed.

Is clinical questioning a new concept for students?

Student should be very comfortable with clinical questioning. This method is used by all clinical instructors throughout the program. At this point students will soon be graduates and then licensed practical nurses, and this safe environment affords them the opportunity to link theoretical knowledge to the clinical situation, so that they can become independent practitioners.

As **your** student becomes more familiar with the unit, the staff, and you, her anxiety will decrease and she will have an opportunity to really function and think clearly.

As your student progresses through the preceptorship you should see a definite improvement in her ability to link concepts and in her organizational, priority setting, problem-solving, and decision-making abilities.

At midterm you need to provide your student with clear feedback on how you think she is progressing in these areas. Also, at this meeting you will have opportunity to discuss your expectations with regard to “putting it all together” from midterm to the end of the preceptorship. Make it clear to your student that you are going to concentrate more on these areas and discuss the importance of developing these abilities.

How do I implement clinical questioning into the clinical setting?

In reality, when you are busy with a heavy patient assignment, or experiencing an emergency situation, there may not always be time to ask your student questions. You need to take the opportunity to do this when you have time. Some examples and ideas of when and how you can integrate clinical questioning into your day are described below.

- Take a few minutes after report each morning to assist your student to organize and prioritize care by asking “How will you prioritize your care today?” Review what is essential to do, what needs to be done immediately, what needs to be completed on schedule, what must be completed by the end of the shift, and what would be nice to do if time allows, but may not be essential. You may need to do this more often at the beginning of the preceptorship and this should taper off once your student has demonstrated her abilities to organize her day and set appropriate priorities.
- Another opportunity may arise when you have a situation where your patient’s condition changes or deteriorates. You will likely “jump into action”, problem solve and make decisions. Your student will have an opportunity to observe your critical thinking, decision-making skills and behaviors. This role modeling will influence how your student will behave in similar circumstances. This may also present a great opportunity to discuss with your student the rationale for your actions after the crisis is over, and you may also want to get your student’s perspective of what occurred.

- Other opportunities may arise when you are checking blood work for your patients. Perhaps you have a critical result. You may ask your student “Given this lab result, what actions would you take?” “How will this change your plan of care?” “What are the implications for your patient?” These types of questions allow your student to deal with various patient situations and to make appropriate decisions and take reasonable actions.
- When you are sitting and charting during, or at the end of the day, you may have another opportunity to facilitate critical thinking and clinical questioning by asking such questions as “How will you document your patient’s outcomes related to that intervention?” or your student may have given a patient a medication and you could ask “How did you determine the effectiveness of that medication?”
- When a patient is complaining of symptoms and you are not entirely sure what is causing the problem, you might want to ask your student “What else could be causing your patient’s symptoms?” “Are there any alternative nursing measures that would work in this situation?” This allows your student to expand her view of what is happening and think of other possibilities in the situation.
- Whenever a teaching moment arises, take advantage of the opportunity. Ask your student “What do you know about this condition?” “What are the priority assessments for this patient?” “How do the medications this patient is on affect them and their condition?” “Are there other factors that could be contributing to this patient’s problems?” “What kind of patient/family teaching do you need to do?” and a myriad of other questions that you may want your student to explore.



Be easy on yourself! Asking skilled clinical questions is a technique that takes practice.

Clinical Questioning in Practice

The chart below illustrates the three levels of questions, the cognitive skills they demand and how they can be used in the nursing practice of Clinical Questioning.

	Skill Used	Explanation of Skill	Type of question that will test the skill
Problem Solving	Evaluation	Requires the student to develop their own opinions, judgments or decisions about something.	Do you agree with that assessment? What is the most important assessment to do on this patient? You have suggested several options, which is the best way to proceed?
	Synthesis	Requires the student to combine ideas to form something different or new.	What would you predict would happen if the patient did not receive the correct dosage of the drug?
	Analysis	Requires the student to separate out important information or separate the parts from the whole.	How does a sterile dressing compare/contrast with a clean dressing?
Application	Application	Requires the student to use facts, rules or principles.	How would you use the principles of sterile technique in the procedure?
Informational	Comprehension	Requires the student to organize and select information and ideas.	Describe for me how to best set up a clean dressing tray, in your own words.
	Knowledge	Simple recall of information previously learned – the who, what, when, where and how questions.	How do you insert a foley catheter?

For more information on clinical questioning/critical thinking questions, you can access the following resources in AHS/RDC library:

Paul, R. & Elder L. (2004). *The miniature guide to critical thinking: Concepts & tools* (4th ed.). Dillon Beach, CA: The Foundation for Critical Thinking.

Swihart, D. (2007). *The effective nurse preceptor handbook. Your guide to success* (2nd ed.). Marblehead, MA: hcPro, Inc.



Review & Reflect: Clinical Questioning

1. Think about a procedure that you anticipate your students needing to perform. Using the Clinical Questioning diagram on page 41 as a guide develop some questions you can ask your students about this procedure that will engage them in the Clinical Questioning process.

2. Think about how you use Clinical Questioning in your everyday Nursing Practice. You may be so used to the process that it has become second nature to you. In order to teach your students this practice you may have to analyze your own process for Clinical Questioning. Think about a situation when you have used Clinical Questioning and consider your personal process for Clinical Questioning. Compare it to the process outlined in the chart on page 41.

Section 4: Giving Effective Feedback to Students

One of your roles as a preceptor is to observe the daily progress of your student and provide verbal and written feedback.

This section contains information on how to provide constructive feedback to your student.

In this Section you will find:

- Overview: Giving Effective Feedback to Students
- Tips for Recording Student Behaviors and Feedback
- Methods for Giving Feedback
 - Reflection and Self-Assessment Method
 - Sandwich Method
 - BEER Method

Learning Target for this Section:



Once you have completed this section you will be able to identify when and how to provide constructive feedback to your student.

Overview: Giving Effective Feedback to Students

One of the most difficult aspects of the preceptor role is the evaluation of student behaviors. It can take on a personal aspect which it is not meant to have. It can feel like you are “judging” students rather than evaluating their behaviors.

Although we form opinions about others and their behaviors on a daily basis, we are not held accountable to anyone to justify those opinions and evaluations, nor do we usually share those opinions with others or the person we have evaluated.

As a preceptor you must evaluate, share and validate what you observe, think and believe about your student’s behaviors.

Why is feedback important:

Feedback encourages and reinforces positive behaviors you wish to see in your student. It dissuades or eliminates unproductive behaviors that you do not want your student to display. It provides recognition for your student’s contributions and makes your student feel appreciated and supported. It also allows your student to develop skills in reflective practice and to recognize her own strengths and areas that need to be developed. It provides your student with an opportunity to grow and learn!

When to provide feedback:

Constructive feedback is most helpful when it is given as soon as possible after your student has completed a task, procedure, or demonstrated a specific behavior. Feedback should be provided frequently (without becoming tiresome) to keep awareness levels high and to prevent problems.

Where to provide feedback:

Feedback should be given privately to avoid unnecessary embarrassment, away from other nurses, patients and the desk area.



It is important for preceptors to provide clear, objective feedback in a timely manner. When your student is not meeting course expectations in the clinical setting, you can provide your student with assistance on how to make changes in order to meet the course objectives.

Some main points to comment on:

- Charting
- Organization, priority setting, decision making, and time management
- Assessment skills
- How they perform psychomotor skills
- Communication with patients/families/staff
- Ability to work with peers/others
- Independence
- Do they ask good questions?
- Do they find the answers to questions they can't answer?
- Can they answer the questions you ask?
- Do they search for new experiences?
- Can they make appropriate links?
- Are they safe?
- How do they receive feedback?
- Do changes occur when constructive feedback is given?

Tips for Recording Student Behaviors and Feedback

- Prepare a binder or notebook to record your student's progress. Some preceptors prefer to keep their notes on the computer.
- It is a good idea to date your entries.
- Provide immediate feedback to your student after completing a procedure or assessment. Sometimes it is too busy to do it immediately, but you should try to do it by the end of the day.
- In your notebook keep a record of the feedback that you have provided to your student, along with examples of behaviors. This will allow you to determine whether your student is growing and learning as time passes.
- Take notes daily and include examples of how your student is meeting the objectives. It's good to write specific examples (ie., *on patient H.L. - was able to perform a dressing change using aseptic technique with minimal direction; organized and timely, and kept patient comfort a priority (putting leg up on pillows and giving pain medication prior to the dressing change)*)

- Both positive and negative behaviors should be recorded.
- Make notes of the behaviors that you see. Many different or similar behaviors will reveal strengths or problems.
- Although most students complete their preceptorship with no difficulty, occasionally a student may experience some problems. Notes can be used to look for early warning signs of a problem. These behaviors could be displayed in many forms, personal/emotional problems, poor interpersonal and psychomotor skills, lack of respect, lack of knowledge, etc. If you determine that the behaviors you are seeing are a problem, there are guidelines to assist you with this situation under the section “When Students are at Risk for Clinical Failure” (Part 2, Section 5).



Feedback must be done in a timely and sensitive manner.
Use clear, honest communication.
Be empathetic.
Remain unemotional, respectful, and rational.



How to provide feedback:

There are a number of methods for providing effective feedback. Three methods that are commonly used by instructors at RDC are outlined below.

Reflection and Self-Assessment Method

1. Let the **student** go first. Reflection and self-assessment are the most powerful feedback techniques. “What went well? What would you do differently next time?”
2. Share **your perspective**. Be specific, objective and brief. Validate what was done well then identify specific actions that could be improved.
3. Develop a **plan** for next time. Ask the learner to come up with strategies to improve her performance. Provide guidance when needed¹⁰.

Example of the Reflection and Self-Assessment Method

Joan has just completed a respiratory assessment on a new admission with CHF. After leaving the room and entering a quiet area, Joan asks for feedback and the preceptor replies:

- *First let me ask you, how do you think the respiratory assessment went? Is there anything you would do differently next time?*
- I think it went fairly well, although I think I may have missed some parts of it, and I think I was a bit disorganized as I couldn't remember all of it, and I would do something and then remember I had missed something else, and then went back to it.
- *Yes, I agree that you did most of the assessment quite well. The areas you missed were the O2 saturation and checking the extremities for edema. As far as organization, you should do all the vital signs first, check for edema of the extremities, and then remove the gown to do the chest assessment. Do all the parts of the assessment you can before you have the patient remove their clothing. It is less embarrassing for the patient that way.*
- Oh, yes, I didn't think of that.
- *Do you have some strategies that you can use to improve your performance for your next assessment?*
- Yes, I need to review my physical assessment textbook so that I can refresh my memory on respiratory assessments. I think I should also review the other assessments that are used routinely on the unit at the same time.
- *I think that is a great idea and I look forward to seeing how organized and thorough you are next time you do an assessment.*

Sandwich Method

One “good” comment, one “not so good” comment, one “good” comment.

Example of the Sandwich Method:

Feedback on dressing change:

- You did well with collecting and organizing all the supplies you needed for the patients dressing change.
- When doing the dressing you appeared to be hesitant and unsure of how to maintain the sterile field. I expect you to review your sterile technique prior to your next dressing change so that you appear more confident with the process.
- You displayed excellent communication skills while doing the dressing change and this helped your patient feel comfortable during the procedure.

Note: This method is gentle but it can dilute the content of the message.

BEER Method

Examples of the BEER Method:

B – Behavior – Describe behavior, not personality traits; use descriptive rather than evaluative terms; be as specific as possible.

- You followed appropriate protocol when starting that IV
- When you enter a client’s room you do not consistently introduce yourself. I have provided feedback to you on this previously.

E – Effect – on you, on others, on patient care.

- Being so prepared for your IV start helped the patient feel more confident because you did not hesitate.
- By not introducing yourself, the patient does not know if you are a nurse or what, and the family is left wondering who is taking care of their family member. In fact, the patient’s family you took care of today came to me at noon to ask me who you were.

E – Expectation – what behavior you need

- I expect that if you continue to use the policy manual before all new procedures or procedures you haven’t done in a while, you should be able to meet the course objectives by the end of term.
- I expect that you will consistently introduce yourself to each patient you care for, including their family members, as this is part of your professional responsibility and accountability as a nurse.

R – Result – Consequence – what will occur if there is a continuation of the behavior and a change does not occur.

- As you consistently demonstrate preparation for each new skill, I believe I can give you more responsibility and let you take on more complicated skills.
- If you cannot demonstrate your professional responsibility with patients and their families you are failing to meet course objectives, and you are at risk for failing the course.

For more information on Giving Effective Feedback refer to the following books in the AHS/RDC Library:

Swihart, D. (2007). *The effective nurse preceptor handbook. : Your guide to success* (2nd ed.). Marblehead, MA: hcPro, Inc.

Westberg, J. & Jason, H. (2001). *Fostering reflection and providing feedback*. New York: Springer Publishing.

Harvard Business School. (2006). *Pocket mentor: Giving feedback*. Boston: MA

UBC, Faculty of Medicine. *Teaching Skills for Community Based preceptors*
[http://www.facdev.med.ubc.ca/Web%20Admin/Documents/Teaching%20Booklet%20\(MedEdPortal%20June%202006\)%20.pdf](http://www.facdev.med.ubc.ca/Web%20Admin/Documents/Teaching%20Booklet%20(MedEdPortal%20June%202006)%20.pdf)



Review & Reflect: Feedback

Think about a time when you received **effective** feedback on your professional performance.

Reflect on that feedback and consider the following questions:

- What made the feedback effective?
- What did you learn from the feedback?
- How did the feedback change your professional performance and/or your professional skills?
- How was the feedback given?
- When and where was it given?
- What did you learn about **giving** effective feedback?

Section 5: When Students are at Risk for Clinical Failure

As a preceptor there may be times when you have a student whose level of performance is questionable or who displays unsafe practice. Besides providing feedback to students regarding their behavior you must also be sure that strategies are in place to ensure patient safety.

This section provides guidance on how to assist students to meet the course objectives, and also how to address performance problems or unsafe practice with students.

In this Section you will find:

- Descriptors of Safe and Unsafe Clinical Practice
- General Guidelines for Assisting Students to be Successful
- Flowchart: Assisting the Student at Risk for Clinical Failure
- Learning Plan Information
- Review and Reflect

Learning Target for this Section:

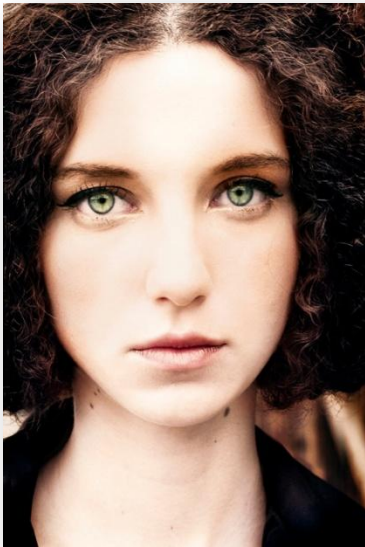


Once you have completed this section you will be able to identify the “Student at Risk for Clinical Failure” and implement appropriate strategies.

Descriptors of Safe and Unsafe Clinical Practice

In order to determine whether a student is performing unsafely in the clinical area, it is helpful to understand what a **safe student** looks like.

Descriptors of Safe Student Clinical Practice



Demonstrates growth, appropriate clinical decision making, assessments, and application of knowledge and skills, based on knowledge from previous learning.

Meets the objectives of the current course.

Prepares for patient care and accepts responsibility for own actions.

Accepts feedback and changes behaviors in response to feedback.

Is honest at all times in dealings with patients, families, staff, faculty, and peers.

Able to provide safe, compassionate, competent and ethical care to all patients.

Descriptors of Unsafe Student Clinical Practice

- Failure to accept responsibility for their own practice
- Dishonesty
- Lack of preparation for patient care
- Inconsistent assessments and patient care
- Lack of practical skills
- Poor clinical decision making
- Ineffective communication and lack of interpersonal skills with patients, families, and staff

- Lack of interest and motivation
- Absence of professional boundaries
- Lack of respect for patients, families, staff, faculty, preceptor & peers
- Failure to change behaviors in response to feedback
- Impaired judgment due to drugs, alcohol or lack of sleep
- Unsafe clinical practice that places the patient or staff in either physical or emotional harm

Guidelines: Assisting the student to be successful

Most students will complete their preceptorship without any problems. Occasionally there are students who are not meeting the course objectives. There could be a number of problems that students are facing and they are finding it difficult to focus on their preceptorship. These could be personal, emotional, family problems, illness, addiction, and so on. You need to talk with the student involved and find out if there is something that can be done to help with the situation. Sometimes problems are minor and once pointed out to students they will correct their behavior and the problem may be resolved. There are services available at the College to help students if they require assistance. Contact the instructor for more information.

There could also be students who display unprofessional, unethical or unsafe behaviors that may lead to emotional or physical harm to patients. These problems may be more difficult to resolve and strategies must be put in place to ensure patient safety.

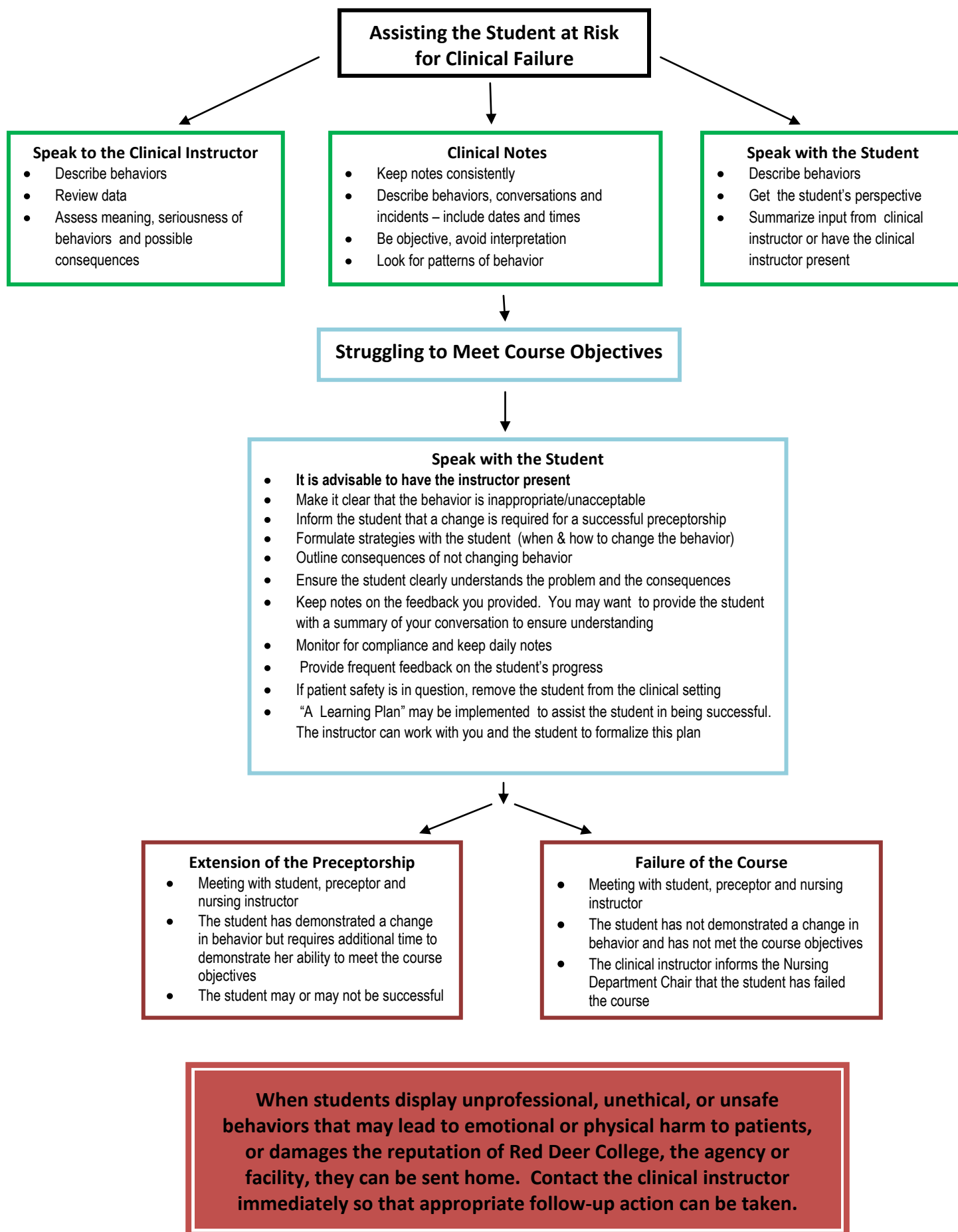
These guidelines were developed to assist you and the student when you think the student is not doing well and you are wondering “What is happening that I don’t feel good about?”, “Should I be doing something?”, and a myriad of other questions which may arise. Your goal should be to develop strategies to promote the student’s achievement and maximum potential.

Below are some general guidelines that you will likely find helpful as you work with the student.

1. **You are not alone** – You should not try to carry out this process alone. Contact the assigned course instructor early in the process. Keep them apprised of the situation. They can offer suggestions and support.
2. **The student is a part of the process.** Provide oral feedback early, seek clarification and information, and get the student’s perspective. Feedback at any point in the process can be oral or written. If you decide not to provide written feedback you need to write an objective summary of your discussion in your own notes (include the dates and times). Sometimes you think you have been clear when talking to the student and the student ends up hearing something totally different. Written feedback can help you clarify your own thoughts and provide clarity for the student. If the problem continues it will prove beneficial to have written feedback for yourself and the student.
3. **Make the process as clear and transparent as possible.**
Be clear about:
 - What the problem is
 - Why it is a problem
 - The consequences of the problem
 - How can the problem be dealt with
 - How the student will know the problem is resolved
 - How the student can avoid the same problem in the future

4. **Student success should be the goal.** When you and the instructor meet with the student be sure to stress that the goal is to help the student be successful in the course. Be clear about the specific course objectives that are not being met. Help identify strategies and work with the student to formulate a “learning plan” to deal with the problematic behavior. The instructor will help with this step.
5. **Timing is important.** There are no hard and fast rules around when you do what, but there are some basic principles you can follow:
 - **Intervene as soon as possible.** The earlier you start to address a behavior/problem the better. You may not yet be entirely clear what the problem is. Speaking to the instructor and the student will help clarify the problem and what needs to be done. You want to give the student the time and opportunity to correct problematic behaviors.
 - **It is never too late.** If you do not observe the behaviors until later in the preceptorship (ie., after midterm), it is better to help the student identify a problem or issue than to ignore the problem.
6. **Failing students.** If the student displays unprofessional, unethical or unsafe behaviors that may lead to emotional or physical harm to patients, or damages the reputation of the college or facility, the student can be required to leave the clinical setting.
7. **The student has failed, not the preceptor.** It is not easy to fail students. It is the student that has not met the course objectives and has failed the course. Try not to accept blame for the student’s failure. It is part of your responsibility as a professional to make sure that the student is a safe, competent, ethical and compassionate nurse.

The flow chart *“Assisting the Student at Risk for Clinical Failure”* on the following page provides you with guidance and the steps to follow to ensure a fair and timely plan to help the student be successful. This flow chart is not “written in stone”! Every situation varies and you, the student and the instructor can collaborate and implement alternative strategies to best meet the individual needs of the student.



What is a Learning Plan?

Students will be asked to develop a learning plan when they display behaviors, despite verbal feedback, that will potentially hinder them from meeting the course objectives and passing the preceptorship. The purpose of the learning plan is to provide students with the opportunity to reflect on the learning and behavioral changes that are required to meet the course objectives. The goal is to help students implement strategies that promote growth and assist them to reach their maximum potential.

Student Responsibilities for the Learning Plan

The student will:

- review the feedback received from the preceptor and nursing instructor
- review the course objectives and identify the areas that need improvement
- identify in writing her/his learning needs related to the problematic behaviors
- identify strategies to meet the identified learning needs
- discuss the plan with the preceptor and clinical instructor and change it as needed to meet the learning needs
- implement the approved plan within a specific timeframe
- an extension of the preceptorship may be required to meet the learning needs
- evaluate whether her/his behaviors have changed

Preceptor Responsibilities for the Learning Plan

The preceptor will:

- meet with the student and instructor to review the student's learning plan and recommend various strategies that will assist the student in being successful
- provide ongoing feedback to the student on her/his progress
- keep the nursing instructor informed as to whether the student is meeting the course objectives



Review & Reflect: When Students are at Risk for Clinical Failure

Think about a time when **you observed** a nurse who demonstrated unsafe or unethical practice. Reflect on this and consider the following questions:

- How difficult was it to make the decision to address the problem?
- What steps did you take to deal with the situation?
- What did you learn from the situation?
- Would you handle it differently next time?
- How did a support person help you through this process?
- How did the process help you grow professionally?

Section 6: Dealing with Conflict

In your role as a preceptor you may have to deal with conflict between you, your student, or other team members.

This section will provide you with some strategies that will help you deal with conflict should it arise.

In this Section you will find:

- Overview
- Conflict Management Styles
- Helpful Points When Dealing with Conflict
- A Suggested Conflict Resolution Strategy
- Review and Reflect

Learning Target for this Section:



Once you have completed this section you will be able to identify some methods for dealing with conflict.

Overview

Conflict occurs frequently in relationships. The inability to resolve conflict can impact the learning of your student. Conflict between preceptors, students, nursing staff, and multi-disciplinary team members do occur at times, and must be dealt with in order to maximize your student's learning. Your student needs to be aware and prepared to work with many different types of people, both positive and negative. This section provides an overview on types and sources of conflict and some conflict resolution and prevention strategies that you may want to consider using. A discussion with your student during orientation will help raise your student's awareness on how to prevent and handle conflict should it arise.

Conflict can be functional or dysfunctional, depending on how the person perceives the conflict situation, manages, and resolves the conflict. Not all conflict is destructive and a certain degree of conflict is essential. Sometimes a conflict situation leads to the creation of new constructive ideas along with positive growth within individuals. It may increase creativity and innovation, provide more energy and motivation, encourage opportunities for personal growth, cultivate healthier relationships and foster reappraisal of the situation¹.

Often conflict can be destructive if it is allowed to fester and grow and is not dealt with in an effective manner. The working relationship for you, your student, and staff may deteriorate if conflict is not addressed.

In order to effectively resolve conflict, it is important to understand the causes of the conflict. Be aware of the following triggers:

- Reflect on your personal attitudes and motivators for clues about the underlying causes of the conflict.
- Reflect on your behaviors that may cause or contribute to conflicts, such as criticizing and judging, rather than providing sensitive constructive feedback.
- Actively manage conflicts. Don't ignore the situation and do not postpone dealing with the conflict. At times though, you may need a short time for your emotions to settle.
- Take preventive measures to reduce conflicts. Take time to get to know your student. This will help you gain an understanding of your student as an individual.

Conflict Management Styles

There are five common styles to managing conflict:

Force, Avoidance, Compromise, Accommodation and Collaboration.

You will recognize all of the strategies because you have likely used them in your personal or professional life at different points. All of these strategies can be right or wrong in different situations and under different circumstances.

Force – I win – you lose.

Using force imposes your solutions/outcomes on others. However, sometimes the use of force may be warranted. An example of a situation where using force would be an effective conflict management style is in an emergency situation where you are in a position of authority and decisions have to be made quickly. Generally, using force repeatedly leads to hostility and resentment in others.

Avoiding – I lose – you lose.

Avoidance is used at times when emotions are too hot, or when one feels hopeless, and believes that attempts to resolve the conflict will make things worse. Sometimes avoiding a situation allows you to collect more information and to reflect on the situation. Avoidance never resolves the conflict, but sometimes 24 hours later, you may feel better prepared to deal with the conflict. However, if conflicts are continually avoided, eventually the issues will fester and flare up again.

Compromising – I win some – you win some.

Compromise creates quicker solutions, “you must give to get”, and seeks the middle ground where everyone gets something they need. It involves searching for a solution that both individuals can live with, leading to partial satisfaction. In the end, the problem may be solved, but it may not have been the best solution.

Accommodating – you win – I lose.

Accommodation smoothes over the conflict by neglecting one’s own concerns because of the fear of harming relationships or the need to be liked. This may be an effective strategy in a situation that is not that important to you. Accommodation can also be effective, as it encourages people to express themselves, resulting in an agreeable relationship.

Collaboration – I win – you win.

In collaboration you value both your own goals and the goals of others. You seek solutions that meet everyone’s needs. Collaboration facilitates sharing areas of agreement and disagreement and selection of solutions that all individuals agree on. Both the preceptor and others involved discuss mutually beneficial solutions, without making concessions. This style tends to take more time, however the problem is more likely to be resolved when everyone feels empowered and relationships are maintained.



There is no single conflict management style that is most effective to deal with conflict. As a preceptor it is your responsibility to be aware of conflicts that are brewing and utilize strategies to prevent them. Identifying and dealing with conflicts early will be your most successful strategy!

Helpful points when dealing with conflict

- Acknowledge that a conflict exists.
- Communication - Both dialogue and listening are critical to conflict resolution. Listen actively – pay attention to the other individual's, feelings, verbal and non-verbal behavior. Don't interrupt or become defensive. Repeat the person's comments as objectively as possible.
- Maintain personal ownership of the problem.
- Stick to the facts.
- Focus on strengths - Try to think about the contributions or the positive points the other individual has made.
- Avoid recruiting allies - It is reassuring to find others who agree with your point of view, however it is best to deal with the situation and keep the conflict between you and the person involved.
- Show genuine concern and interest.
- Seek additional information in order to ensure you understand the other person's perspective.
- Agree with some aspect of the other person's point of view.
- Ask for suggestions - this will help you discover solutions that you may not have not considered. Brainstorm solutions together.
- Look in the mirror - Try to figure out your role in the conflict dynamic or the source of your response.
- Recognize when you need help. **"Nip conflict in the bud"** before it has a chance to escalate!



Sometimes despite all of your best efforts to resolve a conflict you may find you are dealing with a situation that you cannot resolve on your own. You may want to speak to management, or get advice from the nursing instructor on how to deal with the situation.

If your student has a conflict with the staff, it is important for you to provide guidance on how to resolve the conflict.

Conflict Resolution Strategy - OBEFA Method

A simple exercise to assist you to work through conflicts is to use the OBEFA method.

- **Open Statement** – “I have a problem . . .”
- **Behaviour** – “When you do X . . .”
- **Effect** – “The consequences are Y. . .”
- **Feelings** – “This makes me feel Z. . .”
- **Action** – “I would like us to resolve this problem together . . .”



One of the main barriers to conflict resolution is when you can't let go of the conflict and move on. Moving beyond conflict takes longer for some individuals while others move on quickly. Either way, it is important to recognize that acceptance, letting go and moving on are important steps for everyone involved to take.



Review & Reflect: Dealing with Conflict

1. During your professional career as a nurse there must have been times that you were confronted with a conflict, either with another staff, physician, client or family member. Think of a specific example and decide which Conflict Management Style from page 59 you used to deal with that situation.

- Why did you choose that particular style?
- On reflection, was it the most appropriate course of action?
- If you had to do it over again, would you choose another method?

2. Refer to the Conflict Management Styles described on page 59. For each of the five styles think of a situation in your professional practice when that style might be the most appropriate one to adopt.

Section 7: Being a Preceptor for a Student in Home Care

Overview:

As a preceptor for a student in home care, there is some important information regarding home care visits that you need to be aware of to make this preceptorship experience for you and your student progress smoothly.

Home Visits during the Focused Practicum

Your student can go alone on a Home Care visit but the safety of the client and your student must be considered. Both you and your student must be confident about this decision. **In addition, all of the following conditions must be met:**

- Your student needs to have had her/his midterm evaluation. The evaluation must show that your student is achieving the practicum objectives at a high level.
- You and your student must have already visited the client on a previous occasion.
- You and your student must be able to reach one another by phone at all times.
- Your student cannot do any new skills on the visit.
- Your student can only give medications that have been previously supervised by you. As with all medications, your student must be knowledgeable about the medication.
- The home has been previously assessed for safety.

REFERENCES

1. Bossers, A., Bezzina, M.B., Hobson, S., Kinsella, A., MacPhail, A., Schurr, S., Moosa, T., Rolleman, L., Ferguson, K., DeLuca, S., Macnab, J. & Jenkins K. (2008). *Dealing with Conflict*. Preceptor Education Program (PEP). The Faculty of Health Sciences, University of Western Ontario.
2. Evans, T. (2008). *Preparing to teach in the clinical setting*. Department of Nursing Education and Health Studies, Grande Prairie Regional College.
3. Motley, W. & Walker, N. (2010). *When students are at risk for clinical failure*. Red Deer College.
4. Myrick, F. & Yonge, O. (2005). *Nursing preceptorship: Connecting practice & education*. Philadelphia: Lippincott Williams & Wilkins.
5. O'Connor, A. B. (2006). *Clinical instruction and evaluation: A teaching resource* (2nd ed.). Toronto: Jones and Bartlett.
6. Paton, B. (2008). *Preceptors matter: Supporting, extending and legitimizing the role of the nurse preceptor*. Centralized Preceptor Education Project. Image Printing, University of Calgary.
7. Red Deer College. (2009). *Preceptor orientation manual: Practical nurse program*. Author.
8. Red Deer College/Alberta Health Services. (2009). *Preparing to teach in the clinical setting: A tool for new instructors*. Author.
9. Swihart, D. (2007). *The effective nurse preceptor handbook. Your guide to success* (2nd ed.). Marblehead, MA: hcPro, Inc.
10. UBC, Faculty of Medicine. *Teaching skills for community based preceptors*.
[http://www.facdev.med.ubc.ca/Web%20Admin/Documents/Teaching%20Booklet%20\(MedEdPortal%20June%202006\)%20.pdf](http://www.facdev.med.ubc.ca/Web%20Admin/Documents/Teaching%20Booklet%20(MedEdPortal%20June%202006)%20.pdf)

Icons from dryicon.com
 Images from MSWord ClipArt
 and the
 RDC Nursing Department Photo Collection