Preparing to be a Preceptor

A Handbook for Preceptors
BScN Program

Attach business card
This handbook was developed by
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Revised July 2014
How to use this Handbook

This preceptorship handbook is intended to provide you with the information necessary to be a preceptor to a 4th year Red Deer College 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 in Public Health, there is a section at the end of the handbook (Part 2 section 7) that addresses issues specific to your area and 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, checklists 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.

This handbook focuses mainly on a clinical facility setting and if you are precepting in areas such as public health, home care, infection control, or other community settings, you will need to adapt some of the strategies suggested in order to meet the needs of your student.

Red Deer College usually conducts a group “Preceptor Orientation Session”. Invitations will be sent to your manager.
Part 1: The Essentials
It is recommended that you review all this information before you start.

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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 to complete the Nursing 495 RDC Evaluation of Nursing Practice form (ENP).

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: ________________________________

Work Phone: ________________________________

Cell Phone/Pager: ________________________________

Nursing Department

Phone number: 403-342-3138

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.

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.

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!”

“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”.

“This has definitely been my best learning. It’s been an absolute phenomenal learning experience for me.”
**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 Clinical Nursing Instructor
- Responsibilities of Your RDC Nursing Student
- CARNA Social Media Guidelines
- Blood and Body Fluid Exposure Management for Nursing Students at RDC
- Social Media
- Student Skills- Red Deer College 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 for the preceptor include:

**Checklist:**

- **Role Model**
  As you interact professionally with other nurses, staff, patients and 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 learning by offering to do an unfamiliar skill or assessment the first time and then have her do it the next time with you observing. Feedback on how she did will strengthen your student's 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 student’s 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 student’s 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.

Reference
# Responsibilities of a Preceptor

- Orientate your student to the facility and clinical area
- Serve as a role model. Share your knowledge, skills and expertise
- Help your student set her personal objectives for this learning experience and provide her with professional development ideas
- Make an initial competency assessment
- Facilitate the learning experience through guiding, directing, teaching and communicating
- Facilitate clinical questioning, problem solving and decision making
- Facilitate your 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 daily 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 (ENP)
- Notify the clinical instructor in the event of a crisis that involves your student’s personal or clinical practice. Also let the instructor know if your student performs outstanding work that deserves recognition in the form of awards
Roles & Expectations of the Clinical Nursing Instructor

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

- The clinical 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. Often these visits will occur early in the preceptorship, near midterm, or final evaluation time. The number of visits will depend on the workload of the instructor and the progress of your student.

- 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 clinical 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 business card on the front page and the contact information on page 3 will assist you in contacting the appropriate person to discuss any questions or concerns.

The clinical instructor assigned to you and your student is available by phone 24/7 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 if you did not attend the “Preceptor Orientation and Welcome”. Your student will call and make arrangements to meet with you, prior to the beginning of the preceptorship.

- **Expected to** maintain contact with her assigned clinical instructor.

- **Expected to** fulfill the required time commitments of the preceptorship. Your student is responsible to inform the clinical 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 Program Approval Board (NEPAB) 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 the *University of Alberta Code of Student Behavior*. If there are any questions or concerns regarding these rules and regulations, contact the clinical instructor assigned to you and your student.

- **Required to** hand in her personal learning objectives by a scheduled date. Your student should share these objectives with you to determine whether the objectives are achievable on the unit or facility where the preceptorship is occurring.

- **Required to** adhere to the dress code and 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 is:

- **Allowed to** attend two workshops that focus on her area of practice. Your student may attend these on clinical days or on days off. These workshops will be counted toward clinical hours. **It is your student’s responsibility to get approval from the clinical instructor to attend these workshops.** Your student should also inform you of the dates that she will be attending workshops.

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A copy of your schedule was provided by your clinical manager. From this schedule the clinical 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 10 weeks of the preceptorship, however, this is not always possible and students may have two or more preceptors who share the role.
Background

The use of social media and other electronic communication is expanding exponentially as the number of social media outlets, platforms and applications available continues to increase. Social media is about interactions between people, using technology as a conduit.

However, social media can pose a risk as it offers immediate posting opportunities with little time for thought and carries the added burden that what is posted on the Internet is discoverable by law even when it is long deleted. Therefore, it is important to provide guidelines for using social media responsibly so nurses can use social media, both personally and professionally, without worrying about repercussions. In December 2011, CARNA Provincial Council endorsed the following Social Media Guidelines adapted from the National Council of State Boards of Nursing’s white paper¹.

1. Recognize obligations to maintain privacy and confidentiality.
2. Don’t disseminate information that will degrade or embarrass the patient.
3. Don’t transmit patient-related information.
4. Don’t post information that could reasonably identify the patient.
5. Don’t refer to patients in a disparaging manner.
6. Don’t take photos or videos of patients, unless authorized.
7. Maintain professional boundaries.
8. Consult employer policies.
9. Report breaches of confidentiality or privacy.
10. Be aware of employer policies on the use of computers, cameras, etc.
11. Don’t post disparaging remarks about co-workers.

Reference:
Exposure at Red Deer College (RDC)

Perform First Aid

Send recipient and source to the nearest Emergency Department

The Centre for Disease Control (CDC) will follow up with recipient and source

Nursing Instructor and student must complete the RDC 'Incident/Injury Report' and submit it to Health Safety and wellness

Health Safety and wellness will follow up with recipient to ensure RDC resources offered

Exposure at an Alberta Health Services facility (AHS)

Perform First Aid

Notify the charge nurse, supervisor or manager

Obtain the Post-Exposure Management of Blood and Body Fluids (BBF) red folder

Call the Workplace Health and Safety Office (WHS) or on call Occupational Health Nurse, as listed in the instructions from the BBF red folder

WHS will do appropriate baseline follow up for recipient and source

*Nursing Instructor not required to fill out AHS Risk Identification System

Nursing Instructor and student must complete the RDC 'Incident/Injury Report' and submit it to Health Safety and wellness

Health Safety and wellness will follow up with recipient to ensure RDC resources offered

Created By: Lynn Parker, Karen Skripitski & Arlene Hjertaas
Student Skills: What You Can Expect

Fourth year students should be permitted to perform any skill that falls within your scope of practice as a registered 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 BScN 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. Students can come and practice at their convenience, utilizing their textbooks for guidance.

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

Student Skills: RDC Lab Content

The following two pages contain the *Red Deer College Lab Content*. This chart outlines the skills that students have learned in each course during their four years of the program. This will give you a good idea of the skill level and knowledge of your student.
<table>
<thead>
<tr>
<th>Course</th>
<th>Student Skills - RDC Lab Content</th>
</tr>
</thead>
</table>
| N280   | 1. Communication – facilitative skills, perception checking, self-awareness  
|        | 2. Stress management  
|        | 3. Professional interpersonal skills – boundaries, feedback  
|        | 4. Standard precautions, hand washing, into to screening (vision, hearing, ht, wt), documentation of same  
|        | 5. Intro to health history, symptom analysis, interviewing skills  
|        | 6. Client education – focus on the individual, teaching & learning principles, strategies for teaching, evaluating learning  
|        | 7. Introduction to physical assessment, documentation & VS  
|        | 8. review lab |
| N281   | 1. Fire (institution) & nurse safety  
|        | 2. Feeding, moving, positioning  
|        | 3. Comfort & hygiene, bed making  
|        | 4. Foot care  
|        | 5. Documentation – introduction to charting |
| N284   | 1. Documentation & charting  
|        | 2. Respiratory assessment  
|        | 3. Cardiac assessment  
|        | 4. Head & neck assessment – intro to cranial nerves  
|        | 5. BSE, TSE, assessment of genitalia  
|        | 6. Teaching & learning – application, focus on groups |
| N285   | 1. Culture workshop – Part 1  
|        | 2. Culture workshop – Part 2  
|        | 3. Home visiting  
|        | 4. Working with families: family assessment  
|        | 5. Community assessment (includes windshield survey) |
| N380   | 1. Pre & post op care: DB&C, prep, consents, assessments  
|        | 2. Diabetic assessment (insulin injections, CBG, foot care review)  
|        | 3. Peripheral vascular assessment, upper & lower extremities, musculoskeletal  
|        | 4. Immobilization devices & mobility aids  
|        | 5. Genitourinary assessment – catheterization, urine specimens |
| N381   | 1. Asepsis: dressings, drains, staples, sutures, packing & irrigations, drain shortening & removal  
|        | 2. Pre & Postoperative Care  
|        | 3. Non-parenteral medications  
|        | 4. IV therapy – maintenance, pumps, locks, calculating rates  
|        | 5. Oxygen therapy – equipment (prongs, etc.), principles  
|        | 6. Medications – parenteral (IM & SC) |
| N384   | 1. Therapeutic communication  
|        | 2. Abdominal & cultural assessment  
|        | 3. CNS assessment – cranial nerves, reflexes, neurological vital signs  
|        | 4. Therapeutic communication with dying client  
|        | 5. Assessment of the frail elderly  
|        | 6. Health history – scenario-based focused assessment |
2. Intrapartum – assessment & care of laboring woman & care of woman & fetus post delivery  
3. Postpartum – assess & care in hospital & home  
4. Breastfeeding & newborn assessment  
5. Family assessment  
6. Medications: oral, topical, anal, injections (IM, SC), drug calculations - fall only |
| N390 | 1. Wound assessment & care – packing & irrigations, wound care products & protocol, drain shortening  
2. NG tubes  
3. Ostomy care  
4. Cardiac assessment – ECG, JVD, etc.  
5. Intervening with assaultive person  
6. Review lab – as needed |
| N391 | 1. Medication admin – IV meds, pharmacology principles, tube direct, retrograde meds  
2. Oxygen – suctioning, tracheostomy care, chest tubes, chest physio  
3. Central lines, PICC, blood admin, TPN  
4. Nutrition – self study  
5. Special considerations for pediatrics & the elderly |
| N394 | 1. Assessment of the cognitively impaired  
2. IV initiation  
3. Advanced neurological assessment (head injury), CNS, trauma assessment  
4. Community development |
| N395 | 1. Community assessment  
2. Mental status exam & suicide assessment |
| N490 | 1. Disaster planning, triage  
2. Epidemiology: community development, assessment, program planning & evaluation (2 labs)  
3. Values clarification (sexuality) |
| N491 | Site specific depending on clinical placement:  
- Rural: Lead 2 interpretation; Fetal heart monitoring; Triage and emergency nursing; OR/RR nursing; Patient safety  
- Home Care: Role of Case Coordinator; Personal safety, patient safety; Documentation in home care; Palliative Care in the home; Infection Control  
- Pediatrics/Special Care Nursery: Physical assessment of infants & children; Pain assessment and management; Patient safety in pediatrics; Concepts specific to SCN. |
| N494 | 1. Resume writing & employment/workplace  
2. PBDS – clinical decision making, priority setting, interventions  
3. Integrated health assessment |
| N495 | None – students use skill lab for practice as needed depending on placement |
Review & Reflect: Preceptor, Instructor and Student Responsibilities

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

- Which of those roles will you find most challenging? Is there anything you can do to help yourself meet 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
- Nursing 495 Midterm and Final Evaluation Forms
- Nursing 495 Clinical Grading Guide

Learning Target for this Section:

Once you have completed this section you will be able to complete the RDC Evaluation of Nursing Practice form (ENP).

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 may be with you and your student, or can include the clinical instructor. Evaluation meetings are scheduled at a convenient time for you, your student, and the clinical instructor.

The evaluation forms that you need to complete are at the end of this section (page 21). Your student will also have this form in her course outline. One form is for midterm and the other is for the final evaluation. The midterm and final evaluation forms are identical. These evaluations are referred to as the “Evaluation of Nursing Practice” (ENPs).

Note: 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 Evaluations

During the midterm evaluation you will have an opportunity to go over the ENP 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.

You may want to consider a strategy that has worked well with preceptors in the past. Your student will fill out her own evaluation (ENP) 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 Evaluation of Nursing Practice (ENP)? Highlight the key objectives she needs to work on.  

What strategies she will use to improve in the identified 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 31 for descriptors).  

Clear expectations for the next part of the preceptorship.

Final Evaluations

Your student does require a written final evaluation. Clinical 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 (i.e., 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 “N495 Clinical Grading Guide” on page 31 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 the assigned clinical 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, let the instructor know, and she can come and pick it up if you leave it in an envelope at the nursing station.

- If you are in a rural area or Calgary/Edmonton the ENP can be given to your student to give to us.
Please **call** the assigned clinical instructor if you are having any difficulties or questions about completing the evaluations – we can help you with the process.
Nursing 495 MIDTERM Evaluation of Nursing Practice

Student: ________________________________ Date: ________________________________

*Student’s overall performance will be assessed in each of the six categories.

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Expected/Satisfactory</th>
<th>Fail</th>
</tr>
</thead>
</table>

**Excellent**
Student meets the objectives at a “Level of Independence” greater than identified on the ENP, all of the time.

**Very Good**
Student meets the objectives at a “Level of Independence” greater than identified on the ENP, the majority of the time.

**Good**
Student meets the objectives at a “Level of Independence” greater than identified on the ENP some of the time.

**Expected Satisfactory**
Student meets the objectives at a “Level of Independence” required on the ENP

**Fail**
Student fails to meet the objectives at a “Level of Independence” required on the ENP

*NO
Not Observed

RC = Related Competency Refer to the Graduate Competencies and Year End Outcomes Condensed Version 2014-2015.

LEVEL OF INDEPENDENCE
The following levels of independence will be utilized:
**With assistance:** The student requires direction and information.
**With minimal assistance:** The student requires occasional direction and information.
**With guidance:** The student requires clarification, prompting and confirmation.
**With minimal guidance:** The student requires occasional clarification, prompting and confirmation.
**Independently:** The student works mostly on his or her own and seeks information, clarification, and consultation as appropriate.

**Definition of terms:**
**Direction:** faculty tells student what to do, about steps to take
**Information:** faculty tells student specifics about a concept, topic
**Clarification:** faculty, through questioning and feedback assists the student to state their information in a different and clear way, often with more details. Student asks questions to increase their understanding; questions asked demonstrate a sound knowledge base
**Prompting:** faculty provides student with a cue the answer is incomplete and how to resolve the lack of information. Prompting is generally used to add breadth or depth.
**Confirmation:** faculty provides positive feedback for correct information and direction provided by the student Consultation: student provides faculty with information and/or direction and asks specific questions about the information.
**Occasional:** indicates that input is provided by faculty now and then.
**RELATED COURSE OBJECTIVE:**

Demonstrate the ability to practice in accordance with Nurs 495 competencies, as described in the document entitled: *Graduate Competencies and Year-End Outcomes Condensed Version 2014-2015.*

<table>
<thead>
<tr>
<th>1. PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates professional conduct and that the primary duty is to the client to ensure safe, competent, compassionate, ethical care.</td>
<td></td>
</tr>
</tbody>
</table>

**Objective**

1.4 ➢ Independently represents self by first and last name and professional designation (protected title) to clients and the health care team.

1.4 ➢ (Professional Qualities and Attributes) Independently, demonstrates attributes of: accountability and responsibility, beginning confidence and self-awareness, a professional presence, initiative, collaboration with the care team and significance of professional activities.

2.4 ➢ (Critical thinking and problem solving) Independently demonstrates skills and judgments in critical thinking re: new knowledge, the organization of workload and time management.

3.4 ➢ (Professional accountability and responsibility for safe practice) Independently understands, promotes, and enacts all aspects of safe practice for self, clients and others, including awareness of individual competence within the legislated scope of practice and professional responsibility to take action on recognized unsafe health care practices and workplace safety risks.

4.4 ➢ (Promoting excellent and healthy workplaces) Independently promotes a healthy culturally safe practice environment, including the use of basic conflict resolution strategies and the critical assessment, application, evaluation and improvement of protocols, policies and procedures.

**Comments:**

<table>
<thead>
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<th>2. KNOWLEDGE-BASED PRACTICE</th>
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<td>A. Specialized Body of Knowledge</td>
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<td>Has knowledge from nursing and other sciences, humanities, research, ethics, spirituality, relational practice, and critical inquiry.</td>
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**Objective**

5.4 ➢ Independently demonstrates knowledge in current and emerging health care issues and challenges, including relevant related knowledge of: workplace health and safety, community development and population health, global and community health and safety, primary care, determinants of health, health disparities and inequities and population health.

6.4 ➢ Independently demonstrates knowledge in current population and health care research, nursing and health informatics and information communication technology.

7.4 ➢ Independently develops an increasing knowledge about human growth and development of persons, groups, communities and populations.

8.4 ➢ Independently demonstrates knowledge in health sciences: physiology, pathology, pharmacology, epidemiology, genetics, immunology.

9.4 ➢ Independently demonstrates knowledge in nursing science, social sciences and humanities, including theoretical and practical knowledge of relational practices foundational to nursing care and the contribution of registered nurse practice to the achievement of positive health outcomes.

10.4 ➢ (Evidence informed practice) Independently accesses, critiques and uses research in care with colleagues; collaborates and participates in knowledge development to support current, competent, safe care and practice.
3. KNOWLEDGE – BASED PRACTICE
   B. Competent Application of Knowledge
Demonstrates competence in the provision of nursing care. The competency statements in this section are grouped into four areas about the provision of nursing care (Ongoing comprehensive assessment; health care planning; providing nursing care, and; evaluation). The provision of nursing care is an iterative process of critical inquiry and is not linear in nature.

Area 1: Ongoing Comprehensive Assessment - Incorporates critical inquiry and relational practice to conduct a comprehensive client-focused assessment that emphasizes client input and the determinants of health.

   RC ➢ Objective
   11.4 ➢ (Client engagement) Independently reduces effect of positional power and personal bias while actively engaging the client in holistic, capacity-based assessment and goal setting.
   12.4 ➢ (Critical Thinking) Independently uses anticipatory planning, analyzes and interprets data and collaborates with the health team during ongoing assessment of the client’s actual and potential health status and identification of their needs, capacities and goals.
   13.4 ➢ (Tools and techniques) Independently uses appropriate, comprehensive assessment tools and information and communication technologies to assess clients and support information synthesis, complying with evidence-informed practice, agency policies and protocols and completing assessments in a timely manner.

Comments

4. KNOWLEDGE-BASED PRACTICE
   B. Competent Application of Knowledge
Area 2: Health care planning: within the context of critical inquiry and relational practice, plans nursing care appropriate for clients which integrates knowledge from nursing, health sciences and other related disciplines, as well as knowledge from practice experiences, clients’ knowledge and preferences, and factors within the health care setting.

   RC ➢ Objective
   14.4 ➢ (Client Engagement) Independently minimizes positional power and promotes client ownership by involving clients in identifying and outcomes of care, exploring care alternatives and accessing appropriate resources.
   15.4 ➢ (Anticipatory planning skills) Independently uses critical inquiry and principles of primary health care to initiate appropriate planning for clients’ anticipated health problems, client and staff safety concerns and the need for consultation with the client and team to promote continuity of care and manage complex problems.

Comments

5. KNOWLEDGE-BASED PRACTICE
   Area 3: Providing Registered Nursing Care: provides client-centred care in situations related to:
   - health promotion, prevention and population health;
   - maternal/child health;
   - altered health status including acute and chronic physical and mental health conditions and rehabilitative care;
   - palliative care and end-of-life care.
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<td>16.4</td>
<td>(Safety) Independently performs effectively in rapidly changing client condition; applies bio-hazard and safety principles to all aspects of preventive, supportive, diagnostic, therapeutic procedures and care.</td>
</tr>
<tr>
<td>17.4</td>
<td>Prevention) Independently incorporates principles of population health and engages prevention strategies when providing client care and promoting the health and safety of clients, groups, self and others.</td>
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<tr>
<td>18.4</td>
<td>(Evidence-Informed Care) Independently incorporates knowledge of current theory, best practice clinical guidelines, and research in carrying out decisions and implementing care.</td>
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<tr>
<td>19.4</td>
<td>(Supportive client-centered care) Independently provides culturally safe, competent, client-centered care (during acute, chronic or palliative health challenges) that is supportive of and attends to client: development and role transition, decisions re health outcomes, informed choices re care, and the use of learning plans and strategies for promoting optimal health by accessing and building upon capacities and available resources.</td>
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<td>20.4</td>
<td>(Organization, skill and clinical judgment) Independently recognizes, seeks help and assist in rapidly changing, unstable client situations.</td>
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<td>21.4</td>
<td>(Organization, skill and clinical judgment) Independently prioritizes and provide timely care and consult as necessary in complex and rapidly changing client situation.</td>
</tr>
<tr>
<td>22.4</td>
<td>(Organization, skill and clinical judgment) Independently provides knowledgeable, competent assistance to clients throughout all phases of diagnostic procedures and treatment processes.</td>
</tr>
</tbody>
</table>

**Comments**

6. KNOWLEDGE-BASED PRACTICE

B. Competent Application of Knowledge

Area 4: Evaluation of client care: Monitors the effectiveness of client care to inform future care planning

<table>
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<tr>
<td>23.4</td>
<td>(Evaluation) Independently in consultation with the client and health team, engages in timely, critical monitoring of the client’s care outcomes, verifying client knowledge and skills, modifying and individualizing care as required.</td>
</tr>
<tr>
<td>24.4</td>
<td>(Documentation) Independently provides concise, accurate, timely reports and documentation of care.</td>
</tr>
</tbody>
</table>

**Comments**

7. ETHICAL PRACTICE

Demonstrates competence in professional judgment and practice decisions guided by the values and ethical responsibilities in the CNA Code of Ethics for Registered Nurses (2008, and the CARNA document Ethical Decision-making for Registered Nurses in Alberta: Guidelines and Recommendations (2010). Engages in a critical inquiry to inform clinical decision-making and establishes therapeutic, caring, and culturally safe relationships with clients and health-care

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<tr>
<td>25.4</td>
<td>(Ethical competence) Independently promotes a safe, ethical, caring environment for clients and colleagues characterized by: self-awareness, understanding of appropriate boundaries, competent relational practices and ability to use principled ethical reasoning.</td>
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<tr>
<td>26.4</td>
<td>(Knowledgeable ethical practice) Independently practices according to the CNA Code of Ethics including care for all persons, inclusive of culture and religious beliefs and based on knowledge and understanding of: ethical responsibilities and legal obligations, informed consent, client autonomy, advocacy privacy, confidentiality and security.</td>
</tr>
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Comments

8. **SERVICE TO PUBLIC**
Demonstrate an understanding of the concept of public protection and the duty to provide nursing care in the best interests of the public.

| RC | Objective |
| 27.4 | (Team Work) Independently demonstrates leadership in coordination of health care, promotion of interprofessional collaboration, team communication and development, including knowledge of the scope of practice of members and the appropriate assignment, delegation and supervision of work within the team to facilitate continuity of care. |
| 28.4 | (Knowledge of systems and change) Independently uses knowledge of all levels of the health care system to: assess and improve organizational culture, enhance the quality of professional and safe practice environment, use established policies and protocols within and across health care sectors, advocate for access to resources, and assess and promote effective change. |
| 29.4 | (Knowledge of systems and change) Independently supports planning and professional efforts for a healthier, safer society, including awareness of public health policy and emergency preparedness. |
| 30.4 | (Workplace health and safety) Independently applies principles of workplace health and safety to protect the public, the environment, clients, self and colleagues from all forms of injury or abuse; safely and effectively manages resources. |

Comments

9. **SELF-REGULATION**
Demonstrates an understanding of professional self-regulation by developing and enhancing own competence, ensuring consistently safe practice, and ensuring and maintaining own fitness to practice.

| RC | Objective |
| 31.4 | (Self-Regulation) Independently understands the unique role and mandate of CARNA and the nursing profession as legislated and self-regulating. |
| 32.4 | (Self-regulation) Independently assumes individual responsibilities for all aspects of professional-legal privilege and public trust by assessing and maintaining competence and fitness to practice. |

Comments
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>33.4</td>
<td>Independently demonstrate competency with the application of the elements of inquiry learning in theory, laboratory and clinical experiences.</td>
</tr>
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<td>34.4</td>
<td>Independently demonstrates the ability to deal with ambiguity and diversity.</td>
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<td>Independently demonstrates mentorship in professional practice</td>
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<td>36.4</td>
<td>Independently demonstrates understanding of content through scholarly writing across the curriculum.</td>
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Comments

Student (PRINT NAME): _______________________________________
Student (SIGNATURE): ___________________________________ Date ______________

Preceptor (PRINT NAME): ________________________________
Preceptor (SIGNATURE): ____________________________ Date ______________

Please Note: This information is collected for the purpose of appraising student performances; assigning a course mark; and monitoring student progress under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. For further information, please contact the Associate Dean Undergraduate Programs in the Faculty of Nursing.
Nursing 495 Final Evaluation of Nursing Practice

Student: ________________________________ Date: ________________________________

*Student's overall performance will be assessed in each of the six categories.

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Expected/Satisfactory</th>
<th>Fail</th>
</tr>
</thead>
</table>

**Excellent**
Student meets the objectives at a “Level of Independence” greater than identified on the ENP, all of the time.

**Very Good**
Student meets the objectives at a “Level of Independence” greater than identified on the ENP, the majority of the time.

**Good**
Student meets the objectives at a “Level of Independence” greater than identified on the ENP some of the time.

**Expected/Satisfactory**
Student meets the objectives at a “Level of Independence” required on the ENP

**Fail**
Student fails to meet the objectives at a “Level of Independence” required on the ENP

*NO
Not Observed

RC = Related Competency Refer to the Graduate Competencies and Year End Outcomes Condensed Version 2014-2015.

**LEVEL OF INDEPENDENCE**
The following levels of independence will be utilized:

**With assistance:** The student requires direction and information.

**With minimal assistance:** The student requires occasional direction and information.

**With guidance:** The student requires clarification, prompting and confirmation.

**With minimal guidance:** The student requires occasional clarification, prompting and confirmation.

**Independently:** The student works mostly on his or her own and seeks information, clarification, and consultation as appropriate.

**Definition of terms:**

**Direction:** faculty tells student what to do, about steps to take

**Information:** faculty tells student specifics about a concept, topic

**Clarification:** faculty, through questioning and feedback assists the student to state their information in a different and clear way, often with more details. Student asks questions to increase their understanding; questions asked demonstrate a sound knowledge base

**Prompting:** faculty provides student with a cue the answer is incomplete and how to resolve the lack of information. Prompting is generally used to add breadth or depth.

**Confirmation:** faculty provides positive feedback for correct information and direction provided by the student

**Consultation:** student provides faculty with information and/or direction and asks specific questions about the information.

**Occasional:** indicates that input is provided by faculty now and then.

**RELATED COURSE OBJECTIVE:**
Demonstrate the ability to practice in accordance with Nurs 495 competencies, as described in the document entitled: *Graduate Competencies and Year-End Outcomes Condensed Version 2014-2015.*

**11. PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY**
Demonstrates professional conduct and that the primary duty is to the client to ensure safe, competent, compassionate, ethical care.
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1.4</td>
<td>Independently represents self by first and last name and professional designation (protected title) to clients and the health care team.</td>
</tr>
<tr>
<td></td>
<td>(Professional Qualities and Attributes) Independently, demonstrates attributes of: accountability and responsibility, beginning confidence and self-awareness, a professional presence, initiative, collaboration with the care team and significance of professional activities.</td>
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<td>2.4</td>
<td>(Critical thinking and problem solving) Independently demonstrates skills and judgments in critical thinking re: new knowledge, the organization of workload and time management.</td>
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<td>3.4</td>
<td>(Professional accountability and responsibility for safe practice) Independently understands, promotes, and enacts all aspects of safe practice for self, clients and others, including awareness of individual competence within the legislated scope of practice and professional responsibility to take action on recognized unsafe health care practices and workplace safety risks.</td>
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<td>7.4</td>
<td>Independently develops an increasing knowledge about human growth and development of persons, groups, communities and populations.</td>
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<td>Independently demonstrates knowledge in nursing science, social sciences and humanities, including theoretical and practical knowledge of relational practices foundational to nursing care and the contribution of registered nurse practice to the achievement of positive health outcomes.</td>
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<td>(Evidence informed practice) Independently accesses, critiques and uses research in care with colleagues; collaborates and participates in knowledge development to support current, competent, safe care and practice.</td>
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### 13. KNOWLEDGE – BASED PRACTICE

#### D. Competent Application of Knowledge

Demonstrates competence in the provision of nursing care. The competency statements in this section are grouped into four areas about the provision of nursing care (Ongoing comprehensive assessment; health care planning; providing nursing care, and; evaluation). The provision of nursing care is an iterative process of critical inquiry and is not linear in nature.

**Area 1: Ongoing Comprehensive Assessment** - Incorporates critical inquiry and relational practice to conduct a comprehensive client-focused assessment that emphasizes client input and the determinants of health.

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#### Comments

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### 14. KNOWLEDGE-BASED PRACTICE

#### C. Competent Application of Knowledge

**Area 2: Health care planning** - within the context of critical inquiry and relational practice, plans nursing care appropriate for clients which integrates knowledge from nursing, health sciences and other related disciplines, as well as knowledge from practice experiences, clients’ knowledge and preferences, and factors within the health care setting.

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#### Comments

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15. KNOWLEDGE-BASED PRACTICE

Area 3: Providing Registered Nursing Care: provides client-centred care in situations related to:
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Comments

16. KNOWLEDGE-BASED PRACTICE

C. Competent Application of Knowledge

Area 4: Evaluation of client care: Monitors the effectiveness of client care to inform future care planning

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<td>(Evaluation) Independently in consultation with the client and health team, engages in timely, critical monitoring of the client's care outcomes, verifying client knowledge and skills, modifying and individualizing care as required.</td>
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<td>(Documentation) Independently provides concise, accurate, timely reports and documentation of care.</td>
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Comments
17. ETHICAL PRACTICE
Demonstrates competence in professional judgment and practice decisions guided by the values and ethical responsibilities in the CNA Code of Ethics for Registered Nurses (2008, and the CARNA document Ethical Decision-making for Registered Nurses in Alberta: Guidelines and Recommendations (2010). Engages in a critical inquiry to inform clinical decision-making and establishes therapeutic, caring, and culturally safe relationships with clients and health-care

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<td>(Ethical competence) Independently promotes a safe, ethical, caring environment for clients and colleagues characterized by: self-awareness, understanding of appropriate boundaries, competent relational practices and ability to use principled ethical reasoning.</td>
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<td>26.4</td>
<td>(Knowledgeable ethical practice) Independently practices according to the CNA Code of Ethics including care for all persons, inclusive of culture and religious beliefs and based on knowledge and understanding of: ethical responsibilities and legal obligations, informed consent, client autonomy, advocacy privacy, confidentiality and security.</td>
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Comments

18. SERVICE TO PUBLIC
Demonstrate an understanding of the concept of public protection and the duty to provide nursing care in the best interests of the public.

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<td>(Team Work) Independently demonstrates leadership in coordination of health care, promotion of interprofessional collaboration, team communication and development, including knowledge of the scope of practice of members and the appropriate assignment, delegation and supervision of work within the team to facilitate continuity of care.</td>
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<td>(Knowledge of systems and change) Independently uses knowledge of all levels of the health care system to: assess and improve organizational culture, enhance the quality of professional and safe practice environment, use established policies and protocols within and across health care sectors, advocate for access to resources, and assess and promote effective change.</td>
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Comments

19. SELF-REGULATION
Demonstrates an understanding of professional self-regulation by developing and enhancing own competence, ensuring consistently safe practice, and ensuring and maintaining own fitness to practice.
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<td>(Self-Regulation) Independently understands the unique role and mandate of CARNA and the nursing profession as legislated and self-regulating.</td>
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<td>32.4</td>
<td>(Self-regulation) Independently assumes individual responsibilities for all aspects of professional-legal privilege and public trust by assessing and maintaining competence and fitness to practice.</td>
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**Comments**

**20. INQUIRY LEARNING**

Demonstrate competency with the application of the elements of inquiry learning in theory, laboratory and clinical experiences.

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<td>33.4</td>
<td>Independently demonstrate competency with the application of the elements of inquiry learning in theory, laboratory and clinical experiences.</td>
<td></td>
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<td>34.4</td>
<td>Independently demonstrates the ability to deal with ambiguity and diversity.</td>
<td>E</td>
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<tr>
<td>35.4</td>
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<td>36.4</td>
<td>Independently demonstrates understanding of content through scholarly writing across the curriculum.</td>
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**Comments**

**Student (PRINT NAME):** ________________________________

**Student (SIGNATURE):** ________________________________  **Date** ______________

**Preceptor (PRINT NAME):** ________________________________

**Preceptor (SIGNATURE):** ________________________________  **Date** ______________

Please Note: This information is collected for the purpose of appraising student performances; assigning a course mark; and monitoring student progress under the authority of Section 33 (c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. For further information, please contact the Associate Dean Undergraduate Programs in the Faculty of Nursing.
<table>
<thead>
<tr>
<th><strong>Professional Development</strong></th>
<th><strong>Excellent Student</strong></th>
<th><strong>Very Good Student</strong></th>
<th><strong>Good Student</strong></th>
<th><strong>Failing Student</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge</strong></td>
<td>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. Communication skills are effectively used to promote caring interpersonal relationships and collaborative partnerships. Initiative is demonstrated on a consistent basis.</td>
<td>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.</td>
<td>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.</td>
<td>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 psychomotor skills; completing accurate, comprehensive assessments; making clinical judgments; understanding the need for research-based practice; and, ensuring client safety. The student demonstrates an unsatisfactory knowledge base in nursing and is unable to demonstrate beginning skills in leadership, case management, and delegation. Focus for care is on the tasks, not on the client and 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.</td>
</tr>
<tr>
<td><strong>Nursing Practice</strong></td>
<td>The student consistently demonstrates a high level of nursing knowledge and integrates knowledge appropriately from support disciplines, i.e., psychology, sociology, anatomy, physiology. Research findings are used to enhance and support practice.</td>
<td>The student demonstrates a very good level of nursing knowledge and integrates knowledge appropriately from support disciplines, i.e., psychology, sociology, anatomy, physiology. Research findings are used to enhance practice.</td>
<td>The student demonstrates a satisfactory, acceptable level of nursing knowledge and usually integrates knowledge appropriately from support disciplines, i.e., psychology, sociology, anatomy, physiology. The student is inconsistent in using research to support practice but does so with reminders and assistance.</td>
<td>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 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 psychomotor skills, practices within the policies and procedures of the agency, but has difficulty adapting to rapidly changing clinical situations. The student has attempted to demonstrate leadership, case management, and delegation but lacks confidence in further developing these skills at this time.</td>
</tr>
</tbody>
</table>
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Section 7: If you are precepting a student in Public Health

Overview

Restricted Activities, Direct Supervision & Indirect Supervision

Documentation & Charting

Absences/Missed Placement Days
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 her 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 of a successful student orientation to the clinical placement site.
Checklist:
Things to do prior to your student starting her preceptorship.

- Review the Course Objectives and Evaluation Criteria (these are found on pages 21 to 29) or you may want to see the course outline (these are available from the clinical 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 a shift 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 her 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 and 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 38 & 39) or come up with your own plan.
To Do List:

Before my student starts her preceptorship I need to:

- Review the course objectives and evaluation criteria (these are found on page 20 and 21) or you may want to see the course outline (these are available from the clinical 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  
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- Code procedures, and other safety procedures (ie., fire, disaster, etc.)  
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- 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 be 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.

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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

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Review & Reflect: Learning Styles

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

- Inserting an NG tube
- Changing a PICC dressing
- Physical Assessment of the Chest
- Initiating an IV

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 the student - her interests and past experiences (personal, work and study related)
- Assist the student 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, how 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 her 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 theoretical knowledge relates to the presenting clinical situation.

To summarize, we ask our students questions 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

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 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.

Students consistently speak to the valuable learning that occurs when they are challenged, in a non-judgmental way, on their thinking, decision-making and problem solving skills.
Is clinical questioning a new concept for students?

By fourth year, students should be very comfortable with clinical questioning. This method is used by all clinical instructors throughout the four years of the program. At this point students will soon be graduates and then registered nurses, and this safe environment affords them the opportunity to link their 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 shift 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 care for the 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.
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.

<table>
<thead>
<tr>
<th>Skill Used</th>
<th>Explanation of Skill</th>
<th>Type of question that will test the skill</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Evaluation</strong></td>
<td>Requires the student to develop their own opinions, judgments or decisions about something.</td>
<td>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?</td>
</tr>
<tr>
<td><strong>Synthesis</strong></td>
<td>Requires the student to combine ideas to form something different or new.</td>
<td>What would you predict would happen if the patient did not receive the correct dosage of the drug?</td>
</tr>
<tr>
<td><strong>Analysis</strong></td>
<td>Requires the student to separate out important information or separate the parts from the whole.</td>
<td>How does a sterile dressing compare/contrast with a clean dressing?</td>
</tr>
<tr>
<td><strong>Application</strong></td>
<td>Requires the student to use facts, rules or principles.</td>
<td>How would you use the principles of sterile technique in the procedure?</td>
</tr>
<tr>
<td><strong>Comprehension</strong></td>
<td>Requires the student to organize and select information and ideas.</td>
<td>Describe for me how to best set up a clean dressing tray, in your own words.</td>
</tr>
<tr>
<td><strong>Knowledge</strong></td>
<td>Simple recall of information previously learned – the who, what, when, where and how questions.</td>
<td>How do you insert a foley catheter?</td>
</tr>
</tbody>
</table>
1. Think about a procedure that you anticipate your student needing to perform. Using the Clinical Questioning diagram on page 49 as a guide, develop some questions you can ask your student about this procedure, that will engage her 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 student 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 49.
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 her with 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 justify what you observe, think and believe about your student’s behaviors.

Why Feedback is 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 the preceptor 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
- Performance of psychomotor skills
- Communication with patients/families/staff
- Ability to work with peers/others
- Independence
- Does your student ask good questions?
- Does she find the answers to questions she can’t answer?
- Can she answer the questions you ask?
- Does she search for new experiences?
- Can your student make appropriate links?
- Is she safe?
- How does she 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 provide feedback immediately, but you should try to do this 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 (i.e., 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.
• Makes notes of the behaviors 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 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 student to come up with strategies to improve her performance. Provide guidance when needed.

**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 02 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 relaxed 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 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 # 1 & 3 and you are at risk for failing the course.

Reference

9
For more information on Giving Effective Feedback refer to the following books in the AHS/RDC Library:


UBC, Faculty of Medicine. *Teaching Skills for Community Based preceptors*  

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**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 a student regarding her behavior you must also be sure that strategies are in place to ensure patient safety.

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

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 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 for Assisting Students to be Successful

Most students will complete their preceptorship without any problems. Occasionally there is a student who is not meeting the course objectives. There could be a number of problems that the student is facing and she is finding it difficult to focus on the 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 the student she will correct her behavior and the problem may be resolved. There are services available at the College to help the student if assistance is required. Contact the instructor for more information.

There could also be a student who displays 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 clinical instructor early in the process. Keep her apprised of the situation. She can offer suggestions and support.

2. **The student is a part of the process.** Provide oral feedback early, seek clarification and information, and always 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 the problem can 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 clinical 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 a student.** 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 a student. 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.

Section References², ³, ⁸
Assisting the Student at Risk for Clinical Failure

Speak to the Clinical Instructor
- Describe behaviors
- Review data
- Assess meaning, seriousness of behaviors and possible consequences

Clinical Notes
- Keep notes consistently
- Describe behaviors, conversations and incidents – include dates and times
- Be objective, avoid interpretation
- Look for patterns of behavior

Speak with the Student
- Describe behaviors
- Get the student’s perspective
- Summarize input from clinical instructor or have the clinical instructor present

Struggling to Meet Course Objectives

Speak with the Student
- It is advisable to have the instructor present
- Make it clear that the behavior is inappropriate/unacceptable
- Inform the student that a change is required for a successful preceptorship
- Formulate strategies with the student (when & how to change the behavior)
- Outline consequences of not changing behavior
- Ensure the student clearly understands the problem and the consequences
- Keep notes on the feedback you provided. You may want to provide the student with a summary of your conversation to ensure understanding
- Monitor for compliance and keep daily notes
- Provide frequent feedback on the student’s progress
- If patient safety is in question, remove the student from the clinical setting
- “A Learning Plan” may be implemented to assist the student in being successful. The instructor can work with you and the student to formalize this plan

Extension of the Preceptorship
- Meeting with student, preceptor and nursing instructor
- The student has demonstrated a change in behavior but requires additional time to demonstrate her ability to meet the course objectives
- The student may or may not be successful

Failure of the Course
- Meeting with student, preceptor and nursing instructor
- The student has not demonstrated a change in behavior and has not met the course objectives
- The clinical instructor informs the Nursing Department Chair that the student has failed the course

When students display unprofessional, unethical, or unsafe behaviors that may lead to emotional or physical harm to patients, or damages the reputation of Red Deer College, the agency or facility, they can be sent home. Contact the clinical instructor immediately so that appropriate follow-up action can be taken.
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
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 situation.

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 or 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 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 – Suggestions 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.
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 67 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 67. 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 Public Health

Overview:
As a preceptor for a 4th year nursing student in public health, there is some important information that you need to be aware of to make this preceptorship experience for you and your student progress smoothly.

Your 4th year preceptorship student is preparing to work on her own, and by the end of the final clinical experience she should be able to work as an entry-level nurse, doing all the things that a nurse at that level is able to do. However, your student is still unregistered and therefore, according to CRNA, must be supervised when performing any restricted activities.

Restricted Activities, Direct Supervision & Indirect Supervision

Restricted Activities: What does that mean?
The Health Professions Act defines restricted activities as “regulated health services which have been identified as involving a significant degree of risk to the public. They are also activities that demand specific competencies on the part of the person performing them.” These restricted activities include (but are not limited to):

- Cutting a body tissue (e.g. Newborn Metabolic Screening [NMS]), administering anything by an invasive procedure on body tissue or performing surgical or other invasive procedures on body tissue below the dermis or the mucous membrane (e.g. immunization, staples/suture removal)
- Administering a vaccine or parenteral nutrition (e.g. immunization)

Direct Supervision: What does that mean?
According to CRNA’s Standards of Supervision of Nursing Students and Undergraduate Nursing Employees Providing Client Care (2005):

“DIRECT SUPERVISION means a regulated member is present in the practice setting AT THE POINT OF CARE. This means that the regulated member is providing supervision ‘at the side of’ the nursing student”.

Based on the CARNA document, it is our desire to maintain the safest working environment for our staff members, clients, and students. Public health nursing management requires the following levels of supervision for 4th year nursing students during their public health preceptorships.

**Neonatal Metabolic Screening and Staple/Suture removal:**
- For the duration of their public health placement, **DIRECT SUPERVISION** is required for 4th year students completing newborn metabolic screening and staple/suture removal. Other levels of supervision (i.e. indirect and indirect remote) are not appropriate given the skill and decision-making required to complete these tasks, the geography and distances that exist in our region and the potential for inconsistency between what a client reports over the phone and the actual circumstances faced by the nurse on the home visit.

**Immunization:**
- At least initially, 4th year preceptorship students require **DIRECT SUPERVISION** when providing immunizations.
- For the duration of their public health placement, **DIRECT SUPERVISION** is required for immunization decision-making. That is, although students may progress to being indirectly supervised for the other components of a clinic visit and the actual act of immunizing (see below), the decision-making process will always be in collaboration with and under the **DIRECT SUPERVISION** of the preceptor.
- **NOTE:** This may look differently depending on the clinic process in each office (e.g. may be completed before clinic if charts can be pulled and reviewed, or may be completed before each client as they are selected from the pick list).
- As indicated, 4th year students may progress, at the discretion of the preceptor, to being **INDIRECTLY SUPERVISED** for the other components of a clinic visit and the actual act of immunizing, provided that the following parameters are met:
  - The student has completed more than ½ of their 10-week placement
  - The student has attended the public health nursing clinic orientation day
  - The student has, to the satisfaction of the preceptor, completed the [Public Health Nursing Clinic Orientation Checklist](#). This document will be available at your Public Health Office.
  - The student demonstrates a level of knowledge about vaccine-preventable diseases, immunology, vaccines and the technique of immunizing such that the preceptor is confident in her ability to immunize.

Students in a nursing education program are not regulated by CARNA and are therefore considered unregulated workers under the Health Professions Act. This means that **they can only perform restricted activities with the consent of and under the supervision of a regulated member of a health profession** (e.g. a registered nurse).
**Indirect Supervision:** What does that mean?

According to CARNÀ’s Standards of Supervision of Nursing students and Undergraduate Nursing Employees Providing Client Care (2005):

“**INDIRECT SUPERVISION means a regulated member is available for guidance and consultation but is not directly at the side of the nursing student**”. This means the regulated member is readily available in the unit or in the same location where the care is being provided.

“In the community health setting, being readily available in the same location where the care is being provided would mean that the regulated member is physically present in the clinic setting.”

**NOTE:** Public health nursing management interprets “present in the clinic setting” as follows:
- For clinics at a community health centre, being present in the clinic setting means that the preceptor is readily available at an identified location in the CHC for the duration of the clinic.
- For off-site clinics (satellite clinics, influenza clinics and school runs), being present in the clinic setting means that the preceptor is at the clinic, in the same room where students are immunizing clients (i.e. 4th year students will NEVER go on a school run, or to a satellite clinic on their own).

Beyond these parameters, whether or not students are able to provide immunizations is at your discretion as a preceptor. Your decision to allow students to immunize should be based on:

- **The circumstances** – Complex scenarios (e.g. very overdue clients, transplant clients etc...) present greater risk of error. Should students be immunizing under these circumstances?
- **The client** – The client must be aware of and comfortable about being immunized by a student nurse. Should students immunize clients that are agitated, anxious or who have a history of not responding well to being immunized (e.g. fainting)?
- **The student** – Students must demonstrate a level of knowledge about vaccine-preventable diseases, vaccines and the technique of immunizing that makes you confident in their ability to immunize. A discussion between the preceptor and student about these topics should precede any immunizing.

**These are some questions you may want to consider to assess your student’s competence and to determine whether your student is prepared to commence immunizing clients:**

1. Has your student provided previous immunizations?
2. What does your student know about landmarking?
3. What does she know about cold chain?
4. What does she know about vaccines?
5. What does your student know about vaccine-preventable diseases?
6. Where would she go to find information she doesn’t know?
Documentation and Charting

Some important information about documenting and charting that you should be aware of:

- Initially, your 4th year preceptorship student will be required to have her charting reviewed by you. This means electronic charting is reviewed by you, as the preceptor, before it is saved. For hardcopy charting, your student will complete a rough draft and have it reviewed prior to transcribing the notes onto the chart.

- Chart reviewing will continue until, in your clinical judgment, you are confident in the charting ability of your student. At this point, your student may proceed to saving her charting without it being reviewed and/or complete her charting directly without having to do a rough draft first.

- As the preceptor you will initial all your student’s charting that you have reviewed. Initials are not required once your student is charting independently.

Absences/Missed Placement Days

Red Deer College has a policy regarding absences/missed placement days. Your preceptorship student is expected to report any expected, unexpected and/or extended absences to the instructor and to you. Your student will have the opportunity to discuss with the instructor and you (as appropriate) her plan for making up the absent time. This could include, but is not limited to:

- Writing a scholarly paper
- Teaching a session to peers
- Present learning from an alternate learning experience
- Clinical make up time

We encourage you to prompt your student to ensure that she has reported her absence to the clinical instructor.
REFERENCES


Icons from dryicon.com
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