



PRECEPTOR HANDBOOK

NIPISSING UNIVERSITY
SCHOLAR PRACTITIONER
PROGRAM

last revised 2018-1/

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INTRODUCTION

Program Overview

The Nipissing University Scholar Practitioner Program (SPP) is a unique second degree accelerated BScN level nursing program administered in collaboration between Nipissing University and Toronto based academic health care organizations:

- SickKids Hospital
- Toronto Public Health
- University Health Network (host organization)

Program learners set their own learning goals with mentorship and leadership of program faculty- adjunct professors (APs) and preceptors to meet the College of Nurses of Ontario regulatory BScN entry to practice standards. This particular pedagogical method emphasizes and acknowledges the need for evidence informed, practice-based knowledge that is contextualized in everyday clinical experiences.

SPP Vision

To provide an innovative, collaborative nursing program recognized locally, nationally, and internationally that responds to the demands of a changing society; and to co-educate nurse leaders within a culture of scholarship and inquiry to generate insightful nursing practice.

SPP Mission

To graduate nurses with an active voice in health care who successfully contribute to the health and well-being of individuals, families, communities, and populations through evidence—based practice.

The SPP aims:

- To graduate practice-ready scholar practitioners exhibiting the following characteristics: curious, insightful, technologically competent, courageous, and knowledgeable.
 - Curious:** The SPP graduate is passionate about exploring new possibilities through their spirit of inquiry and creativity.
 - Insightful:** The SPP graduate reflects on actions and thinking in relational practice.
 - Technologically Competent:** The SPP graduate has the capability, (reference), to locate, apply and adapt new and existing technologies and bodies of knowledge to multiple practice situations.
 - Courageous:** The SPP graduate questions what is known in the world, seeks and discovers new perspectives, and lives dangerously in the fluidity of new and known thought.
 - Knowledgeable:** The SPP graduate is a learned practitioner who has the capability to question and think-in-action.
- To graduate nurses who are ready to work in the ever evolving and complex healthcare landscape.
- To cultivate practitioners who will be prepared to act as knowledge-workers in the field of nursing and will demonstrate a strong sense of responsibility for contribution to the knowledge-based economy.

HOW DOES THE SPP PROGRAM DIFFER FROM OTHER PROGRAMS?

The SPP is unique as within nursing education to exclusively utilize narrative inquiry and cognitive apprenticeship pedagogy approaches in program curriculum at the undergraduate level.

Narrative Inquiry pedagogy focuses on the processes of teaching and learning, interpreting, critically thinking and analyzing concepts, ideas, and situations. It encourages active interpretive learning using stories about clients, the learning situation, or about encounters between preceptors, learners and other health care providers. Learners are expected to use scholarly practices such as reading, writing, thinking and dialogue to get a deeper understanding of the contextual practice while also considering their own experiences as learners and novice practitioners. Learners are encouraged to explore multiple ways of knowing, to utilize observation skills, to take notes, ask questions, and to research information independently.

Traditional nursing education consists of lecture format sessions focussing on specific course content. Professors teach what they believed students needed to learn and students tend to be passive learners in the process (Myrick & Yonge, 2011). Students are then asked to apply what they have learned in the classroom in clinical practice. This approach overlooks the unpredictability and complexity of health care situations and the important role that preceptors play (Paton, 2010). Nurse leaders today are concerned about the practice-education gap, as it becomes harder for nursing education to keep pace with changes in practice. As practice continues to become more complex over time, nursing graduates must leave their education programs prepared to be lifelong students, with the disposition and skills to be reflective practitioners and expert learners (Benner, Sutphen, Leonard & Day, 2010, p. 4). Problem-based learning is one way educators have tried to address the issues with the traditional curriculum, by creating more active ways of learning in which students are presented with a “problem” and are asked to apply learned material to the problem (Myrick & Yonge, 2011). The narrative inquiry pedagogy offers an even greater interpretive, contexts situated approach for inductive learning.

Narrative inquiry techniques are used to reconstruct full experiences, and are not limited to finding and solving problems (Swenson & Sims, 2000). The focus is shifted away from content for the sake of accumulating information, to conversations about real practice situations and clinical reasoning. Preceptors function as guiding partners in the learning process, sharing appropriate materials, resources, and experiences. Learners in the SPP engage in a vast amount of independent research and learning when compared with students in more traditional curricula, as there are no specifically assigned resources learners are expected to seek out and use a variety of resources to meet their learning needs.

The narrative inquiry curriculum respects the incoming experience of the learner. The content arises out the clinical and scholarly experiences of the learners and celebrates the lived experiences of learners, preceptors, clients and families (Swenson & Sims, 2000). This curriculum fosters the creation of partnerships in learning rather than the traditional hierarchy of education and is projected to meet the demands of today’s changing healthcare environment.

Table 1: Comparison of learning approaches in the SPP Curriculum

	Learning Approaches		
	Conventional Didactic	Problem Based Learning	Narrative Inquiry
Purpose	Building knowledge base to support practice	Preparing practitioners to solve clients' problems	Preparing practitioners to listen to clients' experiences and to solve problems
Teacher Role	Teacher as expert	Teacher as tutor	Teacher as guiding partner & co-learner
Student Role	Receives knowledge	Active, Self-directed learner	Active, Self-directed learner Learner as teacher
Client Role	Recipient of care	Information source & recipient of care	Generator of meaning & Partner in care
Process	Memory storage and retrieval Problem solving as a distance	Problem Solving in context	Problem solving in context Reflective
Emphasis	Knowledge of content	Clinical reasoning	Clinical reasoning & meaning of clinical encounters
Teaching and Learning techniques	Lectures Cases as illustration of content Discussion Objective testing Textbook as expert Textbook selected by teacher	Mini-lectures as requested by students Teacher generated cases Objectives tests Textbook choice driven by student need	Teachers are consultants not lecturers Teacher and student generated case analysis Narrative interpretations Clients as consultants Textbook choice driven by student need Multiple sources of information Students seek and become consultants
Context	Context Free	Context enriched	Story and context centered
Content	Content driven	Content supported	Content Supported & Content Generating

(Swenson & Sims, 2000)

HOW IS THE SCHOLAR PRACTITIONER LEARNER DIFFERENT?

SPP students are expected to be self-directed. This type of learner is taught **how** to learn, rather than what to learn. As a result they independently seek information through a variety of sources, such as online journals, e-books, textbooks, experts in the field, peers, patients and families etc.

Learners in this program are active participants in the learning process and may seek a lot of information and inquire through ongoing questioning. They come from variety of professional backgrounds with an undergraduate degree in another discipline. As a result, they may be more independent in their thinking and in their approach to learning. As Myrick and Yonge (2011) point out, such qualities need to be supported and nurtured, and not stifled during the preceptorship experience.

Depending on the learners' trajectory in the program, there may be a variation in knowledge, skills and abilities. Preceptors need to keep in mind that SPP learners are immersed in clinical experiences from the very first semester of the program, and initially learners' experiences will require more peripheral observation. As learners' become more familiar with the clinical environment, they should be encouraged to undertake graduated components of care while receiving continuous guidance and feedback.

How Can I Work Best With The SPP Learner?

Learning is supported through the process of creating a safe, comfortable environment that promotes exploration (Profetto-McGrathet, Bulmer, Smith, Day, & Yonge, 2004).

Narrative inquiry pedagogy focuses on processes such as teaching, interpreting, analysing ideas, situations and concepts. The ability to connect with the learner is central in this type of learning environment. By using narrative inquiry, preceptor and learner can form a partnership to share and interpret their experiences (Brown, Kirkpatrick, Mangum, & Avery 2008). A sense of trust between preceptor and learner is essential if the learner is to comfortably explore ideas, share thoughts, reflect of personal actions, analyse clinical situations and evaluate outcomes.

Preceptors can facilitate cognitive and professional growth by engaging in meaningful conversations with the learner. You may want to consider asking sequence of questions such as the one's listed below to provide the learner with an opportunity for reflection.

Telling the story

- Tell me what happened?
- What was this like for the patient/client, for you...

Meaning & Concerns

- What were you concerned about?
- How did you feel about that?

Options, solutions, strategies

- What did you do next?
- What influenced your decision?

- Were there other possibilities? What other choices did you have?
- What were the consequences?

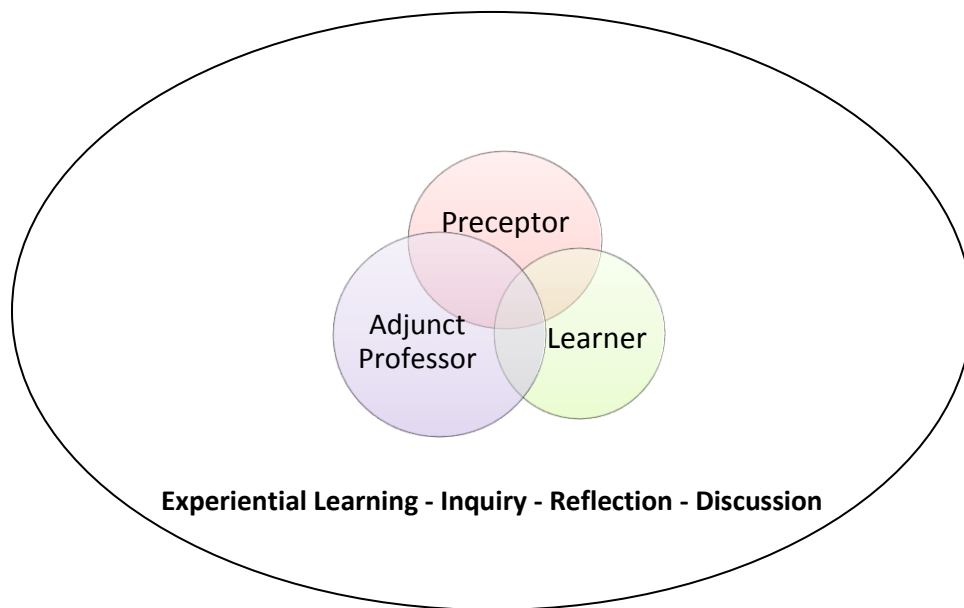
Learning

- What did you learn from this experience?
- Why do you think it is important to know that?
- Last time we met . . . share with the learner your own reflection on what happened

Probing questions, or questions that require further thought, clarification, elaboration, explanation, or exploration are used, when necessary, to enhance learning (Williams, 2004). Encouraging discussion and debate facilitates communication and promotes the acquisition of critical thinking skills (Profetto-McGrath et al., 2004). Constructive feedback (Williams, 2004) and support of the learner, throughout the process need to be continuously offered.

The Learning Triad

Learning in the Nipissing SPP is a triad. The triad consists of a preceptor, a learner, and an adjunct professor, all of whom play integral roles for the success of the learning experience. This model strives to flatten the traditional hierarchy of clinical supervision and to view the preceptor as a guiding partner and a co-learner who may not necessarily have all the answers, but who can role model searching out evidence, analysis of information, and arriving at well reasoned decisions.



ROLES AND RESPONSIBILITIES OF THE PRECEPTOR

Preceptors provide support and share their expertise in nursing practice with the learner. The SPP preceptor contributes greatly to the overall growth, development and education of future nurses in a most unique individualized learning environment.

As part of the Nipissing SPP preceptors are expected to effectively promote the clinical reasoning ability of learners by role modeling, coaching, reflecting, articulating, and exploring different concepts and hypotheses with the co-learner

Specific Responsibilities of the SPP Preceptor:

- Get to know the program’s philosophy of learning and education
- Welcome learner into the clinical setting and introduce the learner to the interprofessional team
- Engage the learner in a discussion to discover their previous work and life experiences, existing knowledge base, as well as self-identified areas for development
- Assist learner with the refinement of their individual learning plan and optimize learning opportunities
- Provide ongoing oral and written feedback to the learner
- Meet with the learner and the adjunct professor on a regular basis during the preceptorship experience. If distance prevents in person contact, the learning triad can decide on another more convenient way of communication e.g. via video or teleconference
- Foster clinical reasoning by asking open ended questions
- Contact adjunct professor as soon as possible should there be any concerns regarding learner’s professionalism, safe or ethical practice

Preceptors are not expected to make a decision whether a learner can pass or fail the clinical placement. The preceptor’s feedback and insights about the learner’s strengths, successes, weaknesses and areas for growth are valued by both learners and APs. Preceptors need to provide sufficient documented feedback regarding the learner’s performance, so that the learner can develop a plan that will give them an opportunity to succeed. If there are concerns, the preceptor needs to work with the AP and the learner. Ultimately the responsibility for passing or failing a student rests with the AP and the University.

ROLES AND RESPONSIBILITIES OF THE PROGRAM FACULTY- ADJUNCT PROFESSOR (AP)

The Nipissing University Scholar-Practitioner faculty are experienced registered nurses with advanced education, employed within each of the affiliated health care organization or by Nipissing University to support the learning experience through organizational networks, learning technologies and systems. Program faculty in collaboration with the point of care preceptor and the student to form the co-learning triad. The AP consults with the learner and the preceptor to make sense of their rich experiences through point of care interaction visits, scheduled group meetings, and other interfaces, as necessary.

Specific responsibilities of the Program Faculty-AP within the preceptorship program:

- Assess the learner’s readiness for the selected practicum and advise accordingly

- Orient preceptors to their role in the Scholar Practitioner Program
- Approve preceptees learning plan in collaboration with the preceptor
- Engage learner in a discovery process to move them toward development of a practice ready practitioner
- Meet with preceptor and learner regularly to discuss progress
- Remain easily accessible to the preceptor and the learner via phone, pager, e-mail, visit the clinical site routinely if geographically possible
- Evaluate learner in collaboration with preceptor
- Respond to preceptor or learner concerns in a timely manner
- Provide support about the teaching and learning process

ROLES AND RESPONSIBILITIES OF THE LEARNER

Learners are expected to be mature, self-motivated individuals who immerse themselves within the practice environment and conduct themselves in accordance to both organization and university policies. Learners follow the assigned preceptor's schedule to complete a minimum of 203 clinical hours per 9 week experiential practicum each semester. In collaboration with the preceptor, learners can actively participate in patient care if they are able to exhibit sound knowledge, skill, judgement and ethical comportment to ensure quality evidence-based care.

Specific responsibilities of the learner:

Learners are expected to adhere to the most current College of Nurses of Ontario Guidelines for Learners. (2017).

http://www.cno.org/globalassets/docs/prac/44034_supportlearners.pdf

CNO Guidelines for the Learner

The learner:

- respects the safety and well-being of the clients in the learning experience;
- recognizes her/his knowledge, skills and judgment, limits of responsibilities, legislative authority and supervision requirements;
- contributes to the development of objectives for the experience;
- understands and clarifies her/his role in the provision of care with the educator/preceptor;
- uses clear, accurate and effective communication skills in professional interactions;
- identifies the need for, and acts to obtain appropriate supervision;
- is aware of her/his responsibility to notify the AP if she or he is not achieving objectives due to the setting and/or preceptor relationship;
- is accountable for the quality of care she/he provides within the established objectives; and
- becomes familiar with and follows the agency's policies, procedures and principles.

In addition, learners in the Nipissing SPP are expected to:

- Contact preceptor and/or unit educator prior to placement to discuss learning opportunities as per organizational guidelines
- Attend organizational and unit based orientation in collaboration with AP and preceptor as required
- Clearly identify individual learning needs to preceptor and AP
- Develop and share learning plan with preceptor and AP based on previous knowledge, research and point of care observation.
- Seek out and engage in appropriate learning opportunities in consultation with preceptor and AP
- Meet regularly with preceptor and AP to discuss learning plans and overall progress
- Provide and receive feedback from preceptor and AP
- Provide and receive completed self-evaluation forms of preceptor and AP
- Engage in reflective practice assignments, presentations and opportunities to demonstrate growth knowledge acquisition and professionalism that contributes to overall learning
- Share individual program learning portfolio with preceptor and staff, if appropriate

Learner's Scope Of Practice

Learners new to the SPP are expected to immerse themselves from the very first semester in authentic settings where nursing care and services occur. It is imperative that this experience be gradual and under the close supervision of the preceptor. Learners are expected to begin with observational experiences in a variety of settings. The intent is to gain initial experiences by observing a holistic approach from the periphery, while inquiring, reflecting and discussing observations with their preceptor and adjunct professor.

As suggested by Dennen and Burner (2009) in their work on cognitive apprenticeship, once learners have a grasp of the big picture, they should be encouraged to engage in a slightly more active role, by beginning to complete small task or component parts of a larger procedure or process, while receiving frequent feedback from the preceptor, continually inquiring and reflecting on their experiences. Through guided participations, learners are acquiring new knowledge and skills which are just slightly beyond their current ability level, and which they could not otherwise demonstrate or perform alone.

Support from preceptors must be tailored to learners' individual knowledge, skill and judgement levels. As learners become more competent support may be gradually reduced and change from direct to indirect.

Learners in the Nipissing U SPP are permitted to perform activities only if all of the below conditions are met:

- ✓ The activity is within the scope of practice of registered nurses

- ✓ The performing of the activity in that practice setting is permitted by Agency policy and practice standards
- ✓ The preceptor supervising the learner in the performance of the activity is competent and qualified to perform the activity
- ✓ The preceptor is available to directly supervise and coach the learner until the learner is deemed to have the knowledge, skill, and judgment to perform the activity safely, effectively, and with a consistent level of competence. Afterwards the performance of the activity depends on the availability of adequate supervision

Please note that some activities must be performed under direct and continuous supervision each and every time – please refer to agencies’ policies. Please see [Appendix B](#) as an example.

The learner may NOT perform the activity if:

- ✓ the learner has not had the theory or practice and the preceptor is not available to teach or directly supervise the activity
- ✓ The preceptor does not feel comfortable with the learner performing the activity in the context of the situation
- ✓ The preceptor deems that the learner is not ready to perform the activity
- ✓ There are not adequate supports to safely manage the outcomes of the activity

The activities listed below must never be performed by Nursing Students:

- ✓ Perform delegated medical acts
- ✓ Act as a witness (i.e., to witness a signature)
- ✓ Provide second check for controlled drugs, blood products, and medications listed as requiring independent double checking, double signing and documentation*
- ✓ Provide telephone advice to discharged clients
- ✓ Take verbal or telephone orders
- ✓ Carry narcotic keys
- ✓ Be left in sole charge of a unit or a client
- ✓ Transport patients alone when the presence of a nurse is required
- ✓ Perform controlled acts without close supervision by a nurse

*Please note that learners are encouraged to always document care and services provided and this includes documenting when participating as a third party in an independent double check with their preceptor and another healthcare provider.

HOW TO FACILITATE LEARNING IN THE CONTEXT OF THE SCHOLAR PRACTITIONER PROGRAM

Below are some teaching and learning techniques recommended for use with SPP learners.

Instructional Techniques	How the Technique Supports the Learner?
Stories	Serve as a familiar meaningful way to store and readily access information
Modeling	Modeling can be used by preceptors to actively demonstrate and explain skills and procedures.
Reflections	Provides time to think what is taking place, anticipate what to do next, put problems into meaningful context. Activities need to be interspersed by time to allow opportunity to step back and reflect on the experience and to figure out how new information fits with one`s prior knowledge. Reflection also involves stimulating the learner to deliberately consider their strengths and areas for development.
Collaboration	Fosters skills in working with others with unequal knowledge and fosters ability to come to a shared understanding about the task.
Multiple Practice	Provides opportunities for learners to observe, practice, make mistakes, and try again within a safe environment. Eventually learners adopt new skills and strengthen their membership in the team.
Scaffolding of Experiences	Learning opportunities and support from the preceptor are tailored to the learner`s individual knowledge and skill level. Support is provided to assist the learner in reaching skill levels beyond their current abilities. As learners become more competent, it is essential to gradually reduce the support.
Coaching	Assists and supports learners` cognitive abilities. This technique also includes observing the learner and providing specific and concrete feedback on their performance.
Exploration	Exploration is aimed at encouraging learners to formulate and pursue a personal hypothesis in the pursuit of learning.
Articulation	Articulation helps in learning complex skills by breaking them down in more manageable parts. It also makes one`s knowledge, reasoning and problem-solving explicit. Articulation also involves preceptors questioning learners and stimulating them to ask questions.

Adapted from: Gieselman, J.A., Strak, N. & Farruggia, M.J. (2000). Implications of the situated learning model for teaching and learning nursing research. *Journal of Continuing Education in Nursing*, 31(6), 263-268.

Dennen, V. and Burner, K (2009). The cognitive apprenticeship model in educational practice. Retrieved from http://faculty.ksu.edu.sa/Alhassan/Hand%20book%20on%20research%20in%20educational%20communication/E/R5849x_C034.fm.pdf

Suggested Approaches To Promote Clinical Reasoning

A major focus of the Scholar Practitioner Program is the promotion of clinical reasoning.

Clinical questioning encourages learners to examine problems, consider different perspectives,

and pursue alternate lines of thinking. Clinical questioning plays an important role for teaching and learning in the clinical setting.

What types of questions should I ask?

The table below shows several levels of questions based on their level of difficulty. From the simplest at the bottom of the table (knowledge) to the most sophisticated at the top (evaluation). While knowledge and comprehension are the foundation for the learner’s ability to grasp the situation, asking learners to recall information does not develop their clinical reasoning abilities. Try to challenge your preceptees by asking higher level questions such as application, analysis, synthesis and evaluation. These are the kind of questions that can develop critical thinking and clinical reasoning.

Levels of Questions	Cognitive Activity	Examples
Evaluation	Making a judgment using a standard or criteria	Can you evaluate each goal of the treatment plan? Is it being met? Is that enough to ensure the prevention of future asthma attacks?
Synthesis	Combining ideas and knowledge into a new plan	How do you plan to educate this client regarding the proper use of their medication?
Analysis	Breaking an idea into component parts for analysis and to draw conclusions	What are the implications of the abnormal blood gas results? What is the family’s understanding of the triggers of asthma attacks?
Application	Solving problems in new situations with minimal identification of the rules, principles and concepts	How would you use these blood gas results in planning the care of the patient? How would you prepare this medication for administration to a child?
Comprehension	Showing understanding of the essential meaning	Why is it important to check blood gases? Describe how Ventolin works?
Knowledge	Remembering previously learned material or information	What is a normal range for arterial blood gases? What is Ventolin prescribed for?





Adapted from: Craig, J. & Page, G. (1981). The questioning skills of nursing instructors. *Journal of Nursing Education*, 20, 18-23. **For more details:** Bloom B. S. (1956). *Taxonomy of Educational Objectives, Handbook 1: The Cognitive Domain*. New York: David McKay Co Inc

Effective Feedback Strategies

Feedback is a valuable and personal way of improving individual learning outcomes and developing rapport between preceptor and preceptee. The following model is based on a combination of positive and corrective feedback. In this model, corrective feedback is made easier if the preceptor asks the learner to reflect on their performance. Preceptors are encouraged to include strategies and suggestions of how improvement can be attained.

How to use this model?

- 1) Preceptor asks learner to comment on what they think they did well (**A**)
- 2) Preceptor then comments on what he/she thinks the learner did well and reinforces appropriate actions & behaviour (**B**)
- 3) Preceptor asks learner to comment on what they think they need to improve (**C**)
- 4) Preceptor then comments on what he/she thinks the learner needs to improve (**D**)
- 5) Preceptor finalizes feedback with specific suggestions on how to both improve and plan future learning opportunities to allow the learner to practice and reach the goal

	Positive Feedback	Corrective Feedback
Points the Learner is aware of	A 	C 
Points the Learner is <u>not</u> aware of	B 	D 

Note: A green diagonal arrow points from the bottom-left cell (B) to the top-right cell (C).

The Scholar Practitioner Program encourages preceptors to ask for feedback on their own performance as a preceptor and to role model how they reflect and incorporate feedback from others.

Before you provide feedback to the learner, consider the following:

What is the purpose of your feedback – It should enhance the learners’ feelings of accomplishment by recognizing the positive aspects, as well as areas for improvement. By providing feedback you hope to improve the learner’s practice, the intent is not to criticize, prove them wrong, or vent your frustrations.

Focus on observed behaviour related to a specific situation. Avoid opinions, rumors, and second-hand information. Be prepared to give examples; your observations should refer to

facts (what, where, when, how). Address behaviour that can be changed, not personal characteristics that cannot be changed. Also, try not to infer the reasons for the behaviour, leave this to the receiver.

Share ideas, information, and alternatives – Rather than giving advice, share ideas and information, and explore a variety of alternatives as well as the rationale for them. Help and feedback need to be given as an offer, not as an imposition. The recipient is free to make personal decisions of how best to incorporate your feedback. Remember this feedback is your impression and your feelings about something, and your feedback should reflect that knowledge. For many reasons the receiver may not be ready for the information you are sharing with them, or may need time to reflect and absorb the information.

Be supportive. Let the learner know you believe in their capability of improving and you are there to help them.

Limit the amount of feedback you provide at one time. You may need to prioritize and select only a couple of observed behaviours, even if there is list of issues that you need to address. Discussing more than three behaviours at a time may mean that not everything will be remembered and reduces the possibility that the feedback will be incorporated. Focus on quality not quantity.

Choose appropriate time and location – Feedback is generally meaningful if given as soon as appropriate. However, there are situations that require you to defer your feedback. For instance, if you and/or the learner are too tired, stressed, or upset about a situation, you may want to defer the feedback until the following day. Feedback can involve strong emotional response, so be sensitive to the time and place. Excellent feedback presented in an inappropriate time or place can do more harm than good.

Adapted from McMaster's University Preceptorship Handbook (2007) and University of Alberta's Guide to Preceptorship (2011).

WAYS TO FACILITATE STUDENT EVALUATION

This section has been written by Dr F. Myrick & Dr. O.Yonge (2011) from the University of Alberta and adapted for the Scholar Practitioner Program.

The preceptorship experience - from setting expectations to ongoing observations and behaviour-specific feedback is based on evaluation. An awareness of the evaluation process should be maintained throughout the experience.

Learners need an opportunity to internalize the knowledge that they acquire in the clinical setting before any appreciable change can occur in their performance. That is why it is so important to ascertain exactly what each individual learner requires before beginning the

process of evaluation. When summarized over a period of time and analyzed in terms of improvements made, your feedback is the basis of your evaluation. Writing the final evaluation can be carried out much more smoothly if evaluation methods/tools have been used throughout the experience. Evaluation tools include direct observation, anecdotal records, daily or weekly journals, learning plans, or projects.

1. **Observation** of learners' care of clients and decisions made about that care. Personal observations are the primary source, however observations from the nursing and other staff and patients also need to be considered. At times, these individuals will approach the preceptor who then needs to document or record the specifics of their observations of the learner or what they heard the learner do or say.

2. Records of these observations are referred to as **anecdotal notes**. These records should include notes of the learner's daily and weekly assignments and must be factual and nonjudgmental, identifying both strengths and areas that require improvement. Such notes provide documentation that the learner has been provided with adequate opportunity to meet the clinical learning objectives and has been afforded *due process or the ability to be able to improve their performance in a reasonable amount of time*.

3. **Learner self-assessment/evaluation** is a powerful method of evaluation and can initiate performance evaluation in a non-threatening manner. Even if learners do not fully achieve what they had hoped to achieve, it is important that they leave the experience feeling that they have gained something positive from the experience, discovered more about themselves, and identified new learning needs previously unknown to them. Information from the learner's evaluation tool should be compared with information from the preceptor's tool.

4. **Critical incidents** should be documented immediately. When a preceptor has concerns about the learner's performance they should first and foremost contact the faculty tutor. With the tutor's assistance, the preceptor will be able to identify the actions taken and the other individuals with whom the behaviours have been discussed and collaboratively outline the plan for follow-up.

5. **Faculty involvement** - Addressing a situation about which the learner has been unable to meet the performance expectations is always stressful. While these situations are the exception and not the rule, preceptors need the support of the adjunct professor when they occur. Failure to address the situation can have personal, professional, and legal repercussions.

Guidelines For Addressing Issues Involving Learners

Addressing Preceptor Concerns

At times preceptors may feel that it is necessary to have a direct contact with the learner's adjunct professor (AP) to share either positive or constructive feedback regarding the learner's performance. Outlined below are situations when the AP must receive timely notification regarding the learner:

- behaviour that is inappropriate or may place clients, staff or the agency at risk or is in violation of institutional or educational policies
- behaviour that is unsafe or demonstrates incompetence in practice
- continuous inadequate preparation for clinical placement
- repeated tardiness, absence or illness
- lack of follow up on feedback and suggestions related to clinical practice
- difficulty to transfer knowledge from one situation to another
- limited clinical reasoning or reflective practice skills
- at any time when the preceptor feels they need some support or guidance in directing the preceptee's learning

Identifying and dealing with problems as they arise will help prevent issues from getting out of hand. Below are some useful suggestions for solving problems from the RNAO (2004).

Identify and define the issues

- Choose an appropriate time for discussion
- State the problem clearly and concisely
- Express your feelings using “I” statements rather than “you statements
- Invite the learner to help find a workable solution that will satisfy all parties involved
- Listen to the views of others involved and be patient

Generate possible solutions

- List possible options
- Discuss possible consequences
- Encourage all involved to participate

Choose and Implement the best solution

- Choose a solution with which all involved are satisfied
- Commit to the solution
- Determine who is to do what and by when

Evaluate by following up

- Is the decision working out?
- Is everyone satisfied with the solution?
- What did you learn from the experience? What would you do differently next time?

Adapted from: RNAO (2004) Orientation Program for Nurses in Home Health Care and (2003) Orientation Program for Nurses in Long Term Care

With any unresolved situation of conflict, contact the Nipissing University Adjunct Professor affiliated within your organization for assistance and participation in the resolution process, Please refer to [Appendix C: Problem Solving Decision Tree](#) for more details on the process

USE OF MOBILE DEVICES IN PRECEPTORSHIP

This section has been written by Dr F. Myrick & Dr. O. Yonge (2011) from the University of Alberta and adapted for the Scholar Practitioner Program.

The use of handheld technology in the health professions in general and in nursing education in particular is rapidly becoming routine (Zurmehly, 2010). Predictions indicate that this particular trend will persist owing primarily to the fact that Mobile Devices make vast amounts of information easily and immediately accessible (Scordo, Yeager & Young, 2003; Tooley & Mayo, 2003). Indeed, the ongoing development of handheld technology and the rapid acceptance of such devices are generating an evolution in the manner in which information and knowledge are shared and how they are evaluated in the health care system (Zurmehly, 2010).

Subsequently, this development has major implications for preceptorship. The use of Mobile Devices in the clinical setting has been the focus of several different studies to date (Kuiper, 2010; Miller et al., 2005; Rust & Tafflinger, 2004; White et al., 2005). Findings from these studies indicate that hand held technology use has the potential to enable students to provide care that is consistent with evidence-based practice (Doran et al., 2010).

In light of such developments in the use of Mobile Devices, it is important that preceptors be familiar with its prevalence and role in clinical teaching. Preceptors need to clarify that in the clinical setting, such technology is designed for application to patient care only and not for sending and receiving personal messages. It is important also, however, that preceptors not make inaccurate assumptions when observing learner's use of such devices, for example, not immediately assuming that it is being used for personal reasons. Rather, clarify directly with the learner. The preceptor and learner need to discuss the use of such devices and their use in the provision of nursing care, addressing precisely what is acceptable in accordance with institutional policy and patient privacy legislation. Handheld technology protocol, including patient information usage and disclosure, need to be clarified by specific guidelines and those guidelines need to be adhered to at all times.

APPENDIX A: Communicating Daily Student Learning Goals and Objectives

Learners are expected to use multiple methods to obtain the necessary knowledge to provide safe patient care. The learner and preceptor may find it helpful to establish a routine throughout the clinical day to share what the learner has accomplished that day and what they plan to seek further information on prior to the next clinical shift.

An example of such a routine is provided below:

Time of Shift	Expectation from Learner	Expectation from Preceptor
Beginning of Shift	Share with preceptor what they researched in preparation for the clinical day	<ul style="list-style-type: none"> Clarify learner's understanding of the information Prompt learner to apply the information in the clinical setting Seek to understand why the learner identified this information as important Share stories or experiences that help the learner to understand context & application of the information Suggest resources or topics that the learner could explore for greater understanding
Middle of Shift	Share with preceptor their interpretation of the situation/issue and their strategies	<ul style="list-style-type: none"> Have they encountered this procedure/issue/situation before? What do they think is going on? Are they familiar with any clinical guidelines, policies to guide them in this situation? What actions/strategies do they propose? How would they like you to assist them (depending on experience, feedback, and resources)?
End of Shift	<p>Share with preceptor key points from the day</p> <p>Identify areas or topics that the learner will seek more information</p>	<ul style="list-style-type: none"> How does this contribute to meeting their learning goals? Discuss with the learner common "take-home points" that can be used in future. Ask the learner to describe how this information impacts the patient/family? What do they see as the nurses' role in this? What did they do well today? What would they have liked to have done better & why? Seek to understand why the learner feels this knowledge is important. Suggest specific aspects of the topic that may help the learner gain better understanding Suggest resources if known Follow up with learner on the next clinical day to ensure they have understood & can apply the knowledge they have researched Try to arrange future learning opportunities to meet the learner's goals

With acknowledgements to Linda Flockhart (2012) Preceptoring in a Narrative Pedagogy Model of Nursing Education: A Teaching Guide (academic paper unpublished).

APPENDIX B: Student Scope Of Practice - Sample Poster

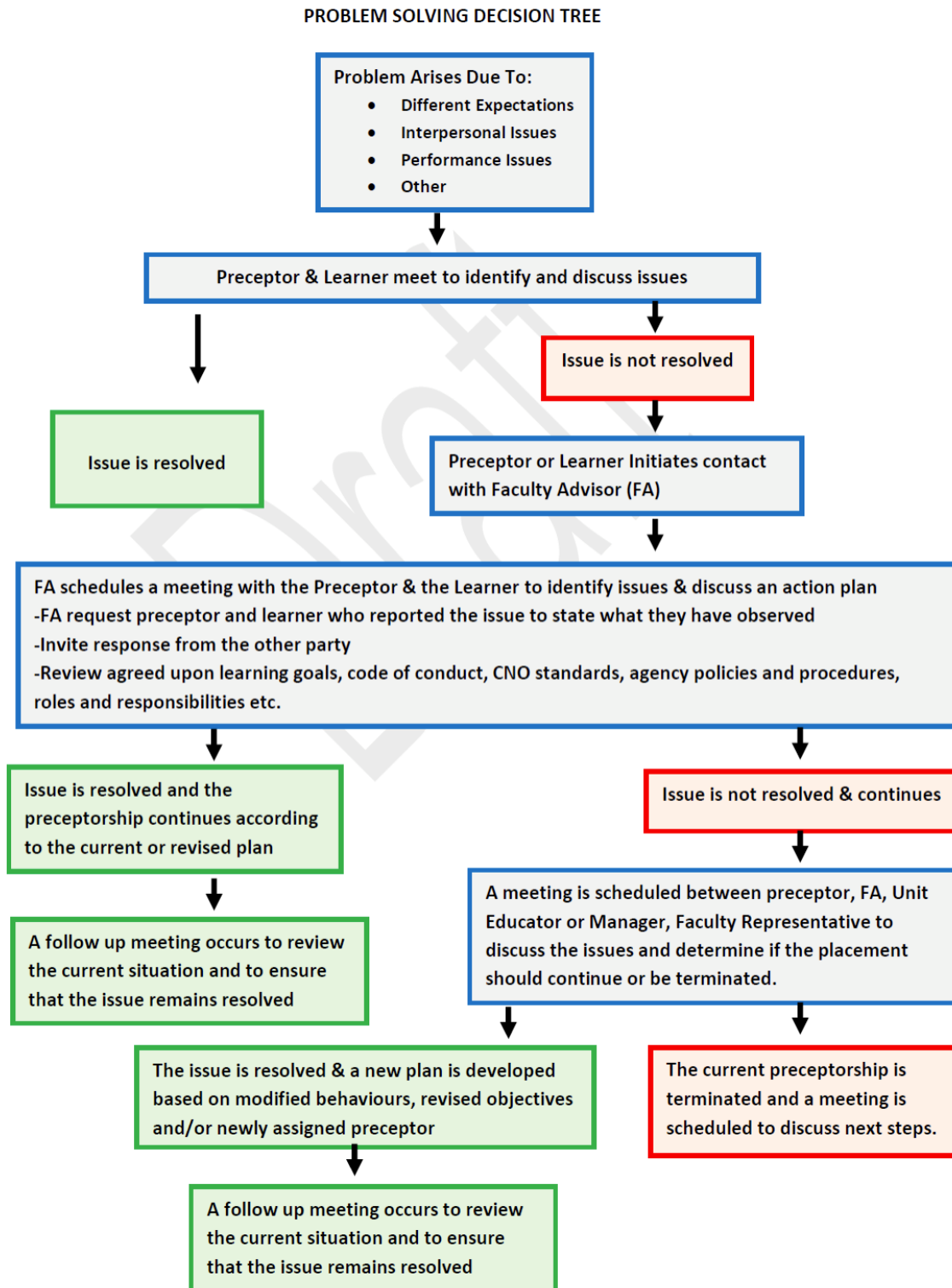
(This is a sample. Be sure to adhere to the policies regarding student practice in your own agency).

Example of Range of Care Needs Assigned	Nursing Students
Carry narcotic keys	No
Co-sign medications/TPN/IV solutions	No
Witness a consent	No
Administer Chemotherapy	No
Take telephone/verbal orders	No
Controlled drugs Potentially highly toxic drugs	Yes – <u>RN must be physically present</u>
Preparing IV bags with additives	Yes – <u>RN must be physically present</u>
Central line care – cap, tubing, dressing changes	Yes – <u>RN must be physically present</u>
Take report/handover of a patient	Yes – <u>RN must be physically present</u>
Direct IV medications (IV Push)	Yes – <u>RN must be physically present</u>
Calculation for fractional dosages of medications	Yes- <u>RN must double check calculations</u>
Oral medications	Yes
Priming/setting up IV tubing	Yes
Basic Care: ADL's, weights, intake-output, feeding etc.	Yes
Vital signs	Yes
Maintaining an IV (i.e. hourly checks and assessment)	Yes
Assist in procedures, help with positioning, non-pharmacological pain management	Yes
Charting Progress Notes/Flowsheets	Yes
Assist in patient transport/transfers	Yes
Assist with projects or programs	Yes

*Direct Supervision – Preceptor or another RN must be physically present

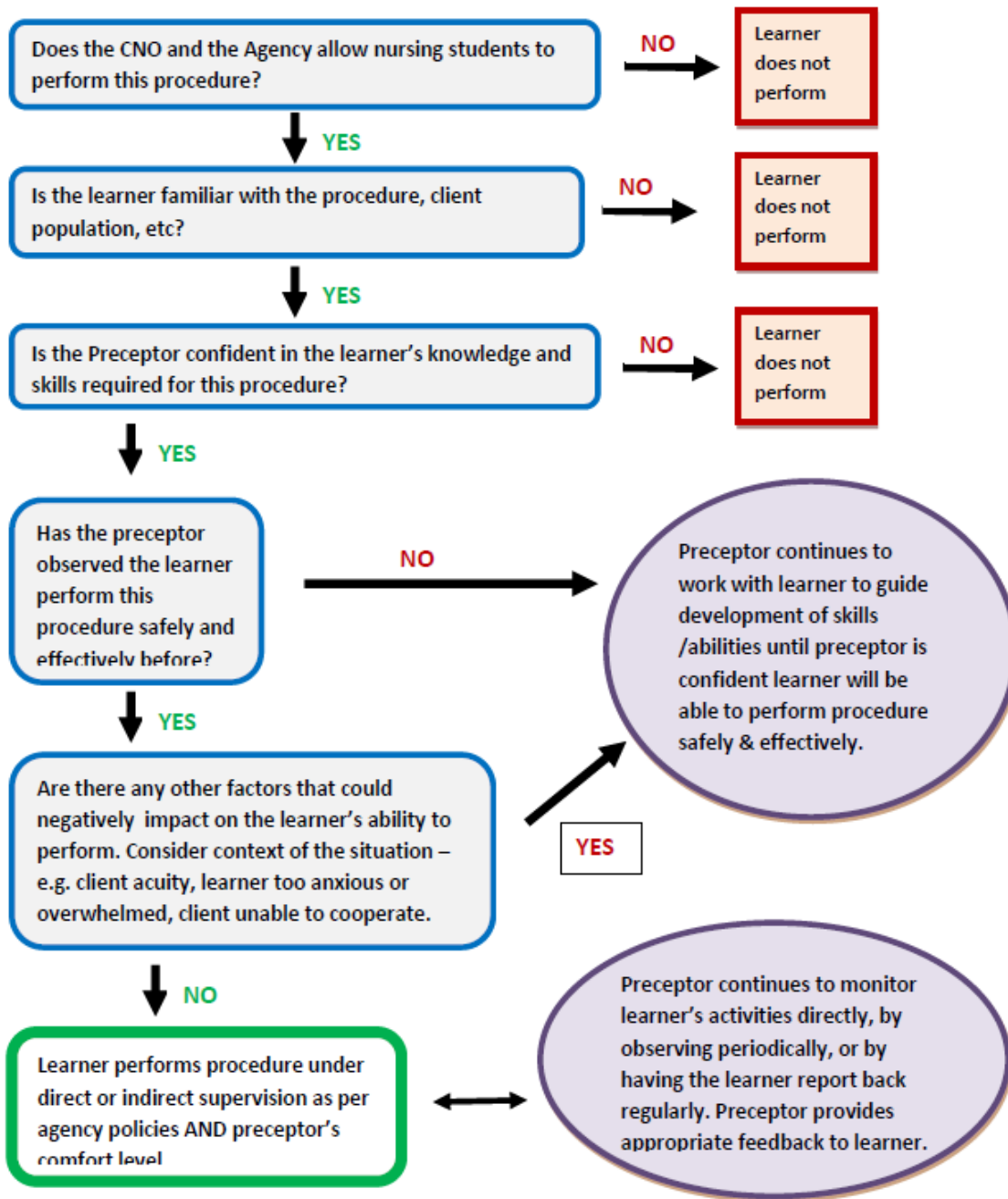
** Indirect Supervision – Preceptor or another RN not physically present, but monitoring activities by having learner report regularly or by periodically observing activities.

APPENDIX C: Problem Solving Decision Tree



APPENDIX D: Decision Tree For Engaging Learners In Procedures

Decision Tree for Engaging Students in Procedures



APPENDIX E: Template Determining Learner’s Readiness to Perform Procedure/Skill

Preparation steps	Completed Yes/No	Feedback & Plan
Learner has researched the procedure		
Learner has reviewed relevant policies		
Learner asks appropriate questions to ensure understanding of material		
Learner can describe the rationale for the procedure		
Learner can describe risks & complications and how to mitigate the risks to ensure patient safety		
Learner can describe necessary equipment & steps necessary for the procedure		
Learner can identify the preparation required prior to the procedure		
Learner has observed the procedure at least once		
Learner has had prior experience assisting with procedure if possible		
Learner has been observed performing the procedure and shown competency and understanding		
Learner is able to establish trusting relationship with client & ensures client’s comfort and understanding of procedure		

APPENDIX F: Giving and Receiving Feedback

An Easy to Remember Guide to I-Statements

SEQUENCE	EXPLANATION
Giving Feedback: when giving feedback use this approach to frame your feedback.	
1. “When you...” <i>(describe the behaviour)</i>	Start with a “when you...” statement that describes the behaviour without judgment, exaggeration, labeling or motives.
2. “I feel/felt...” <i>(your feelings)</i>	Tell how their behaviour affects you. If you need more than a word or two to describe the feeling, it’s probably just some variation of joy, sorrow, anger or fear.
3. “Because I...” <i>(consequence for you)</i>	Now say why you are affected that way. Describe the connection between the facts you observed and the feelings they provoke in you.
4. Pause for discussion	Let the other person respond. Actively listen to what they say.
5. “I would like...” <i>(your request)</i>	Describe the change you want the other person to consider...
6. “Because...” <i>(why you think it will help)</i>	...and why you think the change will alleviate the problem.
7. “What do you think?” <i>(an invitation to mutually negotiate)</i>	Listen to the other person’s response. Be prepared to discuss options and agree on a solution.
Receiving Feedback: When hearing/receiving feedback, use the following approach.	
1. “So, you have been feeling... when I... and would like me to...”	Paraphrase the feedback you have been given to ensure you understand.
2. “Are you willing to hear my perspective?”	Make your own needs known.
3. To summarize, we have agreed to... I will... and you agree to... Is that your understanding?”	Summarize a mutually agreed upon solution/action plan

Example: Giving feedback using I-Statement

Behaviour: *“When you came back late from lunch break today...”*

Feelings: *“I was angry...”*

Consequence: *“because I had to delay my break and missed meeting my friend. Now she is mad at me because I “stood her up’.”*

Request: *“I would like it if you would stick to the time we have scheduled for our breaks. And if you are going to be late – that you let me know.”*

How it will help: *“that way I will have my break when it is scheduled and if I have something planned and I know you may be late, I can try to make other arrangements.”*

Invitation to negotiate: *“What do you think?”*

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