

**PRECEPTING NURSING STUDENTS:
THE ESSENTIAL ELEMENTS
ONLINE LEARNING MODULE**

PRECEPTING NURSING STUDENTS: THE ESSENTIAL ELEMENTS

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PRECEPTING NURSING STUDENTS: THE ESSENTIAL ELEMENTS

I. OBJECTIVES

Welcome to this module designed to prepare you, an experienced nurse, to work as a preceptor with nursing students in your clinical setting.

The purpose of the module is to prepare you for the joys and challenges of serving as a preceptor for nursing students.

This module provides you with the essential information you need to understand your responsibilities as a preceptor, the responsibilities of the student, as well as the faculty's role and responsibilities. In addition, you will find helpful teaching strategies, information about the legal and ethical aspects of your role, and several helpful resources.

You may have already completed your hospital's orientation to prepare you as a preceptor to mentor nurses who are orienting as new graduates or nurses who are new to your clinical unit.

The objectives established for you to measure successful completion of this module are located in the table below.

After you complete this module, you will be able to:

- Describe the definitions of the term *preceptor* located in the Texas Board of Nursing Rules and Regulations and in current literature.
- Explain the responsibilities of the preceptor, the student, and the faculty.
- List the incentives and rewards offered to nurses who agree to serve as preceptors for nursing students
- Describe the responsibilities of the clinical facility and the nursing programs related to preceptorships.
- Explain legal liability and ethics related to the role of preceptor.

- Demonstrate clinical teaching strategies useful in assessing learning needs of the students, in coaching students to think like nurses, and in evaluating the students' clinical activities in your clinical setting.
- Describe the characteristics of a well-qualified

II. PRECEPTOR AND PRECEPTORSHIP DEFINED

According to the Board of Nursing for the State of Texas Rules and Regulations, Chapter 215 Professional Nursing Education, Rule 215.2 (10) Definitions, a preceptor is:

- “A registered nurse or other licensed health professional who meets the minimum requirements in 215.10(j)(6) of this chapter (relating to Clinical Learning Experiences), not employed as a faculty member by the controlling agency/governing institution, and who directly supervises a student’s clinical learning experience. A clinical preceptor facilitates student learning in a manner prescribed by a signed written agreement between the educational institution, preceptor, and affiliating agency (as applicable).”
- Rule 215.10(h) indicates: (h) Clinical preceptors may be used to enhance clinical learning experiences after a student has received clinical and didactic instruction in all basic areas of nursing or within a course after a student has received clinical and didactic instruction in the basic areas of nursing for that course or specific learning experience. (1) In courses which use clinical preceptors for a portion of clinical learning experiences, faculty shall have no more than twelve (12) students in a clinical group; (2) In a course which uses clinical preceptors as the sole method of student instruction and supervision in clinical settings, faculty shall coordinate the preceptorship for no more than twenty-four (24) students. (3) The preceptor may supervise student clinical learning experiences without the physical presence of the faculty member in the affiliating agency or clinical practice setting; (4) The preceptor shall be responsible

for the clinical learning experiences of no more than two (2) students at a time per clinical group.

- Rule 215.10(j)(6) indicates “Clinical preceptors will shall have the following qualifications: competence in designated area of practice, philosophy of health care compatible with the nursing program, current licensure or privilege to practice as a registered nurse in the State of Texas, or, if not a registered nurse, a current license in Texas as a health care professional with a minimum of a bachelor’s degree in that field.”
- In congruence with these BON rules, BSN programs prefer that preceptors for BSN students be prepared with BSN or higher degrees.

III. REWARDS AND CHALLENGES FOR THE PRECEPTOR

Rewards and benefits of serving as a preceptor can be both personally and professionally satisfying.

Personal Rewards

As a preceptor, you have a unique opportunity to serve as a role model for nursing students by setting an example of excellence in nursing practice.

As you answer students’ questions and continually clarify and present the role of the nurse, you potentially will discover that you are affirming your own knowledge and reenergizing yourself in your nursing practice.

Another potential outcome of these experiences with students is that you will revisit your own professional career goals as you begin to recognize your strengths as an educator and the rewards that come from this experience.

Professional Benefits

- Serving as a preceptor you obtain valuable practice experience to add to your resume` that strengthens your potential for promotion or other career opportunities.
- As a preceptor, you may be entitled to invitations to school and scholarly events, such as conferences or workshops.
- As a preceptor, you may receive points or credit for career ladder advancement depending upon what your facility offers.
- As a preceptor, you and/or your eligible children may qualify for exemption of up to \$500 of tuition per term or semester. Please contact your school liaison for information.

IV. RESPONSIBILITIES OF THE FACULTY, PRECEPTOR, AND STUDENT

When a preceptorship is part of a clinical course in the nursing program, collaboration between the preceptor, the faculty, and the student is formally established at the beginning of the experience. It is important that each individual obtain a clear and mutual understanding of the purpose of the arrangement and the related responsibilities of each role. Lines of communication must be established at the outset with frequent and open communication throughout the experience.

The primary responsibilities for each role are described below:

Faculty Responsibilities

- Orient both the student and the preceptor to the preceptorship experience and course policies indicated in the syllabus
- Assure that all required preceptor paper work is returned to the school's student or clinical affairs office
- Provide the preceptor with the course syllabus and information about the preceptor role for the specific course
- Establish communications such as, conferences, emails, and phone calls with the clinical preceptor to discuss the progress of and to evaluate the student's work
- Support the preceptor in guiding the student's clinical experiences and making assignments
- Be readily available for problem-solving and consultation through telephone and/or email communication and periodically visit the clinical setting
- Provide student feedback to support student's efforts to refine performance
- Assume overall responsibility for assigning the student's clinical performance grade
- Obtain feedback from the preceptor regarding the preceptorship
- Document all visits with the student and preceptor

Preceptor Responsibilities

- Retain ultimate responsibility for patients' care
- Contact faculty if assistance is needed or if any problem with student performance occurs
- Utilize faculty call list as needed for urgent faculty contact
- Provide faculty with contact information for hospital and home
- Collaborate with the student to formulate a clinical schedule
- Function as a role model in the clinical setting
- Facilitate learning activities for no more than 2 students at a time
- Orient the student to the clinical agency
- Supervise the student in the performance of nursing care with the goal of moving the student toward more independent functioning of specific nursing tasks while assuring safe practice
- See course policy regarding medication administration
- Have conferences (direct, email, and/or via phone) with the clinical instructor to discuss the student's clinical performance
- Evaluate the student's level of proficiency in clinical performance using course-specific guidelines
- Provide feedback to the student regarding clinical performance on a regular and frequent basis

- Arrange for appropriate coverage for supervision of the student should the preceptor be absent, and discuss with student and faculty
- Provide feedback to the nursing program regarding the preceptorship experience

Student Responsibilities

- Collaborate with the preceptor to schedule clinical experiences
- Submit the clinical schedule to the instructor prior to the start of the experience
- Maintain open communication with the preceptor, faculty, and staff
- Adhere to safety principles and legal and ethical standards in the performance of nursing care
- Be accountable for learning activities and nursing actions in the clinical area
- Provide nursing care, including medication administration, under the supervision of the preceptor and/or instructor, in compliance with course policies
- Contact faculty by telephone, pager, or email, if faculty assistance is necessary; utilize the faculty on-call list as needed for night shifts
- Notify faculty immediately of any medication error or clinical incident; complete the medication/clinical incident form for the school and comply with the clinical agency policy and procedures, in collaboration with the preceptor

- Develop greater competency in organizing self, managing patient care, and delivering complex nursing care
- Complete course evaluation as indicated by faculty instruction and the school policy
- Complete all required paper work to complete course requirements and submit to faculty according to faculty instruction and the course syllabus

V. RESPONSIBILITIES OF CLINICAL FACILITY AND NURSING PROGRAM

The clinical facility and nursing program enter into a formal collaborative agreement before preceptorships are arranged for the clinical experiences of nursing students. These written agreements detail the responsibilities of both entities.

Nursing Program Responsibilities

- Assure that preceptor(s) meet the requirements as stipulated by the Board of Nursing for the State of Texas
- Maintain a written affiliation agreement with the facility for the provision of student clinical experiences
- Assume overall responsibility for orientation of preceptors, or confirm training previously attained by the preceptors
- Assume student compliance with standards on immunizations, CPR certification, criminal background screening, liability insurance

coverage, clinical agency environment of care orientation, and training for OSHA standards

- Work cooperatively with the preceptor(s) and agency to determine appropriate placements and assignments
- Communicate instructor and student assignments and other essential information to the facilities.

Clinical Agency Responsibilities

- Retain ultimate responsibility for the care of clients
- Retain responsibility for preceptor's salary, benefits, and liability
- Interpret the preceptor program and expectations of students to other agency personnel who are not directly involved with the preceptorship
- Assist with the school's evaluation of the preceptor experiences

V. ETHICAL AND LEGAL ASPECTS OF BEING A PRECEPTOR

Clinical preceptors must model ethical and legal concerns for the patient while attending to the legal rights of students and the ethical responsibilities of college teachers. Here are some examples of ways the preceptor can address the most critical ethical and legal aspects of being a preceptor.

- Model scholarly and ethical standards by showing students how you think through a clinical problem. Teach students what HIPAA really means by modeling careful attention to the privacy of patient information in everything you do.

- Demonstrate respect for student by being aware of individual differences (i.e., cultural, experiential, learning styles, maturity). Ask students about their previous clinical experiences and make expectations clear.
- Maintain confidentiality of the student's work by keeping their papers in a secure place and providing verbal feedback to them when other students and staff and patients cannot hear. In addition, the preceptor must uphold the requirements of the Family Educational Rights and Privacy Act (FERPA), which requires that students' academic records must be kept confidential. This means that the student's clinical performance must not be discussed with anyone except the supervising faculty member. For example, if a physician on the unit where a student is working is interested in hiring the student after graduation and asks the preceptor how the student is doing, it would not be permissible to share any specific academic information with the physician unless you have the student's written permission. You could offer to provide a letter of recommendation should the student request it.
- Guard the special relationship you have with the student. Keep your relationship on a professional level during the preceptorship. While having input into the final evaluation of the student's work, you should not be too close socially (such as meeting for drinks after work, going on weekend outings, etc).
- Carefully protect the student's safety. Anticipate potential risks with patient assignments and give students instructions on ways to maintain safety. For example, if a patient you want to assign to the student has a potentially or identified contagious infection, make sure the student is clear about ways to prevent exposure and contamination. If the patient has a history of violence, confirm with the student he/she has understanding of safe ways to approach the patient and take steps to ensure the student has adequate staff nearby, or does not tend to the patient alone.

Consult the following suggested sources for additional helpful references:

- Legal – BON Rules and Regulations, Texas Nursing Practice Act, Student Handbook and Catalog, Delegation
- Ethical – ANA Code of Ethics, Student Code of Conduct, Honest and Accurate Feedback/Evaluation

VII. CLINICAL TEACHING STRATEGIES

The most important teaching strategies to employ with nursing students in the clinical setting include: questioning and feedback, assessing learning needs to determine what they already know about their patient(s) and the patient care required, and evaluating the progress and competencies required for high quality and safe clinical practice. Let us examine these key teaching strategies:

- Questioning students to determine what they know and exactly what they plan to do and why is a most important tool
- Modeling clinical practice, including thinking out loud, to demonstrate how you formulate clinical judgments will be critically important to the students' learning
- Providing feedback (both positive and negative) is another helpful and essential strategy to employ
- And finally, evaluating the progress of students is an ongoing continuous process that will culminate in a final review and conclusion about students' work

The faculty will maintain the responsibility of awarding the final clinical grades but will rely on your invaluable input. Assisting students to improve throughout the course will hopefully lead to a successful completion of all clinical objectives and

ultimately course objectives and eventually, successful practice as a registered nurse.

The Fine Art of Questioning

One of your primary goals is to help the student apply theory to practice in order to think critically and make sound clinical decisions. It is helpful to guide the student to think about theory as it applies to the current situation. Questioning can help them connect pathophysiology of underlying diseases with assessment findings and interventions. Questioning at shift report and throughout the day can stimulate critical thinking as your student learns to identify key patient care issues, events, goals and outcomes.

Using questions such as “What do you think?” and “Why do you think that?” will stimulate thinking and prompt the student to share observations and interpretations with the preceptor. Using Bloom’s Taxonomy of the cognitive domain is one useful way to level questions from simply to complex, to assist the preceptor in determining learning needs, and to prompt critical thinking in practice. Here are some samples to illustrate how the preceptor can level questions. It is often suggested to start off with some simple questions, followed by those requiring more thinking.

Samples of words and questions in each cognitive level:

Level	Sample words	Sample Questions
Knowledge or recall	Define, identify, list, name, recall, select	What type of arrhythmia is this patient having?
Comprehension	Describe, explain, discuss, estimate, locate	What is the physiological mechanism of this arrhythmia?
Application	Apply, demonstrate, implement, order, solve	How will you monitor the patient’s progress?

Analysis	Analyze, calculate, classify, compare	What other data might you need and what else should you do for this patient?
Synthesis	Compile, correlate, design, revise, devise	What are your most important priorities in the plan for discharge teaching?
Evaluation	Appraise, assess, conclude, debate, judge	What alternative interventions do you propose and why would these interventions be more effective?

The One Minute Preceptor

The steps outlined in the One-Minute Preceptor can help the preceptor to quickly determine what the new nurse knows and where to place teaching priorities.

STEP	One Minute Preceptor	Comments
	DIAGNOSE LEARNING NEEDS	
Commitment	Get a commitment What do you think is going on with this patient? What do you want to do?	Asking learners what they know helps identify gaps in knowledge and identify errors in decision-making
Probe	Probe for supporting evidence What led you to your decision? What makes you think that? What else did you consider?	Asking learners to reveal how they arrived at a decision allows you to identify what they know as well as how they make decisions
	TEACH	
Reinforce	Reinforce what was right Specifically, you do an excellent job of...	Skills and thought processes that are not well established need to be reinforced

Correct	Correct Mistakes Next time this happens, try this...	Mistakes left unaddressed have a good chance of being repeated
Teach	Teach General Rules	Instruction is more memorable and transferable if it is offered as a general rule, guiding principles such as, “when this happens, you should...”
	CONFIRM	
Confirm	Confirm understanding I'd like to observe you taking a pedal pulse... Let's confirm your findings on the right ear...	Learning implies a change in behavior. The behavior needs to be observed to determine if learning has occurred.

(Adapted from 1-Minute Preceptor Workshop presented by Gordon, K. Meyer, B.& David, I

Reference for the One-Minute Preceptor:

Aagaard, E. Teherani, A. and Irby, D.(2004). Effectiveness of the one-minute preceptor model for diagnosing the patient and the learner: Proof of Concept. *Academic Medicine*, 79(1), 42-9.

Forneris & Peden-McAline (2005) found that “coaching is integral to a process of thinking critically”. One resource gave examples of questions that can help students focus on important details while setting aside irrelevant data during decision making. You may find these questions shown in the table below helpful in your student interactions.

Coaching Questions to Engage Critical Thinking Attributes©

- Ask Why
 - Why did you do that?
 - Why would you do that?
- Ask about the patient
 - What's happening with the patient?
 - How do you know?

- Use imagination to explore possible options for change in action
 - If you could do anything to change the situation, what would that be?
- Evaluate the timing of questions
 - Is the question being asked at the appropriate time and level?
- Use divergent questions
 - What do you think is happening?
 - What do you predict will happen if you do this?
 - Tell me if what happened was appropriate? Why or why not?
 - Tell me how you think the actions accomplished the goals or met the patient's needs
- Avoid memory questions
 - Don't ask for fact questions or questions phrased to give either a right answer or wrong answer; INSTEAD guide questions so that multiple answers can be given
- Focus on problem solving questions
 - What are you paying attention to that is bringing your care to a stop?
 - What data will need to be collected?
 - To what information should you pay attention?
 - What information is not helpful?
 - Are there any patterns that you should pay attention to?
- Focus on cues
 - Which cues are leading you to draw a conclusion?
 - What prior learning experiences do you have?
 - What aspects of the situation were significant?
- Help novice nurse to draw conclusion
 - What is the data saying?
 - What are the necessary nursing interventions to support this medical approach?
 - What was your rationale for the action you chose?
 - Is this experience similar to other care situations?

Note: Adapted from Ironside, 2003b; Myrick & Yonge, 2002 (as cited in Forneris & Peden-McAlpine, 2005)

Besides the Socratic Method (questioning described above), you can help your student by “thinking out loud”. As your student observes you throughout the shift, tell he or she what you are thinking as you go. This may take some practice on your part, because your thoughts are automatic now and may feel like intuition. If you take the time to explain your actions, you will teach your student so much more than if he or she simply observes you in action without commentary.

Teaching by Role Modeling

Students will learn from your role modeling whether or not you purposefully present yourself as a role model. Two of the most significant aspects of learning accomplished through role modeling are critical thinking and professional role behavior in interaction with patients, interdisciplinary colleagues, and others.

Your thinking is invisible – just as the student’s thinking process is invisible unless you ask for responses that call for the student to describe his or her thinking. Make your thinking visible to teach clinical judgment. Think-out-loud whenever appropriate. Since thinking-out-loud is not a very natural behavior, practice. As you go about patient management without a student present, challenge yourself to formulate a description of your thought process.

You will find some times inappropriate for thinking-out-loud (because of concerns about the effect on a patient who is present or because of concerns about the effect on interdisciplinary or political relationships). In those situations, alert the student in advance to attend to particular critical features of your behavior. Afterward, ask the student questions about his or her observations and ask the student to interpret your rationale. This approach is a version of a “pop-quiz” on thinking-out-loud.

When you are thinking-out-loud, call attention to the essential features of your actions. In some situations, there may be a crucial sequence of actions or other features which are more important than others.

Let the student see the consequences of your actions. Seeing your favorable outcomes and tying them to specific actions focuses the student's attention and motivates.

Brookfield (2009), an adult education authority, refers to our mistakes as our "instructional friends." Our instructional friends teach us how to improve, what to watch out for and many other valuable lessons. You will find students extremely attentive to your war stories of valuable lessons learned from mistakes.

Experienced professionals know that everyone makes mistakes occasionally or at least can see a better course of action with 20/20 hindsight. Use an occasional, "I remember the time..." or "I learned this the hard way when..." This approach is a variety of role modeling that draws upon reflection on practice. With this approach you can sometimes prevent student errors.

Students may also have greater willingness to approach you with their uncertainties if they perceive that you have a reasonable tolerance for error. This certainly is not meant to suggest lowering performance standards or quality of care. Rather, the intent is that when mistakes occur, as they inevitably will, find the learning opportunity as well as apply whatever corrective action is indicated.

The approach that you model with your patients profoundly affects the student's approach. Some examples include:

- Asking the patient's permission for the student to participate in their care
- Protecting patient privacy
- Warning the patient of sensations or discomfort
- Thanking the patient for accepting the student
- Offering to discuss any questions with the patient and family

Wiseman (1994) identified highly relevant role model behaviors as perceived by baccalaureate nursing students as show in the box below. While some are most appropriate for undergraduate acute care experiences, many apply to graduate, primary care experiences as well.

Role Model Behaviors in the Clinical Setting

Wiseman (1994)

- Demonstrates use of equipment unique to the setting.**
- Demonstrates nursing care procedures.**
- Asks questions regarding the patient's condition.**
- Reports clinical data to staff personnel in a timely fashion.**
- Uses therapeutic communication skills with each patient.**
- Interacts with physicians in a confident manner.**
- Identifies self to patients when first meeting them.**
- Demonstrates up-to-date nursing practices.**
- Is neat and clean in professional appearance.**
- Displays sense of humor in appropriate context.**
- Demonstrates ability to care for patient's needs.**
- "Pitches in" when necessary to assist students.**
- Demonstrates a caring attitude toward patients.**
- Demonstrates a caring attitude toward students.**
- Keeps confidential information to self.**
- Is organized in the clinical setting.**
- Is flexible when the situation requires a different approach.**
- Appears to have respect of agency personnel.**
- Provides a positive atmosphere for students to learn.**
- Listens to students' points of view.**
- Respects the patient's integrity.**
- Encourages discussion of ethical dilemmas.**
- Gives positive feedback.**
- Gives negative feedback in a positive manner.**
- Demonstrates accountability for own actions.**
- Demonstrates an enthusiastic attitude toward nursing.**
- Demonstrates problem-solving ability in the clinical setting.**

Providing Feedback

Providing both positive and negative feedback to students is a critically important role of the preceptor. Feedback answers the question, “How am I doing?”

Providing positive feedback frequently and directly will help students know when they are making good decisions and increasing their critical thinking and psychomotor skills. Negative feedback offered from a positive perspective also provides them with an immediate alert that they have misunderstood, acted on or omitted something that may not be in the best interest of the patient. Because this teaching strategy is so essential to your role, an indepth discussion of the principles of effective feedback will be provided.

Feedback should be helpful to the person who receives it. Feedback will be most helpful when the student:

- understands the information.
- receives the information close to the time of the activity in question.
- is able to accept the information.
- is able to do something about the information.

Important Points About Feedback

- Everyone deserves feedback.
- Saying the right words is not nearly as important as knowing why you are saying them.
- Negative feedback (or criticism) will most often be uncomfortable for both parties.
- Positive feedback can be equally uncomfortable but no less needed

Guidelines for Providing Constructive Feedback

Focus on CHANGEABLE THINGS

- Feedback can lead to improvements only when it is about things which can be changed.
- Share ideas and information and explore alternatives rather than expecting answers or solutions.

Make DESCRIPTIVE NOT INTERPRETIVE statements

- Act as a video camera. Playback a report of your observations rather than your interpretation about why things happened or what was meant by them. If you observe a practice that the student needs to improve, state your observation and then ask questions such as, “How could you do that more efficiently?” or “How could you do that procedure more safely?” or “What was a risk or potential problem with that approach?”
- Focus on the behavior, not on the person.

Make SPECIFIC statements

- Look for the details.
- Give concrete and objective “playback.”
- Focus on the student’s actions (or sequence of actions, or omitted actions).
- Offer specific positive, as well as corrective, statements. “Good job,” is too general; state what exactly was “good” and why.
- Give specific suggestions about how to improve.

Provided IMMEDIATE feedback.

- The sooner feedback is given, the more effective it will be.
- When you must delay, identify the specific time or incident to which you are referring.

- Many occasions will arise when you must defer feedback. You may defer feedback to avoid delays in care, to avoid embarrassing the student, or for other reasons. Because such delays are appropriate in the practice environment, it is important to make a habit of giving feedback at the end of the day.

Choose APPROPRIATE TIMES.

- Give feedback when the receiver is ready to become aware of it. Of course, issues of safety, ethics or legal requirements take precedence over the student's readiness to receive feedback.
- Critical feedback in front of others may be more damaging than helpful.
- Feedback provided should serve the needs of the recipient rather than the needs (for "release") of the giver.

Choose ONE ISSUE at a time

- Focus on the most critical behavior needing feedback at the time.

Do NOT DEMAND A CHANGE

- Providing feedback and helping the student explore alternatives is not the same as requesting or demanding that the student change. There will be occasions when you request or demand changes in student practice. However, keep in mind the video playback analogy. Share your observations and perceptions with the student, reflect on your observations with the student and encourage the student to develop the habit of reflecting on practice.

VIII. ROLE OF THE PRECEPTOR IN EVALUATION OF STUDENTS

Although the faculty maintains the ultimate responsibility for awarding a grade, the preceptor makes essential observations of practice behaviors and responses to questions and various challenges of clinical practice throughout the day (or night).

The preceptor and faculty must communicate on a regular basis about how the student is doing in the clinical area and determine what the student must do to improve the level of practice.

Of course, if essential competencies such as communication, safety, and clinical judgment are missing, some action (determined by you and the faculty) may need to be planned, and it cannot wait until the end of the semester. Students need to be told about areas needing improvement, receive some direction, and be given some time to practice and improve.

What do we mean when we say formative and summative evaluation?

The table below summarizes what these two types of evaluation mean to you, the preceptor.

	Formative Evaluation	Summative Evaluation
Definition of terms	<p>Ongoing feedback throughout the learning process: usually informal, conducted daily, weekly or at midpoint of course; no grade is attached; helps students to achieve final objectives; meant to promote growth and to identify strengths and weaknesses</p> <p>Formative Evaluation answers the questions: What has the student already mastered? What does the student need to do to achieve the clinical objectives by the end of the rotation?</p>	<p>Summary evaluation: formal, conducted at end of experience, a grade is usually attached, meant to evaluate students' ability to meet learning objectives for the rotation or course.</p> <p>Summative evaluation answers the questions: Does the student demonstrate the competencies expected at the end of the rotation? Is the student ready to move on?</p>
What will you evaluate?	<ul style="list-style-type: none"> • Specific observations of daily activities • Organizational skills • The quality of the clinical experiences • Knowledge of patient care • Ability to perform skills • Attitude • Critical Thinking 	<ul style="list-style-type: none"> • General trends based on specific descriptions • Overall progress since summative evaluation • Comparison of skills, knowledge, and attitudes with evaluation tool
When will you provide evaluation?	<ul style="list-style-type: none"> • At the time of the incident • End of the day 	<ul style="list-style-type: none"> • End of the rotation or course

It is essential that you provide both formative and summative evaluation to the student in private as a general rule. Summative evaluation may be done with the faculty member and the student together. Preceptors generally have input into the grade, but the final determination of the grade is the responsibility of the faculty.

Formative evaluation is required if safety concerns arise in a student's practice while with the patient. However, at times you could lose a learning opportunity if you do not allow the student the opportunity to practice an alternative approach at the time, but reserve your suggestions for a later conversation. This approach can be allowed as long as no safety issues are involved. It is recommended that you keep notes about your observations and the conferences with the student.

Above all: Use evaluation as a way to help the see the progress they are making in developing nursing practice skills, and to understand what improvement must be made. Use your judgment and employ tact and sensitivity to avoid embarrassing the student.

Formulating a Collaborative Plan for Improvement

Not only do both preceptor and student participate in planning for improvement, both should also participate in identifying areas for improvement. During end-of-day feedback sessions, ask the student to identify areas in which he or she perceives a need to improve. Keep the faculty member informed of your concerns and of the progress made.

The Corrective Interview: Suggested examples to guide the preceptor in confronting the student who needs some direction

Start with something positive: "Here are some things you are doing well." (Be very specific) then proceed with some of the phases below.

- "I'd like to talk with you about your work."

- “One thing I’d like to help you with is... (Be specific)...”
- Objective description of the deficit
- Statement of observed effects
- “Is this the way you perceive the situation?”

LISTEN

- Clarify questions.
- If there is a disagreement, acknowledge it, then:
 - “I still have these concerns...”
- If the student introduces new information:
 - “That changes things.”
- When you have come to an understanding of the concern or problem, proceed with:
 - “What do you suggest we do?”

LISTEN

- “Suppose we try...”
- “So, we’ve agreed to... (review the agreement in detail).”
- “We meet again on...to review the progress we’ve made.”
- “Here are some things you are doing well:” (Be very specific)

IX. PRECEPTOR EVALUATION

Students are an important source of information about the quality of the preceptor’s clinical teaching, but the faculty must also assess the ability of the preceptor to guide the student’s learning. Preceptors may find it helpful to review a sample evaluation tool prior to working with the student and the faculty. This tool is found in Gaberson & Oermann (2010), *Clinical Teaching Strategies in Nursing*, New York: Springer Publishing Company, Chapter 13, Exhibit 13.3, p. 300.

Sample Tool for Student Evaluation of Preceptor Teaching Effectiveness

Rate the extent to which each statement describes your preceptor's teaching behaviors by circling a number following each item, using the following scale:

4= to a large extent

3= to a moderate extent

2= to a small extent

1= not at all

The preceptor was an excellent professional role model

The preceptor guided my clinical problem solving

The preceptor helped me to apply theory to clinical practice

The preceptor was responsive to my individual learning needs

The preceptor provided constructive feedback about my performance

The preceptor communicated clearly and effectively

The preceptor encouraged my independence

The preceptor was flexible and open-minded

Overall, the preceptor was an excellent clinical teacher

I would recommend this preceptor for other students

PRECEPTORS' FREQUENTLY ASKED QUESTIONS

1. How can I help the student feel a part of the unit where I work?

- Introduce the student to the staff
- Include the student in nurse reports
- Participate in a student tour of the unit
- Dialogue with the student while making decisions
- Communicate with the student consistently

- Utilize the student's goals in the learning process
 - Provide constructive feedback routinely
 - Have other mentors available during times of your absence
2. How and when do I communicate with the faculty liaison?
- Notify the faculty liaison immediately if you observe the student demonstrate unsafe or unprofessional conduct.
 - Information shared with faculty is held in strict confidence.
 - The faculty liaison is available to assist the preceptor throughout the Integration experience.
3. Is the student working under my license?
- The student does not work under your license.
 - The Board of Nurse Examiners for Texas states (Rule 215.10) that the nursing program and faculty liaison assumes overall responsibility for the precepted student's teaching and evaluation.
 - Clarity about the student's level of competence will serve as a basis for appropriate patient assignments and adequate supervision.
 - Agency nursing staff maintains primary responsibility for patient care. Refer to the syllabus for medication administration policies.
4. What if I just cannot work with the student?
- Personality differences can create challenges in communication on occasion. This nursing program's goal for a student's clinical experience is that the experience be mutually positive for both the student and preceptor. Therefore, the faculty liaison is committed to assist you to resolve problems. Contact the faculty as soon as you notice a problem.

5. How closely do I have to monitor the student?

- The Board of Nurse Examiners for the State of Texas states that preceptors are responsible to guide, facilitate, supervise, and monitor the student in achieving the clinical objectives.
- Each nursing program requires that students be observed closely for any behaviors that do not meet the three criteria of the Critical Safety Elements:
 - Safety
 - Knowledge
 - Communication
- Each student is expected to function in the role of a pre-licensure student nurse during the clinical preceptorship. Each of them will need close supervision, at least initially. As increasing competence is demonstrated through the observed delivery of safe and comprehensive care, less direct supervision should be needed.

6. How can I be sure I have the knowledge and skill to teach students?

- You have been recognized by your supervisor or peers as possessing the clinical expertise to serve as a role model for the student in the clinical setting.
- The students are motivated to learn and will benefit from your experience and expertise in your area of specialization.

- The clinical course objectives will serve as guides in planning and teaching this orientation.
 - Remember: Teaching and learning are skills that are acquired through practice and observation.
7. What if the student is critical of the way I do things?
- The student is responsible and accountable for his or her own learning needs. Effective professional communication with the preceptor and other members of the health care team is a valuable part of this clinical experience. It can provide an opportunity for the preceptor to role model appropriate, professional communication.
 - There are usually many different ways to view a situation or accomplish a goal without compromising patient care. Discussing alternative approaches provides the student with critical thinking skills required to provide safe care.
8. What if the student is not successful in this rotation?
- Concerns about the student's performance, particularly as related to the course objectives, should be communicated to the faculty liaison early so that any possibility for remediation can be collaboratively planned between the preceptor and the faculty.
 - Faculty are responsible to follow through with you in developing a plan to assist the student and assist with evaluation.
 - Should the student still fail the course, after early intervention, the fault is not yours, but lack of readiness on the part of the student to fulfill all the requirements of this rotation.

9. What if the student is about to make a mistake or makes a mistake while I am working with him/her?

- Stop and question the student about what he/she is about to do and why.
- Help them to see the correct answers to your questions and suggest, “Next time this happens, try this”.
- If an error occurs after initiating corrective action, involve the student in completing an incident report (as per hospital policy) and call the faculty. Show the student how to take responsibility for the error.

10. What should I do to enhance my teaching skills for working with students on my unit?

- See the One Minute Preceptor Guidelines (attached)
- See the tips about Role Modeling (attached)
- See the Guidelines for giving feedback (attached)
- Talk to the faculty
- Attend preceptor course provided by your hospital
- Enroll in a course at the University or Community College, or through a Continuing Education workshop

Study some of the references, or explore suggested websites

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