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Introduction

The nursing practice courses of the Post LPN BN program are designed to build on licensed practical nurse (LPN) competencies as outlined by the CLPNA[1] while providing learning experiences to meet the Alberta registered nurse (RN) entry-to-practice competencies.[2] Post LPN’s are expected to develop and maintain a portfolio that demonstrates their attainment of both nursing practice course and Alberta RN entry-level competencies. A Post LPN BN Clinical Evaluation Tool is utilized in all nursing practice courses, with instructors and learners expected to complete both formative and summative evaluation.

- Post LPN BN Clinical Evaluation Tool (Word .doc format)

You will study many different concepts in the post LPN BN program nursing practice courses and many of the competencies expected in the nursing practice courses are introduced in the stated pre/co-requisite course. Post LPN learners are responsible for ensuring that they have completed or are in progress with the stated pre/co-requisite course.

Clinical courses are scheduled at various times each term, as such, students are only able to register in one clinical course per term.

The Post LPN BN program includes four required nursing practice courses:

- NURS401 - Professional Practice with Adults with Health Alterations
- NURS435 - Professional Practice in Mental Health Promotion
- NURS437 - Professional Practice in Family Health Promotion
- NURS441 - Consolidated Professional Practice

Notes

Course Descriptions

NURS401 - Professional Practice with Adults with Health Alterations
Clinical Practice – 140 hours. Pre-requisite NURS400 - Adult Health and Health Alterations

This paced online clinical course provides opportunities to integrate theory and develop further skills related to the application of primary health care principles when working with adults and families experiencing health alterations. Practice will occur on acute care medical-surgical nursing. Please contact the student academic advisor or the undergraduate program coordinator for information.

NURS435 - Professional Practice in Mental Health Promotion
Clinical practice - 140 hours. Pre/co-requisite NURS328 – Understanding Research

NURS435 is a paced online clinical course that provides opportunities to integrate theory and develop further skills related to community health promotion with a focus on individuals, families and groups experiencing mental health alterations. Practice will occur in a variety of community mental health settings. Consideration will be given to mental health promotion with vulnerable aggregates and recognition/screening/referral of psychiatric mental health disorders that emerge across the lifespan. Opportunities to apply nursing assessment skills, such as mental status examination, and nursing intervention strategies such as therapeutic communication will be facilitated. A current snapshot of the field of psychiatric nursing, including both current practice and future research possibilities will be presented.

NURS437 - Professional Practice in Family Health Promotion
Clinical Practice - 140 hours. Pre/co-requisite NURS436 - Family Health Promotion

This paced online clinical course provides opportunities to further apply theory and develop skills related to family health promotion with a focus on child bearing, child rearing stages. Practice will occur in variety of settings including acute care, community agencies and client homes.

All students are responsible for arranging their own transportation to and from clinical placement agencies, which may be located in rural towns approximately 15-100 kilometers outside of Calgary and Edmonton. Students are also responsible for any transportation required during the clinical day, for example it is typical in community health placements to make several home, clinic and or school visits each day.

NURS441 - Consolidated Professional Practice
Clinical Practice - 370 hours. Pre/co-requisite NURS440 - Senior Focus: Guided Independent Study

This paced online clinical course focuses on application, integration and synthesis, and further growth of knowledge, skills and attitudes. The complexity of nursing care with clients (individuals, families and/or aggregates) is emphasized. Practice will occur in an area of the
student’s choice. It is expected that all learners, in Athabasca University, CNHS nursing practice
courses, will conduct themselves in a manner consistent with the CLPNA standards of
practice[3] while becoming familiar with and striving to achieve the CARNA nursing practice
standards.[4]
Registering: Nurse Practice Courses

Prior to registering in any one of the four nursing practice courses you must receive approval. This approval can be granted by e-mailing, the Course Approval Form

- Gayle Deren-Purdy gayled@athabascau.ca - Academic Student Advisor,

In order to register in a nursing practice course, students must be able to present proof of the following:

- Current licensure with the College of Licensed Practical Nurses of Alberta.
- Current certification in cardiopulmonary resuscitation (CPR) or Basic Cardiac Life Support (BCLS).
- Up-to-date Alberta immunization status
- A criminal record check

Criminal Record Check
The Provincial Protection for Persons in Care Legislation requires that new employees and volunteers in publicly and privately funded agencies including hospitals, senior’s centers, group homes, and continuing care facilities are subject to a criminal record check. You are required to provide proof of a criminal record check prior to commencing nursing practice courses. You are responsible for all costs related to the criminal record check. A copy of the Criminal Record Check is to be carried by the Post LPN learner to all nursing practice settings as the agency/facility has the right to ensure the best interests of their clients.

If you are concerned about the presence of a criminal record check or up-to-date Alberta immunization please contact the Undergraduate Program Coordinator at 1-800-0788-9041 EXT 6665 to discuss your circumstances.

University Identification
An Athabasca University photo identification card must be displayed at all times in the nursing practice setting. To obtain your student photo identification card, please access the following site and follow the instructions contained there:
Open Letter to the Preceptor

Thank you for volunteering your time, knowledge, skills, abilities and experience to assist the nursing student to achieve the basic competencies of a newly graduated registered nurse. Your willingness to take on this added responsibility is much appreciated by Athabasca University (AU). Being a preceptor does take extra time and commitment and it is recognized that clear expectations and readily available resources and supports are necessary for you to be successful in this role.

Therefore, the Centre for Nursing and Health Studies (CNHS) has developed this document to assist you in the preceptor role. CNHS also will provide access to a tutor to respond to your questions and to assist you throughout the preceptorship experience. Please contact the tutor to clarify any of the module information or as you need assistance when working with the student.

Being a preceptor is recognized by the Alberta Association of Registered Nurses (AARN) as one means of maintaining competence as part of the Continuing Competency Program, thus a benefit to your own professional growth. In Canada, it is a professional expectation that nurses take an active role in teaching students.

A study in British Columbia assessed the value of preceptorships, and reported that,

“Preceptors perceived personal benefits from being a preceptor to include: refreshment of one’s own knowledge and practice, stimulation of mutual learning, and satisfaction from helping another nurse to develop. Perceived benefits for the workplace included: creation an active learning environment, provision of help with the workload, and improvements in patient care”(Collaborative Nursing Program in British Columbia, 2000 – 2003).”

AU hopes you too will find the preceptor experience beneficial. The University acknowledges your volunteering through providing you with

Again thank you for your time and commitment to nursing education and the preparation of the new graduate.

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Description of the Module

The module, Effective Preceptorship, is designed to orient preceptors within the clinical nursing courses of AU to the expectations, guidelines and resources to prepare the preceptor for the role.

As a major distance education university, Athabasca University strives to provide clinical nursing practice to students in the geographic area in which they reside. The use of preceptors is a preferred option to using traveling instructors or tutors for the hands on practice. The challenge is to standardize the preceptorship experience to afford all nursing students with similar quality of instruction and guidance. Besides being fair and equitable to students, the University has a responsibility to orientate, support and reward preceptors.

The module focuses on expectations, guidelines, supports, and resources for preceptors. The module outlines standards and processes for preceptor responsibilities and mechanisms for effective preceptor- preceptee relationships.

In keeping with the University’s vision and mandate of providing online programs, the module is web based and serves as an adjunct to clinical nursing courses within CNHS.

Purpose

The purpose of the module is to facilitate an effective preceptorship wherein the preceptor and the preceptee are successful in meeting the requirements and expectations of the clinical course.

The purpose of clinical nursing courses is to provide the student with the clinical knowledge and practice to learn the competencies required for the role of the registered nurse in the health care system.

Objectives of the Module

At the completion of the module, Effective Preceptorship, the preceptor will:

1. Define terms of preceptorship, preceptor, preceptee, and orientation.
2. Outline the roles of a preceptor.
3. Identify the expectations of the preceptor and student within the clinical posting.
4. Use principles and concepts of adult learning to promote success of the student.
5. Learn and use strategies to effectively orientate, teach, and evaluate the student.
6. Access resources and supports to assist in the preceptor role.
7. Evaluate the preceptorship experience and own role as a preceptor.

Resources

The module contains sufficient information to prepare the preceptor for the role. Several online resources are cited for a more detailed review of concepts. The attached appendices provide the preceptor with the course information, evaluation tools and materials needed in the preceptorship experience. It is anticipated that it will take 3 to 4 hours to complete the module.
It’s value lies in providing an overview of preceptorship and a quick reference as needed during the practicum.

A tutor has been assigned to provide ongoing support to the preceptor throughout the clinical experience.

**Organization of the Module**
The module is organized around the objectives with units describing associated concepts and suggested strategies for the preceptor role.
Athabasca University establishes formal legal contracts with a variety of health care agencies for clinical placement of nursing students in order to provide direct hands on practice as part of nursing education. Preceptorship is one means of facilitating the learning of clinical nursing practice.

**Preceptorship** in nursing refers to “a formal process for assisting the novice practitioner to acquire beginning practice competencies through direct supervision” (CNA, 2004, p. 21).

The clinical practicum is a key component in undergraduate nursing education whereby the novice nurse is mentored to develop their professional knowledge, skills and values (Ralph, Walker, and Wimmer, 2009).

**The preceptor** is an experienced and competent staff nurse who serves as a clinical role model and resource person.

A preceptor is an experienced nurse who facilitates and evaluates student learning in the real world of the clinical arena. Although preceptors are usually employed by clinical agencies rather than the nursing program, they provide supervision for professional nursing students during the nursing education process. Preceptors are resources and role models in a one-to-one relationship, socializing students into the nursing profession (Luhanga, Billay, Grundy, Myrick and Yonge, 2010).

**The preceptee** is a student nurse enrolled in a clinical nursing course.

Paired with an experienced nurse, the student learns by observing, following directions, questioning, and working alongside the nurse. The preceptor facilitates this learning through his/her ability to articulate expectations and observations about nursing practice, by being supportive and flexible, and by having the desire to teach/help another individual to learn.

**Orientation** is the means organizations use to introduce new employees to the goals, structure, policies and procedures, role expectations, physical facility and services within the work setting. In the preceptorship experience a modified orientation is required to orient the student to the clinical area.
Unit 2: Roles of the Preceptor

Use of nursing preceptorships has become common in nursing programs. Preceptorships allow students to acquire a basic level of knowledge, skills and personal attributes as well as become socialized into the profession or domain of practice (CNA, 2004)

A preceptor assumes all of following roles at one time or another:

**Advisor:** a person who gives an opinion about what to do or how to handle a situation

**Teacher:** a person who instructs, coaches, prepares, educates

**Supporter:** a friend or ally

**Evaluator:** a person who gives verbal & written constructive feedback to improve performance

**Coach:** a person who guides or directs

**Encourager:** a person who facilitates courage, hope, or confidence to another

**Motivator:** a person who incites another to action

**Role model:** a person in a specific role who is to be followed because of his/her excellence in that role

**Transformer:** a person who helps another gain insight in learning how to better understand or approach something new (Red Deer College, 2003)

Some organizations refer to a preceptor as a mentor and the roles are similar to those above.

For further information on the role of a preceptor access the following articles:


Unit 3: Expectations of the Preceptor

The preceptor is the role model, teacher, and evaluator of the student in the preceptorship experience.

Building a Relationship
The first step in building the professional relationship begins with getting to know the student. If possible, the preceptor and student should meet prior to the first clinical day to become acquainted and to discuss in general terms what the student wishes to achieve in the posting. The preceptor could also share the nature of the clinical area – the type of clients/patients, learning opportunities and recommended preparation by the student. Yonge (1997) suggests that knowing the learning styles of the student can assist the preceptor in meeting student needs. A preceptor can learn about the student through informal means such as:

- Ask the student to explain how he/she best learns. Have the student give examples.
- Have the student share past experience of success in clinical area and discuss reasons the learning was positive.
- Ask student what type of supervision and teaching style he/she prefers.
- Describe own teaching and supervising style to student and discuss how it fits with his/her needs.
- The student may already have assessed own learning style in the nursing program and can share this with the preceptor.
- The preceptor may ask student to complete a learning assessment by accessing the web site http://www.chaminade.org/inspire/learnstl.htm and share the findings with the preceptor.
- The preceptor could also use this first meeting to exchange background information on own nursing experience.

Help the student to feel welcome on the unit
Creating a culture of respect enables preceptors to accommodate students’ learning needs (Paton, 2010). Welcome the student and introduce them to others on the unit. Student’s report positive aspects of preceptored practicums are those where preceptors: provide opportunities to link theory and practice; encourage students to build their own professional competence and self-confidence; model best practice; and promote a locale where they feel welcomed by practitioners into the ranks of the profession as fellow (yet developing) practitioners (Ralph et al., 2009).

- In some instances a student may work with more than one preceptor and an early introduction to other staff nurses will make the transfer between nurses easier.
- It is also important to introduce the student to the manager and to explain the formal and informal channels of communication on the unit.
- Help the student feel like he/she is an integral part of the nursing staff.
Provide a tour of the unit and its physical layout
- Take time on the first shift to tour the student and acquaint him/her with the unit and the location of supplies, and resources.

Explain the unit policies, procedures and protocols
- Point out the most significant policies, protocols and procedures to the care of the patients on the unit.
- Emphasize that accessing the relevant procedures prior to performing new skills promotes safety of patient care.
- Review documentation procedures and expectations of the student in recording and reporting.

Help the student set his/her goals for the learning experience
The student is expected to establish a learning portfolio with the preceptor for the learning experience. See Appendix 2 for the learning portfolio.
- Assist the student by reviewing the types of patients on the unit and the learning opportunities that are available.
- Have the student explain what he/she has learned to date in the nursing program and in this clinical course.
- Encourage the student to use the course objectives and the CARNA Entry level Competencies as guides to develop learning objectives. Appendix 1 outlines the Course Syllabus, which includes the course objectives.
- CARNA Entry-to-Practice Competencies are located at http://www.nurses.ab.ca/Carna-Admin/Uploads/Entry-to-Practice%20Competencies.pdf
- Review the submitted learning portfolio with the student and discuss the feasibility and suitability of the learning objectives identified.
- Contact the tutor if assistance is needed in establishing the learning portfolio.

Provide the teaching, support and coaching needed to assist student in achieving the objectives set out in the contract
An effective preceptor is a nurse leader that is seen to be clinically competent with a broad knowledge base and has effective interpersonal skills such as clear communication, compassion and caring attitudes (Zilembo and Monterosso, 2008).
- Share your knowledge, skills and expertise with the student.
- Consult with the student to identify learning opportunities that arise in the clinical setting and are consistent with the learning portfolio.
- Direct the student to useful resources to supplement learning.
- Look for learning experiences that will help the student meet these goals.
- Be readily available to the student.
- Communicate in a clear, understandable manner.
- Provide coaching to facilitate learning and let the student try the new skills and nursing care.

“Coaching was identified as a critical teaching skill by expert clinical nurses teaching undergraduate students. The coach was described as someone who assists the student with personal progress in the clinical placement and provides a safe environment for learning” (Grealish, 2000, p.231).

“Another important characteristic of helpful nurses identified by students, was the nurse’s ability to make the distinction between helping and "taking over." Students found it demeaning when a nurse took charge of a situation and reported that not only did they not learn but shied away from asking these nurses for help in the future. Helpful staff were skilled at giving feedback, demonstrated confidence in the students, asked questions, "quizzed students," challenged students, and generally had a positive outlook” (Daigle, 2001, p.4).

Strategies for effective coaching can be found in the following article:


Use approaches to promote critical thinking
- Foster development of critical thinking skills.
- Encourage the student to ask questions.
- Rather than ‘tell’ ask student to explain how he/she would approach the problem.
- One instructor noted for promoting critical thinking always responded to student questions with “What do you think should be done?” If the student truly did not know, she provided hints using open-ended questions to help student through the problem solving process.
- Support the student’s movement to increasingly independent decisions and practice.

“Preceptors who were effective in encouraging their students to think critically were those who were open and approachable, and who responded to the preceptees. One preceptor stated, "my approach the first day is to make them [preceptees] feel comfortable so that they are not afraid, that I will accept them and they won't be afraid to ask me questions." A preceptee indicated, "I've never felt I've had a stupid question with her [preceptor]" (Myrick, 2002, p.154).

Strategies that can be used to promote critical thinking can be found in the following article:

Edwards, 2002 offers case studies which can be used to teach students critical thinking.

Critical thinking is an essential and ongoing process, and in today's increasingly complex healthcare environment nurses need to be able to solve problems. A nurse's critical thinking skills are developed and cultivated through personal and professional experience/education and practical skills. Critical-thinking skills are therefore developed and include:

- Clarifying and analyzing information encountered
- Developing the ability to question deeply, striving to find answers, and pursuing further significant questions to answer
- Continually analyzing and evaluating research, to help generate solutions to the problems that occur in clinical practice
- Evaluating evidence and learning to distinguish relevant from irrelevant material
- Comparing and contrasting one situation with another, looking for similarities and differences
- Then incorporating it into clinical practice to enhance the delivery of quality patient care.

A more detailed understanding of critical thinking will enable nurses to become more critical and questioning of the practices they observe. In addition, it will facilitate nurses to question practice continuously to maintain the full scope of nursing care and use these skills when practice ideals are threatened “(Edwards, 2003, p. 1149).


**Keep the student informed about his/her progress**

Evaluation of the student is one of the major responsibilities of the preceptor. There are two kinds of evaluation – formative, which is ongoing informal feedback, and summative evaluation which is usually formal written feedback on performance at specific time intervals.

- Give feedback that is constructive (positive as well as areas for growth) throughout the entire preceptor experience.
- Respect the confidential nature of the preceptor-student relationship.
- Consult with the tutor regarding any concerns about the student's clinical abilities and performance.
- In the event of a crisis that involves the student's personal or clinical practice, notify the tutor immediately.
- Let the tutor know when the student performs outstanding work that deserves recognition in the form of awards.
- Provide a written mid-term evaluation of the student's performance and meet with the student to discuss – this may take the form of a listing of strengths and areas for improvement.
- Compare preceptor evaluation with student self-evaluation and discuss.
• Using the evaluation form and grading system in Appendix 3, provide a written final evaluation for the student, including relevant examples to support comments, by the end of the course.
• Compare preceptor evaluation and student self-evaluation.
• Submit written evaluations to the tutor.

The following summarizes information provided to preceptors regarding student evaluation at Ryerson University.

The nursing practice progress of students will be monitored to reflect learning in relation to program objectives and the competencies of the professional nursing body.

The approaches to monitor progress, written documentation required and the amount and type of [preceptor] direction will vary according to the course, as well as individual learning and teaching styles. Specific nursing practice expectations will be established during the first week of the nursing practice course. These expectations will be based on the course objectives and the CARNA Entry-to-Practice Competencies.

For the most part, the monitoring of progress is a mechanism to enhance and enrich the learning experience. When a student is not practicing at a safe, competent level, she or he may be at risk of failing. In this event, the student will be given verbal and written notification whenever possible that performance is unsafe, incompetent or ineffective.

This notification will be given by the [preceptor] when problems are identified. The student is responsible for developing a plan and initiating discussion of the strategies for completion of course outcomes in consultation with the [preceptor]. The student will be expected to incorporate current and past recommendations into a plan of action (Ryerson University, 2003, p. 3).
Unit 4: Expectations of the Nursing Student

The student has the responsibility of ensuring he/she has the knowledge and skills appropriate to the level of the program and that he/she prepares for the clinical area. The course outline will provide additional information to the preceptor. In establishing the learning portfolio (see Appendix 2) the student will identify areas to develop and enhance in the experience. The preceptor will negotiate the experience with the student and provide the learning experiences to meet the agreed upon student’s objectives.

In general the student is expected to:

- Meet with preceptor prior to the clinical experience.
- Learn or review the knowledge, skills, theory and judgment necessary for safe nursing practice.
- Review and practice skills prior to assuming that responsibility for client care.
- Negotiate the learning portfolio with the preceptor and submit final copy to preceptor.
- Communicate previous learning and competencies to preceptor.
- Maintain and increase competency base as progress through the experience.
- Be open to a variety of learning opportunities that will enhance knowledge and skill.
- Take responsibility for own learning by asking questions and seeking guidance to acquire knowledge necessary for competent practice.
- Adhere to the policies and procedures of the agency.
- Document and report in accordance with professional and agency standards.
- Maintain confidentiality by discussing clients only in appropriate places and with appropriate people.
- Maintain safety from point of view of both the nurse and the client.
- Maintain a professional appearance when attending any nursing practice setting.
- Work same schedule as your preceptor(s) and notify preceptor and clinical area if unable to attend clinical practice as planned.
- Conduct ongoing self-evaluation and submit a written midterm and final self-evaluation
- Complete an evaluation of the preceptor and submit the university.
Unit 5: Expectations of the Tutor

Athabasca University will provide a contact person and resource person for the preceptor. This person will be a tutor of the clinical course and will be accessible and available to the preceptor by telephone, Email and Fax. The tutor’s role is to provide support and assistance to the preceptor throughout the preceptorship experience.

Hrobsky (2002) indicated that the major attributes of the tutor or resource person is the ability to establish the tutor- preceptor relationship, to maintain continuous communication, to listen to the preceptor’s concerns, to be supportive, to assist as necessary and to follow-up.

The preceptor must have support and assistance in order to provide support and assistance to the student.

The tutor is available to assist both the student and preceptor during this transition. The tutor calls to discuss student progress and to help with any situations in which the preceptor is unsure as to how to proceed. The tutor will assist you with the evaluation process to make this easier. If there are concerns, “red flags”, etc., but cannot pinpoint these, then call the instructor to talk this through – best to do it as it happens, rather than down the road. (Red Deer College, 2003, p.3)

Specifically the tutor is expected to:

- Contact the preceptor to establish a relationship and clarify arrangements for the student’s preceptorship experience.
- Ensure that preceptor has received the Preceptorship Module and respond to questions and concerns.
- Provide guidance to the student and preceptor in development of learning objectives of the learning portfolio.
- Provide guidance and support to the student and preceptor as needed.
- Maintain regular contact with the preceptor to monitor progress of the preceptorship.
- Ensure availability and access to preceptor for assistance and support.
- Provide advice and assistance with any issues that arise during the experience.
- Provide expertise and assistance with midterm and final evaluations of student.
- Receive and use evaluation data from the student and preceptor to assign a grade for the clinical experience.
- Receive and analyze data from evaluations by the preceptor and preceptee of the preceptorship experience for future planning of preceptorships.
- Liaise with the CNHS and University regarding issues and recommendations arising out of the preceptorship.
Unit 6: Resources for Specific Events

Regardless of the preparation, information and assistance afforded the preceptor some issues or events may arise. Generally, the preceptor should feel comfortable to address any issues or concerns with the tutor. “Red flags” or the feeling that things are not going well should be identified to the tutor with a request for assistance and support. It is best to seek assistance early when problems first arise then to wait until these are major concerns or the student is failing.

Some areas of concern may be:

- Conflicts
- Misconduct
- Harassment and Abuse
- Clinical Failure

Conflicts
Conflicts may arise between the preceptor and the student or the student and other staff. Generally the sooner the conflict is identified and managed the better. One to one communication between the parties is a starting point. The preceptor can seek advice and support from the tutor or the manager in the clinical area.

The following article by Tan (2010) outlines some steps that can be taken to effectively manage conflict.


Misconduct
The student is expected to adhere to the policies and procedures of the agency and of Athabasca University. Any concerns that a preceptor has regarding misconduct should be communicated to the tutor immediately. The tutor will assist and advise regarding the process and consequences for the student.

Students whose behavior places themselves, clients or the agency at risk, or students whose performance does not meet the requirements of the nursing practice course will be reported to the tutor who will communicate the behavior to the University. Nursing practice agencies reserve the right to refuse to continue to provide nursing practice placement to any student whose performance does not meet agency standards.

Harassment and Abuse
The University is committed to ensuring the safety of students during nursing practice. The faculty recognizes that students, nurses and clients may encounter situations involving abuse or harassment. Students and faculty are responsible for becoming familiar with the individual policies and procedures of nursing practice.
Clinical Failure
Failure of a student is one of the greatest fears and challenges of a preceptor. The preceptor needs to keep the tutor aware of concerns of student’s progress and to seek help in assisting the student to meet the objectives. In the event of failure the preceptor and tutor will work together to ensure that all necessary steps and procedures are taken. The tutor’s primary role in this situation is to support the preceptor through the process.


Clinical performance failure is not a topic readily discussed by nurse educators. Recognition that not every nursing student will be clinically successful, sharing preceptors’ stories, and identifying strategies to improve the collaborative relationship between preceptors and liaison faculty are important in protecting the profession and the public health from clinically unsafe practitioners. Assessing students’ unsatisfactory clinical performance is a demoralizing experience that poses threats to preceptors’ self-confidence. Preceptors identified feelings of fear, anxiety, and self-doubt as they moved through the process of coping with assessment, reporting, and resolution of an unsuccessful clinical performance. Liaison faculty is responsible for helping preceptors process the experience. Discounting preceptors’ feedback constitutes evasion of professional responsibility by the liaison faculty.

The significance of this study lies in the potential for improving preceptors’ preparation and supporting the preceptor–liaison faculty relationship. Identifying behaviors and attitudes that signal potentially unsatisfactory clinical performance strengthens orientation processes for preceptors, as well as liaison faculty. Emphasizing the strategies of listening, being supportive and following up after the experience enhances the collaborative relationship with preceptors. A conscious effort by liaison faculty to implement these strategies facilitates preceptors’ coping with clinical performance failure.

Three recommendations are offered based on the findings of this study. Further study on this topic is needed. The small sample in this study coincides with the relative infrequency of clinical performance failure in precepted clinical situations. Nurse educators have rich experiences to share with preceptors to facilitate the healing of a potentially painful process of clinical performance failure. (Hrobsky, 2002, p. 554)

The full article is available at

Unit 7: Evaluation of Preceptorship

Athabasca University continuously strives to improve its information and resources for preceptors and students. The feedback and suggestions from preceptors and students are critical to ongoing improvement. Please complete the evaluation form in Appendix 4 regarding your experience as a preceptor and send to the tutor at the end of the preceptorship.

Students also are expected to submit their feedback on the preceptorship experience. The student form is also included in Appendix 4.

Send the Evaluation form to the tutor.

Thank you!
Thank you again for your time, effort and work as a preceptor. Your contribution to the learning and socialization of the student are much appreciated. You have made a difference to the student, and to the profession of nursing!
List of References


Appendix 1: Course Syllabi

The course syllabi provide overall course descriptions, objectives, and evaluation methods.

The Post-LPN BN program consists of 4 clinical courses and each of the syllabi can be found by clicking on the course title.

**NURS 401: Professional Practice with Adults Experiencing Health Alterations**

**NURS 435: Professional Practice in Mental Health Promotion**

**NURS 437: Professional Practice in Family Health Promotion**

**NURS 441: Consolidated Professional Practice**
Appendix 2: Learning Portfolio

- Each student is expected to meet with the preceptor to develop an agreed upon learning portfolio for the preceptorship experience. The objectives for the experience should focus on meeting the objectives of the course but be more specific on the particulars of the learning for this student.
- The following learning portfolio form is used to identify what the student needs and wants to learn in the experience and what learning experiences the preceptor agrees are reasonable and available in the agency.
- The student is expected to assess own strengths and learning needs and draft a beginning learning portfolio before meeting with the preceptor. The preceptor will review the portfolio with the student and both will sign off on the negotiated portfolio.
- The learning portfolio then becomes the basis for self-evaluation by the student and evaluation by the preceptor for the midterm and final evaluation.
- The learning portfolio has general headings (based on AARN Entry to Practice Competencies) to assist the student and preceptor in developing objectives, identifying strategies and selecting resources to meet course objectives.
- The preceptor should contact the tutor for additional assistance and support in the process of establishing the learning portfolio with the student. A copy of the learning portfolio is forwarded to the tutor as information and reference.
<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Resources and Strategies</th>
<th>Target Date</th>
<th>Evaluation Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What I am going to learn</strong></td>
<td><strong>What will I do to meet my objectives</strong></td>
<td><strong>Realistic time Frame to complete objectives</strong></td>
<td><strong>How will I know I learned</strong></td>
</tr>
<tr>
<td>Nursing Practice Example: I will be able to independently complete a comprehensive systems assessment of the patient in the critical care unit.</td>
<td>Practice the systems assessment on each of my patients. Compare my assessment to the preceptor’s assessment. Record and report my assessment using systems format.</td>
<td>End of the clinical posting. Completion Date</td>
<td>Include formative (ongoing) and summative (final) evaluation. Ongoing feedback from my preceptor. Improvements of assessment of daily basis. Ability to present assessment findings in patient rounds Meet unit standards for systems assessment Assess patient independently.</td>
</tr>
</tbody>
</table>

**Learning Contract Form** (word .doc format)
Appendix 3: Evaluation Forms and Criteria

Click on the title to locate the Post-LPN BN Clinical Evaluation Tool

- The learning portfolio and the agreed upon objectives are the basis for midterm and final evaluation of the student.
- The student is expected to complete a self-evaluation at the midterm and final point of the experience.
- The preceptor completes an evaluation of the student at midterm and final point of experience as well.
- The mutual discussion of the student’s self-evaluation and the preceptor’s evaluation is the most important part of the evaluation process.
- The preceptor will indicate on the evaluation form whether the student has met the objectives, is progressing towards the objectives (at midterm), has exceeded the objectives or has not met the objectives. At the midterm evaluation the learning portfolio may be reviewed and revised to assist the student in meeting final objectives.
- The preceptor submits the evaluations by preceptor and student to the tutor who will assign the final grade. It is the responsibility of the tutor to assign a grade in accordance with University policy.
- The preceptor should contact the tutor as necessary for additional assistance and support when evaluating the student. If there are major concerns regarding the student’s progress and ability to meet objectives, the tutor must be contacted for consultation and advice.
- The preceptor may choose to complete a self-evaluation on own performance as a preceptor (optional) or may use the self-evaluation form to elicit feedback from the student on the effectiveness of the preceptor.

Self-Evaluation Form for Preceptor (word .doc format)

(To be used by preceptor to assess own preceptor performance, optional and may be used to elicit feedback from the student, optional)
Appendix 4: Evaluation of the Preceptorship Experience

This Appendix includes:

- Evaluation by Preceptor of the Preceptorship Experience (word .doc format)
- Evaluation by Preceptee of the Preceptorship Experience (word .doc format)

Please note the following:

- The preceptor and student are expected to complete an evaluation of the preceptorship experience and submit the form to the tutor.
- The information submitted will be used to address issues and to make improvements in future preceptorships.
- The anonymity of the respondent and confidentiality of the information will be maintained.
- Please forward the completed evaluation form to the tutor.
Documents

All documents are in Word .doc format or Adobe .pdf format.

- Clinical Practicum Requirements Checklist
- Clinical Practicum Preparation
- Clinical Evaluation Tool
- Course Approval Form
- Self-Evaluation Form for Preceptor
- Learning Contract Form
- Evaluation by Preceptor of the Preceptorship Experience
- Evaluation by Preceptee of the Preceptorship Experience
- Tutor Guidelines
- HSPnet Consent Form
- Oath of Confidentiality
- Record of Adult Immunization
- Respiratory Mask Protection