

### **Purpose**

Clinical practice is a crucial and vital part of nursing education. Clinical evaluation is key to ensuring learners' clinical competence, application of knowledge and clinical reasoning, all of which are important to patient safety and the provision of quality nursing care. Preceptorship is a learning opportunity for learners in nursing to gain hands-on experience in a health care setting under the guidance of someone who is experienced in nursing. Preceptorship facilitates the transition into nursing practice for a BCIT BSN learner. The aim of this document is to assist the preceptor by providing clarity around how to be an effective preceptor as it relates to facilitating learning, providing feedback and how to addressing learner concerns.

### **Teaching and Learning in the Clinical Setting**

#### **General Teaching Strategies**

- Begin from the simple to the complex.
- Build from the known and move towards the unknown.
- Build on prior knowledge.
- Teach skills in small chunks and in a logical sequence.
- Use demonstration and return demonstration for skill development.
- Encourage learners to ask questions.
- Answer learner questions.
- Encourage learners to provide rationales for answers.
- Debrief learners when involved in an incident.
- Encourage discussion and reflection on practice.
- Provide positive feedback.
- Provide negative or constructive feedback in private and immediately afterwards.

#### **Strategies to help the learner learn and work independently include:**

- Ensure you know something about the individual learner's prior experience, skills and knowledge. This helps understand where the learner is at and helps build trust between both preceptor and learner.
- Provide an onsite unit orientation the first day of clinical. Include introductions to staff members, the unit lay out, location of supplies and equipment, agency policy and procedures, daily routines, etc.;
- The use of questioning both recall and analysis type questions, enables the preceptor to determine a learner's knowledge level.
- The use of observation enables the instructor to determine a learner's skill level.
- Recognizing the value of your own skills and knowledge and being prepared to share these with the learner;
- Encouraging the learner to ask questions. You may not know all the answers but demonstrating to the learner how to find out the necessary information can be more useful than just telling them the answer;
- Making it clear what you expect of the learner;
- Asking the learner to identify their areas for improvement in their plans and aiming to secure learning opportunities that support the achievement;
- Being patient. It is important to remember that it takes longer for a learner to complete a task than it would for an experienced, qualified professional.
- Allowing the learner to practice as independently as possible. Encouraging them to recognize the healthcare priorities for their allocated patient load, to develop their own time plan, deliver their care, handover and document their actions while offering appropriate prompting and constructive ideas for future improvement.
- Giving more support or add challenging tasks when necessary;
- Establishing a positive learner/preceptor relationship that encourages discussion and sharing;

## BCIT BSN Preceptor Guide

- When the learner is unsure of something, have them look up the information. This demonstrates to the learner how to find the necessary information.

### **Giving Learner Feedback**

Giving effective feedback are skills that are central in healthcare settings. The whole process is connected closely with professional development and improved performance. Feedback should be constructive by focusing on behaviours that can be improved.

#### Tips and Principles of Giving Effective Feedback

- One-on-one feedback is preferable.
- Be specific.
- Encourage self-reflection.
- If possible, plan feedback in advance.
- Provide feedback as soon as possible after the performance of the activity.
- Feedback should be ongoing and regular. It should **not** occur only at formal midterm and final evaluations.
- Ensure to give positive feedback when a learner is doing something right as this reinforces it for the learner.
- With constructive feedback, provide privacy, be specific and give suggestions of how to improve.

### **Indicators of Learning**

Providing clinical education in a busy environment can be challenging. Learners require frequent observation, coaching, feedback and support. Learners must demonstrate beginning to *'get it and carry on'*. In the case for nursing learners, they need to demonstrate more independence, greater confidence, self-starting, less hesitant and a flexible mindset as they progress through the program. Some indicators that a learner is moving towards entry level are but not limited to:

- works effectively as a member of a team.
- has effective communication skills.
- is open to feedback and make changes as necessary.
- demonstrates understanding of BCIT BSN Competencies
- thorough client assessments and appropriate nursing care.
- explains rationales behind actions and draws from the evidence.
- organized, independent and time efficient.
- seeks guidance and assistance.
- documents and charts on time and concise.

### **Assessment of Clinical Practice Key Components**

A comprehensive assessment includes observation, questioning and assessing self-assessment.

#### Observation of the Learner

Observe the learner performance by:

- Direct observation of a skill (i.e., procedure, communication, etc.)
- Review learner charting
- Listen to learner communicating with patient, family members and staff

#### Questioning

- Ask questions to assess the learner's knowledge.
- Questions can assess either basic recall or analysis.

## BCIT BSN Preceptor Guide

- *Basic recall* – memorize/retrieve information; Recall questions are designed to assess BASIC facts, definitions, concepts, principles, procedures, generalizations, and processes.
- *Analysis/synthesis* – demonstrate higher degree of cognitive processing; Analysis items/questions represent the highest level of complexity; The learner must demonstrate the ability to synthesize multiple variables beyond simple recall of basic facts.

Examples of questions to assess knowledge:

- Recall – Which peripheral nerve is decompressed in a carpal tunnel release procedure? Or What is the patient's last BP and is it in the norm?
- Analysis/synthesis – How would you compare the various nursing strategies for.....; A client has dependent edema of the ankles and feet and is obese. The nurse should expect the health care provider to order what type of diet?

Examples of questions to assess skills:

- Simple – Can you show me how to take a BP?
- Complex – Explain why/how 'X' vital sign (or assessment) relates to the patient's diagnosis/medication; Can you explain how this patient's blood pressure is affecting their renal function? What assessments will you do? Which labs will you monitor? What interventions can you suggest?

Examples of questions to assess attitudes:

- What are examples of behaviours that you feel are important for showing respect amongst your peers?
- How do you deal with a patient with different values than yourself?

### Assessing Self-Assessment

Sample questions to assess a learner's self-assessment:

- How well do you feel you did with.....?
- What areas do you feel you could improve on?
- What areas do you feel you did well?

### **Issues with Performance**

The learner's instructor is ultimately responsible to address any issues or concerns with the learner. It is best to seek assistance early from the Course Instructor when identifying learner problems when they first arise rather than waiting until these are major concerns or the learner is failing.

During clinical practice, learners must avoid actions that may lead to failure. Such behaviours may be, but not limited to:

- Applying unsafe practice and making questionable interventions
- Lacking insight and understanding of own behaviour and behaviour of others
- Having difficulty accepting own weakness or mistakes
- Having difficulty accepting ways to improve weakness
- Needing constant specific and detailed supervision with little to no growth
- Failing to respect client's rights
- Failing to provide respect and dignity while giving care to clients and their family
- Having difficulty to adapt to nursing responsibilities and roles after significant guidance
- Having difficulty to adapt to new ways to perform techniques after significant guidance
- Failing to report medication error or any other incident
- Falsifying documents, breaching confidentiality

### Red Flag Behaviours

There are some issues/concerns with learner's clinical performance that are not as easy to identify as clear 'failures' or potential for 'failure'. These type of behaviours fall under the category of 'red flag' behaviours. Red

## BCIT BSN Preceptor Guide

flags or the feeling that things are not going well. The behaviours once identified must be discussed with the learner so as to provide opportunities to correct them. Contact the Course Instructor as soon as possible when concerned about feeling things are not going well with the learner. Early intervention is best. Some examples of red flag behaviours may be, but not limited to:

- Unmotivated, disinterested, scattered
- Unable to think critically
- Too concrete
- Lacks basic nursing skills.
- Under the radar (i.e., tries to avoid being noticed)
- Jeopardizes patient safety and commits legal--ethical violations
- Unsafe behaviors Legal--ethical issues
- Overconfident
- Is not prepared for the clinical experience and does not show improvement
- Patterns of negative behaviors that do not improve with feedback
- Unprepared for the clinical experience
- Excessively tardy
- Does not take responsibility for learning
- Makes excuses
- Not following school or agency policies
- Poorly written work
- Immature
- Has difficulty in communication with patients, faculty, peers, and clinical staff
- Poor communication with patients
- Poor professional communication
- Received complaints
- Does not show caring behaviors

Lewallen & DeBrew, 2012

Further, there are two major categories of actions if demonstrated by learners in their clinical practice course, would result in a failure of the course. These are:

### Misconduct

The learner is expected to adhere to the policies and procedures of the Health Authority, agency, BCIT and BCIT BSN program. Any concerns regarding misconduct should be communicated to the Course Instructor immediately. They can assist and provide advice regarding the process and consequences for the learner. The instructor will immediately meet with any learner whose behaviour places them, patients/clients, or the agency at-risk, or learners whose performance does not meet the requirements of the nursing practice course.

### Harassment and/or Abuse

The BSN program is committed to ensuring the safety of learners, staff and patients and their families during nursing practice. The BCIT BSN program recognizes that learners, nurses and patients/clients may encounter situations involving abuse or harassment. Learners are responsible to become familiar with the Health Authority and/or agency's policies and procedures related to harassment and abuse. Any issues around harassment and/or abuse require the Course Instructor to be contacted immediately.

### **Addressing Practice Concerns During Preceptorship**

#### The Process to address Practice Concerns:

1. For a learner whose performance is questionable and has had no other previous concerns, the learner and instructor meet to discuss the situation. Clear evidence based on written notes on the learner's performance are kept by the instructor to inform the development of a *Learning Plan* which is filled out

## BCIT BSN Preceptor Guide

and signed. This form identifies concerns with the learner's practice and identifies a clear plan of action to support the learner to address areas of concern that if addressed adequately could result in a passing grade.

- a. The learner is expected to share their learning plan with their preceptor and ask for feedback
  - b. At anytime the preceptor feels they need support working with the learner, they should contact the instructor for support and guidance.
2. The instructor is responsible to continue to monitor, weekly or more often as needed, the learner's learning and meeting of the *Learning Plan* requirements that result in an improvement in practice.
  3. If the learner's performance remains a concern, then further action is needed that could result in the creation of another *Learning Plan*, removal from clinical placement and/or course failure.
  4. The course instructor will be in frequent contact with Preceptor to collect feedback on the learner's practice.
  5. It is the responsibility of the BCIT Instructor to assign a failing grade to the learner.
  6. The BCIT Instructor to notify the Course/Term Lead as well as the Program Head of any practice concerns with a learner immediately.

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