A. The Evaluation Role

During the practicum, you assess the student’s performance on an ongoing basis to provide corrective feedback and determine learning needs. At the conclusion of the course you summarize your observations of the student’s performance and judge the student’s behavior using course objectives and any additional specific evaluation tools as criteria.

Assure that you, the student, and the faculty member share a mutual understanding of exactly what student performances meet the criteria and satisfy objectives. You may think of other possible expectations such as your own job description, professional standards of care and practice, or other criteria. Such other sources are appropriate to share with the student to broaden the student’s understanding of your role, but should be used for evaluation ONLY when they are incorporated into the course expectations as objectives and criteria.

Students can’t be expected to function at the level of an agency employee. In other words, assure that the student, the faculty member, and you all share the same expectations. Although the faculty member assigns the grade, the faculty values and incorporates your observations, interpretations, and professional judgment when doing so.

Try the following techniques to evaluate student learning:

Knowledge & thinking

• **Cognitive learning: ASK QUESTIONS.** Use open-ended ones such as,
  “Why should we look for an alternative to the first-line drug for this patient?”
  “What are the risks in this situation?”
  “What is their main reason for resisting change?”
  “Where will you find that information?”

*The smaller, heavier ball keeps the larger, lighter ball lifted.*
Some pieces of evaluation evidence weigh more than others. Consider all the facts and use your judgement.
“How can you tell that cross-training is effective?”
“Who else should be included on this project?”
“When should this plan be evaluated?”
“What do the standards of practice and accreditation requirements have to say about this?”

Feelings, attitudes, values & beliefs
- **Affective learning: OBSERVE.** You can explore attitudes, values and beliefs with questions, but the HOW of practice is the evidence of affective domain mastery. When demonstrating satisfactory affective learning, a student shows respect for the values and sensitivities of others.

Technical skills...
- **Psychomotor learning: OBSERVE.** You can obtain some information about performance by talking through a procedure with a student. However the only way to validly evaluate technical performance is to watch the student perform.

Preceptors sometimes neglect the evaluation aspect of the preceptor role because they “don’t want to be the one to fail the student.” But, preceptors don’t fail students or stall their progress. Instead, a student’s performance meets or fails to meet criteria. As the preceptor, you are in a better position than anyone else to collect the data that gives evidence of student competence. And as preceptor you have an opportunity to support professional practice standards and the credibility of the school of nursing.

Evaluating has two components:
- Identifying opportunities for improvement – both in the student’s performance and in the preceptor’s teaching technique.
- Summarizing patterns and trends in overall performance and comparing performance with standards.

Your school of nursing faculty contact will supply the clinical performance evaluation tool and criteria for rating. Become familiar with this tool so that you can begin to use the framework as a guide in collecting objective and subjective data about student performance.

Ask the faculty for some examples of outstanding, acceptable, and unacceptable performance in relation to the criteria for the level of student you will precept. Give the faculty member some examples of your student’s performance and ask how the examples match expectations. Realize that there will be differences in expectations between students and employees whom you may have oriented in the past.

Two concepts that provide help in evaluation are:
- Consistency of performance, and
- The amount of assistance a student requires to complete an assignment or project.

Again, be sure to clarify expectations with faculty.
B. Formative and Summative Evaluation

Formative evaluation is a process of ongoing feedback on performance. The purposes are to identify aspects of performance that need to improve and to offer corrective suggestions. Be generous with formative evaluation. Share your observations and perceptions with students. You might simply share your observation and then ask if the student can think of a better approach for the next time. Formative evaluation need not make a judgment. When giving formative evaluation, offer some alternatives, e.g., “The staff may respond better if you . . .” “The patient will be more likely to comply if you . . .”

The objectives for student projects are expressed as the end result to be accomplished by the time the student completes the practicum. For example, CNS student projects might include endeavors such as:

- Implement an in-hospital pressure ulcer prevention program
- Develop policies and procedures related to ventilator-acquired pneumonia
- Design a screening program for heart disease or stroke (worksite, community or parish)
- Conduct a counseling program for weight management
- Design and implement a smoking cessation program
- Conduct a needs assessment for an angina support group
- Conduct a bicycle safety program (trauma prevention) for school-age children

It will help both you and the student if you agree upon some milestones or intermediate objectives and reasonable timeframes. The same applies to NP student requirements for number of patients to be evaluated. At the midpoint of the practicum, and if appropriate at more frequent intervals, assess progress and determine if alternative plans must be made to satisfy the requirements.

Completion of projects for CNS and HSM students often depends upon factors beyond the control of either you or the student. For example, students often identify objectives related to the Magnet™ journey or redesignation of a facility. Establishing some elements of the Magnet-related infrastructure is beyond the scope of the practicum. As one Magnet coordinator stated with respect to self-governance structures, “The average institution needs at least 5 years for the model to get traction with staff” (Graf in Smith, 2006, p. 114). However, it might be reasonable to identify steps toward long-term goals that the student can accomplish during the practicum timeframe.

Even projects that should be easily concluded may not progress due to lack of availability of some of the stakeholders, diversion of organizational resources toward other priorities, or other factors. If you can foresee or suspect that the progress you anticipated cannot be accomplished in the timeframe of the practicum, identify
alternatives with the student. Can you establish a reasonable stage of progress toward the particular objective and perhaps introduce a complementary or related project? If circumstances require significant adjustments in the objectives, consult with the faculty member to assure that the adjusted plan meets course requirements.

**Summative evaluation** is a process of identifying larger patterns and trends in performance and judging these summary statements against criteria to obtain performance ratings. This evaluation may take place at the mid-point and at the end of the course. Faculty rely heavily upon your evidence and perceptions to justify their ratings for assigning the final grade.

As a general rule, give both formative and summative evaluation in private. However, it may be important to capitalize on a learning need by discussing in the setting in which a problem behavior occurred. This may allow the student an opportunity to try out an alternative approach. Use your judgment and employ tact and sensitivity to avoid embarrassing the student.

C. Providing Constructive Feedback During Formative Evaluation

Feedback answers the question, “How am I doing?” It should be helpful to the person who receives it.

Giving feedback effectively is key to effective precepting. Use the following guidelines:

1. **Focus on changeable things.** Feedback can only lead to improvement when it is about things that can be changed. Share ideas and information and explore alternatives rather than expecting answers and solutions.

2. **Make descriptive, not interpretive statements.** Act as a video camera and play back your observations rather than your interpretation about why things happened. State your observation, and then ask questions such as, “How could you have done that more effectively?” or “What was a potential risk with that approach?” Focus on behavior, not on the person.

3. **Make specific statements.** Give concrete and objective “playback.” Offer specific positive, as well as corrective, statements. “Good job” is too general; state exactly what was “good” and why. Give specific statements on how to improve. Format examples may include:
- “One reason I think you’ll succeed in this role is . . .”
- “You are at your best when . . .”
- “One thing you do very well is . . .”
- “An example of you showing respect for others was when . . .”
- “A recent problem you handled very well is . . .”
- “A value that I see is important to you is . . .”
- “People can count on you to . . .”
- “One thing you’ve overcome is . . .”
- “One thing you’re handling better now is . . .”
- “You pleasantly surprised me when . . .”
- “A good example of your ability to manage a complex situation was . . .”
- “You have been able to meet your goal of . . .”

4. **Give immediate feedback.** The sooner it is given, the more effective it will be. When you must delay, identify the specific time or incident to which you are referring. Comment on something the student has done well and something upon which the student needs to improve or practice.

5. **Choose appropriate times.**
   - Give feedback when the learner is ready to become aware of it. Issues of safety, ethics, or legal requirements take precedence over the student’s readiness to receive feedback.
   - Critical feedback in the presence of others may be more damaging than helpful.
   - Feedback should serve the needs of the recipient rather than any need to vent that the giver may be experiencing.

6. **Choose one issue at a time.** Focus on the most critical behavior at the time.

7. **Do not demand a change.** Giving feedback and helping the student explore alternatives is not the same as demanding a change. The need may arise to request or demand a change in order for the student to meet standards. When that occurs, playback for the student your observations of his performance and compare these with the standard. Encourage the student to develop the habit of reflecting on practice and looking for ways to improve.

8. **Use I-Messages to deliver the feedback.** This technique is often recommended for communicating assertively and resolving conflicts. The technique avoids the blaming or criticizing tone of you-messages, such as “You really need to be more assertive.” I-messages addressing these same problems might take the form: “When I watch you interact with the quality improvement staff, I notice that they seem to dominate the discussion with little outside suggestions.” Give the student an opportunity to respond to your comments. Then reflect back to assure you understood what the student said. Next, provide specific criteria for improvement that you both can agree to work on.
In most situations, your statement of acceptable criteria is enough, and the student can follow through on your guidance. But, when a pattern of substandard performance or an apparent attitude problem has developed, the process of eliciting the student’s perceptions and negotiating a solution assumes greater importance.

I-messages take responsibility for the communication and give more specific information than a you-message or a general statement. For example, contrast these you-messages or general statements with an I-message version:

**You-message:** You should exercise every day.
**I-message:** I have found that I feel better if I exercise every day.

**General statement, avoiding responsibility:** Everyone thought you did a great job on that committee.
**I-message:** I thought you represented my opinion very well as a member of that committee.

**Blaming another person:** Our supervisor doesn’t listen to us enough.
**I-message, Identifying own needs:** I would really like it if my supervisor would spend some time with me individually.

**General statement, avoiding responsibility:** No one likes to talk about her personal life.
**I-message, Taking responsibility:** I am not comfortable discussing my personal life.

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**Step by Step “I-message” Process to Negotiate a Plan for Improvement**

- “When I ….. observe, watch, listen.”
- “I…. notice, get concerned about, think: there is a risk of…”
- “And I feel…. express feeling if appropriate.”
- **Next,** use active listening to clarify the student’s response. That is, reflect back to the student whatever the student says in response.
- Then, express the criteria for improvement as you see them. “I need to see more sensitivity to employee’s feelings, more practice with…”
- **AND** elicit from the student what the student needs in the situation: *more time, more examples, more practice.*
- Finally, negotiate what the student, or each of you, will do to facilitate the needed improvement.
From Negative Evaluative Thoughts to Constructive I-Messages
Examples for Practice

The spheres on the left give examples of negative thoughts that might occur to you as you observe your student’s performance and behavior.

What a poor attitude!

She really needs to be more careful!

I heard you tell her that you “have no idea” how she might handle that problem. It sounded to me as though you didn’t care about helping her.

I've seen you come in 15 minutes late three times now... *Follow up with:* How will you prevent this from happening again? Or, How will you make sure you’re on time from now on?

The ovals on the right suggest some I-messages that express your concern to the student in a constructive manner.

The ovals on the right suggest some I-messages that express your concern to the student in a constructive manner.

When I notice that you omitted this part of the documentation, I am concerned...

He’s always late!
From Negative Evaluative Thoughts to Constructive I-Messages (continued)

I notice that you seem to have a half-hour's worth of paperwork left at the time you're scheduled to leave. **Follow-up with**: How will you plan differently in order to finish up on time?

**How insensitive!**
**What a troublemaker!**
**Always interrupting!**

Take one issue at a time. **Complete one before bringing up the next.**

When I heard you make that remark about “fat people,” I felt badly that our secretary Jane overheard it because she really struggles with her weight.

This documentation is atrocious!

When I read this, I get confused because you skip from one problem to another and then come back to the first . . . **After the student's response, clarify the expectation. Then give guidelines and principles for revising and instruct the student to rewrite the entry.**

Now he's got the secretary mad at him!!

When I overheard your complaints to the secretary this morning, I thought you insulted her.

How undependable! He never follows through and I wind up taking responsibility!

After you left yesterday, I discovered that you left those reports incomplete. We agreed that you would do them before leaving.

I wish she'd complete things early – like that last student I had!!
D. Strategies for Managing Problem Learners

Be sure you are solving the right problem—that advice is as valid for managing student learning problems as for managing patients and addressing organizational problems. Explore the perceived problem fully before putting solutions in place. Share your observations and ask for the student's interpretation. Given the limited practicum time, it is very important to identify problems aggressively before bad habits develop or misinterpretations lead to irreconcilable differences. Many perceived problems resolve as soon as the preceptor and student clarify differing perceptions of expectations. For example, you may perceive that your student, a mature experienced nurse manager, is “just not getting it.” You may mentally “write her off” in terms of providing her active enthusiastic involvement because you think she will “never be able to make it” in another setting. If you share your observations with her, and not your dire predictions, you may discover that as a mature nurse she has numerous, complex “brain files” that she searches and matches to incorporate new learning. She knows herself well enough to tell you that she takes a little longer than her younger classmates to “get in the groove”, but once she settles in she outperforms many of them. The faculty member can validate the student's learning history.

Identify the problem you perceive within the framework of domains of learning. Is this a cognitive, an affective or a psychomotor problem? Problems in each domain respond best to strategies particular to that domain.

Having explored and identified a problem with a student, ask the student to identify factors that are contributing to the problem and ways to overcome these difficulties.
Capitalize on the “coach approach” discussed in Chapter 6 as a means to help the student find his best solution. Offer suggestions and recommend resources, but give the student accountability for resolving the problem. Determine if it is realistic for the student to overcome the identified deficiency or problem within the time limits. Consider how much allowance should be given to family or personal problems that interfere with the learning process. For more complex problems, determine whether it is appropriate to recommend professional counseling.

E. Formulating a Collaborative Plan for Improvement

Collaboration is a vital concept in Advanced Practice and in Health Systems Management. As a preceptor, some of your most important role modeling takes place when you show the student how to collaborate effectively with your colleagues in all disciplines, your peers, and those you supervise. The preceptor relationship offers an opportunity to demonstrate the practice of collaboration in addressing student needs for improvement.

One useful paradigm for collaboration is the Thomas-Kilman (1972) conflict management strategy represented in this diagram:

The Collaboration Process

In the diagram, the circle and the square represent two parties who have different perspectives on the same problem or situation. Each party recommends a different course of action. To reach a collaborative solution, each party identifies the most important ingredients in an effective solution from his point of view. These needs are represented by the dots contained in the circle and the square. These needs are the requirements of each party for an effective solution – the needs might be for a particular timeframe, a specific allocation of funds, a particular rate of success, or other criteria. The requirements of each party, when brought together in the triangle, represent the criteria for a solution that both parties can support. The parties work together to create solutions that satisfy the criteria that are most important to each of them. These creative solutions, which are different from the initial solution proposed by either party, are represented by the light bulb.
When helping the student **learn interdisciplinary collaboration**, help the student identify the ingredients that are usually a part of the perspective that you represent in interdisciplinary collaboration. Your perspective may relate to patient outcomes, patient safety, standards of practice, and other needs that you always strive to work into interdisciplinary collaboration.

When collaborating with the student to **improve the student’s performance**, the process is quite similar. Make clear your needs in the situation – clarify the criteria that the student must meet. Help the student identify what he needs to do in order to meet the criteria. Blend the criteria for improved performance with the student’s needs in the situation to create approaches to improving performance.

When you identify a need for improvement in student performance, discuss it with the student in a timely manner. Be specific about the deficiency, the expectation and the resources that can assist the student. You may wish to formalize this process in writing, including dates for review and completion as presented on the next page. Most importantly, assure that you, the student, and the faculty member, if appropriate, share the same understanding of improvement needed and expectations.

Following is a sample approach used by a preceptor that provides some of the basics of a corrective interview:

- “I’d like to talk to you about your work.”
- “One thing I’d like to help you with is…” (Be specific, providing objective description of the deficiency or problem.)
- **LISTEN**
- Clarify questions.
  - If there is a disagreement, acknowledge it, and then express: “I still have these concerns…”
  - If the student introduces new information, express: “That changes things.”
  - When you both agree on the definition of the problem, move on.
- “What do you suggest we do?”
- **LISTEN**
- “Suppose we try…”
- “So, we have agreed to…” (Review the agreement in detail.)
- “We will meet again on … to review the progress we’ve made.”
- “Here are some of the things you are doing well.” (Be very specific.)
Use the outline in the box below to create a learning plan for some aspect of practice that might be especially challenging to a student who is working with you.

**Student Learning Plan**

Description of unsatisfactory performance or problem:

Description of satisfactory performance or the goal:

Steps to resolution:

Learning and human resources available:

Date for review:

Date for completion of plan:

Note: Some problems are better handled using the “coach approach” as described in Chapter 6.

**F. Strategies for Letting Go**

Providing more autonomy for the student is a challenge for the preceptor. Yet the student will not successfully complete the objectives if all of her practice is closely supervised and assisted. Assure yourself of the student’s competence to perform the required tasks and then allow the student to perform those aspects independently. Monitor progress through documentation, reports from the student, and responses you receive from co-workers. Discuss and negotiate the letting go process with the student. Find out what type of support will contribute to the student’s growing independence.

A very important key to letting go is to assure yourself that the student will recognize the need for information or assistance and actively seek it from you or whatever resource is appropriate. Davis, Sawin and Dunn (1993) identify the following indicators as signals that students are ready for increased responsibility. The preceptor trusts the student not to get in over his head and to be responsible for his own actions and decisions.

- Mutual increase in comfort and trust between student and preceptor.
- Student proves that she will not miss something important. There is no longer a need to review every detail with the preceptor.
- Student shows ability to tie in past experiences with new skills and apply them to new scenarios.
- Student recognizes limits of knowledge and admits to weaknesses.
• Student asks appropriate questions.
• Student becomes a self-starter, can cope with an unstructured setting or a change in the schedule.
• Student asks for more challenging experiences and exhibits confidence.
• Student shows the ability to differentiate what is a problem from what is not a problem.

G. Strategies for Handling Complex Problems

Obviously there is not one perfect way to handle every problem situation. Some situations require a direct approach of simply clarifying expectations in the context of observed behavior, while others provide great opportunities for using the coach approach. Notice that many of the suggested approaches which follow include discussing the problem with the faculty. Do not feel alone or isolated in managing student problems – the faculty member may have encountered similar situations with other students.

1. The student who “knows it all” and is bored watching you perform.
   - Validate the student's competencies yourself.
   - Point out differences between the student's previous experiences and expectations of the Advanced Practice or administrative role.

2. The student who is stressed out over personal circumstances.
   - Acknowledge that personal situations do need to take priority at times. But, if there is an ongoing pattern of distraction, learning is jeopardized.
   - Do not get intimately involved in solving the student’s problems or take on the problems.
   - Keep the focus on the clinical experiences and whatever problems are arising because of preoccupation or absences. Ask the student what different arrangements he could make to allow for increased concentration on the business at hand when in clinical.
   - Consult with faculty if necessary.

3. The student who fumbles when trying to use specialized equipment such as clinical equipment or a computer or calculator.
   - Encourage the student to practice with a fellow student or other willing person.
   - Suggest that the student practice particular subskills repetitively until she masters each subskill rather than practicing the entire procedure or process at one time.
   - Remind the student that staff and coworkers’ confidence in her will be negatively affected unless she develops more skill in performing the task.
4. The student who is insensitive to feelings of staff at meetings or evaluation sessions.
   - Model the behavior you expect of the student. For example, inquire how the staff members feel about the new policy being enacted or proposed.
   - After the meeting, give the student feedback in private. Remind the student that successful leadership requires teamwork. All members of the team need to be respected for their individual views and opinions.

5. The student who wears unconventional dress.
   - Discuss sensitive issues without over emotionalizing.
   - Confront the student with her deficiencies regarding your agency’s expectations for professional dress. Ask for feedback.
   - Acknowledge that personal and cultural differences may exist, but some adherence to the agency’s professional code of dress is necessary.
   - Clarify your expectations for performance.
   - Communicate objectively, directly, clearly.

6. The student who is too insecure to lead a group meeting.
   - Focus on resources and approaches available for her to learn.
   - Role model for the student.
   - Chunk the behavior into smaller units. Encourage the student to practice in other settings such as university classes or community involvements.
   - Provide opportunities for the student to practice on-site.
   - Co-lead the next meeting with the student.
   - Provide constructive feedback in private.
   - Celebrate small successes.

7. The student who carries a work beeper and is constantly making personal calls.
   - Identify the reason by confronting the student regarding her behavior.
   - Clarify that clinical time should be devoted to clinical issues. Learning can be jeopardized by outside distractions.
   - Ask the student what different arrangements could be made to avoid these interruptions.
   - Consult with faculty as appropriate.

8. The student who blames learning deficits on past courses, “My pharm course was really bad.”
   - Emphasize that whatever the reason for gaps in her knowledge base, she needs to find ways to supplement her knowledge.
   - Focus on resources and approaches available for her to learn.
   - Consult with faculty re: additional resources.
9. The student who wants to solve all of the problems RIGHT NOW – whether they are problems a patient presents, or problems on a nursing unit.
- Encourage the student to slow down and be sure that he has identified the “right” problem.
- Direct the student to elicit feedback from the patient or from those involved in the problem situations. How much information is the patient taking in? What will the patient act on? Can the staff or a manager give priority to the student’s suggestions at this time?
- Assist the student to map out a realistic plan for following up on the problems and concerns – whether of a patient, staff members, managers, or others.

10. The student who cannot interpret her findings – of a physical examination, a budget worksheet, a research project, or other sources of data.
- Identify the reason by asking the student to think-out-loud through the process of attempting to interpret. Focus on the part of the process that is problematic.
- Role model for the student. Think-out-loud through the interpretation process.
- Give the student some findings to interpret for practice – from patient records, past planning materials, books, articles, or other resources. Ask the student to obtain practice materials from the faculty.
- Break down the process into component parts that the student can practice.

H. Collecting Data for Summative Evaluation

Use the course objectives and evaluation criteria which the faculty provided. Collect objective and subjective data that give evidence of the student’s performance in relation to the evaluation framework. Many preceptors find it useful to save examples of the student’s work for comparison across time. Or, review weekly progress notes you used in discussions with the student. Be sure to also include the perspectives of significant persons with whom the student interacted. When collecting data from these colleagues, refer to a specific situation or project and ask a focused question about an aspect of the student’s performance, behavior or attitude. Perceptions of others can guide your observations toward particular aspects of the student’s practice.

I. Preceptor Evaluation

Self evaluation: Mastering the art of teaching presents an ongoing challenge. Although you have so much expertise in your specialty of practice, and are motivated to help teach “all you know” to a student, not all teaching experiences may be equally
successful. Although you use a particular approach quite expertly, another approach may be more effective in a given situation with a particular student. The art of teaching involves assessing the situation on an ongoing basis to determine if modifying the approach might yield better results.

Reflect-in-action to identify the need for a new approach. Develop the habit of reflecting on a brief segment of your interactions with the student. Recall the student’s response and the evidence of learning that you observed. Were you satisfied? How might you modify your approach in the future? Does the student need more theoretical work prior to assuming practice in the clinical arena? If needed, consult the faculty member about specific difficulties during the course of the practicum. At the conclusion of the experience you may note some areas in which the student has not fully achieved objectives. You will have more valid data to support this conclusion if you have tried a variety of approaches to assist the student.

**Faculty evaluation:** Clarify the expectations of the faculty member at the onset of the practicum. Ask, “What is my most important role with this student from your perspective?” The answer will vary depending upon the student’s previous experience. Seek ongoing feedback from the faculty member.

**Student evaluation:** Seek feedback from the student about which of your approaches are most helpful and which are not. Let the student know that you expect feedback, just as you give it on an ongoing basis. Acknowledge and act on the feedback as appropriate. If you choose not to act on it, let the student know why.

Students will complete a written evaluation of the experience with you and of your practice setting as a learning experience. Request that the faculty member share these results with you. Remember to keep constructive criticism in perspective. Some believe that since learning requires change and since most people don’t like to change, we should not be discouraged when students give less than enthusiastic praise of the learning experience and the teacher. Some of the most rewarding moments in teaching come when a former student visits and says, “I hated it at the time and couldn’t see the value of it, but NOW I’m so grateful that you required me to…” Reflect on the feedback, identify any different approaches you might employ the next time, enjoy the well-deserved praise and validation, and then move on to the next experience.
A Formative Evaluation Challenge: When to Intervene?

As a practicing professional, you have zero tolerance for unsafe situations and will surely intervene to prevent the student from creating safety risks for patients, other staff members, or the student herself. But what about situations that fall short of risk for injury. Do you let the student proceed and learn from a mistake? Or, do you prevent the mistake?

Suppose the NP student is performing a physical examination competently, but not picking up on the patient's fear and facial expressions that might signal pain.

Or, the CNS student is responding to staff members’ questions in an inservice session, giving accurate information, but not directly addressing the questions asked.

Or, the Health Systems Management student is leading a council meeting and is ready to call for a vote on an issue despite the fact that one member neglected to collect and present some relevant information.

This is of course a judgment call. Think through some of the possible scenarios in advance. If you think that the student can learn from a mistake with no serious consequences, you may choose to let the student make the mistake. However, undoing a mistake can be costly of time, self-confidence, and rapport with colleagues and others.

Plan in advance what kind of approach you will take to interrupt the student so that the student can save face, and patients, staff, or others involved will not be placed at risk or lose confidence in the student. Perhaps give the student an agreed upon sign or phrase that you can use to signal the need for a “side bar.” The most desirable approach is a preventive one – ask the student to talk through his plan so that you can offer cautions, or alert the student to cues that might call for a change of course.

When you choose to prevent the mistake, take advantage of the teachable moment. Tell the student what you noticed in the situation that indicated to you that the action he planned would be misguided. Let the student know that you expect him to look for these cues – that although you will prevent him from making serious mistakes, he needs to learn how to assess the situation more accurately. Be sure that the student understands the undesirable outcomes that would have resulted from the course of action he was pursuing.

J. Conclusion

This chapter has explored the concept of evaluation in precepting. The chapter has differentiated formative and summative evaluation and has suggested strategies for giving feedback. Approaches for planning for improvement, handling problem learners, and giving greater autonomy have been presented. Evaluation of the preceptor’s performance has also been discussed.
When precepting **puzzles** you...  
or you have a question, just

**Ask the Preceptor’s Preceptor**

This student keeps telling me how much she is learning from watching me in action. That’s pretty validating of course, but after the first week I expected her to be doing more. She watches me and asks good questions, but also spends time here working on unrelated paperwork – I’m not sure if it’s related to her courses or to her job. How should I handle this?

A. Just let her observe you. Role modeling is really what precepting is all about.

B. Delegate some of your least favorite tasks to her. She needs to learn the realities of this role.

C. Let her know that she needs to be practicing and receiving feedback from you. Collaborate with her to identify activities.

D. Tell the faculty member that this student really needs more direction. Let the faculty help her figure out how to get actively involved.

**C.** is correct. You will be role modeling throughout the practicum, but the student needs to practice role behaviors and receive your feedback on her performance. Begin by asking her to identify the activities that she needs to practice in order to meet the expectations of the practicum and accomplish her objectives. Ask her to identify what assistance she needs in order to begin practicing these activities. Ask her about this paperwork she is working on. If it does not relate to the practicum, let her know that it is your understanding that she is supposed to be focused on your practice during the practicum and is not supposed to be spending time on matters that are not directly related to accomplishing the practicum objectives. Although it might be pleasant to delegate your least favorite tasks, the focus of the practicum is the student’s objectives. You have more in-depth knowledge of possibilities for the student’s active involvement than the faculty member could have. However, if the student continues to resist involvement, continues to do paperwork unrelated to the practicum, or does not follow through on the plan that you and she develop, consult with the faculty member.