Precepting Graduate Students in the Clinical Setting
what you would like to know...

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A. Welcome to the Preceptor Role

Teaching has always been considered a noble profession. But no time has it been more important than today in our changing healthcare arena. We are all aware of the significance of the current nursing shortage and its impact on patient care. What has received less attention is the looming shortage of nurse managers and nurse executives, and the need for more APNs —leaders of the future who will redesign the healthcare system. Though changing slowly toward greater diversity, nursing continues to be overwhelmingly a white women’s profession. This presents a challenge, as we need to recruit more men and women of diversity into our nursing profession both to help solve the nursing shortage and to position ourselves to provide care to the changing face of the American healthcare consumer. The time is now for qualified nurses, especially those of ethnic diversity, to capitalize on the opportunities to advance within nursing.

In order to meet this challenge, it is imperative for graduate nursing students earning a master’s degree in health systems management or in preparation for APN roles to have exposure to preceptors who practice in the roles for which they are preparing. Ideally these preceptors will have experience with a multi-cultural work force.

Preceptors for graduate students are indeed at a premium. APNs, nursing managers, administrators, and executives all juggle multiple accountabilities. When a practicing professional assumes the role of preceptor, precepting responsibilities join the host of demands in a busy professional life. Although these nurses function at an expert level in daily practice, it is not assumed that all have the skills of an expert preceptor. Therefore, this book will provide principles, strategies and suggestions to make the preceptor role easier.
The nursing literature related to precepting is growing. The literature includes studies related to:

- The meaning of the role itself to preceptors (Ohrling & Hallberg, 2001)
- Use of preceptors with senior undergraduate nursing students (King et al., 2004), and graduate nursing students (Davis, Dunn, & Sawin, 1993; Feldt et al., 2002; Hayes, 2001)
- Preparation for precepting, including online options (Alspach, 2007; Bradley et al., 2007; Phillips, 2006; Yonge & Myrick, 2004)

Other healthcare disciplines are also studying their use of preceptors (Janing, 2001; Kreiter, James, Stansfield, & Callaway, 2002; Neher, Gordon, Meyer, & Stevens, 1992; Teherani & Irby, 2004). In addition, patient education has embraced the preceptor concept as well, for example, engaging cancer patients in helping patients who are beginning treatment programs which they have experienced (Smith, Curtis, & Robinson, 2001). Across all disciplines, findings validate the importance of structured guidelines, feedback to both student and preceptor, and mutual understanding of expectations among student, preceptor, and faculty.

Questioning emerges as an important ingredient of an effective preceptorship (Levine, Hebert, & Wright, 2003; Myrick & Yonge, 2002; Phillips & Duke, 2001; Pinsky, 2003; Profetto-McGrath, Bulmer Smith, Day, & Yonge, 2004). Researchers suggest that preceptors aim higher with their questions to promote critical thinking and clinical judgment. Also, as a preceptor, you can assess a student's knowledge and judgement in part by the nature of the questions that the student asks you. This book offers suggestions to help refine your questioning skills.

“My question is . . .” is an example of effective use of questions (Pinsky, 2003).

- The student is expected to present a thoughtful question to the preceptor concerning clinical care in the form of “My question is . . .”

- The student supplies pertinent background information about the patient and knowledge related to the situation to explain how the question has occurred to the student.

- The preceptor clarifies the information presented and guides the student toward discovering the answer.
Precepting can seem a daunting experience. This book was designed with you in mind. It presents both general learning principles and precepting techniques that can be used in a variety of settings, including primary, tertiary and non-traditional healthcare settings. Like the other resources and references you use in practice, you can consult this book for particular precepting needs without reading it cover-to-cover. Depending on your previous education and experience in clinical teaching, you may find much of the material very familiar. Refer to the detailed table of contents to locate topics of particular interest.

It is hard to imagine how graduate students could successfully prepare for their roles without the guidance of preceptors. The faculty values your services as a preceptor and hopes that this book will prove to be a useful tool. Consult the faculty member with whom you are working if you have questions about applying any specifics of the suggested material. The faculty welcomes your recommendations for making the preceptor role more effective and satisfying.

The faculty and students of the School of Nursing deeply appreciate your willingness to facilitate students’ learning as a preceptor – in fact, we realize that we can’t do it effectively without you!

B. Special Features of this Guidebook

1. **Visuals** – This book is enhanced with images, which aid the reader in identifying areas needing visual clarification and help to simplify more complex concepts.

2. **Practice Roles** – Three main groupings are used, with icons placed at the side of the related topics for easy recognition.
Chapter 1. The Preceptor Role
This chapter advises you of important considerations in the role of preceptor for Health Systems Management and APN students. The chapter includes a preceptor self-assessment.

Chapter 2. Applying Principles of Adult Learning
This chapter explores domains of learning: cognitive, affective, and psychomotor. The chapter also describes learning principles using the acronym AIR to represent Active Learning, Individual Differences, and Relevance and Motivation. And, the chapter presents implications of these adult learning concepts for precepting.

Chapter 3. Precepting in Action: Getting Started
This chapter reviews the process of getting started in the preceptorship: assessing the student, planning the practicum, identifying student projects, and setting, tracking, and accomplishing objectives in your practice setting. The chapter explores a variety of teaching techniques including: role modeling, fostering critical thinking, reflection-in-action, and the One-Minute-Preceptor.

Chapter 4. Precepting in Action: Evaluation of Progress
This chapter explores the concept of evaluation in precepting. The chapter differentiates formative and summative evaluation and suggests strategies for giving feedback. Approaches for planning for improvement, handling problem learners, and giving greater autonomy are presented. Evaluation of the preceptor’s performance is also discussed.

Chapter 5. Precepting and Diversity: Focus on Cultural and Generational Differences
In the context of individual differences among adults, this chapter highlights two differences that are significant in precepting: cultural differences and generational differences. The chapter acknowledges potential differences among persons of various ethnic and national groups and presents characteristics of generational groups. The chapter offers suggestions for working effectively as a preceptor with a student whose culture or generation differs from the preceptor’s.

C. A Guided Tour

3. Ask the Preceptor’s Preceptor - This section is placed at the end of applicable chapters and helps to shed light on questions that may develop when precepting. Its purpose is to add an additional dimension to assist the preceptor.

4. How will you respond? - The section discusses various approaches the preceptor can use when encountering a difficult situation.
Chapter 6. Taking a Coach Approach to Precepting
This chapter applies the coaching approach to preceptorship and presents a variety of coaching strategies and techniques.

Chapter 7. Precepting and Distance Learning
This chapter briefly summarizes background information about distance learning in nursing education. The chapter identifies examples of distance learning experiences and enumerates advantages and disadvantages for distance learning. The chapter concludes with recommendations to assist the preceptor who is precepting a student at a distance from the campus.

Chapter 8. Precepting and Clinical Teaching with Undergraduates
Preceptors and Clinical Faculty who work with undergraduate students make an invaluable contribution to students’ progress and to the nursing profession. This chapter highlights these two important roles and recognizes that much of the information in preceding chapters applies to their practice. The chapter also focuses on some aspects of clinical teaching of the undergraduate student that differ from working with graduate students. The chapter features contributions by a nursing faculty member who has conducted and continues to conduct research related to precepting, and by the Associate Dean of Faculty at Loyola University Chicago Marcella Niehoff School of Nursing.

Chapter 9. Making Precepting a Win-Win Experience
This final chapter addresses preceptor burnout and identifies means of preventing it. The chapter presents some inspirational ideas about teaching from noted authorities. The chapter acknowledges the importance of preceptor recognition and encourages you to take advantage of and to suggest reward and recognition opportunities. In concluding the book, the authors wish you great success and joy in your adventures in precepting and thank you for enriching students’ learning.

References
The reference section presents references listed separately for each chapter.

Appendices
A. Domains of Learning and Levels of the Domains
B. A Thumbnail Sketch of the Myers-Briggs Type Inventory™ (MBTI)
C. Kolb’s Learning Styles
The nursing literature describes the preceptor as a nurse who teaches, supports, counsels, coaches, evaluates, serves as role model, and aids in the socialization to a new role. Nurse educators have assumed that a consistent one-to-one relationship with a preceptor provides the most effective mechanism for learning, whether the student is at the undergraduate, staff nurse, or graduate student level.

The preceptor guides the student into the real world of specialty practice, allowing the student to try new skills, while gaining confidence and validation. Recent research has reviewed the use of preceptorship in nursing and other disciplines and concluded that the relationship between the preceptor is pivotal, evaluation is a challenge, and preceptorship is distinct from mentorship (Billay and Yonge, 2004).

To differentiate among the roles of preceptor, mentor, and the related role of coach:

- A mentor looks after and guides the novice through a more personal, longterm relationship. Typically the mentor helps to open doors for the individual, to assist in gaining entry into places and experiences they may not have access to on their own (Barker, 2006).
- A coach helps an individual focus on a specific aspect of behavior, performance, or life. The focus is on learning and self-awareness. A coach helps the individual find his own best answers (International Coach Federation, 2007). The coach and mentor roles are discussed in more detail in Chapter 6.

The literature is replete with issues, programs, and discussions related to clinical precepting (Baltimore, 2004; Feldt et al., 2002; Hayes, 2001; Modic & Harris, 2007). Most of the attention has been directed to clinical preceptors for new staff nurses. Less has been written about graduate student issues, and fewer articles address issues of precepting graduate students majoring in nursing administration or health systems management.
Most of the criteria for selection of successful preceptors apply wherever precepting takes place. Effective preceptors share critical characteristics:

- Desire to be a support and teacher
- Competency in specialty area
- Effective interpersonal and communication skills
- Teaching skills
- Sensitivity to the learning needs of student
- Leadership skills
- Decision-making and problem-solving skills
- Positive professional attitude
- Interest in professional growth
- Ability to provide feedback effectively to students and faculty
- Ability to provide accessibility to student for completion of projects and objectives

Likewise, the primary roles of the preceptor are universal:

- Facilitator, helping the student meet personal and course objectives
- Teacher, able to provide immediate answers to questions and correct errors as they occur
- Role model, providing leadership and professional approach to practice
- Nurturer, providing support and guidance through the difficult times
- Evaluator, providing valuable formative and summative feedback
- Resource, guiding the student to appropriate material and human resources
- Monitor, sensitive to how the student spends time without actually “patrolling”
- Socializer, assisting in the student’s integration into the culture, politics, and the rules of the organization or agency (adapted from Shah and Polifroni, 1992)

Despite these commonalities, there are also subtle differences in the preceptor role, depending upon the APN or administrative role for which the student is preparing.

The Nurse Practitioner (NP), Certified Nurse Midwife (CNM), or Nurse Anesthetist (CRNA) Student

Objectives for students in these roles tend to focus on attainment of a pre-determined skill set appropriate for one’s area of specialty. These may range from pediatric skills to home health to critical care and other specialties for which the student is preparing. Usually there is one best way to perform each procedure or skill: intubating a patient, performing a pelvic exam, conducting an exercise stress test. The preceptor can maintain a simple checklist indicating whether the task or competency was performed correctly and the degree of independence attained. The completed checklist provides a record for later validation of completing prerequisites for certification. While subtle differences may be present across preceptors and agencies, the core components of the skill are usually consistent. Clinical decision-making is based on attention to the subjective and objective data that guide the practitioner to the appropriate differential diagnoses and subsequent plans of care.

The NP, CNM, or CRNA preceptor continually matches patient needs with the
competencies which the student must perform. The APN who practices in these roles and precepts a graduate student also serves as a guide for the student into the world of practice resources that the APN relies on.

**The Clinical Nurse Specialist**

Objectives for Clinical Nurse Specialist students reflect the spheres of CNS practice as defined by the National Association of Clinical Nurse Specialists (NACNS, 2004):

- The Patient/Client Sphere
- The Nurses/Nursing Practice Sphere
- The Organizations/Systems Sphere

Precepting CNS students in management of patients/clients and in case management follows much the same path as precepting NPs: evidence-based practice, best practices, and standards of care determine the student’s objectives. However, CNS students developing their skills in the nurses/nursing practice sphere and the organizations/systems sphere learn that there is often more than one right answer and choosing the best answer requires the CNS to weigh many aspects of a situation, including the organizational culture and political considerations.

CNS students approach their clinical experiences with well-developed clinical nursing skills, but may find the nurses/nursing practice and particularly the organizations/systems skills unfamiliar and frustrating, in part because of the flexibility required. Students may prefer to concentrate on the clinical, patient-related skills and may need urging from the preceptor to participate more fully in the other spheres of the CNS role.

The CNS who precepts offers the student the first view into the role of an expert practitioner with the nurses/nursing practice and organizations/systems spheres of the role. The preceptor most likely is working with a student who is at least proficient in the patient care aspects of the role, but is still a novice in the other spheres.

**The Nursing Administration Student**

One can argue that graduate students majoring in nursing administration experience a highly flexible approach to their practice experiences. When their nurse managers or preceptors deal with agency problems, they usually cannot call upon one particular best practice to solve the problem. Each situation provides its own constellation of cues that direct the best decision-making approach. For students coming from a strong clinical background, this flexibility can become a frustrating experience, and one they need to be prepared for.

Students earning master’s degrees in nursing administration or management usually
come from a variety of past work experiences. While some may have been a unit or project manager, more commonly students are being exposed to the administrative role for the first time. In these times of cost containment in health care settings, nurse managers frequently oversee several units. The practicum may be the students’ first opportunity to blend the theory attained from course work with a close up look at administrative issues in daily practice.

Nurses are also assuming leadership positions outside the traditional hospital or even outpatient care setting, in such areas as managed care and health care organizations, long-term care facilities, and state and local government agencies. In these settings, most students are entering a new world and need some orientation to it before they can begin to practice leadership skills.

Today, pressures related to fiscal, regulatory, and quality of care aspects in the healthcare industry present daunting challenges and make each experienced manager a rare commodity and a valuable potential preceptor for graduate students who major in administration.

A. Preceptor Competencies

At this point in time you may have been approached by nursing faculty to precept one of their students. You may already be an expert in precepting, and readily agree to participate. However, if you have had less experience in this role, or are seeking to develop your personal skill set, then we suggest you use this preceptor self-assessment tool to guide you in this process.

Assessing yourself for precepting includes comparing your own attributes with attributes of effective preceptors. These attributes include personal ones, along with knowledge, skill, and attitude attributes. On the following pages you will find the effective preceptor attributes presented in a self-assessment format.

The assessment format asks you how strongly you think you possess these attributes AND how frequently you behave consistent with these attributes. You may find you have the knowledge, skill, and disposition to display an attribute more frequently, but because of other priorities, you do not have the opportunity to use the attribute. It is possible that some of the features within your organizational setting present barriers to exhibiting some of the attributes. Therefore, the development plan portion of the assessment asks you to consider possible changes in your system or ways of working that would enhance your precepting attributes.
The attributes are culled from a variety of sources. They are presented on the next two pages in the categories of **Person, Knowledge, Attitudes, and Skill Attributes.** However, since the categories do not function separately in the precepting process, these categories are not mutually exclusive. Each of the attributes listed has a complete constellation of behaviors attached to it, as demonstrated in the diagram below for the Skill Attribute category’s “Teaching Skills.” This is an example of the array of behaviors associated with teaching skills.

**Teaching Skills**
within the **Skill Attribute**
Instructions for Preceptor Self-Assessment:

Person, Knowledge, Attitudes, Skills

1. Refer to the descriptions on the following rating scale, and mark each attribute with a number that best represents you.
2. Summarize your highest and lowest attribute ratings in each category.
3. On the Preceptor Development Plan which follows, identify an action or two that you could take to strengthen your precepting effectiveness.
4. Consult the faculty member with whom you are working to assist you in accessing additional resources.

Rating Scale:

1= Absent, never, definitely not me
2= Rarely, at times this is me
3= Sometimes this is me, but inconsistently
4= Often this is me
5= This is who I am
Preceptor Self Assessment

Person Attributes
- Warmth
- Sense of Humor
- Maturity
- Self-confidence
- Charisma
- Experience with success & failure
- Empathy
- Trustworthiness, sincerity
- Good example
- Assessible to student
- Flexible
- Accountable

Knowledge Attributes
- Solid knowledge base for practice specialty
- Knowledge regarding course objectives, content, learning resources, evaluation
- Knowledge regarding student needs & objectives
- Knowledge regarding interdisciplinary resources

Attitude Attributes
- Enthusiasm
- Desire to teach
- Willingness to take time with student
- Respect for student
- Support for student autonomy
- Concern for student & his progress
- Nurturance, patience
- Cultural awareness & sensitivity
- Acceptance of responsibilities of preceptor role
- Effective coping with work setting ambiguities
- Comfort with preceptor role
- Value for professional growth

Skill Attributes
- Clinical skills
- Teaching skills
- Coaching skills
- Managerial skills
- Corporate leadership skills
- Problem-solving & decision-making skills
- Delegation skills
- Conflict management skills
- Team building skills
- Communication skills
The cultural diversity of the United States has caused many people to be exposed to behaviors and beliefs that are unfamiliar and often uncomfortable for them. No where is this more evident than in the multicultural healthcare workforce. Nursing students are now being exposed to cultural competence as it relates to patient care. However, little is being written about the challenges of precepting students who are of different cultures or ethnic groups.
Today preceptors are being challenged to step out of their traditional views and become more open and accepting of other attitudes, values, and approaches to the work and practice environment. Chapter 5 provides excellent information on precepting culturally diverse students.

B. Knowledge and Skills for the Preceptor to Teach and Model

Each graduate nursing program designs its own objectives for the practicum experience. Usually they represent core concepts, skills, and projects that help bridge classroom theory with clinical practice. Topics depend upon the practice specialty for which the student is preparing.

For the APN Student in the NP Role, opportunities to:

- Perform and document a complete health assessment
- Analyze and synthesize a broad knowledge base to identify and manage patients’ health problems
- Select appropriate pharmacological agents, treatments, and alternative therapies
- Create sound, integrated plans of care, and implement them with patients
- Manage and evaluate preventive health care, identifying and employing community resources
- Consult, collaborate with, and refer to other healthcare professionals

Formal course objectives for the APN student in the NP role commonly include:

- Accurately obtain and document a complete health history and perform a complete health assessment, including: laboratory, physical, psychosocial, nutritional, and spiritual components
- Manage and evaluate preventive health care for populations across the life-span, including periodic health assessment, screening, health education, and counseling
- Accurately assess a patient’s developmental stage, learning readiness, and learning needs regarding health promotion and disease prevention
- Utilize assessment data as a basis for determining an accurate diagnosis and problem list
- Integrate knowledge of pathophysiologic and psychosocial changes associated with common acute, chronic, and complex health problems into clinical decision-making
- Devise and implement an appropriate plan of care for the patient with common acute, chronic, and complex health problems synthesizing knowledge from ethics, research, and biological, behavioral, and nursing science
• Choose appropriate and cost effective traditional and alternative therapeutic approaches in the management of complex health problems, with emphasis on health restoration and maintenance
• Use knowledge of pharmacodynamics and pharmacokinetics, and relevant patient characteristics, to select appropriate pharmacologic agents in the plan of care
• Incorporate relevant research findings into clinical care
• Demonstrate the appropriate use of consultation and collaboration with and referral to appropriate health care providers
• Identify community resources and advocate for patients in the health care system and the community
• Identify ethical, legal, and policy issues impacting advanced practice nursing care

For the APN Student in the CNS Role, opportunities to:

• Apply nursing and health-related models in clinical practice
• Give competent and comprehensive specialty patient care
• Collaborate with interdisciplinary health professionals to coordinate healthcare services and to implement best practice models
• Implement components of the APN role including: advanced practice, case management, education, consultation, and research utilization
• Address the educational needs of patients, their families, professional nursing staff, and the community at large
• Mentor nursing staff in solving patient care problems
• Use creative problem-solving to discover new alternatives to system problems
• Identify researchable problems in clinical practice
• Identify ethical, legal, and policy issues impacting advanced practice nursing care

CNS students must also meet specialty-specific objectives, for example in the cardio-vascular specialty:

• Demonstrate advanced cardiovascular assessment (e.g., cardiac auscultation, complex dysrhythmia interpretation, 12-lead ECG analysis)
• Provide individualized cardiovascular risk factor reduction and lifestyle management therapies for special populations (elderly, women, diabetics, African-Americans, Hispanic-Americans, Asian-Americans) in a variety of settings
• Develop the interpersonal and observational skills needed to effectively identify appropriate psychosocial adaptation to illness
• Demonstrate the ability to provide supportive counsel to individuals experiencing psychological distress related to their altered health status and treatment regimen
• Demonstrate skills and knowledge appropriate for managing cardiopulmonary and other types of emergencies that may be encountered during diagnostic testing, exercise treatments, and care of complex medical patients
• Evaluate individual and group outcomes of selected cardiac rehabilitation and secondary prevention services
For the Health Systems Management Student, opportunities to:

- Assist in time management projects
- Become involved in organizational decision-making
- Participate in the change process in action
- Delegate to others
- Ensure staff competency
- Write policies
- Work through bureaucratic conflicts

Formal course objectives for the Health Systems Management student’s practicum experience commonly include:

- Apply knowledge of selected concepts, models, and theories from nursing and management sciences to the management of healthcare resources
- Describe and evaluate research findings and evidence-based practices from nursing, behavioral, public health, information and natural sciences to the management of healthcare resources for a selected problem or project
- Analyze methods and practices of planning, organizing, and evaluating used by health system managers
- Apply advanced communication skills in the processes of human resource management
- Apply financial skills in the management of human resource capital
- Analyze and evaluate health organization structure, mission, and philosophy as they relate to the development and marketing of programs and projects
- Explain how standards of care, staffing and performance, and consumer satisfaction influence management practice
- Examine how community demographics and models of care delivery affect patient access and work force requirements in both government and private delivery systems
- Analyze and appreciate ethical and legal issues associated with health systems management practice
- Discuss the broad political and economic issues attendant to the management role and the system wide implications of decisions and actions
- Identify the nature of the leader and innovator role of the nurse within and across the health care enterprise
The faculty holds students accountable for these objectives and also requires the student to define additional objectives specific to the specialty, the student’s interests, and the opportunities in the practicum setting. Using the objectives as a guide, the preceptor role is to help provide opportunities for engagement in clinical and organizational projects that require critical assessment, planning, intervention, and evaluation activities. Chapter 3 contains more information about objectives and establishing realistic objectives.

C. Is This the Right Time and Place for Precepting?

Advances in technology, societal pressures, and economic constraints have moved many healthcare services from the hospital to the ambulatory setting. Graduate programs continue to seek practicum opportunities in traditional acute and primary care settings. They also seek creative and non-traditional healthcare settings to augment the traditional patient care, healthcare systems, and managerial experiences. Your agency has been selected because faculty believe it to be an appropriate learning lab. As a potential preceptor, you need to honestly view your practice setting through a lens that sharply focuses the learning challenges and opportunities. Be realistic in identifying potential barriers for achievement of the student’s objectives.

Ask yourself these questions:

- Will my patients and the staff and colleagues with whom I interact allow the student to meet course objectives? For example, if the CNS student wishes to create community education programs, will your practice afford this opportunity?
- Are the projects and issues in which you are currently involved consistent with the student’s goals? Some students may expect to work on their own
topic of interest, for example, an administration student may want to address retention issues that are not currently an issue at your agency.

- Are there sufficient numbers of patients, units, and projects to accomplish goals? Plans for precepting are often made months ahead of time. If you anticipate significant changes in volume, changes in services, enrichment of your role, or other significant changes, alert the faculty member.
- What do newcomers to this setting usually have trouble adjusting to? Begin to view your site through the eyes of the potential student.
- What about this setting is very different from settings familiar to your students?
- What helped you feel more comfortable here when you began?

Be sure to address these factors honestly with the faculty and student. Precepting requires additional time – time to plan with the student, time to “think-out-loud” with the student, time to formulate and answer questions, time to observe student performance and coach, and time to empower the student to perform activities and assignments that you could do much more rapidly yourself. Today’s pressure to increase each employee’s productivity may create a negative learning environment. Be sure the time is right for you.

If possible, negotiate with your employer to adjust your workload during the time you are precepting. Emphasize the potential benefit to the organization of cultivating future staff members among the affiliated students. Stress the impact of favorable precepting conditions upon your job satisfaction and your professional responsibility to contribute to students’ learning. However, realize that it may not be the best time for the organization, especially if it is undergoing significant change. Being a preceptor at a future time may be your best option.

D. Relationship with Faculty

Each graduate program has its own standards for how involved the faculty member is with each preceptor, and each faculty member may have a different style of interacting. Although the student may make the initial contact to ask you about precepting, the faculty will usually follow-up to determine the appropriate match between student, preceptor, and site, and will provide a brief overview of the course objectives.

Be sure that the faculty shares the current course syllabus with you and any changes in the curriculum. This helps insures your integration with the graduate program. The faculty member will assume responsibility for assuring that the student has met the licensure, insurance, and health screening requirements of the school. Verify that these requirements also satisfy the requirements of your agency.

The faculty member may plan an initial face-to-face meeting with you and the student to review objectives and course expectations. If you are new to precepting, be sure to ask for such a meeting. Clarify the faculty member’s expectations of you as preceptor.
Graduate student preceptors are at a premium. In other words, you are in the driver’s seat. Be proactive in expressing your personal and organizational needs. Some preceptors opt for only the more advanced-level student to match their personalities and to incorporate them more easily into organizational projects. Others enjoy the more novice student whom they can nurture along the clinical path.

Discuss ahead of time whether the assigned faculty member will be making site visits during the semester. Make a plan for faculty visits that will work for you. If you expect to be unavailable for extended visits, particularly if unannounced, let the faculty member know. If you need to formally schedule a meeting time in advance, let the faculty member know how far in advance you need to schedule and if there are particular times that will never work, or will be preferable.

Some preceptors prefer the more informal, spontaneous visits as they often provide opportunity to discuss immediate issues. Clarify your preference. If you plan regular meetings throughout the semester, be prepared to share an item or two during each visit so that the faculty member can address your questions and concerns. Some preceptors find e-mail to be an effective alternative means of communicating with the faculty member. Chapter 3 provides more details about the planning and summary meetings.

Your preceptor role adds two more relationships to the interdisciplinary constellation of relationships in which you practice. As in all relationships, success is based upon a good balance of asking for what you need and sharing your perspective, expertise, and perceptions. Help the student learn to:

- Ask for help when needed
- Ask for a different approach if indicated
- Ask for feedback

And help the student learn to share with you.

- Share previous experience
- Share perceptions of the practice environment
- Share feedback about your precepting techniques

Ask and share with the student and with the faculty member. Encourage the faculty member to ask and share with you. Particularly if you are precepting for the first time, both the faculty member and the student can acquaint you with the graduate program and help you gain insight into your special contribution to the goals of graduate nursing education and the mission of the university.

E. Conclusion

Chapter 1 has introduced the preceptor role and some of the important considerations when precepting graduate students in APN and Health Systems Management programs.
When precepting **puzzles** you…
or you have a question, just

**Ask the Preceptor’s Preceptor**

Sharon and I used to work together on the unit. We got to be really good friends. We even got together with our families. We kept in touch after I left that hospital to go for my Master’s and become a CNS. I’ve told Sharon how much I love this role and she decided to go back to school too. Now it’s time for her practicum and she’s asked me to precept her. The school says there’s no policy against it. Is it a good idea to precept a friend?

A. No way. You can’t possibly be objective. You’ll be either far too lenient, far too critical, or give her all kinds of extra experiences that you wouldn’t make available to a student who wasn’t your friend.

B. Great idea! You practically finish each other’s sentences. Since she can read you and knows what you’re thinking, she’d be easy to precept. And since you know her so well you wouldn’t have to waste a lot of time assessing her learning preferences and learning needs.

C. Only you can answer this one. Whether or not you give her critical and objective feedback in your friendship, you must do so to precept her effectively. You will need to take the lead and clarify with her at the outset how the preceptor relationship will work. Have a serious discussion with her before you make the commitment. Can you each fulfill your professional roles in the preceptorship and keep you friendship intact?

**C. is the best answer.** If you and she cannot act professionally and objectively, or if doing so would strain your friendship, you must decline. Why has she asked you? A sound reason is that your practice offers her opportunities to meet her specific objectives. If your role and your setting match her goals, **AND** if you and she can set and respect the parameters of the preceptorship, go ahead. If you do, plan to touch base on the issue from time to time during the preceptorship. Because of your special relationship, you may get feedback from her that will increase your effectiveness as a preceptor with her and with others in the future. As well as you know one another, she does not know what you are thinking as a practicing CNS unless you tell her. An important preceptor action is to **think-out-loud** so that the student begins to learn your thought processes. It was a good idea to check to see whether the school had a policy that applies to this situation.

Similarly, if you are approached to precept a student who is also an employee in your work setting, consider carefully the possible implications and complications that can arise. AACN (2000) recommends that students seek preceptorships in settings other than their work settings.
Have you ever known a student like Ben, the CNS student? He can quote several theorists on the change process, but can't seem to understand why staff members aren't implementing hourly rounds after the inservice he gave on the topic. Perhaps you have known a student like NP-student Maria, who displays extraordinary technical skills, but treats the patient more like a mannequin than like a person who comes complete with feelings and concerns. Or you may have known a student like Health Systems Management-student Debra who can manipulate the databases like the whizzes in IT, but can't turn the data into information that is meaningful for problem-solving.

Ben, Debra, and Maria each exhibit different imbalances in the three domains of learning. All three domains of learning are blended in most activities that the student performs with your guidance:

- The cognitive domain includes knowledge and thinking.
- The affective domain includes feelings, attitudes, values and beliefs.
- The psychomotor domain includes technical skills.

Most activities involve:

- a knowledge base, application of the knowledge, and knowledge-based judgment;
- an interpersonal component that requires sensitivity and respect, and
- a technical aspect that involves manipulating medical equipment or computers.

Learning in each domain is further characterized by levels of complexity. For example, the levels of the cognitive domain, in increasing order of complexity, are: knowledge, comprehension, application, analysis, synthesis, and evaluation. Sometimes the highest three levels are considered together as components of critical thinking. For more information about domains of learning, see Appendix A.
Some educators have suggested that a social or cultural domain might be considered an additional domain, or a unique combination of the other domains which represents the learning necessary for one to function in a social or cultural milieu.

B. How to Facilitate Learning in Each Domain

Cognitive learning

Refer the student to resources: books, journals, computer-assisted instruction (CAI), and online sources. What sources of information do you really use in practice? Students are often overloaded with information about references and resources from faculty. Your role is to direct the student to those resources you find most efficient and practical for the various areas of your practice.

Ask questions that will lead the student to discover the information. For example, if the student is unfamiliar with outcomes performance management principles or terminology, ask the student what she knows about evaluation. Based on the level of knowledge, you can direct to the most appropriate sources. If the student is unfamiliar with a drug, orient him to the drug information resources you use and tell him to return to you prepared to discuss the use of the drug for the particular patient. You may need to refer the student back to the faculty when the needed information is not accessible in your practice setting, or when the needed knowledge should have been mastered in previous course work.
Limit the amount of information that you supply. Although you act as a resource, you do not substitute for the student investigating, collecting, and interpreting information.

Make a habit of incorporating discovery learning on a regular basis. For the next clinical day, you might ask the student to report to you on two articles, each of which recommends a different strategy for implementing a project discussed today or for managing a patient you saw together today.

**Affective learning**

Explore through questions that elicit a student’s attitudes, values, and beliefs. For example, when you are precepting a Health Systems Management student, suppose that an employee refuses to work overtime in a situation where the unit manager is requiring additional coverage. Ask the student to think about how she would feel if she were the manager in charge, or if she were the employee. As a first step to fully appreciating and respecting other perspectives, help the student raise awareness of his own perspectives on issues such as mandatory overtime.

Provide information on differing perspectives. Place the student in situations in which he will encounter attitudes, values, and beliefs that are different from his own. Some of these differences may reflect differing ethnic background, others may reflect differences arising from age and work experiences, the differing perspectives of various healthcare disciplines, or any host of other differences that lead to distinct attitudes and values. Chapter 5 contains more information specifically
about cultural and generational differences.

**Psychomotor learning**

*Provide* opportunities for demonstration and practice. This may include activities such as entering data using a data analysis software package, or using the patient electronic medical record. Recommend that the student practice with a fellow student or employee who has already mastered the technique. Psychomotor learning requires active practice. Talking through a procedure is not sufficient for learning.

**In all domains,** one of the preceptor’s most effective strategies is to model competent practice. Allow the student to observe you in action and point out the critical features of your practice to the student.

**C. Principles of Adult Learning**

Authorities in the field of adult learning have described numerous principles of learning. Three themes predominate: active involvement, individual differences, and relevance and motivation. These themes, represented by the acronym AIR, form a convenient frame of reference for applying adult learning principles to precepting (Case, 1996).
Active Involvement

Educational research has shown that as more senses are incorporated into the learning process, the learner learns and retains more. For example:

“We remember: 10% of what we read
20% of what we hear
30% of what we see
50% of what we see and hear
80% of what we say
90% of what we say and act.”

From Kornikau and McElroy in Pike, 1992, p. 79.

Compare the differences in recall between 3 hours later vs 3 days later:

| Telling used alone: | 70% | 10% |
| Showing used alone: | 72% | 20% |
| Blend of telling and showing: | 85% | 65% |

From Benschofter in Pike, 1992, p. 79.

Active involvement uses a variety of learning processes to engage the student: discussion, computer-assisted instruction, lab and field experiences (including data entry; leading a team meeting), individual and group projects, simulations, and role-playing. Even when the learning does not involve a psychomotor skill, learners can become active by responding to questions and organizing information instead of receiving information passively. Some active involvement strategies for preceptors include:

A. Ask questions that will help the student discover the information.
   • For the Health Systems Management student: “How do the demographics of the clients who use this state agency affect funding opportunities?”
   • For the CNS student: “Which committees and departments need to be involved in this practice change?”
   • For the NP student: “How do you help your patient answer his insurance coverage questions?”

B. When asking questions, allow the student enough time to process the question and formulate an answer. Research has shown that teachers often do not allow sufficient “wait time” before the student answers.

C. Ask questions that require students to answer with more than a “yes” or “no.” In addition to stating complete answers, encourage students to draw a diagram or picture for you when appropriate. For example, a process diagram or system flow chart for a component of an information system, or a diagram to represent pathophysiological processes or the mechanism of action of a drug.
D. Ask questions that will lead the student to constructing her own learning and connecting new learning to previous experience. For example:

- For the NP or CNS student: “How does this patient’s wound healing compare with the patient we saw last time who had a similar wound?” “What accounts for the difference?”

- For the Health Systems Management student: “How does our agency’s method for costing out care and resource allocation compare with your own work site?” “What accounts for the difference?”

E. Turn questions around. When a student asks you a question, instead of answering immediately, ask a question – a what, when, where, how, or sometimes why question – that will lead the student to answering her own question. Often a very important question of this type is “Where could you look to find that out?” A part of the process a student needs to learn from you is how to access needed information. Share important resources, including online references, URLs, and human resources, to empower the student. Refer to Chapter 6 for additional information on use of questions in coaching.

F. Share your own active learning strategies, such as your schemes for organizing data and other aspects of your practice.

G. Give the student advance organizers. Share agency forms ahead of time so that the student can be familiar with any agency-specific terms. This may include performance appraisal sheets, financial spread sheets, even organizational charts.

H. Before the student observes you in action, ask a few questions for which you will expect answers after the observation. For example:

- “How did I get the staff to volunteer to collect data on clinic ‘no-show’ rates?”
- “How did I get the project manager to select more appropriate project deliverables?”
- “How did I get the patient to tell me about his sexual orientation?”
- “How did I get the manager to give priority to implementing this new skin care standard?”

I. When you are tempted to give a mini-lecture, challenge yourself to sprinkle your comments generously with questions. This approach gives you insight into the student’s thinking and learning needs. For example:

- Instead of telling the student the most important questions to ask prior to designing an evaluation project, ask the student to tell you what is most important to consider, then offer corrective feedback.
- Instead of telling the student the most important pieces of information to collect in a patient interview, ask the student to tell you the most important.
- Instead of telling the student how to present an inservice to the staff, ask the student to tell you her plan, then offer corrective feedback.
SAMPLE QUESTIONS

Some sample questions for the CNS student prior to leading a committee in updating a policy:

- What is the present policy?
- What difficulties do staff nurses or others experience with the present policy?
- What is the relevant evidence?
- Who are the stakeholders in this policy? How will you involve them? Are any invested in keeping the policy in its present form?
- What is the timeline?
- What is the plan for communicating and educating about the change?

Some sample patient-management questions for the CNS or NP student:

- Is there a problem here? Sometimes, let the correct answer be “no.”
- What is important? Irrelevant?
- Is a pattern developing?
- What additional information do you need? How will you get the additional information?
- What will you do first? Why?
- Is there a conflict between your perspective and the patient’s? If so, how will you resolve it?
- What is the patient goal or outcome? What is the timeline for goals?

Some sample questions for the Health Systems Management student prior to designing an evaluation project:

- How would you describe the current program?
- Who are the stakeholders?
- Who wants the evaluation?
- What type of evaluation is appropriate?
- Why is an evaluation wanted?
- When is the evaluation needed?
- What resources are available to support an evaluation?
J. Ask questions that require students to reflect on their own practice experiences, to identify ways to improve and to plan for a more successful next encounter.

K. Use questions, such as the sentence completions below, to optimize the precepting process and guide the student toward assuming some accountability for the effectiveness of the relationship. Some of these questions might be particularly useful at the time of midterm evaluation, or at a time when you perceive that the student is having difficulty.

Some Precepting Sentence Completions for the Student
One thing I wish my preceptor knew about me is ____________.
I wish my preceptor would stop (or start) ___________________.
One thing that is like (or different from) my previous clinical experience is __.
One thing I still need more practice with is ____________________________.
The most important thing I’ve learned so far is _________________________.

John W. Newburn wrote: “People can be divided into three groups:
Those who make things happen
Those who watch things happen
And those who wonder what happened.

Newburn notwithstanding, an active learning process includes some watching and some wondering or reflecting about what happened.

Some Precepting Sentence Completions for the Preceptor
One thing I wish my student knew about me is ____________.
I wish my student would stop (start) ___________________.
One thing that is like (or different from) my previous clinical experience is __.
One thing my student still needs more practice with is _____________________.
The most important thing my student has learned so far is __________________._
How will you respond to this precepting situation?

This situation involves a Health Systems Management student, but the behaviors observed might also be observed with a CNS or NP student regarding the knowledge base you expect of the student based on course materials you have received.

You think that your student, Julie, lacks the knowledge base she should have. The course syllabus shows previous class sessions, resources, and projects related to regulatory compliance – specifically to TJC standards and National Patient Safety Goals (NPSG). Yet, Julie appears very unfamiliar with the intent of programs you are designing to address NPSGs – she even gave you a blank look when you mentioned “NPSGs.” She’s very enthusiastic about designing the details of the program and communicating about the programs with nursing leadership, but she doesn’t seem to understand the bigger picture.

You challenged Julie with your observation of the discrepancy between her practice and your expectation. She offered a variety of inadequate explanations: “I’ve been so busy at work I haven’t had time to devote to readings – I can’t even always make it to class.” “I don’t learn that much from class anyway. I’d rather learn it on my own, but I just haven’t had time.” “I’m really competent in my real nursing life and I certainly can’t afford to lose my job.”

Questions for the Preceptor

1. Which of the AIR categories predominate in Julie’s situation?
2. What actions will you take?

Sound Approaches for the Preceptor

1. Which of the AIR categories predominate in Julie’s situation?
   - Relevance and motivation. Julie is giving priority to her job because of financial and professional needs. She’s finding class irrelevant. She may also have feelings of insecurity as she steps outside her familiar knowledge base and practice.
   - Active involvement and individual differences are also evident in that Julie seems to prefer the active involvement in the organization to the more passive learning situation of classroom lectures or studying on her own.

2. What actions will you take?
   - Clarify expectations with Julie. She cannot be excused from preparation for clinical practice because of her job. She needs to accept that she must have a baseline knowledge in order to benefit from clinical practice. Require her to gain the information she lacked and report it to you or demonstrate it for you the next time.
   - If the pattern persists, share your observations with the faculty member.
   - Ask Julie to identify ways to create study time in her schedule. She is the only one who can do this, but she first must accept the need to create time to study. Who can help her? What can she delegate? What can she do differently or not at all for the duration of the course?
Each of our students presents as a unique constellation of individual differences. Some of the ways students differ from one another and from you as preceptor may include:

- Ethnicity
- Experience as a healthcare consumer
- Race
- Professional expertise
- Religion
- Practice specialty
- Formal education
- Gender
- Workplace culture
- Sexual orientation
- Disability status
- Learning styles
- Personality type
- Conflict management style
- Aptitudes
- Achievements
- Talents
- Interests
- Family roles
- Age and generation

Some precepting strategies based on individual differences include:

A. Ask questions to assess the student. In addition to establishing rapport, knowledge about the student gives you insight into ways to connect new learning with prior knowledge and experiences. Chapter 5 provides in-depth information about precepting ethnically diverse students.

B. Assess your student’s learning style and other dispositions. Most students will not have completed formal learning style inventories. However, people do have insight into how they learn best. So for practical purposes:

- Ask the student about previous learning and what techniques have worked best in the past.
- Observe how the student goes about learning new information.
- Note the activities toward which the student gravitates.
- Review learning styles in Section E. on page 34.

C. At times you will be teaching the student a way of doing something that differs from the way the student has performed it in the past. Emphasize how the new way differs and discuss your rationale. Acknowledge that there may be several ways to accomplish the same end. This learning experience serves to broaden the student’s repertoire of skills, not downgrade them.

D. Recognize that your own individual characteristics contribute to the effectiveness of the preceptorship. Certain of your characteristics promote successful precepting better than others. In addition, your own characteristics will create more positive chemistry with some students than with others. Explore some of your own characteristics using the Myers-Briggs Type Inventory (MBTI™) at http://www.personalitypathways.com/type_inventory.html, or in a Thumbnail Sketch of the MBTI™ and precepting implications in Appendix B.
Alternatively, you might choose to identify your behavioral type and personality style using the DiSC model. This model explores behavior across four primary dimensions, each of which is associated with certain characteristics:

- **Dominance** – independent, results-driven, strong-willed, action-oriented, risk-taking
- **Influence** – optimistic, outgoing, team-oriented, energizing, entertaining
- **Steadiness** – empathetic, cooperative, consistent, predictable, change-averse, good listener
- **Conscientiousness** – concerned, cautious, correct, detail-oriented, quality-conscious, planner


E. Disclose some of your own characteristics. This is especially important if you place special value upon certain elements of a student’s behavior. For example, if you value taking the initiative by the student, let the student know your value, and also describe some examples of taking initiative in the student role. Without such clarification, you and your student may each translate initiative into different behaviors. It is important to come to a mutual understanding of expectations and interpretations.

Relevance and Motivation

You can’t motivate anyone. You can only connect with and use the person’s own motivators.

Hopefully the student views the practicum experience as an opportunity to practice the theory mastered in class or to learn strategies that will enhance opportunities for hire into a desired position, and not simply as a required course that must be completed as painlessly as possible. Robert Pike (1992) makes the following motivational suggestions.

A. Offer choices. Activate the learner by letting her select from a range of possible experiences and projects. Work closely with faculty in finding a mutually rewarding experience for both preceptor and student.

B. Link learning to a problem that the student will be able to prevent or solve by knowing the information or process. Clearly describe problems that can arise
when a student does not master the learning at hand. Or, for a more active approach, ask the student to identify problems that might arise for a manager, a CNS, or an NP who did not know how to……

C. Hold the student accountable for performing tasks, duties, and assignments that make a helpful contribution to your practice. When nurses are in the learner role, they often feel motivated when they believe that what they already know and know how to do can contribute to the situation.

D. Get excited yourself about the student’s project. Give praise for work done. Protect and enhance the learner’s self-esteem.

Remember the hierarchy of basic needs. Comfort, safety and belonging come first. Research with new graduates has shown that comfort with skills, with staff, and with patients are precursors to confidence and to clinical judgment (Duchsch, 2001; Duchsch, 2003; Secrest, Norwood, & Keatley, 2003; Thomka, 2001; White, 2003; Winter-Collins & McDaniel, 2000).

If students are made to feel “different” from the culture of the organization, perceive a threat or have a compelling personal or family need, not much learning will occur until those basic needs can be addressed. It is not realistic, nor is it the preceptor’s role, to resolve the student’s personal or family issues, but it might be helpful to acknowledge an issue and ask the student what needs to happen in order to benefit from the learning experience. For example, a brief phone call to a baby-sitter might put the student at sufficient ease to gain from the experience. If the student perceives a threat to his person, competence, or relationships with colleagues and patients, explore the student’s concern and offer some suggestions for building confidence and comfort level.

E. Selected Models of Individual Differences

1. Learning Styles
2. Novice to Expert
3. Leadership Styles

Amongst the individual differences that people exhibit, some are more salient than others in the preceptor-student relationship. For the purposes of preceptorship, three of the most relevant individual differences are differences in learning style, differences along the novice-to-expert continuum, and differences in leadership styles. Cultural differences and generational differences are also highly significant and are discussed in Chapter 5.

1. Learning Styles
One of the most used formulations of learning style was developed by Kolb. He identified four modes of learning and some characteristics that accompany each mode:
Concrete Experience = Learning by feeling and intuition
Active Experimentation = Learning by doing
Reflective Observation = Learning by observing and perceiving
Abstract Conceptualization = Learning by feeling and intuition

Kolb’s model consists of four learning styles and characteristics that accompany each learning style. Each style combines two of the four modes of learning:

Accommodator = Concrete Experience + Active Experimentation
Diverger = Concrete Experience + Reflective Observation
Converger = Abstract Conceptualization + Active Experimentation
Assimilator = Abstract Conceptualization + Reflective Observation

In practice, it is helpful to identify your student’s preferred learning style. For example, the student who is a converger will benefit from hands-on, practical, problem-solver type of activities. However, this learner tends to be more pragmatic, preferring learning situations where there is only one correct answer or solution. Since today’s healthcare environment does not offer such a limited choice of solutions, the preceptor can expect to focus much of the learning experience on why alternative approaches must be considered and often adopted.

Some authorities believe that the learning process is really a cycle that incorporates all four of the modes of learning. According to this viewpoint, a learner’s preferred mode will be the approach taken first. Then as learning proceeds, other modes are brought into play. For example, you may be teaching data entry skills to a student who prefers to learn by doing (Active Experimentation). This student will connect best with the new learning by practicing with the computer and psychomotor skills involved. However, to use the advanced skills competently, the student will need to learn via other modes as well:

- Reflective Observation, by observing you when you enter data and by reflecting on your performance;
- Abstract Conceptualization, by thinking about the process of data entry and interpreting it, and
- Concrete Experience, by incorporating your coaching feedback and by considering his feelings and responses to the behavior learned.

Kolb’s formulation is one of many learning style models (Kolb, 1985). Appendix C contains further information about Kolb’s model. Here are some links to other learning style inventories that may be of interest; most offer a free inventory.

http://gregorc.com/books.html
Gregorc’s Adult Guide to Style; a free test is not offered at this site.

http://www.engr.ncsu.edu/learningstyles/ilsweb.html
Index of Learning Styles Questionnaire
In a recent study (Brunt & Kopp, 2007), researchers measured learning styles of a small sample (22 pairs) of preceptors and orientees using Kolb’s Learning Style Inventory and Gregorc’s Style Delineator. They compared satisfaction of preceptor and orientee pairs who had styles in common with those whose styles differed. Results revealed no significant differences in satisfaction with orientation and preceptorship between those pairs whose styles matched and those pairs whose styles differed. Both groups reported high satisfaction scores. All participants received an interpretation of their learning style results. Perhaps insight into one’s own learning style as a preceptor and investigation of the learning style of the person precepted helps promote effective learning even when learning styles of the two parties are not the same.

Gaining insight into your own learning style and that of your student can assist you in making the preceptorship most effective. You may not choose to explore various learning style inventories, but at least reflect upon your own preferred ways of learning and inquire of the student about previous learning experiences and preferences in learning.

2. Novice to Expert

The most widely used model of development of nursing expertise was proposed by Benner (1984) and continues to be used extensively as a framework for nursing education and research. Based upon the Dreyfus model of decision-making and derived from exemplars of clinical practice in acute care, the model also applies well in primary care and administrative practice. The table that follows displays characteristics of each level of expertise along the novice-to-expert continuum, and implications for precept.
<table>
<thead>
<tr>
<th>Characteristics</th>
<th>STAGE</th>
<th>Preceptor Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Has no experience with situations in which asked to perform tasks</td>
<td>NOVICE</td>
<td>• Teach rules to guide actions that can be recognized without situational experience</td>
</tr>
<tr>
<td>• Lacks discretionary judgment</td>
<td></td>
<td>• Must be backed up by a competent practitioner</td>
</tr>
<tr>
<td>• Relies on abstract principles and context-free rules instead of past experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Practices by the rules learned</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Doesn’t know when an exception to the rule is relevant or which tasks are most relevant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Has some minimal past experience to draw from</td>
<td>ADVANCED BEGINNER</td>
<td>• Shift from teaching rules to guidelines</td>
</tr>
<tr>
<td>• Demonstrates marginally acceptable performance</td>
<td></td>
<td>• Help to recognize patterns and their meanings</td>
</tr>
<tr>
<td>• Has global, not specific experience</td>
<td></td>
<td>• Assist in prioritizing</td>
</tr>
<tr>
<td>• Begins to recognize patterns and attributes, maybe with preceptor’s help</td>
<td></td>
<td>• Must be backed up by a competent nurse</td>
</tr>
<tr>
<td>• Sees all aspects as equally important, has difficulty differentiating importance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Takes in little of the situation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Concentrates on the task at hand and remembering the rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Can identify which aspects of the task are important and which can be ignored</td>
<td>COMPETENT</td>
<td>• Focus on improving decision-making skills and ways to improve coordination of multiple, complicated needs of patients or of the organization</td>
</tr>
<tr>
<td>• Is organized, but lacks speed and flexibility of the proficient stage</td>
<td></td>
<td>• A good preceptor for a nurse who is at the novice stage</td>
</tr>
<tr>
<td>• Knows what needs to be done</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Feels able to cope and manage unforeseen events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sees their actions in terms of long-range goals or overall plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sees the situation as a whole, not focusing on the parts</td>
<td>PROFFICIENT</td>
<td>• Use complex case studies to facilitate learning,</td>
</tr>
<tr>
<td>• Uses experience rather than rules to guide practice</td>
<td></td>
<td>• Use of context-free situations will cause focus on exceptions to the rules</td>
</tr>
<tr>
<td>• Can recognize when the expected, normal picture is absent</td>
<td></td>
<td>• A good preceptor for a nurse who is at the competent stage</td>
</tr>
<tr>
<td>• Has a holistic understanding that facilitates decision-making</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Considers fewer options, narrows down the problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Has an intuitive grasp of the situation</td>
<td>EXPERT</td>
<td>• Often not possible to recapture mental processes</td>
</tr>
<tr>
<td>• Manages clinical problems extraordinarily well</td>
<td></td>
<td>• Encourage exemplars and descriptions of excellent practice</td>
</tr>
<tr>
<td>• Practices holistically rather than fractionated</td>
<td></td>
<td>• A good preceptor for a nurse who is at the proficient stage</td>
</tr>
<tr>
<td>• zeroes in on the accurate range of the problem, correctly identifies solutions efficiently</td>
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<td></td>
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<tr>
<td>• Is considered an expert by others</td>
<td></td>
<td></td>
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<tr>
<td>• Has difficulty articulating rationale for interventions; may just know “I’m right”</td>
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</table>

ties in their own work setting, they may not be able to transfer this competence to a new setting. If the student is a novice in a specific skill, then you need to focus on the characteristics of the student at the corresponding stage and plan appropriate learning experiences to match their decision-making ability.

It is also true that a student may be quite expert in certain aspects of the role such as certain clinical skills, and at the same time be a novice in other aspects such as the organizations/systems sphere of CNS practice.

Davis, Sawin, and Dunn (1993) believe that NP students enter the graduate program at the advanced beginner stage with respect to the NP role and graduate at the competent-proficient level. Their research identified teaching strategies which preceptors used to facilitate learning with NP students, shown in the table that follows. Although this example focuses on patient assessment, the strategies apply readily to students preparing for the CNS role or the management role.
<table>
<thead>
<tr>
<th>Strategies for Different Levels of Learners: A Patient Assessment Example</th>
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</thead>
<tbody>
<tr>
<td><strong>Advanced Beginner</strong> Needs much help to focus assessment</td>
</tr>
<tr>
<td><strong>Conferencing</strong></td>
</tr>
<tr>
<td>• Emphasize chart review in pre- and post-conference</td>
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<td></td>
</tr>
<tr>
<td><strong>Timing</strong></td>
</tr>
<tr>
<td>• Do not limit time</td>
</tr>
<tr>
<td><strong>Role modeling</strong></td>
</tr>
<tr>
<td>• Role model</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Charting</strong></td>
</tr>
<tr>
<td>• Use preliminary charting to teach logical thinking and completeness</td>
</tr>
<tr>
<td><strong>Questioning</strong></td>
</tr>
<tr>
<td>• Use lots of guiding and direct questions to help student organize thinking</td>
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</table>
As a final example of the novice-to-expert continuum, consider the Learning Vector concept developed for medical education (Bowling, 1993). The following diagram represents the concept and an explanation follows.

The Learning Vector concept describes four learning styles that support the student’s need for greater independence in learning as the student matures professionally.

- In the early phases of professional development when the student is first exposed to and is acquiring practice expertise, the student responds best to a more authoritarian and teacher-centered approach. In this exposure phase, the preceptor assumes a directive role and communicates facts and principles.
- As the student acquires knowledge, develops expertise, and enters the acquisition stage, the preceptor employs the Socratic approach by raising questions with the student and encouraging the student to formulate questions. As the student continues to mature, the preceptor invites the student to engage in clinical problem-solving with the preceptor and assume a more collegial role. Bowling names this approach the heuristic teaching style, or “let’s-solve-it-together” attitude. When the preceptor employs the heuristic approach, the student incorporates some of the preceptor’s problem-solving strategies through dialogue with the preceptor.
- When the student has matured to the integration stage, the student has developed a reasoning approach to problem-solving and is ready for independence. The preceptor supports the student’s independence. The preceptor also counsels and stimulates the student’s motivation to pursue further learning. Bowling calls this teaching style behavioral.
Because the student does not mature in all aspects of practice simultaneously, you will identify a need to be directive with some aspects and grant more independence in areas of proficiency.

These stages apply to your development as a preceptor as well. Make use of this book to guide you in the aspects of the preceptor role which are less familiar to you.

3. Leadership styles
Depending upon your leadership style, you may work best with a student who needs a great deal of direction, or a student with whom you can work on a more collegial level, or a student who is at some point between those two extremes. One popular measure of leadership styles, based upon the Situational Leadership model, is the Leadership Behavior Analysis (LBAII). One of the developers of the LBAII is Ken Blanchard, co-author of the management classic, The One-Minute Manager.

The LBAII identifies four different leadership styles. Each style is a different combination of directive and supportive behaviors.

**Leadership Styles in Situational Leadership**

<table>
<thead>
<tr>
<th>Style</th>
<th>Directive/Supportive</th>
<th>Student who most benefits from the style</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coaching</td>
<td>High Directive; High Support</td>
<td>Lacks competence and commitment</td>
</tr>
<tr>
<td>Directing</td>
<td>High Directive; Low Support</td>
<td>Lacks competence; has commitment</td>
</tr>
<tr>
<td>Supporting</td>
<td>Low Directive; High Support</td>
<td>Has competence; lacks commitment</td>
</tr>
<tr>
<td>Delegating</td>
<td>Low Directive; Low Support</td>
<td>Has confidence and commitment</td>
</tr>
</tbody>
</table>

Lockwood-Rayermann (2003) recommends the use of the leadership styles to create effective matches of student needs and preceptor strengths. The Situational Leadership model identifies primary and secondary leadership styles using the LBAII. The model also suggests that based upon your assessment of a student’s levels of competence and commitment, you might vary your style for best results.

It may not be practical or possible for you and your students to identify and compare your styles with any of the tools named in this chapter. On the other hand, you and your student might spend a few minutes with a free online assessment – many of the learning style Websites recommended earlier in this chapter offer free online assessments. Or, you might each complete the thumbnail MBTI™ found in Appendix B.
Whether or not you use formal tools to assess behavioral, learning, and leadership styles, you will forge a more effective preceptorship relationship if you dialogue about your styles and preferences. Students may have completed some of these assessments independently or as a part of course work and may have results to share with you.

Share with faculty your own characteristics that have implications for precepting. Let the faculty member know if you think you work best with a student who is at a particular level of competence and commitment as defined in Situational Leadership.

F. Conclusion

Chapter 2 has explored domains of learning: cognitive, affective, and psychomotor. The chapter has also described learning principles using the acronym AIR to represent Active Learning, Individual Differences, and Relevance and Motivation. And, the chapter has presented implications of these adult learning concepts for precepting.
When precepting puzzles you...
or you have a question, just

Ask the Preceptor’s Preceptor

I haven’t had that much experience precepting graduate students and so I’ve been more than happy to supply information when my student asks questions. After all, his questions show interest and that he wants to do a good job. And, it makes me feel like I have something to offer and that I really am teaching. But after working with him for a few weeks, I see a pattern developing. I’m beginning to feel like a reference book or a search engine. Should I just tell him to go look it up himself or ask his course faculty?

A. Give him the information. That’s what you’re there for. The practicum is action-oriented, so you need to give him whatever information he needs to function.

B. Help him identify the best sources of the information he needs to practice – whether it’s information about your organization, policies and procedures, standards, regulations, drugs, equipment, or other relevant aspects.

C. Tell him that you expect him to come prepared with the information he needs to function. Let the faculty member know that he is not adequately prepared and that you really wonder what he learned in his previous course work.

B. is the best answer. Unless the situation is urgent, tell him where to find the information. Better yet, ask him where he could find out or ask him to look in more than one source and tell you which source had information that is more useful and why. It’s true that the practicum is action-oriented and your major role is to guide the student in applying information to practice. However, another important aspect of your role is helping the student identify and use the most appropriate credible sources of information. He should not be spending excessive amounts of his time with you looking up information at the expense of time for active involvement; he needs to accomplish most of it before arriving for time that is scheduled with you. Applying the adult learning principle of active involvement, he will be more likely to remember information that he has sought out for himself and will also learn how to identify and use sources of information. If you believe that he has a significant knowledge deficit related to information that the faculty has told you was included in prerequisite courses, bring it to the attention of the faculty member.
Assessment is an important first step in working with the student and sets the stage for the ongoing preceptor relationship. It is important that you gain information about the student as a person as well as the student’s learning style, attitudes, knowledge and skills. Assessment requires that you ask questions as well as observe student performance and behaviors.

Ask the student to describe herself as a person. Is the student:
- Self-confident?
- Flexible?
- Time-driven?
- Problem-solver?
- Imaginative?

**Consider how the student talks about herself.** Does she seem to be more of a thinker or a doer? Able to take criticism? How does the student talk about other people? This information will help guide selection of resource people and learning opportunities at your agency. For example, suppose that you are introducing the student to some initial resource persons in the organization. You have determined that this student lacks confidence and has difficulty articulating answers to what seem basic questions. In that case, you might choose some initial resource persons who will gradually show your student the ropes and offer support and explanations. The listing of individual characteristics used in the Preceptor Self-Assessment in Chapter 2 may prove to be a useful reference when you assess the student.
Next, consider the student’s attitudes and values regarding nursing in general, the role for which the student is preparing, the practicum, and the preceptorship. Is the student:

- Enthusiastic about the practicum?
- Angry regarding the number of hours that will be required?
- Frustrated by the long commute to your institution?
- Grateful to be awarded the first choice for a clinical site or preceptor?
- Uncomfortable about being placed in an ethnically diverse environment, or an environment dissimilar to the student’s previous work settings?
- Concerned over feelings of personal inadequacy?
- Anxious about making mistakes?
- Appreciative of where this learning experience will lead the student along the career trajectory?

**As the Indian saying states**: “Don’t judge any man until you have walked two moons in his moccasins.” Listening is of great importance in the initial as well as ongoing precepting experience. Each student is unique. Each comes to your setting with a different personality and skill set. One recommended listening technique is called **active listening**. Additional information on listening skills can be found in Chapter 6.
Active Listening is a technique that enhances and deepens communication. Often, as we talk and listen to people our attention wanders or reflects back to ourselves. We may begin to focus on our own thoughts and ideas. We may think about what we want to say next or advice that we want to give. As this happens, what we hear the other person saying becomes biased by our own ideas and feelings.

When using active listening, you listen carefully to what another person says to you and then repeat the essence of the message back to the person, so that the person can verify your understanding. It provides a way to understand someone else’s experiences and assure that you are accurately interpreting what the other person is saying.

This technique is especially important early in the preceptorship experience to assure mutual understanding and to avoid erroneous assumptions. Use active listening to help you understand the health, cultural, religious, and professional beliefs of the student. You collect some of this data gradually over time as you and the student develop a more trusting relationship.

Tips for being an active listener:
1. Relax and focus on the person who is speaking.
2. Understand the main point that the speaker is making and be able to state it back to the person in the most accurate way possible. This can involve restating the person’s own words or expressing what you understand in your own words.
3. Also listen for and reflect the underlying emotions behind the factual statements. This adds depth to communication that is otherwise lost in the mere presentation of facts and details.
4. If you get stuck in the process, go back to the last idea you understood. Ask the speaker to repeat something; or ask the speaker to elaborate on something: “Could you say more about…?”

Move from the personal assessment to assessing the student’s competence. Assess the student’s current knowledge and skill set as it relates to role expectations in this practicum:

* Where is the student in the graduate program trajectory: First practicum? Last practicum?
* Has the student completed all the theory courses, or is this an early, shorter practicum being integrated with a specific theory course for mastery of certain skills?
* What prior experience has the student already had in the work setting that is relevant to the activities the student will engage in while working with you?
* Where does the student see himself along his career trajectory?
Determine the student’s preferred learning style as discussed in Chapter 3. Ask the faculty whether the student has any specific problem areas you need to be forewarned about. While most preceptors don’t want to be biased in their evaluation of the student, sometimes an honest sharing of a student’s true abilities will only serve to strengthen the learning experience.

Ask whether the graduate program has a list of student competencies you can review. It may include specific clinical, management, or leadership skills that are highly relevant to practice in your setting. Is this student a novice in these skills? An advanced beginner? An expert? Chapter 2 presented information about the novice-to-expert continuum and approaches for guiding students at different levels of expertise. Remember that the student may be a novice in some areas of practice and quite expert in others.

Finally, ask the student to bring you a copy of her resume. This will provide some information into previous on-the-job experiences. Be sure to probe deeper into what the student most likes and dislikes about her current job. Find out what opportunities the student has had to handle particular problems or situations that occur regularly in your role in your setting.

Consider the information you have gathered during the assessment process. Validate your key findings with the student. Together, answer the questions: Who is this student? What does she want to gain in this practicum?

B. Setting Realistic Objectives

“A creative mind can withstand any amount of bad training.” This was Anna Freud’s way of saying that capable students will find a way to learn despite instructional errors or neglect. Even without planning, the student will learn by participating with you in your practice. But, to optimize the effectiveness and efficiency of the precepting experience, you need a plan. Otherwise time will get away from you and you will fail to capitalize upon learning opportunities.

The student comes to you with objectives to accomplish and will collaborate with you to formulate additional objectives. These objectives form the basis of your precepting plan. Objectives specify at what level the student will perform at the conclusion of the practicum. Objectives may also be called learning outcomes. Broad, general objectives are sometimes referred to as goals.

Review the course objectives with the faculty member and the student. Course objectives are quite broad in scope. Assure that you share a mutual understanding of the meaning of the objectives and the expectations for accomplishing each one. Objectives may also contain certain conditions and standards for performance, such as time frames, reference materials to be used or other criteria.

In addition to the objectives for the course, the student is usually required to formulate a few personal objectives, subject to approval of the faculty member and the preceptor.
You and the student will refine these objectives to blend the student’s goals for the learning experience with the opportunities available in your setting. Guide the student toward objectives that are realistic given the timeframe of the course, the opportunities available and the resources required. The student may have to reconsider personal objectives if certain experiences are available only on days when the student is not there. You may guide the student toward incorporating some of your current projects into the objectives. Leave room for flexibility in setting objectives. Priorities will change over the duration of the experience, and unanticipated opportunities may become available.

C. The Planning Meeting

Often the student and preceptor have exchanged preliminary objectives by e-mail or telephone prior to a first face-to-face meeting. Once you and the student have agreed upon the overall objectives for the practicum, schedule a planning meeting with the student, and possibly the faculty.

- The goal of this first meeting is to mutually agree upon a realistic, workable plan to accomplish the objectives. Most initial objectives have to be customized to the learner, the time frame, and the setting.

- Prepare for the meeting by assuring that you know the inclusive dates of the practicum and what days and hours the student will spend with you.

- If you anticipate a particularly valuable learning opportunity at a time when the student is not scheduled with you, can you substitute that time for other scheduled time?

- Does the faculty member expect you to schedule a make-up time in the event that the student is absent due to illness?

- Assure that you and the student have planned each day’s experience to contribute to accomplishing an objective. This may require some flexibility as the practicum evolves.

- Determine how you will plan for time when the student is scheduled with you but you are unavailable due to other professional commitments or unanticipated absence from work.

- Clarify expected work behaviors: dress code, attendance, call in procedure for absences, confidentiality issues, and relationships with other personnel in the agency.

- Clarify any additional course requirements expected of the student: a special project or completion of competency checklist. Bi-weekly or monthly project management memos documenting the practicum experience are commonly
required in management courses. NP students are subject to specific required hours in order to qualify for certification and licensure.

- Share with the faculty member the conclusions you and the student reached during your planning meeting. Validate that your plans are consistent with the faculty’s expectations. Clarify the scope and focus of your practice for the faculty member. Assure that the faculty member understands how you practice, what your activities typically entail, and what opportunities will be available for the student while working with you.

It is critical that you, the student, and the faculty member share a mutual understanding of exactly what performances by the student satisfy the objectives and meet the criteria for the practicum.

D. Identifying Projects for Students

For the NP student, the practicum is limited to direct patient care. To prepare for their future roles, CNS and Health Systems Management students need experience in contributing to, facilitating, or even leading projects. The faculty member will provide guidance in the selection of student projects. However, you may prefer to suggest that the student team up on one of your personal projects, or take a section of a larger project to develop more independently.

Typical topics for the Health Systems Management student:

- Evaluate hardware requirements and placement in physician practice sites (Tertiary care setting).
- Perform a needs assessment on a neighborhood smoking cessation program (State health department).
- Design an instructional packet and strategic plan to implement an Executive Coaching Product (Company).
- Compare and contrast models of asthma management (School-site).
- Perform a needs assessment and curriculum revision for a current EMS certification program (Tertiary care setting).
- Complete assessment of computer learning needs in a peri-operative environment (Tertiary care setting).
- Complete a case study of disaster nursing for implementation in Illinois: A feasibility project (Public Health Department).
- Create recommendations to improve documentation systems to more accurately reflect nursing critical thinking and decision-making in hospice nursing (Community setting).
• Conduct feasibility study for acupuncture treatment program (Primary care site).
• Design a quality monitoring project to develop a process to mentor nurses on early ambulation post CABG (Tertiary setting).
• Determine cost-effectiveness of a Parish Nursing Program (Community agency).

Typical topics for the CNS student:

• Design a self-study continuing education course for CE credit to be made available in print form or on the facility Intranet.
• Plan an ongoing program to facilitate staff involvement in evidence-based practice.
• Create objectives for mandatory competencies and assist with competency and skills day for specialty skills, such as administering chemo and managing extravasation.
• Initiate a journal club for nurses on the unit, role model how to select, evaluate and present an article that has direct practice implications.
• Conduct a cost-benefit analysis, such as:
  - a project on the cost of having a patient in ICU versus palliative care unit based on diagnoses and variables.
  - a presentation to the hospital board of directors explaining the fiscal and other benefits of hiring a breast health navigator, based on an analysis of research findings and relevant data analysis.
• Analyze adherence to clinical practice guidelines (CPG) such as use of antiemetics to prevent chemotherapy-induced nausea and vomiting and cost and quality of life (QOL) implications of adherence to CPGs.
• Design a system to facilitate integration of evidence-based practice (EBP) into daily operations and practice.
• Design a plan for introducing nursing practice councils as an ongoing part of the nursing organization.
• Create and implement data collection plans related to CMS core measures or National Data Base of Nursing Quality Indicators (NDNQI).
E. Negotiating the Agency’s Environment

Each organization operates within its own environment on several levels: the buildings and facilities that define the workplace, the patterns of work and communication that make up the work behaviors, and the values and beliefs which provide the organization’s sense of identity and mission. As an outsider to your agency, the student will need help in navigating through these various levels. Begin with the basics:

- Where can the student put their coat, purse, backpack and other personal items?
- Will the student share office space with you or another employee?
- How does the student obtain an appropriate ID?
- Will the student have access to the computers? The library or resource area?
- Is there a place to store lunches?
- Do staff members eat in a certain place and at a special time?
- How can you be paged or reached when needed?
- Is there a back up person to use when you are unavailable?

Often students have had work experience in only one type of setting such as primary or tertiary care. Now the faculty member has selected a new site because of the rich and varied experiences it offers. For the Health Systems Management student it might be a school-based clinic, or state health department. For the NP student, it might be working with patients of cultural backgrounds unfamiliar to the student, or in an urban setting unfamiliar to the student. For the CNS student, it may be a community hospital environment when her only previous experience has been in an urban medical center.

Sometimes differences in core values and beliefs between the student and the organization can pose the biggest challenge. Your job is not to change the student’s beliefs, but to guide the student in understanding the mission and culture of your agency, and how the student can best learn, establish relationships, and contribute in this unfamiliar environment. Development of trust, honest communication, and mutual respect are necessary for achievement of learning goals.

Confidentiality issues must be clearly addressed. This relates to access to patient, client, and personnel records, employee issues, facility-specific policies and procedures, performance outcomes, innovative ideas and projects being developed, as well as to information discussed at administrative meetings. Depending upon your setting, it may be appropriate to have the students sign a confidentiality statement prior to starting the practicum. Also discuss this issue with faculty. Give clear directions to students about how you expect them to handle information. You may have discussed with the student some perplexing situations facing you or your facility and prefer that these matters not be shared with others in your facility, let alone outside the agency. Be clear about the boundaries of what is confidential and what can be shared with colleagues and faculty. Students are usually expected to keep a journal or log of their practicum experiences. Clarify for the student how much detail is appropriate to record and what is off limits. Finally, anticipate ahead of time how you want the student to navigate throughout the institution. Do you want to make each contact for the student, or do you want the student to interact more independently? Clear instruction at the start of the practicum can make this a positive experience for the student, the preceptor, and the facility.
To develop all aspects of the role, the student needs exposure to and experience with the political as well as the professional forces at work in your setting. This includes the clinical leaders and staff in other disciplines, various levels of management, administration, finance and other disciplines that impact your role. Share the organizational chart and how it relates to your areas of responsibility. Plan to interact with a variety of disciplines during the time the student is with you. Role model important behaviors before expecting students to try out these behaviors. Later, when appropriate, empower the student to act in your behalf with members of other disciplines. Assure that the student receives a balanced view of the interdisciplinary interaction and collaboration which your role requires.

F. Role Modeling Opportunities

One of the most valuable aspects of a preceptorship is what the student learns through your role modeling. Students will learn from your role modeling whether or not you purposefully present yourself as a role model. Initially, just allow the student to shadow you to get a clear picture of your role, and to become familiar with the language and special terms used in this setting. Two of the most significant aspects of learning accomplished through role modeling are critical thinking and professional role behavior in interaction with staff, patients, interdisciplinary colleagues, and others.

Your thinking is invisible—just as the student’s thought process is invisible unless you ask for responses that call for the student to describe what he is thinking. Make your thinking visible to teach clinical judgment and decision-making. Think-out-loud whenever appropriate. This is not always a natural activity, and you may have to challenge yourself to formulate a description of your thought process. In some settings it may be inappropriate to discuss your thought processes “on the spot.” In those situations, alert the student in advance to attend to particular critical features of your behavior. Afterward, ask the student questions about her observations and ask the student to interpret your rationale. This approach is a version of a “pop quiz” on thinking-out-loud. Let the student see the consequences of your actions. Seeing your favorable outcomes and tying them to specific actions focuses the student’s attention and motivates.

Share with students some of your “war stories” of valuable lessons learned from prior mistakes. Using an occasional, “I learned this the hard way when…” approach to teaching is a variety of role modeling. Students may have a greater willingness to approach you with their uncertainties if they perceive that you have a tolerance for error. Also consider taking students to professional organization meetings at local, state, and national levels wherein they can again see you model your leadership abilities.
Some sample role model behaviors that may be valuable in all APN and management roles include:

- Attends meetings on time and well-prepared.
- Dresses appropriately and conducts self professionally.
- Displays an open, direct communication style.
- Maintains appropriate accessibility.
- Interacts with other disciplines in a confident manner.
- Viewed as a strong advocate for patients and staff.
- Responds to issues in a timely manner.
- Introduces self to all members in the room.
- Demonstrates a caring attitude to the team.
- Appears to have the respect of the institutional staff.
- Demonstrates accountability for own actions.
- Demonstrates ability to delegate projects and responsibilities appropriately.

Some specific behaviors to model for the CNS role:

- Facilitates staff in use of evidence-based practice.
- Works alongside staff to teach best practices.
- Represents nursing actively in interdisciplinary work groups.
- Produces effective learning materials for patients and staff.

Some specific behaviors to model for the NP role:

- Questions the patient meaningfully to gain relevant data for assessment.
- Integrates the plan of care with the patient’s lifestyle and preferences.
- Explains the diagnostic process and findings to the patient in a manner understandable to the patient.
- Maintains scheduled appointment times while allotting sufficient time to each patient.

Some specific behaviors to model for the Health Systems Management role:

- Displays effective group dynamic skills.
- Uses active listening when employees express a concern.
- Encourages discussion and acceptance of conflicting view points.

G. Fostering Critical Thinking

A Delphi study of critical thinking in nursing (Scheffer & Rubenfield, 2000) identified skills, and attitudes or orientations that describe critical thinking in nursing practice. Ford and Profetto-McGrath (1994) suggest that when we encounter a situation or problem, we reflect critically on our knowledge base. This reflection guides us to select and incorporate other pieces of information in the situation. For example, when you approach a problem with staff or with a patient, you choose to collect particular assessment data, based on your education and previous experience.
Further reflection upon this knowledge will lead you to select and implement an action that seems appropriate to address the problem. Reflecting on the effectiveness or ineffectiveness of actions you took leads to new knowledge. When you find that your actions have been effective, you will repeat that action again in similar circumstances. Or, if the outcome was less favorable than you hoped, you will modify your approach.

In the process of reflection, you have added to the knowledge which you will incorporate into future encounters. As preceptor, reflect on your management of particular problems and situations. If you are precepting an administration student, examples might include physician verbal abuse complaints, or medication errors. If you are precepting a CNS student, examples might include managing a change process in the face of great resistance, or negotiating needed time for staff education to address
changes in standards of practice. If you are precepting an NP student, examples might include exploring options with a patient who does not adhere to his treatment plan, or receiving timely reports from colleagues to whom you have referred patients. Your successes in meeting these challenges have built your knowledge base of effective interventions. Guide the student in the process of critical reflection. Identify relevant questions you can pose to students to help them develop this important habit.

The questions that you ask display your own critical thinking. They demonstrate the most important areas to consider. Students quickly learn priorities from the aspects that you choose to question. Create a climate of curiosity and questioning. Require that the student does a critical appraisal of a plan of care, project, or issue from time to time. When more than one strategy seems plausible, require the student to review pertinent current research to justify one choice over another for that particular situation. Provide appropriate feedback.

Sample Questions To Facilitate Critical Thinking

1. How does ___ relate to ….?
2. What do you predict will happen?
3. Given these results, how will you change your plan?
4. How will you prioritize?
5. How can you improve upon…?
6. How will you evaluate this project?
7. How will you validate your assumptions?
8. What other alternative might work?
9. Distinguish between ……
10. What else could be causing….?
11. Why is ….. a better choice than that one?
12. What would you cite to support your actions?
13. What are you assuming?
14. What other perspectives do you need to consider?
15. How will you determine the effectiveness of….?

Chapter 6 contains more information about asking powerful questions.

H. Teaching as Reflection-in-Action

The concept of teaching as reflection-in-action refers to the preceptor thinking about the teaching/learning process or troubleshooting teaching/learning situations while directly engaged in teaching. You demonstrate effective reflection-in-action when you change your teaching approach after recognizing that your approach is not working.
That may sound obvious, and yet many teachers and preceptors keep plugging away with the same approaches even though they are not satisfied with the results—an echo of that popular saying, “If you continue to do what you have always done, you will continue to get the same results you have always obtained.”

**Seek feedback** from the student frequently, and **NOT** by asking questions that can be answered by “yes” or “no.”

*“Did you get that?”*

*“Do you understand?”*

**INSTEAD**

*“What did you think was most important in what I just told you?”*

*“If you had to summarize this plan in 60 seconds, what would you say?”*

Validate frequently your perception that your present approach is, or is not, working. Recall that individual students do learn differently from one another and may benefit from different styles depending upon their levels of development.

### I. Using the One-Minute Preceptor Technique

The One-Minute-Preceptor technique originated in medical education (Gordon, Meyer & Irby, 1995). Feldt et al. (2002) recommend the microskills of the One-Minute-Preceptor in their Gerontologic Nurse Practitioner Preceptor Guide. The technique summarizes five user-friendly approaches that you can use effectively to assist the student to develop judgment.

**Microskill 1: Get a Commitment**

**Situation:** After presenting a case, or progress on a project, or a problem situation to you, the student stops to wait for your response or asks you what to do.

**Preceptor:** Ask the student what she thinks about the issue. The student’s response will allow you to assess the student’s knowledge and focus more precisely on learning needs.

**Sample questions:**

- “What do you think is going on here?”
- “What would you like to accomplish in this visit (or this meeting)?”
- “Why do you think this patient has been non-compliant?”
- “Why do you think that manager isn’t giving you any feedback on the plan?”
Microskill 2: Probe for Supporting Evidence

Situation: The student has committed to a position on the issue presented and looks to you to confirm or correct.

Preceptor: Before giving an opinion, ask the student what evidence supports his or her opinion. Alternatively, ask what other alternatives were considered and how they were rejected in favor of the student’s choice.

Sample questions:
• “What were the major findings that led to your conclusion?”
• “What else did you consider? How did you reject that choice?”
• “What are the key features of this case (or this project or this situation)?”

Microskill 3: Teach General Rules

Situation: You have ascertained that there is something about the case or situation that the student needs or wants to know.

Preceptor: Provide general rules at the level of the student’s understanding. A generalizable teaching point can be phrased as, “When this happens, do this . . .” General rules are more memorable and transferable than specific facts.

Examples:
• “If the patient only has cellulitis, incision and drainage is not possible. You have to wait until the area becomes fluctuant to drain it.”
• “If you don’t get the manager to support this practice change, teaching this to the staff will not be very effective. Get buy-in from the manager first.”
• “If you don’t present information about to what extent Medicare and other insurers reimburse for this service, you may not get another chance to promote this service to administration. Get your revenue facts together first.”

Microskill 4: Tell Them What They Did Right

Situation: The student handled a situation effectively.

Preceptor: At the first opportunity comment on the specific good work AND the effect that it had.
Examples:

- “You didn’t jump into working up her complaint of abdominal pain, but kept open until the patient revealed her real agenda. In the long run, you saved yourself and the patient a lot of time and unnecessary expense by getting to the heart of her concerns first.”
- “You got feedback from the staff on problems with the present policy and procedure before leading that meeting on changing the policy. That really helped bring the issues into focus and get them addressed instead of just integrating some new equipment into a P&P that staff was having big problems with.”

Microskill 5: Correct Mistakes

Situation: The student has made mistakes, omissions, or demonstrated distortions or misunderstandings.

Preceptor: As soon as possible after the mistake, find an appropriate time and place to discuss what was wrong and how to correct the error, or avoid it in the future. Let the student critique his or her performance first. The student is likely to repeat mistakes that go uncorrected.

Examples:

- “I agree that the patient is probably drug-seeking, but we still need to do a careful history and physical examination.”
- “It’s true that the manager who presented that plan must not have paid attention to The Joint Commission’s (TJC’s) latest National Patient Safety Goals (NPSG), but she’s a very strong informal leader in the manager group and you have to let her save face if you’re going to get anywhere in changing the plan.”

Applying the One-Minute Preceptor with a CNS Student

Context: Your student has just presented an inservice on the new policy and procedure for reconciling medications. The student was involved with the work group that developed the policy for your facility. The inservice is a 15-minute session scheduled on the selected units that will pilot the P&P. You have just observed his first session.

Student: “How did I do?”

Preceptor: “There’s lots of room for improvement. They don’t need to know all about your committee work, all about TJC’s NPSG, and the research studies. You’ve got to just get to the point and tell them what to do.”

One better alternative for the preceptor:

Preceptor: “How did you think it went?”
Student: “They seemed a little restless. That evidence-based stuff and our committee process really energized me – I thought they’d be really interested in it. And I thought it would motivate them to follow through with the new policy.”

Preceptor: “You got some valuable learning from the evidence you found, from interpreting and using it, and from the committee’s process. That’s important stuff for your development in your role. But the staff’s needs may be different. What do you think is the most important thing that the nurses need to do as a result of your inservice?”

Student: “Well, they’re the ones who have to carry out the policy and procedure . . . So you’re saying I should just stick to the policy and forget about the other stuff?”

Preceptor: “Not exactly. A couple of the incidents you related and the research findings were pretty powerful – but how could you be sure to spend enough time on what it is the nurses need to do?”

Student: “I guess I could just show and briefly explain that one study, give a couple of minutes to that disastrous situation that could have been prevented with the new P&P, then read through the new P&P together, go over the documentation, and see what questions they have.”

Preceptor: “Those are good ideas. The only thing I’d add is to be sure to go over how the new procedure differs from what they are currently doing. When they don’t focus on the difference between the old way and the new way, sometimes they revert to the old way or get confused. You might also cut down your presentation part even further and give them a scenario to document on the form. I think you’re on target for the next session. Can you think of any ways to improve the outcome for this group?”

Student: “Maybe I could schedule a follow-up question and answer session in a couple of weeks.”

Preceptor: “That’s a good plan. They have the P&P and you did review it with them. From their feedback, you may discover some misunderstandings or things to clarify in the remaining sessions on the other units.”

Applying the One-Minute Preceptor with an NP Student

Context: A bright, eager NP student presents this case to her preceptor in the ambulatory clinic.

Student: “I just saw a 4-year-old boy in the clinic with a complaint of ear pain and fever for the past 24 hours. He has a history of prior episodes of otitis media, usually occurring whenever he has an upper respiratory tract infection. For the past 2 days, he has had a runny nose and a mild cough. Yesterday he began to have a low grade fever and complained that his right ear was hurting. His mother gave him Tylenol® last night and again this morning when he got up. He has no allergies to medication.

“On physical exam, he appeared in no acute distress and was alert and cooperative. His temperature was 38.5°C. His HEENT exam was remarkable for a snotty nose and I think his right tympanic membrane was red, but I’m not sure. It looked different from the left one. His throat was not infected. His neck was supple without adenopathy. His lungs were clear and his heart had no murmur. I didn’t see any rashes or skin lesions.”
Preceptor: “This is obviously a case of otitis media. Give the child amoxicillin and send him home.”

One better alternative for the preceptor:
Preceptor: “What do you think is going on?”
Student: “I think he has a URI and probably otitis media.”
Preceptor: “What led you to that conclusion?”
Student: “He has a history of repeated otitis media and currently has a fever, a painful right ear and a runny nose.”
Preceptor: “What would you like to do for him?”
Student: “First, I would like you to confirm my findings on the right ear. If you concur about otitis media, then we should give him some antibiotics. Since he doesn’t have any allergies to medication, I think amoxicillin is a reasonable choice.”
Preceptor: “You did a good job of putting the history and physical exam findings together into a coherent whole. It does sound as if otitis media is the most likely problem. There is great variability in ear problems. The key features of otitis media that I look for in the physical exam are the appearance and mobility of the ear drum, landmarks, opacity of the drum, and mucus discharge, and in the history are prior respiratory infections and past problems with the ears. This child would seem to fit these criteria. With the lack of allergies, amoxicillin is a logical choice for an antibiotic. I’ll be glad to confirm your ear exam findings. Let’s go and see the patient.”

Applying the One-Minute Preceptor with a HSM Student

Context: Your student has just led a staff meeting during which the staff discussed a proposal for self-scheduling. The student had worked with the 3 staff members who developed the proposal. The discussion was quite lively — some of the nurses did not want to take on the additional responsibility. A few said they suspected that some people would take advantage of self-scheduling in an unfair way.

Student: “I think I defended our proposal pretty well.”
Preceptor: “Yes, you did. But you were supposed to be leading the meeting with an objective, unbiased attitude — even though you did work on the proposal. You should have explored those objections more fully and encouraged other people speak up, rather than defending the proposal yourself.”

One better alternative for the preceptor:
Preceptor: “What do you think some of those objections were all about?”
Student: “I don’t know. I guess they just didn’t understand how it would work. It really will be fair to everyone. I think I convinced them.”
Preceptor: “What makes you think so?”
Student: “Well, they didn’t say anything after I explained it more fully.”
Preceptor: “Did their body language tell you anything?”
Student: “They still looked a little defensive, but they didn’t ask any more questions.”
Preceptor: “How could you have found out more about what they were really concerned about?”
Student: “I guess I could have asked them to ‘say more about it’ or asked if they could describe a scenario that shows what they’re afraid of.”
Preceptor: “I agree. That would have been a good idea. I’m not sure that your response really got at what they were concerned about. You might also have asked other staff to speak up about how they think the proposal handles those concerns, or what might need to be adjusted to take care of those concerns. There’ll be another meeting before the staff votes on this – how do you plan to lead that meeting?”
Student: “I’m going to start off with, ‘Now that you’ve had time to think about it, what are some of the advantages and disadvantages you see in this proposal?’ Then I’m going to encourage staff to respond to each others’ questions. I’m going to work hard at curbing my enthusiasm and be sure that we really clear the air and adjust the plan if we need to.”
Preceptor: “Excellent. You might even introduce the discussion with the idea that there’s room for input and adjusting the plan to better meet staff’s needs.”

As you read the alternative response, were you thinking, “But my student doesn’t respond like the student in this ideal situation?”

The preceptor-student relationship is indeed a relationship. You can’t conduct it effectively all by yourself. One of the things the student needs to learn is how to learn successfully in a preceptorship. Give your student examples of the kind of responses you expect.

J. Strategies for Keeping on Track with Objectives

Learn to perceive your setting with a view toward learning opportunities for the student. Filter your perceptions considering the student’s objectives, and that unique opportunities and events may arise that you could not predict or incorporate into your initial plan for precepting. When you begin each day with the student, overview the day as you expect it to unfold. If you and the student decide to pursue some unforeseen learning opportunities, give the student responsibility for incorporating the activities originally planned into future plans. Remember, flexibility is an important key to precepting success.

Incorporate a means of monitoring progress into your plan. Require the student to reflect for a few minutes at the end of each day’s experience. This short review will help
with keeping on track with objectives. Ask the student to identify:

- What was learned today?
- What the student plans to learn during the next scheduled experience?
- How the student will prepare for the next experience?

Revise your plan on an ongoing basis as you assess student’s progress. You may discover that the student is progressing faster than expected. This will allow you to reallocate time to other objectives and experiences.

Use memos to faculty to back-up assurance that the plan for achievement of course and personal objectives is still on target. Use the memo to update faculty on progress in specific projects for Health Management Systems or CNS students, or on patient care accomplishments for NP students.

K. Conclusion

Chapter 3 has reviewed the process of getting started in the preceptorship: assessing the student, planning the practicum, identifying student projects, and setting, tracking, and accomplishing objectives in your practice setting. The chapter has explored a variety of teaching techniques including: role modeling, fostering critical thinking, reflection-in-action, and the One-Minute-Preceptor.
When precepting **puzzles** you…
  or you have a question, just

**Ask the Preceptor’s Preceptor**

This student I’m working with is SO stressed-out. She carries around this massive to-do list. Every time there’s a break in the action, she gets out her cell phone and calls to make transportation arrangements for her kids or to handle some situation related to her job. Her job responsibilities include staffing her unit and so she’s always trying to persuade nurses to come in and work or change their schedules in some way. She’s a bright student and she has followed through on everything I’ve directed her to do, but my concern is that she’s really missing out on what we’ve got to offer here. She’s reduced the experience to check-offs on her to-do list and there’s much more to the bigger picture of my role. She doesn’t have the time or the mental energy to explore the possibilities. **BUT**, she is meeting the specific expectations we agreed upon. What, if anything should I do about this situation?

A. As long as she’s meeting the expectations you set, there’s nothing for you do to about it. Don’t add to her stress by making an issue of this.

B. Tell the faculty member about this. She’s not giving the proper attention to her practicum.

C. Ask her to make a list of her commitments so that you can work out a better plan for her.

D. Acknowledge her stress and your concern that she is too distracted to benefit fully from the practicum experience. Ask her to think of alternatives.

**D.** is the best answer. This is not your problem to solve, nor is it yet time to report it to the faculty member. Although she is meeting objectives in a checklist fashion, she is missing the bigger picture of your role. Share your perceptions with her – both of her stress and of the fact that although she is meeting objectives, she is not participating fully in all aspects of your role. It is possible that you and she defined objectives too narrowly. Ask her to explore possible alternatives to manage other responsibilities – can she renegotiate any of her job responsibilities (particularly the daily staffing issues) for the duration of the practicum? What other resources might she tap for temporary assistance with childcare? Is there anything on her list that can be postponed until the practicum is over? What stress management techniques has she tried? It is not your responsibility to come up with a plan for her, but it is your responsibility to communicate to her that the present arrangement is not working. This is an opportunity to role model problem-solving, stress management, and balance in professional life, but only by raising the questions and helping her think of her own alternatives. If she is unable or unwilling to make some changes, consult the faculty member about your concerns.
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?”
“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.

![Feedback is most helpful when the student:]

- understands the information,
- is able to accept the information,
- and is able to do something about the information.

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.

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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.

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.

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

What a poor attitude!

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

She really needs to be more careful!

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?

He’s always late!
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!!

From Negative Evaluative Thoughts to Constructive I-Messages (continued)
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-Kilmann (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.
Chapter 5
Precepting and Diversity: Focus on Cultural and Generational Differences*

Definitions of culture apply beyond the boundaries of ethnic and national origin. This chapter focuses on differences in ethnic and national origin, and in generation. The definitions of culture and the culturally-sensitive strategies for learning and working effectively also apply to many other dimensions of culture – such as organizational culture, feminist culture, and religious culture.

Culture is a way of life. It is developed and communicated by a group of people, consciously or unconsciously, to subsequent generations. It consists of ideas, habits, attitudes, customs, and traditions that help to create standards for people to coexist. It makes a group of people unique.

Culture is a collection of mindsets, standards, or models that tell us who we are and how we should behave. For each area of our lives our culture provides “a set of rules and regulations that: 1) defines boundaries; and 2) says what we must do to succeed within those boundaries.”

Simons, Vazquez & Harris (1993)

A. Significant Differences: Cultural and Generational

Chapter 2 presented the acronym AIR to summarize adult learning principles. The “I” represents individual differences: the many ways in which people differ from one another – age, gender, educational background, and many other characteristics. From the perspectives of nursing and precepting, two highly significant differences are differences in cultural background and differences in generation.

*Based on the original work of Pat Marshall, MHA, President, SynerChange, Chicago, IL., “Precepting Culturally Diverse Students,” Preceptor Manual Health Systems Management (Loyola University Chicago, 2003). Revised for the present edition by Bette Case Di Leonardi, PhD, RN-BC, Independent Consultant.
The faculty of the Marcella Niehoff School of Nursing believes that preceptorships for students from both culturally and generationally diverse backgrounds offer rich and unique learning experiences. Therefore this chapter is dedicated to those of you who have the opportunity to address cultural and generational differences in your preceptor roles.

Potential for conflicts and misunderstandings enters the preceptor relationship when the preceptor and student represent different cultural or generational groups. That potential increases when either party fails to recognize differences between their own perspective and that of the other party. As Weston (online, 2006) comments regarding generational differences, “Yet members of each generation still operate as if their values and expectations are universal.” Unquestioned assumptions can lead to misinterpretation and disrespect, as when the Gen-Xer nurse who savors change and the Boomer nurse who has worked in one organization since graduation make negative judgments about one another’s professionalism and capabilities.

Significance of cultural differences. The face of America is changing. Each census identifies increases in racial and ethnic diversity in the United States population. In urban America, this diversity is even more apparent. Projections are that by 2050 the United States will no longer be a society in which there is one racial majority.

Even with the increase in racial and ethnic diversity in the United States (US), the institutions of higher learning are not experiencing comparable enrollment rates, especially for African-American and Hispanic students. Ethnic diversity remains underrepresented in nursing schools and in the population of nurses practicing in the US. The overwhelming majority of nurses are white females, according to the most recent National Sample Survey: 81.8% White, non-Hispanic; 93.8% female (USDHHS, HSRA, 2006). Although the National Sample Survey indicates a lack of diversity, many nurses have immigrated from other countries to join the workforce. One-third of nurses entering the workforce in 2002 were born outside of the US, and from 2001 to 2002, the number of foreign-born nurses working in the US increased by more than 70% (Buerhaus, Staiger, & Auerbach, 2003).

Nursing leaders commit themselves to improving diversity in the nursing workforce (Malone, 2007). Loyola University Chicago Marcella Niehoff School of Nursing recognizes the relative lack of diversity in the nursing workforce. Loyola commits to educating and nurturing ethnically diverse and culturally-sensitive nurses and nurse leaders in order to:

- Provide role models for ethnically diverse individuals considering a career in nursing, and
- Provide the leadership to assure the cultural competence of health care institutions in the future. Cultural competence is defined as an “ongoing commitment or institutionalization of appropriate practice and policies for diverse populations” (Brach and Fraser, 2000 p.181).

Persons who belong to a particular ethnic or national origin group often differ from members of other ethnic or national origin groups in their perspectives on
the meanings of time, work, family, religion, education, and health, and also in communication styles and roles of men, women, and professionals – among other differences. Differences can create problems for nurses when the practice expectation conflicts with cultural practices such as extreme deference to authority and to males, and indirect communication styles.

Profiling the characteristics of various ethnic and national origin groups is beyond the scope of this book. Sources of such information are readily available on the Internet and in the growing literature of cultural sensitivity. Background information may offer helpful insights about various groups, but it is always a mistake to assume that any person will fit the description of a “typical” member of the group. Nevertheless, such information may direct your attention toward certain culturally-based attitudes or habits that cause difficulties, or on the other hand, may be great assets for the student who is learning your practice role. You may find helpful information from professional organizations whose members are currently in the minority in the nursing profession in the USA, such as:

- Asian American/Pacific Islander Nurses Association
- National Alaska Native American Indian Nurses Association
- National Association of Hispanic Nurses
- National American Arab Nurses Association
- Philippine Nurses Association
- American Association of Men in Nursing
- National Black Nurses Association

Significance of generational differences. Events in society, developments in technology, and life experiences influence the values, orientations, and habits of individuals. Those who come of age during any given timeframe share experiences in common, from which spring dispositions that characterize their generations. Events such as the Great Depression, World War II, the civil rights movement, feminism, Watergate, the Viet Nam War, the development of television, computers, and the Internet have shaped the dispositions of age cohorts of people. Different parenting styles prevalent in each generation have influenced expectations related to guidance and communication. How these generational differences affect the workplace and working in nursing has captured the attention of leaders, researchers, and commentators (Black, 2005; Dittman, 2005; Inskeep, 2006; Kupperschmidt 2006; Sherman, 2006; Skiba & Barton, 2006; Stewart, 2006; Weston, 2006; Wheeler, 2006).

References may vary by a year or two in identifying the birth-year boundaries, but using the earliest first date and latest end date found in the references reviewed, generations are identified as:

**TIMELINE OF GENERATIONAL DIFFERENCES**

- **Traditionalists** Born 1925 – 1945. Also known as Ikers or Veterans
- **Baby Boomers** Born 1943 – 1962. Sometimes further segmented as Boomers born 1946 – 1959

When you read the following generational profiles, bear in mind that as with any profile, individuals may not fit their generational stereotype as described. Individuals born near the beginning or end of the age range for the generation may combine characteristics of two generations. The purpose of these descriptions is not to encourage stereotyping, but to offer insights into possible generational differences that you may encounter as a preceptor.
“Growing up after the Great Depression and during and after WWII, I’m a disciplined hard-worker. I respect authority and feel comfortable with rules and structure. Honor, dedication, patience, and sacrifice are important values to me. I’m independent, but conventional. I value working with others and also value my independence and privacy. I’m loyal to my employer and a big supporter of the chain-of-command.”

*USDHHS, HSRA, 2006. 1% of those responding did not identify age.
“I’m pretty optimistic and achievement-oriented. In fact, I have sometimes sacrificed my family relationships to get ahead. Generally speaking, status is more important to me than financial rewards. I believe in personal gratification and personal growth. At work, I equate time spent with accomplishment – I’m not very flexible in that regard. I’ve earned my stripes in the workplace and I expect others to too. I like active involvement and cooperative teamwork. I work hard – sometimes to the point of workaholism, but I do play hard too. I’m a member of the largest generation, representing 45%-67% of today’s workforce. My fellow Boomers and I will be missed when we retire, which will begin to happen soon.”

Percentage of Boomer Nurses in the 2004 Workforce in the USA*

- Born in 1958 – 1962: 18.6%
- Born in 1953 – 1957: 16.8%
- Born in 1948 – 1952: 11.2%
- Born in 1943 - 1947: 5.6%

\[ \{52.2\% \}

*USDHHS, HSRA, 2006. 1% of those responding did not identify age.
My generation makes up a significant part of the nursing workforce. Only the Boomers are present in larger numbers, and as they retire, my generation becomes more predominantly represented. Like most of my generation, I grew up as a latch-key kid and learned to be independent and take care of myself. I prefer to work alone, but can adapt to teamwork. I’m a bit suspicious of authority and don’t really have any heroes. I take pride in being blunt, realistic, skeptical, and outcome-focused. I’m a risk-taker. Balance between work and the rest of my life is of great importance to me – I work to live – not live to work! I’m told my generation is “more ‘me’ than the Boomers.” I like to keep things informal and have fun. I’m techno-literate and often help out some of my older co-workers with the computer and other technology. I think you just stay with a job or employer as long as it’s meeting your goals – I’m not hesitant to move on for better opportunities.”

Percentage of Xer Nurses in the 2004 Workforce in the USA*

<table>
<thead>
<tr>
<th>Born Year Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1978 – 1982</td>
<td>6.6%</td>
</tr>
<tr>
<td>1973 – 1977</td>
<td>9.1%</td>
</tr>
<tr>
<td>1968 – 1972</td>
<td>10.6%</td>
</tr>
<tr>
<td>1963 – 1967</td>
<td>14.9%</td>
</tr>
</tbody>
</table>

\[
\{ 6.6\% + 9.1\% + 10.6\% + 14.9\% \} = 41.2\%
\]

*USDHHS, HSRA, 2006. 1% of those responding did not identify age.
“I’m a member of the second largest generation, second after the Baby Boomers. I have to admit that our parents really protected us and got actively involved in our lives – more Dads were present at our births then ever before. Some of my friends’ parents have even stepped in to speak up for them with their bosses. We’re used to lots of guidance. My generation makes up 10% of the workforce, but only 2.5% of the nursing workforce. Like most of my generation, I’m self-confident, hopeful, assertive, and achievement-oriented. I have a sense of civic responsibility and value diversity and change. I’m technologically savvy and somewhat of an information junkie – curious and always exploring. I like my information delivered in real time and I process it quickly. Meaningful work is important to me. I’m hopeful and open with others. I’m always looking for ways to change things for the better – I like a fast pace.”

2.5% born 1982 or later

*USDHHS, HSRA, 2006. 1% of those responding did not identify age.
Generational differences play a significant role in communicating and coaching effectively.

**Communicating.** Veterans prefer face-to-face or written communication and an inclusive style that builds trust. Boomers prefer a less formal communication style than Veterans; they prefer face-to-face or telephone communication. Their style is more open, direct, and group-process oriented. In contrast, Gen-Xers are impatient with the process of communication and may become bored in meetings. They are bottom-line oriented and having grown up with television, expect timely conclusions. Millenials read less than any other generation. They give and expect immediate feedback, often communicated using technology. They work well in teams.

**Coaching.** Veterans value one-on-one coaching and personal touches. They respect seniority and expect to receive coaching from a more senior person. Boomers, on the other hand, prefer a more collegial, peer-to-peer coaching approach. They value public recognition, perks and material rewards, and lifelong learning. They appreciate the value of lessons learned and expect clear, concise directions, such as contained in policies and procedures. They excel in completing a challenging task over a several-day timeframe. As coaches, Boomers face the challenge of accepting that other generations do not share their values in the employment arena (Stewart, 2006).

Gen-Xers like to demonstrate their own expertise. Effective coaches of Gen-Xers look for opportunities to showcase the Gen-Xer’s talents and knowledge, and avoid micromanaging. Gen-Xers like to feel empowered and make rapid progress to goals. They value cutting edge projects. They appreciate formal feedback and flexibility. They respond well to assuming an active role in scheduling. They base learning on products and outcomes, rather than on lessons learned. Therefore, they may need guidance in recognizing the rationale and value for policies and procedures. Because of their independent attitudes, they may need encouragement to recognize others’ contributions (Stewart, 2006).

Millenials (Gen-Yers) expect more coaching and mentoring than any other generation. They value structured internships, personal feedback, and demonstration of a personal interest. Because they lack experience, they need to focus on improving their skills. They use technology quite expertly, particularly communications technology. They enjoy a challenge and thrive on having a say. They expect to be lifelong learners. Millenials are better team players than Gen-Xers. They need encouragement, including encouragement to share their expertise. Because they revel in change, fast pace, and quick resolution of problems, they may need reminding of the rationale for procedural steps (Stewart, 2006).
Differences can spawn conflicts. Boomers may find Gen-Xers too impatient and too ready to throw out tried-and-true approaches. Gen-Xers may think that Boomers are inflexible and too conscious of saying the right thing to the right person. Gen-Xers may view Millennials as spoiled and self-absorbed. Millennials may believe that Gen-Xers are too cynical and negative (Dittman, 2005).

The essence of effective working together is to identify and respect the strengths of each generation and to collaborate together to maximize the contribution of each. Members of each generation must learn to appreciate the differences as an opportunity for enriching the work environment – an environment in which experience, new ideas, technical savvy, commitment, flexibility, and creativity are blended effectively. Members of each generation can learn from members of the others.

Kupperschmidt (2006) recommends “carefronting,” a model of communication used when professional nurses care enough about themselves and their patients to confront disrespectful behavior face-to-face. Whether the disrespectful behavior has its roots in generational differences, or other differences, this strategy offers a means toward fostering mutual respect. To use the model, both parties in a relationship must be willing
to respect each other and identify their differences honestly, assertively, and in a caring fashion.

Any of the multiple ways in which we differ from some people, but are like others, can place us in a culture with those who are like us — it may be a racial or ethnic group, a generational group, or some other group of which we are members.

_Culture is a mold in which we are all cast and it controls our daily lives in many unsuspected ways… Culture hides more than it reveals, and strangely enough, what it hides, it hides most effectively from its own participants._

Edward T. Hall

_Culture determines what we see and what we notice. It is a “frame of reference” which gives meaning to what we experience._

_We each wear a set of invisible glasses - cultural filters._

**B. Creative InterChange: A Model for Working Effectively with Cultural and Generational Differences**

The ability to learn what others have learned, to appreciate what others appreciate, to feel what others feel, and to add all this to what the individual has acquired from other sources, and finally to form out of it all…one’s own individuality is what distinguishes the human mind from everything else. Wieman, 1958

The great American philosopher, Dr. Henry Nelson Wieman (1884-1975) dedicated his life’s work to understanding the process required for human transformation - the ability to learn, grow, change, and perform to our highest potential. He called this process
Putting Creative InterChange into Action as a Preceptor

**Condition of Creative Inter-Change #1**

**Authentic Interacting** reflects an open, two-way exchange of thoughts, feelings, values, and perspectives – free from conscious deceit, distortion, exploitation, domination or manipulation. Diversity surfaces and the uniqueness of each individual is exposed. The outcomes of this type of interaction are increased knowledge and trust.

- Share your thoughts, feelings, values, and perspectives and learn the thoughts, feelings, values, and perspectives of the student.
  - Set aside quality face-to-face time, devoid of interruptions and distractions.
  - Share your personal story.
  - When giving your perspectives, thoughts, feelings, and values, inquire whether the student looks at it in the same way.
  - When the student offers her thoughts, feelings, values, and perspectives, share yours.
  - Listen as much as you talk.
- Dismiss stereotypical assumptions:
  - That a student's educational preparedness varies depending on race or ethnicity;
  - That there is a formulaic methodology that can be employed to effectively precept an individual on the basis of his cultural status;
  - That all members of a particular ethnic group respond in the same way;
  - That precepting will be different because the person's background differs from yours;
  - That a preceptor of the same background as the student would be more successful than you will be;
  - That a student's success is limited in some way by her cultural background.
- Recognize that words and listening are conditioned by each person's cultural background and experience. Two people must cooperate by exchanging what they listen to.
  - Paraphrase frequently and state the interpretation in your own words, minimizing parroting.
  - Pause when speaking and encourage the student to paraphrase your comments as well.
  - Paraphrase the person's words, and also her non-verbal cues such as tone, pitch, volume, and non-vocal cues (body language, facial expressions, hand gestures).
  - Become adept at paraphrasing beyond the content level, and learn to interpret your student's emotions and values as well.
  - Be persistent in your efforts to understand what the student has communicated. Do not feign understanding if it is not present.
- Let the student know that you want to learn more about his background, views, and values.
- Inform the student that even though you may have different perspectives, it's important to you to hear other ways of looking at something. Inform the student that your viewpoint may be simply based on a lack of knowledge, and not a conviction of being right or an entitlement.
• Speak from your own experiences. Share with the student your thoughts, feelings, and anxieties about this relationship.
• Tell the student if this is your first experience precepting a student with a cultural background different from your own.
• Tell the student about your experiences with individuals from his ethnic group.
  - Share what you were told about individuals from the student’s background and how those ideas impacted you as you grew up. Acknowledge any biases or lack of knowledge that you possess.
• Inquire about the student’s preceptions and biases regarding individuals of your own cultural background.

**Condition of Creative Inter-Change #2**

**Appreciative Understanding** is an interchange in which the thoughts, perspectives, emotions, and worldviews of each person are recognized, understood, and appreciated. It is the conscious effort of each person to discover value in what someone else is expressing. It is not an attempt to seek agreement, only to understand and appreciate why the other person sees things the way they do. The outcome is shared meaning.

• Explore several areas in the search for distinctions.
• Learn about the student’s background and how it informs and shapes the student’s beliefs and behaviors.
  - Discover the student’s values and what’s important to the student.
• Determine where family, religion, education, and career fall in priority of importance for the student.
• Inquire about the student’s motivation for seeking higher education.
  - Is the student the first in their family to go to college?
  - What has been the family’s response to the student’s pursuit of education?
  - Is there a particular burden placed on the family with the student pursuing this level of education?
• Learn about the student’s experiences in a culturally diverse environment.
  - Did she attend schools that were multicultural?
  - Has he had many experiences with diverse populations?
  - Were these experiences positive?
  - If no, are there any anxieties about this current experience?
  - Has the student been mentored or precepted in the past by someone from a cultural background different from her own?
• Discern the expectations the student has of the preceptorship. Discuss where there is convergence and divergence from your expectations.
• There are several other areas related to the preceptorship where the student may have perceptions that are defined by their cultural background. Explore these with the student and share your own perceptions:
  - Role of teacher
  - Role of student
  - Accountability
  - Communication and the use of emotions to convey meaning
  - Time
  - Honoring hierarchy
  - Learning styles
  - Professional practice patterns
Creative Integrating is a process which actively seeks to integrate outcomes that are inclusive of the strengths of the ideas, emotions, and values of each person while eliminating or minimizing the drawbacks, negative attributes, or perceived barriers. It synthesizes the diversity into “both/and” opportunities - opportunities that are built upon or invented from the mutual inclusion of each person’s contribution. The outcome is a shared approach, vision, or ownership.

- Let the student know that a successful preceptorship is based on building on and synthesizing what each of you bring to the relationship.
- Find support systems for both you and the student. Sometimes hearing information in another voice can help to shape understanding:
  - A support system for you might include a nurse leader who represents the cultural background of the student or colleagues who have had positive experiences precepting students from cultural backgrounds different from their own.
  - A support system for the student might include:
    » Other students of similar cultural background;
    » Individuals representing the same background who have gone through the preceptorship in the past;
    » Professional organizations representing various cultural groups, such as those mentioned in this chapter and others.
- Together, establish a set of ground rules for the relationship. Consider ground rules like:
  - When we don't understand the actions or behaviors of the other, we will seek this understanding.
- When there is an issue that requires resolution and there are convergent ideas, strive for solutions that synthesize the strengths of the ideas and the approaches of both you and the student.
  - Listing the positives and drawbacks of each of the convergent ideas is a useful tool for finding the solution that works for you both.
- Don’t try to assimilate the student. That is, refrain from trying to get the student to adapt or conform to the norms of the majority of other students.

Expanding Capacity is the process of acting on what we have created together and continually improving it. It refers to the enhancement or change that occurs and the increased capacity derived as a result. The outcomes are recognition of interdependence, cohesiveness, and a shared commitment.

- Commit to enhancing your own cultural competence during the preceptorship by gaining extensive knowledge of and appreciation for the student’s culture.
- Take great care to help the student learn to navigate the system.
- Assess any unmet expectations.
- Routinely check to see if agreements have been upheld.
• Step back and watch your interactions. Ask for feedback from the student and your support system.
• Be honest with yourself and the student about the areas that you still need to work on to enhance the relationship and the preceptorship.
• Communicate frequently.
• Discuss concerns before they exacerbate.
• Don’t give up, even though the effort is difficult and time-consuming.
• See endless possibilities for the student. Don’t set limitations based on past experiences or biases.

C. Conclusion

In the context of individual differences among adults, this chapter has highlighted two differences that are significant in precepting: cultural differences and generational differences. The chapter has acknowledged potential differences among persons of various ethnic and national groups and presented characteristics of generational groups. The chapter has offered suggestions for working effectively as a preceptor with a student whose culture or generation differs from the preceptor’s.

For more information on Creative InterChange, we recommend the following books:

**The Chicken Conspiracy**
By S. Hagan & C. Palmgren
Baltimore: Recovery Communications, Inc., 1998

**The Greatest Good**
By W. Palmgren & Petrarca
Victoria, Canada: Trafford Publishing, 2002
When precepting puzzles you… or you have a question, just

Ask the Preceptor’s Preceptor

I really wonder if this student can ever succeed in a role like mine. She seems to lack the assertiveness that I think is needed. She never challenges me or anyone else. I practically have to take her by the hand to get her to question a doctor – especially a male MD. I think some of this timidity and reverence for authority may be culturally-related. Does that mean I should just ignore it?

A. Tell her she needs to take a course in assertive communication. Help her find the resources to address this problem.

B. Clarify the difference between what you observe and what the accountabilities of your role require. Make a plan to work on these competencies.

C. You have to let her know that her behavior is unacceptable. Tell the faculty member you won’t continue to precept her unless she shapes up.

D. Just accept it as her style. That’s part of our diverse work environment. Encourage her to work with others who will speak up when needed.

B. is correct. We must allow for differences in personality and communication style – whether or not such differences are culturally-based. However, safe, effective practice requires someone in your role to clarify, question, and confront when necessary. Begin by sharing your perceptions – just tell her what you observe with no judgment attached. See what she says. She may acknowledge that this is a usual style for members of her culture. Talk with her about it. Assure that she understands that you are not insisting that she abandon her cultural background, but rather you want to help her develop the skills necessary to practice effectively in the role. Appeal to her respect for authority by emphasizing that these behaviors are required for satisfactory performance. Acknowledge that it may be difficult for her to overcome her reticence. Assure that she recognizes the importance of the behaviors you are advocating. Perhaps relate some of your experiences in which your assertive behavior has made the difference between a poor outcome and a desirable outcome. Together make a plan to work on these behaviors. The plan may involve role playing with you, writing out and rehearsing a script, and making a point of observing you in situations that call for these actions. Set some goals by which to measure her progress.
When precepting **puzzles** you...  
or you have a question, just  

Ask the Preceptor’s Preceptor  

I feel as if I’m continually butting heads with this student. He’s young and hasn’t been around long enough to understand how things work. He keeps bringing me research articles and telling me that we need to implement some new ideas around here. I’m all for evidence-based practice. I use it every day – AFTER I determine that it doesn’t conflict with our policies, procedures, and protocols, OR, after we change and communicate a procedure that incorporates the evidence. Shall I come down hard on him now or let him face reality when he gets a job in this role?

**A.** Explain the difference between school and the real world.  

**B.** Encourage him to recommend these changes to your facility’s policy and procedure committee.  

**C.** Tell him he’s here to learn the skills he needs to prepare for a role like yours – not to change the rules. Once he’s learned to function, you can consider his ideas.  

**D.** Compliment him on his initiative in identifying relevant research. Explain your facility’s process for incorporating evidence into practice and the rationale for practicing within existing policies.

**D.** is the best answer. Recognize and encourage his interest in evidence-based practice and help him learn about the process used at your facility to incorporate new evidence. Most facilities’ processes include review of more than one study with specific attention to applicability and perhaps a pilot study in the facility. Maybe his generation will develop safe ways to streamline the process for policy and procedure change. You might encourage him to think about ways to maintain safe practice while implementing change more quickly. Assure that he understands his legal accountability for practicing within facility policies and procedures and his professional accountability for practicing within standards of practice. Sending him to the policy and procedure committee to recommend changes would probably be setting him up for failure. However, you might direct him to find out your facility’s process for implementing evidence-based practice and for changing policy and procedure. Then discuss and clarify his findings with him and guide him in going about the process with whichever of the research results he thinks deserves priority. Ask him to explain his rationale for his priority choice. Help him set step-wise goals so that he can have a sense of achieving outcomes. As an additional project, he might also critique the process and recommend changes in the process. It is important that he use the practicum to gain skill and experience with the current practice.
A. Definitions & Distinctions

Preceptors, mentors, and coaches have a lot in common. Each is interested in the development of individuals. Preceptor is defined as an instructor, teacher, and tutor. Preceptors work with students in the work setting to help the student learn the preceptor’s professional practice role. Preceptors also work with nursing staff – to help new graduates and other new employees acclimate to the staff nurse role or to learn roles in specialties that are unfamiliar. A preceptor has knowledge and expertise in a specific practice area. The preceptor also has experience in the organization and an awareness of the cultural and political climate.

Mentor is defined as a wise and trusted counselor. Typically, mentor/mentee or mentor/protégé relationships are found in business settings within the same company or between a junior and senior person in industry. While a mentor may be an expert resource, the mentor’s expertise extends to the political environment of a company as well as a specific body of knowledge. A mentor will help individuals select experiences that facilitate growth and learning. They will also open doors for people; that is, they help individuals new to an organization or new to an industry gain access to persons and opportunities.

Coaches, on the other hand, work with individuals and teams in a different way. They need not be content experts. Coaches are not teachers in that their primary role is not to be expert sources and give answers. Coaches are not mentors in that their primary role is not to show the ropes to their clients. Rather, coaches help individuals deepen their learning about themselves; identify gaps between where they are and where they want to go; design steps to forward their actions; and, build in accountability along the way.

*Based on the original work of Kathy Phillips, PhD. Senior Development Consultant, Ernst & Young, LLP, Chicago, IL., “Taking a Coach Approach to Precepting,” Preceptor Manual Health Systems Management (Loyola University Chicago, 2003). Revised for the present edition by Bette Case Di Leonardi, PhD, RN-BC, Independent Consultant.
Students often consult with their preceptors for advice about what to do in a given situation. The preceptor can tell the student what to do, can give advice about several approaches and let the student decide, or coach the student to think through the situation and find his best answer. Sometimes telling or giving advice is exactly what is needed. But most of the time taking a coach approach helps the student find the richer answer and facilitates deeper learning.

Coaches typically are neither mentors nor preceptors. However, both preceptors and mentors can increase their effectiveness by using coaching skills. This chapter introduces you to coaching and the skills that will allow you to take a coach approach in your preceptor role.

**A Bit More On Coaching**

The International Coach Federation has adopted a philosophy and definition of coaching for professional coaches (International Coach Federation, 2007).

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**ICF International Coach Foundation**

**Philosophy**

The International Coach Federation adheres to a form of coaching that honors the client as the expert in her personal and professional life and believes that every client is creative, resourceful, and whole. Standing on this foundation, the coach’s responsibility is to:

1. Discover, clarify, and align with what the client wants to achieve.
2. Encourage client self-discovery.
4. Hold the client as responsible and accountable.

**Definition**

*Professional Coaching* is an ongoing partnership that helps clients produce fulfilling results in their personal and professional lives. Through the process of coaching, clients deepen their learning, improve their performance, and enhance their quality of life.

In each meeting, the client chooses the focus of conversation, while the coach listens and contributes observations and questions. This interaction creates clarity and moves the client into action.

Coaching accelerates the client’s progress by providing greater focus and awareness of choice. Coaching concentrates on where clients are today and what they are willing to do to get where they want to be tomorrow.
Similar to a coach and client, a preceptor and student create an ongoing partnership for a period of time during which the preceptor can support the student to deepen learning, improve performance, and enhance the quality of life for the student in the clinical setting. The preceptor focuses on helping the student gain clarity around learning goals and design actions to achieve them. Coaches and preceptors do this through asking questions, skillful listening, observations, and providing direct honest feedback. Through coaching approaches, they create awareness, explore new perspectives, challenge the student, and enhance learning opportunities.

This chapter introduces skills that facilitate dialogue, personal learning and commitment to action. While these are not the only competencies and skills that professional coaches use, they are basic to a coaching relationship.

Coaching Skills

• Listening
• Asking powerful questions
• Creating accountability
• Affirming
• Challenging
• And, putting it all together in a coaching conversation using a model adapted from Whitmore (1998)

B. Coaching Skills

1. The Skill of Listening

The ability to listen is important for everyone but critical for the preceptor who takes a coach approach. In coaching, listening is a key skill in the coach’s toolbox. Listening should not be confused with hearing. Hearing is a physiological function, while listening is an interpretive one. When we interpret a communicator’s message, we give only a small weight to the words:

• 7% to the words
• 38% to the tone of voice
• 55% to the body language

In other words, body language is most influential in our interpretation of a message, assuming, of course, that we are attending to more than the words.
Chapter 3 offers some tips on listening techniques. In this chapter we create awareness of how we listen. Whitworth, Kimsey-House, & Sandahl (1998) describe three levels of listening.

**Level One:** In level one listening, your attention is on yourself. You hear the words that the other person is saying, but you are thinking about what they mean to YOU. Or, you find you want more details. When listening at level one you are listening TO what the student is saying. Whitworth et al. refers to it as internal listening.

Sometimes level one listening is OK; for example, when you want directions, or when you are ordering in a restaurant, or when you are receiving instructions. It is OK for the student to be at this level. In fact, we want students to focus on themselves. But the preceptor needs to be listening more deeply. The preceptor must develop enough self-awareness to know when this is happening.

An example of Level One Listening:

**Preceptor:** “How was your clinical experience this morning?”

**Student:** “I had a terrible morning. The staff was late. My presentation got started 15 minutes after the scheduled time. I had to rush through the most important parts. I felt like I did a really bad job.”

**Preceptor:** “How many staff attended?”

**Student:** “It started with 8 and ended up with 15. So not everybody heard the parts I did give.”

**Preceptor:** “That happened to me one time. I never even completed half the talk I prepared. It is so frustrating.”

In this situation, the preceptor was listening. She even expressed some sensitivity to what the student must have felt. However, her thoughts were on her own experience and did not support the student’s learning.

**Level Two:** In this level of listening, the preceptor takes herself out of the picture and is only concerned with the student’s story. Whitworth et al. refers to this level as focused listening. The preceptor is totally with the student and the student’s words - not thinking about the impact on the preceptor. The preceptor asks questions and is listening FOR what the student is saying. Sometimes the message is not in the words, but can be found between the words.

The preceptor will best serve the student by slowly and calmly asking questions in a non-judgmental way - questions that help the student gain a deeper understanding of the situation and the student’s reaction to the situation. The dialogue might go something like:

**Preceptor:** “How was your clinical experience this morning?”

**Student:** “Terrible. Half the staff was late due to an emergency and I only gave half my prepared presentation.”

**Preceptor:** “How important was it that everyone was there? At least you were able
to practice presenting your material.”

Student: “Yes, but I wanted the staff to learn something too.”

Preceptor: “How else might you help them learn?”

Student: “I could offer a make-up session.”

Preceptor: “Anything else?”

Student: “I can create a handout with the pertinent facts.”

In this situation, the preceptor followed the student’s lead by focusing on what was important to the student – staff learning – not what might have seemed important – low attendance.

**Level Three:** At level three the preceptor is not only listening to the words and for the message, but is also aware of all that you can observe with your senses: what you see, hear, smell, and feel - emotion, body language, tone, energy, and your intuition. Stories have two components: content and feelings. The real message emerges in **how the student is telling the story.** On the surface the student may make light of an incident, but underneath feel scared, frustrated, or worried about a mistake. The preceptor may have a feeling that the story is really about something else. It is important to acknowledge those feelings and sometimes speculate as to what could be the possible force in the situation. A possible level three conversation might go something like this:

Preceptor: “How was your clinical experience this morning?”

Student: “Terrible, only half the staff showed up for my presentation.”

Preceptor: “You did get to practice your presentation.”

Student: “I know and that was good; but not everybody got to hear it. That really disappointed me.”

Preceptor: “What’s that about? I get the sense you are pretty upset about that.”

Student: “It’s just that the room was half-empty and it felt incomplete.”

Preceptor: “What was incomplete?”

Student: “I guess I felt I could not be successful unless the room was full and all the staff attended. Now, on reflection, that had nothing to do with my presentation. And, I got great feedback from those who were there. I’m glad I’m seeing that distinction. Maybe my morning was not so terrible after all. I feel much better about it.”

In this Level Three example, the preceptor was tuned in to the emotion and feelings the student expressed and created questions that took the conversation down a different path.

2. The Skill of Asking Powerful Questions

Questions are a powerful coaching skill. In fact, they are at the core of a good coaching conversation. The idea behind questions is to get people to think and go deeper. Telling an answer to a question or asking closed questions saves people from having to think. Asking open-ended questions causes them to think for themselves. However, asking the same question in different ways not only produces different
answers, but also elicits various emotional responses.

In coaching, the skill of asking questions is important because it creates awareness and responsibility. Generally, people ask questions to get information, such as “What is for breakfast?”, or to resolve an issue, such as “How do I do this?”, or to seek advice, such as “Should I hire the cheaper or more experienced vendor?” In coaching with students, the answers are secondary to the student’s line of thinking. The answer does not have to be totally complete or correct. It simply provides the preceptor with information for follow-up questions.

**How do we ask effective questions?** Here are some general rules.

- **Ask open-ended questions.** “What did you notice?”
- **Make questions simple and short.** “When will you do it?”
- **Use interrogative words.** These are words that seek to quantify or gather facts. For example, what, when, who, how much, how many. *Why* is discouraged because it often makes the student feel defensive. *How* questions get to analytical thinking. John Whitmore suggests rather than *Why*, ask “What were the reasons for….?” And how questions such as “What are the steps…?” These words evoke more specific, factual answers.
- **Focus on detail.** After asking the big broad questions, such as “How was your presentation?”, continue to ask for more detail, such as “What part seemed most interesting to the audience?” “What did you notice about their attention?” “When did you feel confident in your ability?” “What was most difficult for you?” “What would make it easier next time?”
- **Create space for the question to land.** Ask your question and be quiet. So often, we ask a question, explain what we really meant, and then ask another question. The student cannot listen to the question while you are asking another. By being quiet, the question gets to land and the student can take it in and reflect. Sometimes the question is more important than the answer.
- **Listen, listen, listen, and be attentive to answers.** You will know what question to ask next simply by listening to what the student has to say in answer to your question.

**Preceptor:** “What was most difficult for you?”
**Student:** “Trying to remember the content without any notes. I get so nervous.”
**Preceptor:** “How does being nervous affect you?”
**Student:** “It makes things worse because I forget more.”
**Preceptor:** “When was a time when you did not forget?”
**Student:** “When I practiced out loud for several days.”
**Preceptor:** “What technique did you use to practice this time?”
**Student:** “Oh, I see. I did not use that approach. Had I used what worked for me before, I would not have felt this way. I can do a better job next time.”

In the above dialogue, the preceptor created awareness in the student by asking what worked in the past. Responsibility was created when the student recognized she did not
do something that worked for her before; and, she can choose strategies to help herself not be nervous.

- **Ask students questions that allow them to be part of the solution – this gives the student responsibility.** For example, “What are some possible solutions to this dilemma?” “Which one do you want to try?” “How will you move forward?” “When will you complete the project?” In this scenario, the student has built the solution and defined the timeline. That creates responsibility!

- **Ask questions that open the door to a conversation.** For example, “What did you like best about the article?” or, “What aspects of the article did you find most helpful for our meeting today?” Such questions take the student down a mental path of analysis and application. Your question compels the student to think about the article, the learning points derived from it, and how the information can be applied.

3. The Skill of Affirming or Acknowledging

Affirming or acknowledging your students helps them know themselves better, gain self-awareness, and gain confidence. In the context of coaching, to acknowledge is to let the student know that you know who they are. It is affirming them in terms of who they had to be in order to accomplish something. It is not a compliment. A compliment is about what they did. For example, “Good job on creating the work schedule for next week ahead of schedule.” This does not say anything about what the student values. An acknowledgement might sound like, “You really had to work hard to get that schedule right.” You are acknowledging the student to BE a hard worker. Using the same situation, you might affirm the student by acknowledging her creativity. “I want to acknowledge the creativity you demonstrated in putting together the schedule. Every patient will get the care they need.”

Acknowledging is more than your opinion: “The way in which you delivered the message to the family was clear and sensitive.” This message, while a compliment, is your opinion of what the student did. To acknowledge, you might say, “It took courage for you to deliver such bad news.” You are affirming the student’s courage. You are acknowledging the student for being a courageous person.

Another example:

**Student:** “Maybe I should not have corrected Mary. I did it in a respectful way, and was direct in pointing out what I thought would lead us to an undesirable outcome. But I felt like I looked like a know it all.”

**Preceptor:** “You could have handled that situation in many ways. What you did was stand up for what you thought was right, and you did it in a professional manner. I want to acknowledge you for being so committed to doing what you thought was right and getting the job done correctly. That’s who you are.”

**Student:** “Yes, that is right! After all, in this case it is important to get the job done right the first time around so we don’t waste time later.”
In the above dialogue, the preceptor is acknowledging the student for her values of commitment and accuracy. When we acknowledge a person it is usually about that person’s values and who he is rather than something he has done. The values might relate to taking a risk, honesty, excellence, collaboration, or other values. Sometimes students don’t even see who they are. Acknowledging them helps them to see their inner strengths in a way they may have missed. Of course the acknowledgment has to be genuine and true. It must be an authentic acknowledgment or it will be ineffective. The deeper learning or self-awareness that comes from an acknowledgement helps the student see himself in a way he might otherwise have missed.

In Whitworth et al.’s (1998) book on co-active coaching, she states that there are two parts to every acknowledgment: delivering the acknowledgment and noticing the impact on the client. That is, to make sure that the acknowledgment was truly on target, notice the student’s reaction. You will know you found the right description of who the student had to be in that situation. It is enormously moving for students to be seen and known in this way. That is the power of acknowledgment.
C. The Coaching Conversation

The GROW Model
(Whitmore, 1998)

Sometimes it’s just easier to give the answer. However, investing a little time in a structured conversation helps a student learn to coach herself and saves time for the preceptor in the future, because the student’s learning is deeper. One mental outline that has proven effective for coaching conversations is the GROW Model (Whitmore, 1998).

A Sample GROW Conversation:

The student, Nora, is meeting with her preceptor for the first time in her clinical setting. Her preceptor is expecting Nora to talk about the goals she wants to accomplish over the next three months. Nora is feeling overwhelmed by the number of opportunities available and is not clear on what she wants to do.

GOAL SETTING

Preceptor: “Welcome to our agency, Nora. We are all looking forward to working with you. First of all, I’d like to ask you, what you would like to get out of our meeting today?”

Student: “Well, I would really like to leave with some clarity around my project.”

Preceptor: “What kind of projects have you been thinking about?”

Student: “That’s the trouble. There are so many interesting things to do here, I don’t know which one to select. I’d like to focus on project management. I have identified five projects that are scheduled to start in one month.”
REALITY CHECKING
Preceptor: “What do you know about project management?”
Student: “I have taken one course. Also, last summer I led a small project for a community group that focused on the purchase of 10 computers for the agency. I coordinated the purchase, installation, and education components.”

Preceptor: “What skills do you want to develop over the course of the semester?”
Student: “I want to learn how to manage a complex project; and, I would like to do it in the area of change management and information systems.”

OPTIONS AND ALTERNATIVES
Preceptor: “What do you see as options for yourself?”
Student: “Three of the five projects are computer-related. So that might narrow the list.”

Preceptor: “What else do you need to know?”
Student: “I don’t know much about the other two. I guess I need to explore them.”

Preceptor: “What information do you need to be able to make a decision?”
Student: “I need to know their focus, expected outcomes, and projected end dates.”

Preceptor: “Anything else?”
Student: “Yes. I’d like to know who is currently scheduled to be on the project or if I can create my own project team. And, I would like to know the expectations for completion. Now that I think about it, I see that what is important to me is leading the project from start to finish and being able to create the team. That is the experience I really want even more than the computer focus. I know a lot about computers but it is the project management piece that is the new learning for me.”

WHAT IS TO BE DONE?
Preceptor: “So what do you see as your next steps?”
Student: “I will make an appointment with the managers who are responsible for the projects and find out which ones meet my criteria. Then I’ll make a decision about which one will provide me with the most learning opportunities. I’ll get back to you within the next week to commit to one for the semester.”

Preceptor: “Great! See you in one week.”

While this situation is not necessarily critical, it demonstrates how the model can be used to help the student think through the situation and come up with his own best answers. Other questions the preceptor might consider asking in the REALITY section include:

- “What barriers might get in your way?”
- “How do you see yourself handling them?”
- “What other options do you have for moving forward?”

This model is not the answer to all student questions. Sometimes the student simply needs a straight answer to keep going on a project. However, when the student is stuck or when there is a need to clarify the student’s thinking and planning, and there are many
ways out of the muck, this exploratory model provides a framework for gaining new perspectives on an approach to take.

**D. Satisfaction Wheels: A Tool to Facilitate Conversation and Assess Satisfaction**

Tools help keep the focus on an issue or problem rather than the person. A template can be used to create a tool for a special or unique situation. Such a tool is the balance wheel. Balance wheels provide a visual for the preceptor and student to assess how satisfied the student is with progress towards a particular project goal. The wheel can also be used to assess satisfaction with competencies that are required for successful completion of the practicum.

The sample wheel which follows represents some of the competencies the student should master while in the clinical setting. For example, clinical competencies for this semester might include: communication skills, cultural knowledge, clinical problem-solving, delegation, time management, and technical knowledge. These general competencies have different specific meanings depending upon the role for which the student is preparing: APN or Health Systems Management. The preceptor might use the wheel in conversation with the student. Dialogue is facilitated when the preceptor asks the student to rate her satisfaction or progress for each competency.

- The **center of the wheel** represents complete dissatisfaction, represented by the number “1.”
- The **outer edge of the wheel** represents complete satisfaction, represented by the number “10.”
- Assign a number to each competency to represent your personal level of satisfaction.
- If you rated yourself a 5, you might be indicating you need more work in this area.
- After assigning a number to each competency, select one area of focus for a coaching conversation.
After the student rates herself on each competency, initiate a coaching conversation to facilitate the student in creating an action plan. Using the GROW Model, this conversation demonstrates how the preceptor uses the balance wheel as a focus.

**GOAL**

Preceptor: “Which of these areas would you like to focus on today?”
Student: “I’d like to talk about delegation. I rated myself ‘5’ in that area.”

**REALITY**

Preceptor: “What does a ‘5’ look like?”
Student: “I find that I don’t trust other people to follow through so I keep all the work to myself and I’m getting overwhelmed.”
Preceptor: “What else is going on in terms of delegation?”
Student: “Well, I gave one of the new students a report to key into the computer, and it wasn’t anything like what I wanted.”
Preceptor: “Is there anything else?” It is important to be patient with this stage of the conversation to give the student time to think about all the issues that might be involved.
Student: “One other time I delegated an assignment to a new person and she did it entirely wrong.”
Preceptor: “So what would it take for you to rate yourself a ‘10’ in the area of delegation?”
Student: “I would feel comfortable about giving work to the right people. I would also trust that it was going to get done correctly and on time. I would not have so many things on my own plate. And, others would be learning new skills because of the opportunity I gave them to grow through being involved in new projects.”

**OPTIONS**

Preceptor: “That’s a great description of delegating appropriately. So given that you feel you are at ‘5’ today, and you are clear on what a ‘10’ looks like, what are some things you could do to take a step towards a ‘10’ and get to a ‘6’?”
Student: “I suppose I could just keep all the work myself. Then I would know it was done exactly as I wanted it. But that doesn’t address delegating, does it?”
Preceptor: “And, how would that be helping your state of overwhelm? What else might you do?”
Student: “I could give work only to experienced people.”
Preceptor: “OK, what else?”
Student: “I could give better instructions with the work.”
Preceptor: “Is there anything else?”
Student: “I suppose I could find out what the person knows before I actually ask him to do a task.”
WHAT WILL YOU DO?

Preceptor: “That’s great. You have identified some good options. Which would you like to try?”

Student: “I have a new project starting tomorrow. I think I will ask the new student group who has an interest in this area. Then I’ll find out what she actually knows about the topic. Once I know that, I can give her the appropriate amount of information to be successful. And the best part is she will be clear on what I expect as an outcome.”

Preceptor: “When will you let me know how it is going?”

Student: “How about one week from today. I’ll do an assessment of the project, give the student feedback, and then I’ll meet with you at this same time.”

Preceptor: “Great! I’ll look forward to it. Feel free to call on me if I can help you again.” Accountability has been built into the conversation with the student telling the preceptor how she will be accountable.

E. Coaching Techniques for Special Situations

The coaching process assists individuals to explore and reach their own potentials. As a preceptor, you are also guiding the student in developing the knowledge and skills your role requires. Because there are specific skills and experiences that the student must master, the practicum cannot be entirely student-directed. The preceptor may choose some additional coaching techniques to help the student acquire professional role behaviors. The table which follows presents some of the techniques that you may find helpful in particular situations.
# Coaching Techniques for Special Situations

<table>
<thead>
<tr>
<th>Coaching Technique</th>
<th>When to Use</th>
<th>Intended Outcome</th>
<th>Coach’s Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Educate</strong></td>
<td>When goals, rules, or conditions change</td>
<td>New knowledge and skills are required.</td>
<td>Articulate performance expectations clearly.</td>
</tr>
<tr>
<td></td>
<td>To orient a newcomer</td>
<td>Confidence increases.</td>
<td>Recognize “real life” learning laboratories.</td>
</tr>
<tr>
<td></td>
<td>When the coach is new</td>
<td>A broader perspective is obtained.</td>
<td>Reinforce learning.</td>
</tr>
<tr>
<td></td>
<td>When new skills are needed</td>
<td></td>
<td>Role model.</td>
</tr>
<tr>
<td><strong>Sponsor</strong></td>
<td>When an individual can make a special contribution</td>
<td>Outstanding skill or contribution is showcased.</td>
<td>“Debureaucratize.”</td>
</tr>
<tr>
<td></td>
<td>To let an outstanding skill speak for itself</td>
<td>Skill is fine-tuned or perfected.</td>
<td>Dismantle barriers to performance.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Individual is recognized.</td>
<td>Let go of control.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Provide access to information and people.</td>
</tr>
<tr>
<td><strong>Encourage</strong></td>
<td>Before or after a first-time experience</td>
<td>Confidence and skills are enhanced.</td>
<td>Express genuine appreciation.</td>
</tr>
<tr>
<td></td>
<td>When affirming good performance</td>
<td>Performance improves.</td>
<td>Listen.</td>
</tr>
<tr>
<td></td>
<td>When simple, brief corrections are needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Counsel</strong></td>
<td>When problems interfere with performance</td>
<td>Behavior is redirected.</td>
<td>Listen.</td>
</tr>
<tr>
<td></td>
<td>When educating and encouraging fail to attain desired outcomes</td>
<td>Sense of ownership and accountability is enhanced.</td>
<td>Give clear, useful feedback.</td>
</tr>
<tr>
<td></td>
<td>When responding to setbacks and disappointments – to speed recovery</td>
<td>Commitment is renewed.</td>
<td>Facilitate problem solving.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Confront</strong></td>
<td>When emotions have cooled after a conflict</td>
<td>Communication is opened.</td>
<td>Listen.</td>
</tr>
<tr>
<td></td>
<td>When privacy can be assured</td>
<td>A mutual understanding is established.</td>
<td>Give direct, useful feedback.</td>
</tr>
<tr>
<td></td>
<td>When performance does not match expectations</td>
<td>A change of behavior is effected.</td>
<td>Discuss sensitive issues without over-emotionalizing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Trust is established.</td>
<td>Communicate objectively, clearly, directly.</td>
</tr>
</tbody>
</table>
Notice how prominently the skill of listening functions in effective coaching.

You may also seek coaching in your role as preceptor. A faculty member or peer coach can help you to refine your precepting skills. Costa and Garmston (2002) recommend a faculty development approach called cognitive coaching. Cognitive coaching is a peer coaching technique. One partner acts as coach, the other partner receives coaching. The coach and partner:

- Discuss the teaching goals of the partner.
- Describe the student encounter in which the partner will work towards these goals. The coach asks clarifying questions in order to fully explore the situation and the alternatives for the partner’s actions.
- Identify a few specific actions that the partner will take during a student encounter to work toward these goals.
- Agree that the coach will observe the encounter and later give feedback to the partner.

The peer coach then observes the partner during the encounter with the student. The peer coach gives feedback to the partner. They discuss how well the planned approaches worked and what additional approaches might be tried in the future. They may agree to continue goal setting, planning, and observing with feedback. The cognitive coaching technique can be applied in a single episode or as an ongoing approach to skill development.

You might find peer coaching helpful when you are trying new approaches such as active listening or the GROW coaching conversation with students. You might also serve as a peer coach for another preceptor.

F. The Coaching Process in Precepting: In Summary

This chapter has introduced a number of specific coaching strategies and techniques. Use these approaches with your student as indicated in the context of your preceptorship relationship. The characteristics of the coaching relationship, displayed on the next page, describe the context in which these coaching approaches become most effective.
The role of preceptor is complex; you really serve as teacher, mentor, coach, and colleague. Effective preceptors not only possess excellent clinical and administrative knowledge, but they are savvy enough to navigate the political and cultural waters of an organization.

Often students seek a position in the clinical setting where they studied during their practicum. When that occurs, you have an opportunity to mentor a student whom you formerly precepted. You will no longer be formally evaluating the student’s performance, and the relationship becomes more collegial. As students move into the real world of work they continue to need support and development. The transition from preceptor to mentor can be seamless if the relationship has been professional and collegial from the beginning. It is still important to use coaching skills while designing the new relationship. Identifying learning objectives and agreeing on how the ongoing relationship will look will enhance the mentor/protégé experience.

Some students will want to identify new mentors after they graduate, as a way of furthering their learning and gaining new perspectives on their clinical specialty. Current preceptors can and should be a source to help the student make new internal and external connections for this purpose. Like a preceptor, the mentor is a wise and trusted counselor with rich and deep experience to draw upon. Like a coach, the mentors create environments for their protégés, built on openness and trust to help people believe in whom they are and to believe in their potentials.

**G. Conclusion**

Chapter 6 has applied the coaching approach to preceptorship and has presented a variety of coaching strategies and techniques.
When precepting **puzzles** you…
or you have a question, just

Ask the Preceptor’s Preceptor

I’m frustrated because I think my student is missing out on lots of opportunities. The faculty member told me that there’s room for flexibility in scheduling the student’s hours. But the student rarely seems to be around when great learning opportunities present themselves. We’ve had a series of lectures going on to present best practices in her specialty. I don’t think she made it to any of them. Some of my days are more productive than others too, in terms of her learning. There have been a few days when I was fully scheduled with patients and the student wasn’t here — would have been a great chance for her to compare and contrast findings and management, not to mention more hands-on physical assessment experience. I try to let her know about these opportunities, but I think she has some responsibility there too. Shall I just let this go? Am I trying to be too controlling?

A. Tell the faculty member about this. The faculty member will want to know that the student isn’t showing the expected initiative.

B. Let the student know of your concerns. Guide the student in exploring ways to gain maximum benefit from her time in your setting.

C. This is her loss. If she can meet her objectives without capitalizing on all available opportunities, you really don’t need to worry about it.

D. Map out a schedule with the student. Point out those experiences that you think are critical to meeting her objectives. Tell her she must arrange her schedule to be present at those times.

B. is the best answer. As Preceptor’s Preceptor, let me function as a bit of a coach here. In the GROW model, I ask you to identify your goal here. Since you don’t have the opportunity to respond to me, let’s say that you identify your goals as offering the student the best experience possible and feeling more satisfied with the student’s experience yourself. The reality checking piece involves exploring the situation. Does the student know of your perception and frustrations? Is the student aware of these missed opportunities? Does the student see the relationship between these opportunities and learning your role? You and the student need to compare your own personal interpretations of the situation. You also need to explore the realistic possibilities here – which of these opportunities occur at times that can be scheduled in advance? Which would require the student to practically be “on call” if she were to take advantage? How can each of you take some, but not all, of the responsibility for capitalizing upon these experiences? Then you’re ready to explore options. What are the givens in the student’s personal and work schedule? Are there ways for her to create more flexibility? Can you and she take a long range look at predictable action-packed times? What each of you will do will evolve out of the answers to these questions. Through a questioning process, guide the student in thinking through the consequences of various options and making a plan. Identify each of your roles in carrying out the plan and plan for a follow-up in a week or two on how this plan is working or needs to be adjusted.
A. Distance Learning: The Future is Now

The advent of Web-based communication opened a new world of possibilities for education. Technology has enabled innovations in teaching and learning that not too many years ago may have seemed like futuristic fantasies.

Distance learning has one simple and critical defining feature: That teacher and student NOT be face-to-face (AACN, 1999). With continuing advances in communication technology, faculty can map out learning experiences and give feedback to students without face-to-face encounters. Distance learning shows promise as one means to address the nursing shortage and the nursing faculty shortage – by offering courses in which students and faculty can participate remotely and on a more flexible schedule than on-campus courses permit. It helps to “fight the brain drain from rural areas” (AACN, 2000).

For students who seek practicum experiences, distance learning affords the possibility of securing a practicum site close to home, or perhaps at a facility that is distinguished in the student’s particular specialty, without regard to the proximity of the practicum site to the campus. Faculty can call upon guest preceptors who might be located anywhere in the world.

Examples of distance learning opportunities for nursing students abound. Neuman (2006) describes technologically enhanced faculty roles at the University of Maryland, the University of Kansas, Walden University in Minneapolis, the University of St. Francis, and a cooperative program between Villanova University and the National League for Nursing. She cites a statewide consortium in Oregon which includes shared curricula, simulations, and distance learning activities, and one in Wisconsin in which sixteen technical colleges share a curriculum and offer an online option for completing course work. She states that faculty may function as “learner case managers” when they communicate with clinical preceptors only by electronic means.
Web-based instruction has come into wide use, but other tools support distance learning as well. Some examples include:

- Expanded features of web-based Learning Management Systems (LMS)
- Cellphone enhancements
- Personal digital assistants (PDA)
- E-games
- Virtual reality
- Electronic healthcare delivery
- Audioconference by telephone and audiocassette tape
- Videotaped instruction
- Courier service
- Electronic mail
- Telefax
- Mixed computer media – CD ROM, floppy disks, Internet list-servs, interactive TV, desktop videoconferencing

Some credit the work of pioneering educators at Frontier School of Midwifery and Family Nursing/Community-based Nurse Midwifery Education Program (FSMFN/CNEP) with starting the trend in 1989 that has led APN education into the 21st century (Haas, 2000; Osborne, Stone, & Ernest, 2005). The NONPF Guidelines for Distance Learning in Nurse Practitioner Education reports a survey found that more than 100 masters-level Nurse Practitioner programs offered distance learning. Results showed great variability among survey respondents in development and monitoring of student clinical experiences (NONPF, 2005). More than 40% of respondents indicated that clinical evaluation was adequate in their distance learning arrangements, but could be improved. Respondents varied in their practices regarding requiring students to return to campus, selecting and evaluating clinical sites, and evaluating clinical performance. Today, most masters level programs in nursing offer distance learning options and allow completion of core courses online. Taken from a personal communication with D. Billings, (June 2007). Learning outcomes have been demonstrated to be comparable to traditional methods (Baldwin & Burns, 2004; Cooper, Taft, & Thelan, 2004; Larsen, Logan, & Pryor, 2003).
A few basic distance learning terms . . .

In **synchronous** distance learning experiences, all students and course faculty participate together at a pre-arranged time. The format may be student presentations with questions and answers, round robin discussion of a topic or case, or other learning activity. The learning experience may take place online with or without audio capability, as a telephone conference, a video conference, or other form of electronically-mediated conference. The key feature is that all participants engage in the conference at precisely the same time. Often, courses feature certain synchronous activities, such as a weekly conference, and also include asynchronous activities.

**Asynchronous** learning experiences include communication among students and between students and faculty, but the communication does not occur in real time. Instead, students and faculty post items at intervals. Postings include announcements by faculty, assignments posted by students, response to discussion threads by both students and faculty, and other communications. In most asynchronous learning experiences, the faculty member enters the online course at least daily and students may enter a few times weekly. However, the structure and expectations of particular courses may vary the frequency of postings by students or faculty. When students and faculty enter the course they read the postings, e-mails, responses to discussions, and other communications posted by those who are participating in the course. They also respond to postings and post items of their own.

**Blended learning** approaches may include any combination of synchronous, asynchronous, and face-to-face learning situations.

**Learning Management System (LMS)** – The LMS is the platform upon which the Web-based learning course is built. Systems typically include communication tools, forums for posting assignments and discussion threads, a grading system, various tracking features, and the opportunity for the faculty to create various learning activities. Some of the LMSs frequently used in nursing education include Blackboard®, WebCT®, and eCollege.com®. Some universities have created their own unique LMSs, such as Indiana University’s Oncourse®.

Technological developments continuously create new possibilities in distance learning. Costs are coming down to some extent, but initial implementation still requires significant expenditures of funds and resources. The expansion of distance learning raises concerns about competition among institutions of higher learning for both students and faculty, since geographic boundaries do not limit affiliation possibilities. Concerns also arise about the funding implications of virtual universities and state funding. Some express concern as to whether distance learning gives sufficient opportunity to develop the social and behavioral skills essential in our humanistic, practice-oriented discipline (AACN, 1999). State guidelines, such as Texas’s requirement of a maximum of six students per clinical graduate course, may need reconsideration given the possibilities that distance learning presents (Baldwin & Burns, 2004). However, no one questions that institutions that offer flexibility enjoy a favored
position in the marketplace (AACN, 2005).

Because the distance-learning student functions in relative isolation, the students who succeed best are highly motivated, disciplined, and committed. Adequate support systems for students and faculty are crucial to effective distance learning.

Organizations which accredit nursing education programs, the National League for Nursing (NLN) and the American Association of Colleges of Nursing (AACN), stress the importance of both clinical and technical competency, and develop standards and criteria to help assure quality in distance learning. The National Organization of Nurse Practitioner Faculties (NONPF) has developed guidelines that among other recommendations urge that faculty apply the same standards to both distance and on-site learning experiences.

B. A Sampling of Distance Learning in Nursing Education

Most schools of nursing offer distance learning options. Fewer clinical courses are available online than courses that have no clinical component. Many graduate programs offer all of their core courses online. However, schools must consider many issues when designing clinical courses in a distance learning format. Concerns include malpractice and contractual issues from the school’s point of view, and travel issues related to meeting the off-site preceptor in person and gaining a first-hand understanding of the preceptor’s practice setting.

In the nursing literature, faculty are describing many examples of distance learning, but to date, few authors have concentrated upon the ingredients of successful, effective preceptorship-at-a-distance. Now is the time for faculty involved in these experiences to publish and share their research findings, lessons learned, and recommendations.

A few distance learning examples selected from the literature include courses with no clinical component, such as:

- A Clinical Enquiry Course in New Zealand (Lewis & Price, 2007)
  A Masters Programme in New Zealand introduced a course, Clinical Enquiry: Evidence for Practice, which blended classroom experiences with e-learning. The course presented background questions regarding specific content and critical appraisal of research articles. Students were provided with tutorial support, technical support, structured content, online journals, quick links, and a library catalogue. Students were required to contribute to online discussion, participate actively, and collaborate with one another. As the course progressed, the students’ potential concern over public mistakes dissipated. The blended format offered students an opportunity to strike a realistic balance between personal and professional commitments; however some found the postings overwhelming and daunting. One-third of the students did not like the e-learning format and the mature students experienced considerable technical difficulties.
A CNS Expert Panel (Owens, Jacobson, Hughes, & Thornton, 2005)
Kent State University offers most of its non-clinical CNS courses online. The faculty authors presented students with an opportunity to explore beyond parochial points of view and gain access to specialties and CNS role issues outside of the region. They created an online panel with five expert CNSs, “cyberspace adjuncts,” who represented different regions of the country and different specialties. Themes discussed included certification and title protection, developing a career trajectory, tips on interview and negotiation, current and future trends in the CNS role, and issues such as the blended CNS/NP role.

Recommendations included: keep the format simple, focus on communication and participation, set a timetable and hold students accountable for contributions to the discussion board and for reading and responding to postings of others.

Post-Graduate Certificate Programs at Loyola University Chicago
The Marcella Niehoff School of Nursing offers certificate programs for post-baccalaureate nurses and other health professionals looking to advance their knowledge and skills in their practice areas or to expand their career options. Post-master's nurse practitioner certificate programs are also available for those master's-prepared nurses who wish to gain needed content expertise to prepare for a nurse-practitioner national certification examination. Specialty areas include: cardiovascular nursing; oncology; acute care; adult, family, women's health NP; health systems management; and population-based infection control and environmental safety (PICES).

A few distance learning examples selected from the literature include clinical courses taught via distance learning, such as:

A Nurse-Midwifery Program (Osborne et al., 2005)
All courses in the Midwifery Institute of Philadelphia, formed by the union of the Institute of Midwifery, Women, and Health with Philadelphia University, are offered via a Web-based format and are completed asynchronously.

A Medical-Surgical CNS Program (Baldwin & Burns, 2004)
The authors described the process of designing and implementing a Med-Surg CNS program at Texas Christian University (TCU). They explain their choice of a LMS and their use of electronic learning resources including electronic library services via personal digital assistants (PDAs). Library services included online databases, e-journals, and interlibrary loan.

TCU’s program emphasized preparation for distance learning including a mandatory on-campus orientation for students, which was the only on-campus time required. They prepared preceptors using the first edition of this book, and required preceptors to orient with faculty. Faculty visited the preceptors once per semester. They also emphasized the importance of academic support services.
They found that socialization was a great plus for the students, in that they interacted significantly with facility personnel. Other strengths of their program included the professional role models available in the selected settings, environmental support for learning, and very positive overall evaluations. A major impediment to their progress was a time lag of up to 6 months to complete negotiations of agreements with their preceptors’ facilities. When the first cohort of seven students graduated, all received the job of their first choice and most received multiple job offers.

- **An APN Program in Southeastern Louisiana** *(Larsen et al., 2003)*

Four regional state universities in Southeastern Louisiana collaborated to increase access to educational opportunities in advanced practice for the location-bound RNs. Their distance learning format included videoconferences, computer-assisted instruction (CAI) modules, interactive discussion groups, e-mail, and Web-links. They redesigned a course that had consisted of 12 didactic lectures and a clinical component. They created five videoconference sessions, six online learning modules, and one virtual chat. The format gave students additional practice with formal presentations.

The authors identify thirty-seven performance behaviors in direct and indirect care. They oriented preceptors to their role expectations and to the evaluation tool. A close relationship between student and preceptor was critical to success in the course. Preceptors gave the students entrée to interact fully with the CNS network.

Students experienced initial timidity due to lack of face-to-face contact, but this diminished as the course continued. Some experienced technical difficulties when home computers lacked adequate capacity, or computer networks in the work settings had security measures in place that interfered with access to certain course components.

Southeastern Louisiana University also blends asynchronous with synchronous approaches such as videoconferencing in their health assessment and pharmacology courses *(AACN, 2000)*.

- **Masters and Doctoral Programs from the University of Phoenix**

The University of Phoenix offers both masters and doctoral programs in fully Web-based formats. Three-fourths of University of Phoenix students reside outside of Arizona *(AACN, 2000)*. “The University of Phoenix offers the MSN program on-ground and online. The practicum course consists of 60 hours in which the student is required to submit documentation and evidence of the practicum experience through a **learning contract**. The learning contract is reviewed and approved by the faculty members for appropriate level of objectives and evaluation of the identified project. For students who are taking the online modality, a local preceptor is identified by the student. The faculty member gives the student permission to utilize the local preceptor. Students are responsible for providing the preceptor with the learning objectives, the learning contract, and an overview of the intended project. The faculty member touches base with the student during the 60 hours and prior to the formal presentation of their practicum experience through the online classroom environment. Communication between faculty and student, student and preceptor, and faculty to
preceptor is done electronically through e-mail and as frequently as needed. The faculty is responsible for the evaluation of the student experience” (P. Fuller, personal communication, 2007).

Two key precepting activities, conferencing and questioning, take place in written form. “Conferencing is achieved by the written word through the online environment. The advantage of conferencing by the written word is that the preceptor and the student have an opportunity to reflect on their communication, give thoughtful insight to the communication, and research relevant material before hitting the ‘enter’ button. Faculty and preceptors frequently state that they communicate more frequently with students online than in person, sometimes daily. Questioning, occurs in distance learning in many ways: discussion questions, threads, dialogue, chat groups and chat rooms. Expert faculty or preceptors learn to ask the probing questions that get to the essence of the learning” (P. Fuller, personal communication, 2007).

C. Advantages and Concerns in Distance Learning

Cooper et al. (2004) compared clinical conferences online with face-to-face clinical conferences. They found that mean scores for all 11 items on the clinical evaluation tool were higher for students who had conferences online than those in face-to-face conferences. Differences on four of these 11 differences reached statistical significance, reflecting greater convenience and participation for online. Students
experienced greater opportunities to reflect on ethical issues before responding.

In the study conducted by Cooper et al. (2004), students discussed three cases with imbedded questions and reported their thinking-in-action online after reflecting on their experiences. The use of e-mail allowed students to take time for reflection and thinking, and to process and clarify their thoughts before responding. The result was deeper and more diverse discussions in a more relaxed and informal communication style. Students who conferenced online chose the time to contribute and could therefore be more eager and energetic than their peers who were involved in face-to-face conferences.

Those who participated in the online conferences gave significantly higher ratings to “other students’ descriptions of their cases helped me learn.” Because all students in the online conferences were required to contribute, but those in the face-to-face conferences were not, students in the online conferences produced more indepth discussion. Students in the online group commented that they offered support to one other, learned from each other, and felt that they expressed their feelings openly.

Despite these advantages, Cooper et al. (2004) noted barriers to conferencing at a distance. Face-to-face conferencing is a familiar mode and some students missed the opportunity to evaluate nonverbal communication and receive immediate face-to-face instructor feedback. For students who lack self-discipline or are reluctant to accept independence and responsibility in learning, distance learning is difficult. Lack of familiarity with technology also presents a barrier – while students are oriented to the procedures they need to use, those who have more computer and Internet experience are better able to problem-solve and remain calm when glitches occur.
Strengths and Limitations of Distance Learning in a CNS Role Course

Strengths

- Decreased travel required
- Opportunity to know students on other campuses
- Enhanced ability to use technology in the workplace
- Expanded use of Internet and websites, which is helpful in the practice setting
- Greater ease with use of the Internet
- More self-motivated in completing individual modules
- Productive online interactions
- Videoconference discussions
- Rapid faculty feedback
- Ease of access
- Flexibility in completing modules
- Increased confidence in approaching future online courses
- Flexible time frames
- Opportunity to include a wider student audience

Limitations

- Need for orientation to courseware and mandatory practice
- Initial uncertainty of direction of online course
- Initial lack of face-to-face interaction with classmates
- Frustration with technological glitches
- Lack of everyone in one place at one time
- Discomfort when on camera and the feeling of “being on TV”
- Initial apprehension about own technological ability
- Fear that unstructured time might be used poorly and deadlines not met
- Preference to be in same room with faculty

Strengths and Limitations of Distance Learning in a CNS Role Course
Larsen et al., 2003.
D. Precepting at a Distance

When precepting a student who is engaged in a practicum course conducted in a distance learning format, your primary responsibility is to assist the student to begin to develop role competencies in your setting. Standards for the student’s performance and your relationship with the student should not differ from more traditional arrangements just because the student is distant from the campus, the faculty, and fellow students. However, we have a few special recommendations for precepting at a distance.

*Establish a relationship with the faculty member and remain in communication throughout the course.* Findings of a study of a continuing education course with a clinical component involving 20 faculty in 9 states underscored the need to monitor preceptor and student involvement (Souder, O’Sullivan, Staab, & Dobbins, 2005). The researchers identified “red flags” indicating risk for unsuccessful completion of the course: lack of interaction between faculty and preceptor, and absence of discussion by students online. They recommended that preceptors receive a video orientation to the course and that faculty and preceptors interact regularly.

- *Receive orientation to the distance learning course.* If the school does not require – or the faculty does not offer – an orientation, request one. You will gain insight into what the student experiences in the course. You may have suggestions that will enrich the learning experience for the student. The course may or may not include planned preceptor participation in conferences or other learning activities. However, you might wish to participate in a conference on a particular topic and faculty would likely welcome your expertise and perspective.

- *Explore confidentiality issues with the student, talk through example situations, and assure that the student understands what information may be shared without violating confidentiality.* Confidentiality is an ever present concern in student clinical experiences. In graduate student roles, students become privy to much private information about patients, professional colleagues, and staff...
members, as well as potentially politically sensitive organizational information. In the student role, students confer with fellow students and faculty members concerning the particulars of their practicum experiences. In face-to-face learning settings some information may be shared orally with a guarantee of confidentiality by fellow students and faculty. Even with the confidentiality guarantee, a student may wisely decline to share certain information. When conferences and discussions occur in an electronically mediated environment, confidentiality concerns become even more acute. In the online environment, students are creating written documents that may be subject to misinterpretation and unintended distribution. Help the student learn to contribute to conferences and discussions in a meaningful way without jeopardizing confidentiality.

- **Inquire about the student’s electronic communication with the faculty and other students.** It is not your responsibility to help the student troubleshoot technical difficulties. But, as pertains to the electronic communication requirements of the practicum, *do encourage the student to seek technical assistance early and often*, before frustration builds and the student falls behind. NONPF has recognized the potential for students to become marginalized in distance learning and has specifically recommended customer service at various levels of expertise. Mindful of the essential nature of technical support in effective distance learning, most colleges and universities have created accessible help services ready to respond in the affirmative to “Hello, hello, is anybody out there?”

- **If approached to precept a student who is also an employee in your work setting, consider carefully the possible implications and complications that can arise.** AACN (2000) recommends that students seek preceptorships in settings other than their work settings.

![Learning from a distance](image)

**E. Conclusion**

This chapter has briefly summarized background information about distance learning in nursing education. The chapter identified examples of distance learning experiences and enumerated advantages and disadvantages of distance learning. The chapter concluded with recommendations to assist the preceptor who is precepting a student at a distance from the campus.
When precepting puzzles you…
or you have a question, just

Ask the Preceptor’s Preceptor

I’m really enjoying this student. She’s SO enthusiastic – just can’t get enough of working with my patients, my committees, and my projects. She’s even become involved in some committees and projects that I’m not working with. I get great feedback on her contributions. My concern is about her connection with the university. We’re located almost 1,000 miles away from the campus. We sure fit the concept of distance learning! She came here because of our research reputation and because she has family here.

Before the practicum began, I communicated with a faculty member via e-mail. She told me that there would be weekly synchronous conferences online in addition to required postings. She sent me a schedule of the conferences and topics. Somehow my student seems to manage to schedule herself to be doing other things at these conference times. I’m disappointed in that myself, because the faculty member said there might be opportunities for me to participate too and that really interests me.

When I ask the student about the conferences, she’s pretty consistent in telling me that what’s going on here in the medical center is more important to her and to her development in her role. She also says that the LMS that the school uses is too complicated and unreliable – that it’s not worth it.

I’m concerned about this because she’s a bright young woman and is doing a fine job as a novice in my role – BUT, I know that she’s not participating in the online portion of the practicum. The faculty member must know, and is probably not talking with me about it so as to maintain the student’s privacy and avoid biasing me against the student.

Where do I go with this?

A. Mind your own business. The student is performing well and you can report that when the time comes. This is not your problem.
B. Share your perceptions with the student. Tell her just what you have stated here, including your own interest in participating in online conferences.
C. Confront the student. As a preceptor-at-a-distance you have added responsibilities. You are supposed to be making sure that the student meets all course requirements.
D. Report to the faculty. Maybe the faculty member isn’t aware. The student may be reporting it to you…

B. is the best answer. Let the student know that you are concerned because you see such promise in her and don’t want her to jeopardize her progress. Ask her to tell you more about why she’s not getting involved. Ask her to think about and plan how she could take advantage of what your setting offers and at the same time meet course expectations. Although her course responsibilities outside of the practicum with you are not really your responsibility, it sounds as though she needs some wise counsel. She is preparing for a leadership role and while it is desirable for leaders to be energetic and think outside the box, effective leaders need to learn how to work within constraints and modify situations in order to meet goals. Encourage her to seek whatever technical support and guidance the university offers if technical difficulties are truly the problem. You might also let her know that if she doesn’t become more actively involved in the online requirements, you may raise this concern with the faculty member at mid-term.
Most schools of nursing rely on preceptors and Clinical Faculty, or adjunct faculty, to teach undergraduate students in the clinical setting. The practice has become universal. The American Association of Colleges of Nursing (AACN) has stated expectations with respect to preceptors and clinical instructors:

- “Clinical instructors, at minimum, are master’s-prepared with a practice focus and may be full or part-time (joint, adjunct, etc). They may coach and mentor preceptors to facilitate critical thinking and clinical decision-making.”
- “Preceptors whose primary role is direct or indirect patient care (not faculty) serve as role models for the design, organization, and implementation of patient care. They also work with clinical course faculty, work at least part-time in the role in which they are precepting students, and, at minimum, hold a baccalaureate degree in nursing” (AACN, 2007 p.2).

AACN acknowledges that “some schools may find it difficult to achieve these goals in the short-term,” but establishes these expectations in the belief that “it is important to identify a uniform set of expectations for academic nurses in higher education that all member institutions can work toward accomplishing” (AACN, 2007, p.1).

You may be working with a school that offers a distance learning option for the clinical experience you are precepting or teaching and supervising. If you are working with distance learning students, you may find Chapter 7. Precepting and Distance Learning helpful.

A. The Preceptor Role

Many schools of nursing require a capstone course – the final course before graduation from the undergraduate program. In the course, students synthesize their
learning throughout the curriculum. Over the duration of the course, they practice in a way that gradually approximates the new graduate’s practice. The student takes these steps to the brink of RN practice with the guidance, assistance, and support of an assigned preceptor. The preceptor helps the student to learn and practice new skills and introduces the student to the staff nurse role in a very personal and realistic fashion. At the conclusion of the course, the student’s competencies have advanced to the point at which the student may manage and care for a substantial patient assignment, using the preceptor as a resource.

Schools differ in the qualifications they require of preceptors. In most situations, the preceptor is not compensated financially, but may be offered access to some of the resources of the college or university. Many states and certifying organizations offer credit for precepting as an option to meet professional development requirements for re-licensure or re-certification. Find out about rewards that the school offers you as a preceptor, and clarify license and certification renewal requirements that may apply to you.

The preceptor usually precepts one student at a time. Often students choose a specialty of particular interest to them for their clinical experiences in the capstone course. Some schools require the student to establish and accomplish certain of his own objectives in addition to the course objectives determined by the faculty.

Research has identified preceptor behaviors of role modeling, facilitating, guiding, and prioritizing as integral to baccalaureate students’ development of critical thinking ability (Myrick & Yonge, 2002). Research has also identified stress among preceptors – specifically related to the preceptor’s workload, preceptee’s skill level, organizational support, and preceptor confidence (Hautala, Saylor, & O’Leary-Kelly, 2007). Hautala et al. recommended that the preceptor’s workload be adjusted to accommodate precepting, and that preceptors receive training and organizational support in their preceptor roles. These findings validate findings of an earlier study (Henderson, Fox, & Malko-Nyhan, 2006) which identified that preceptors experience intrinsic rewards for precepting and require adequate preparation and organizational support to function effectively. These researchers recommended preceptor support in the form of continuing education, effective scheduling, and adequate time for learning and feedback in the clinical environment.

B. The Clinical Faculty Role

Most schools of nursing rely on the services of Clinical Faculty or Adjunct Faculty to teach undergraduate students in clinical experiences. Faculty respect the skills and experience that Clinical Faculty bring and find them indispensable – especially in light of the shortage of full-time nursing faculty.

Though arrangements vary with different schools and different healthcare organizations, most often the Clinical Faculty member is a practicing nurse who
contracts with a school of nursing to devote a specified number of days or hours each week to working with a group of undergraduate students during their clinical experience. The Clinical Faculty role is usually a part-time job. In most situations, the students have limited, if any, opportunity to establish their own objectives in undergraduate clinical courses.

Schools differ in the qualifications they require of clinical faculty. Compensation arrangements and job descriptions also vary among schools and healthcare facilities which work together in Clinical Faculty arrangements. Assure that you have clarified the conditions of your employment, compensation, and other matters related to your service to both employers.

Values and culture differ between nursing academia and nursing clinical practice (Schriner, 2007). As Clinical Faculty you are not fully transitioning into an academic role, but nevertheless will experience differences between the academic culture and the practice culture. In Schriner’s study, new Clinical Faculty experienced stress related to unclear expectations, lack of preparation for the role, the changing student culture, taking responsibility for care given by students, and disparities between their expectations and the reality of the teaching role and reward system. You can prevent some of the stress by asking for a thorough orientation to expectations and a faculty resource person for ongoing support. Guide your faculty resource person in providing you with the information that is most relevant to you – perhaps in the form of examples specific to your clinical setting, rather than in the form of detailed written information about the curriculum.

### C. Graduate and Undergraduate Students: The Same Thing Only Different?

Previous chapters of this book have presented numerous clinical teaching approaches in the context of graduate student practica. Most of these strategies and techniques apply equally well to undergraduate students: assessing the student, planning experiences, asking questions, listening actively, coaching, giving corrective feedback, evaluating performance. With little difficulty, you can translate these recommendations into your experience with undergraduates. Although there are many similarities, there are some important differences to address when working with undergraduates and some of the suggestions in previous chapters deserve special emphasis with undergraduates.

**Important Considerations When Working with Undergraduate Students:**

- **Make Contact with Your Facility’s Resource Person**
  Most facilities have designated someone, often a Staff Educator, to coordinate student clinical experiences. This individual will probably have helpful suggestions about working with students in your facility.
• **Get Off to a Good Start**
The first day sets the tone. Make and communicate *ground rules*, such as when the student must contact you before beginning a particular procedure. If feasible, it may be helpful to require students to do a self-directed orientation to the unit before the first experience. This may allow the student to introduce himself to some of the personnel and become acquainted with the physical setting in a more personal way. If you decide to do this, prepare a guideline or checklist for the student’s use.

• **Remember that Undergrads Lack the RN License and RN Experience**
The graduate student comes to the clinical practicum with a valid RN license and usually with work experience as an RN. Because undergraduate students are in the process of working toward these credentials, the clinical teacher of undergraduates must focus even more intensely on patient safety.

Most state nurse practice acts specifically provide that nursing students may perform RN activities under the supervision of a qualified, designated instructor. Unlicensed students do not “practice on your license” as such, but you are legally responsible for assessing the student’s competencies, making appropriate assignments, and providing the student with the necessary guidance and assistance to practice safely. Students are responsible for their own actions. In a lawsuit, a student’s actions would be compared with the conduct of an ordinary, reasonable, and prudent student nurse in the same or similar situation. Explore the legal implications of your clinical teaching role with both faculty and your supervisor in the practice setting. For a complete discussion of the legal responsibilities of nursing faculty, consult Brent (2004).

• **Recognize that the Clinical Setting is Highly Stressful for Undergrads**
Undergraduate students find clinical practice settings particularly stressful. In addition to the stresses of working with acutely ill patients and unfamiliar equipment, systems, and personnel, the undergraduate student is keenly aware that you are evaluating her performance. You can help relieve some of the stress by reassuring the student that you are not constantly evaluating – at times you are simply teaching or offering corrective feedback.

Demonstrating caring behaviors toward the student may help to alleviate stress. Schumacher (2007) identified *caring preceptor behaviors* including advocating, welcoming, including, autonomy with appropriate preceptor presence, making human connections and genuine feedback. Noncaring preceptor behaviors included unwelcoming, autonomy with preceptor overpresence or underpresence, and nongenuine feedback.

Situations may arise in which you must decide whether to protect the student or allow the student to struggle through a difficult situation – whether to hold the student’s feet to the fire, or act as a shielding firewall. Think through in advance how such situations might occur in your setting.

There is not one right answer that covers all such situations. Certainly you will protect the safety of the patient and the student’s physical safety. When you need to intervene
to prevent stress or embarrassment for the student, role model professional behavior for the student, explain to the student how you have managed the situation, and ask the student to tell you her perceptions of the situation and how she might act differently in similar situations in the future.

For a more advanced student, you may decide that a situation presents a valuable learning experience; support the student in working through it, and process the situation and the student’s actions afterward. To whatever extent you decide to assist the student in such situations, it is never desirable to manage the situation completely behind the scenes in a way invisible to the student. Your role is to introduce the student to the realities of nursing practice – as gently and supportively as possible. Students will learn valuable lessons from your actions and the rationale for your actions in difficult situations.

- **Assess the Student’s Previous Experience**
  As a group, undergraduate students exhibit great diversity in clinical and life experiences. Many have worked as nurse externs or as nursing assistants. However, you may be working with a student who is entering a clinical setting for the first time. Assess the student’s previous experience in healthcare settings. Since nursing assistant, volunteer, and nurse extern roles may differ considerably from one facility to another, find out specifically what the student has done during previous experiences. Students’ non-clinical work experiences and life experiences also influence their perspectives on clinical practice and how quickly they master certain objectives.

  Information you obtain when you assess the student will help you to alleviate stress and unfamiliarity for the student who is new to the setting and will allow you to use time efficiently with the student who has experience. When you assess the student, find out which courses and clinical experiences the student has completed, so that you can plan to build on previous learning and seek new experiences for the student.

- **Expect Less Independence and Flexibility than with Graduate Students**
  It is absolutely critical that you operationalize the objectives of the course in your clinical setting – that is, think through exactly what the student will be doing in your clinical setting when he has accomplished each objective of the course. If you are uncertain about example behaviors that match the objectives, consult with the course faculty.

  The purpose of the clinical experience is for the student to practice, receive corrective feedback and approximate the behaviors which indicate successful completion of the course. So, these specific behaviors serve as an important reference point throughout the experience and as criteria for evaluation at the conclusion of the course.

  Because the objectives and the behaviors that describe them are the focal point for learning and achievement in the course, it is essential that you, the student, and the faculty share a common understanding of expectations. Clarifying expectations at the outset will facilitate a more effective clinical experience for all concerned.
Although undergraduate students’ objectives are more standardized than graduate students’ objectives, undergraduate students are nevertheless adult learners and will appreciate the opportunity to make choices when appropriate.

**Meet Today’s Undergrad: A Different Kind of Animal**

Your previous experiences may lead you to faulty assumptions. You will probably find that most students are quite different from you as an undergrad. Some of these differences may be generational, as discussed in Chapter 5.

The undergraduate student is also different from new graduates or experienced nurses you may have precepted. Some of your own student experiences and previous precepting experiences will prove very useful when working with undergrads. However, most important are your assessment of the student and a clear understanding of the course expectations so that you expect neither too much nor too little of the student.

Regardless of previous experience, the objectives and expectations are the same for all students in the course. The difference will lie in the type of experiences and the amount of practice the student will need to meet the objectives. Though all students must reach the same destination or outcomes, they may travel at different speeds and by different routes. For those students who meet objectives readily, it may be appropriate to offer more advanced or enriching experiences. If you think that the student’s performance shows readiness for more challenging situations, share your perceptions with the course faculty.

Hopefully, you will not experience incivility on the part of your students. Unfortunately, these problem behaviors have been noted among some nursing students. For further information or advice, consult the Luparell resources recommended at the end of the book.

**Help the Student Formulate Meaningful Plans of Care**

The student may be required to prepare plans of care in a particular format. Remember that for beginning students the nursing care plan is a tool to help them structure their thinking and planning process – it is not intended to be a practical tool that a practicing RN would find useful. Required format and structure vary with the level of student.

Most undergraduate students need a more structured process of planning in advance than practicing RNs use. Develop for your own use an efficient and effective method of planning care with the student. McVey (2006, in Jackson et al., pp. 126 – 126)
recommends a series of practical questions to help the student organize care:

1. **Who?** The relevant specifics about this particular client
2. **What and Why?** Client assessment and focused chart review
3. **So what?** Bottom line implications of assessment findings
4. **Now What?** Priority actions
5. **When?** Timing and sequence of nurse actions
6. **What before?** Prep and collaboration before implementing the plan

- **Make Purposeful, Realistic Assignments**
  Use the objectives and your assessment of the student’s competencies and learning needs as a guide to making assignments. Clinical time and clinical resources are limited and it is important that each assignment serve a purpose in the student’s progression toward accomplishing the objectives. Staff nurse colleagues may offer input and it may be very useful. However, your colleagues probably do not have your insight into the objectives of the course. Though well-intentioned, their suggestions may not match the student’s learning needs. When making assignments, consider the amount of support and assistance that the student will need to complete the assignment. Avoid creating an overwhelming assignment for YOURSELF when you have responsibilities for other students, other patients, or both.

- **Teach Priority Setting**
  Students learn priorities from the questions you ask. Direct your questions with priorities in mind. **Ask questions such as:**

  1. “What is most urgent?”
  2. “What is the most important observation?”
  3. “What are the most important precautions associated with this particular procedure (or medication)?”
  4. “Of all the information you read about this patient’s condition, what will be your focus today?”

- **Avoid Giving THE Answer**
  You can expect to hear the student ask, “What should I do now?” Whenever it is safe to do so, turn the question back to the student: “What alternatives have you thought of?” “What does the procedure say?” “Did you check that on our Intranet?” “What is the patient’s preference?” Or other questions that will help the student think through the situation.

Duchscher (2003) found that new graduate’s initial critical thinking in unfamiliar situations could be described in a dialogue that the new grad carried out:

- “What shall I do?”
- “I’ll call the RN.”
- “What will the RN do?”
- “Can I do that?”

Of course some competencies required to act in unfamiliar situations may indeed be beyond the capability of the student, and the student may need you to intervene.
Nevertheless, thinking through what the RN will do and what additional learning the student needs to act similarly is a learning experience.

- **Deal with Questionable or Poor Practices by Staff Members**

  Each situation is different. It is important to help students differentiate between safe alternatives and unsafe practices. Do not ignore these situations. Use them as learning opportunities. Raise questions with the student about what should have happened and why. Ask the student to identify the risks inherent in the practices they observed. Help the student to identify factors that contributed to the situation and how to address these factors. Explore follow up on the incident with the student. Does the incident need to be reported? If so, to whom? Should the student follow up with the staff member involved, or with someone else? How should you follow up, if at all? These situations call for your best professional judgment. Do your best to model ethical, professional behavior. Take approaches that will not alarm the patient, compromise the patient’s confidence in the staff, or embarrass a staff member. Naturally, patient safety has priority over avoiding embarrassing a staff member, but whenever possible, allow the staff member to save face.

- **Use Observational Experiences Constructively**

  When thoughtfully planned and designed to promote student’s engagement with the observation, observational experiences can enrich a student’s clinical experience. Faculty may have assigned or suggested observational experiences as a part of your student’s experience. Or, you may identify an opportunity in your facility. Effective observational experiences include some preparation on the part of the student, perhaps reading an article, a protocol, or other pertinent material. The student should also make specific observations that will allow her to respond to specific questions about the experience. Depending upon the type of care being observed, questions might include:

  1. “What protective equipment were staff members wearing? Why?”
  2. “What infection control measures did you observe?”
  3. “How did the patient perceive this procedure?”
  4. “What was the purpose of . . .?”
  5. “What were the roles of the various staff members present?”
  6. “What equipment was in use? By whom?”
  7. “How was the patient’s status and progress monitored?”
  8. “How would you prepare a patient for this procedure?”

- **Plan Learning for All Domains of Learning: Facts, Principles, Skills, Affective Behaviors, and Critical Thinking**

  In the cognitive domain, undergraduate students need to learn many facts, principles, and rules during their clinical experiences. They also need to develop critical thinking skills. Chapter 3 suggests some approaches to foster critical thinking.

  When working with undergraduates, it is important to remember that what constitutes critical thinking depends upon the level of the student. For example, a more advanced student will recall as facts the important assessment and monitoring aspects associated with particular medications. Students at all levels should come to the clinical
setting prepared with pertinent knowledge about any medications they will administer and should use unit-based references for newly ordered medications. But suppose that a patient who is receiving a diuretic is nevertheless exhibiting signs and symptoms of fluid retention and so now has a new order for an additional diuretic of a different class which is unfamiliar to the student. If you supply a simple description of the action of the drug, the student can apply critical thinking skills to identify the signs and symptoms that indicated the new order and the related important observations and precautions. A student who had knowledge of the drug could simply recall the factual information, but the student who had no knowledge of the drug would have to figure it out, based on information about the action of the drug.

In the **psychomotor domain**, look for as many opportunities as possible for students to perform their skills. They need practice! If you identify a student who has deficits in skill performance, find out what resources the school can provide to help the student strengthen skills. Most schools have learning labs, many of which include sophisticated simulators.

In the **affective domain**, model respectful relationships with others. Give the student feedback on how well he demonstrates caring, respectful, professional behavior.

Some have suggested that there is a **fourth domain of learning** – a **social and cultural domain** that combines some of the features of the other domains. Social learning is very important for the undergraduate student. Research findings suggest that beginning nurses must find a level of comfort in relationships with patients and staff members, as well as with their skills, before they are capable of understanding the clinical picture and exercising clinical judgment (Secrest et al., 2003; White, 2003). Support the student in developing the beginnings of these relationships. Often students and their clinical teachers function as somewhat of a parallel system to the unit culture and lose the opportunity to assist the student with these social aspects of the RN role.

- **Address Student Concerns About Feedback and Evaluation**

Undergraduate students are often extremely sensitive to the specter of evaluation that they perceive as haunting their clinical experiences. Make a point of reassuring the student that you don’t expect perfection, especially at the beginning of the term. Let
the student know that you will give corrective feedback throughout the term, but that it is only at the conclusion of the course that you make a final judgment about whether the student has met the objectives.

Be sure to include validating, affirming feedback as well as corrective feedback. The students need to know what they are doing right. It is easy to forget this important ingredient, particularly when managing a group of students as Clinical Faculty.

Remember that each observation of the student’s performance is only a snapshot. Your judgments about performance require a series of observations that can be summed to indicate patterns of behavior.

**Beware of biases** – either a halo effect or a reverse halo effect. Your expectations can color what you observe. A student may need to improve certain aspects of care, and at the same time, perform quite well in other aspects.

Encourage students to evaluate their own performance, using the objectives as measures. Ask the students to state examples of evidence that they are progressing toward, or have accomplished, an objective.

Find out how the faculty grades students’ clinical practice. Some schools use an A,B,C,D,F system and others use Pass/Fail. There are advantages to both methods. Advocates of letter grades argue that the method encourages students to excel and to put forth more effort in the clinical setting. Proponents of the Pass/Fail approach believe that clinical performance is either competent or not competent and should be graded as such. Your role may or may not include actually assigning a grade. You will present evidence to the faculty that supports a particular grade, and so it is important to ask faculty for examples of the behaviors that typify the levels of grading that they use.

When you plan clinical experiences, plan the observations you will make so that you can assure you will see the student’s performance of particular objectives.

- **Keep Anecdotal Notes**

Whether you work with one student or a group of students, anecdotal records will help you recall the particulars of student performance. The school may have a policy and a required or recommended format for anecdotal records. Record enough information about the patient so that you can recall the patient care needs. Protect the identity of the patient. Make notes to capture your observations of the student’s performance. Think of that part of the anecdotal note as the equivalent of a video recording. Keep your interpretation or judgments about what you observed separate from the description of your observations. Share your notes with the student at intervals as a means of sharing perceptions.

If you are managing a group of students, review your anecdotal notes of the previous experience before the next experience. This will help you direct your attention toward students whom you may not have observed to the same extent as some of their peers.
Conduct Meaningful Pre- and Post-conferences

As Clinical Faculty you will be conducting pre- and post-conferences. As a preceptor, you may develop a routine of the equivalent of a pre- and post-conference as a one-on-one interaction with your student.

The pre-conference is an opportunity to briefly touch base with the student before the day’s experience begins to identify priorities, review the student’s plan, and clarify as needed. It is your opportunity to assure yourself that the student is prepared to provide safe care and to identify the times when you plan to be with the student.

Post-conferences are most effective when focused on a particular topic or aspect of care. It is very important to keep the focus on the clinical experience of that particular day and not use the time as additional class time.

Purposes of the post-conference include (Oermann & Gaberson, 1998):

1. Develop students’ problem-solving skills
2. Build students’ decision-making and critical thinking skills
3. Debrief the clinical experience
4. Develop cooperative learning and group process skills
5. Allow students to assess their own learning
6. Develop oral communication skills

Your role in the conference is to guide discussion and not to present information. If you plan a theme in advance based on your knowledge of the patients and events that you anticipate will occur, be sure to guide the students to connect the theme with each student’s experience. During the experience, make rounds on the students’ patients to identify possible themes for the conference that would be pertinent to the day’s experience of each student.

Avoid the temptation to lecture and interpret. Make most of your statements into questions – and allow time for the question to “land.” That is, allow students time to process the question and construct a response before answering yourself or moving on to another topic.

Each student should have an opportunity, perhaps the requirement, to speak during the post-conference. Avoid a simple series of reports, one by each student, in which no questions are asked or comments made. Each student need not necessarily give a full report of her activities during the experience. Instead, the theme might be assessment, or communicating with patients and family, communicating with staff, technology, documentation, or some other pertinent aspect of care. If you choose a format of a different student giving a more indepth presentation of a patient at each session, require that each student ask a question of the presenting student. Or, that all students take notes and that each student restate one point made by the presenting student. Students may be reluctant to critique one another’s plans or actions, but you might ask each student to add one additional consideration in the care of a patient whom another student has presented. Or perhaps, ask students to identify how the needs of another student’s patient differed from the needs of his patient.
If you elect to invite guests, perhaps representatives of other disciplines or unit staff, prepare the guest in advance that this is not a guest lecture for the entire duration of the conference, but rather an opportunity for the students to place the expertise of this individual in the context of the day’s experiences.

You may find it necessary to enforce some discipline about on-time arrival at the post-conference. Encourage students to signal you if they need assistance to complete their assignments on time. You may direct students to help one another, which will add to their learning and importantly to recognize the need to ask for help in patient care. Emphasizing on-time arrival at post-conference also helps students develop time management skills – a great challenge for most new graduates.

• For Clinical Faculty, Work Effectively with a Group of Students

Clinical Faculty usually work with a group of students on a clinical unit. Managing the needs of so many patients and students can prove chaotic, and planning ahead is essential. When making assignments, take care not to overwhelm yourself. If you have 10 students and assign two patients to each student, you will make yourself accountable for 30 people – 31 including yourself! At times, assigning two students to work together in the care of a complex patient may provide an excellent learning experience. Plan in advance your priorities for specific observations and supervision during each experience.

It is acceptable to assign different activities to different students in the group. Naturally, the students need patient care experience and should receive as many patient care assignments as possible. But there are times when a student’s patient is discharged or transferred unexpectedly and no suitable patient care assignment is available. Prepare for these occasions by developing a list of activities that will permit students to make constructive use of the time on the unit. Perhaps list each activity on a card, creating for yourself a pocketful of cards from which you can pull self-explanatory assignments for students. Having instructions written will help you avoid taking time away from supervision of care to explain some alternative assignment.

Alternative assignments should make use of the clinical resources available. This does not include activities such as reading texts, preparing class assignments, or other activities that do not make use of the clinical setting. Possibilities might include:

1. Reviewing medical records of selected patients on the unit. Identify the indications for the medications they are receiving and assessing the patient’s response – and to include talking with the patient about his response.
2. Reviewing a medical record and talking with a patient to determine priorities in his care.
3. Reviewing the laboratory reports in the medical record and relating results to pathophysiology and therapies that are documented in the record.
4. Asking a nurse specific questions about her care of a particular patient.
5. Using reference material on the facility’s Intranet to answer certain questions related to care of patients on the unit.
Give some thought to what types of assignments on your unit make use of the resources there and provide a learning experience for students that addresses the course objectives.

For further development of these suggestions and additional recommendations for teaching undergraduates in the clinical setting, see Case & Oermann (2004).

**D. Studies Have Shown: Some Research-Based Guides for Preceptors** by Virginia McMahon Keatley, DNSc, RN

Keatley (1998) identified the presence of critical incident stress among baccalaureate nursing students practicing in clinical areas. The students identified trauma from intrapersonal threats (fear, feelings of inadequacy, worry), interpersonal dilemmas (feeling unwelcome on units, experiencing lack of support from faculty and staff), and extra-personal challenges (lack of time and control, feeling lonely). One recommendation of this study was to strengthen student confidence and comfort through the use of a consistent nurse preceptor.

In a subsequent study, Secrest, Norwood, and Keatley (2003) explored nursing students’ experiences of feeling professional. In a phenomenological study, students (n=64) were asked to reflect upon a clinical event during which they felt professional and share it in detail.

The themes which emerged from this study were: belonging (being part of the team), knowing (being able to answer questions from patients and families), and affirmation (seeing results of own action, no longer feeling like a student).

Based, in part, upon these 2 studies, a formal preceptorship experience was planned and implemented at a small state school in the southeastern United States. This 120-hour clinical, accompanied by a 3-hour didactic course in Nursing Theory, Research, and Practice, became the culminating course of the baccalaureate program.

In a phenomenological study, Keatley, Norwood, and Secrest (2004) sought to determine the meaning of preceptorship as described by the students.
seniors (n=19) were asked to describe specific clinical experiences that were meaningful to them. The data were analyzed using Polio’s interpretive framework (Polio, Henley, & Thompson, 1977). As the researchers worked with the data, a thematic structure evolved. Against a background of awe about nursing, three themes emerged: competence, connection, and rewards. Exemplars for each theme were identified. Each theme supported the thematic structure.

This study strongly suggested that the preceptor made the experience for good or bad. The extended time (120 hours) spent on the same unit with the same nurse allowed the student to become familiar with routines, medications, and procedures leading to a feeling of competence, “I can do this.” In turn, this perceived competence ameliorated the feelings of fear, inadequacy and worry reported in the earlier study. The extended time and consistency also facilitated a connection for the students. They became part of the nursing team, valued for their part in providing care. This connection banished the perception that they were not wanted or welcome on the unit and not supported by the staff. Indeed, the connection worked both ways. The preceptor served as an entree to the whole staff. Preceptors helped students become part of the whole group and most staff members also viewed the student as “one of them.” Finally, a sense of reward emerged as students reported excitement from the affirmation they received from patients, families, and staff.

As a final component to preceptor studies, Keatley is conducting research to identify what preceptors find meaningful in a preceptorship. Preliminary data suggests that the consistency of working with one student for an extended period of time, seeing that student grow in comfort and ability, and feeling they have made a contribution to the profession play a large part in the satisfaction preceptors receive from the experience. Thus, it appears that a good experience is not a one-way street. All parties gain from the experience. This is borne out anecdotally by the number of preceptors who request to work with students multiple times.

A well-developed preceptor experience can exert a powerful impact upon a nursing student. Over the years, certain components of such a program have become very clear to faculty implementing our course. Keatley makes recommendations for successful preceptorship for the preceptor, student and faculty.

1. The single most important element for preceptor selection must be a real desire on the part of the preceptor to work with a nursing student. The desire should be to foster student growth. Preceptors who are subtly coerced or assigned the responsibility as part of the job should not be selected. A preceptor who does not truly want to precept can be detrimental to student development.
2. Preceptors must feel secure in their role as a nurse. Preceptors leave themselves open to scrutiny by the students. They must feel comfortable with students’ questioning and occasionally disagreeing with them.
3. Preceptors must understand the role of the professional nurse. Preceptorship goes beyond the technical and managerial skills of a nurse.
and enters the realm of leadership, committee assignments, outside professional continuing education, and advocacy. In our program, we require preceptors to have a BSN, believing that a broad educational background is essential in a leader.

**Students:**

1. The student must **initiate contact** with and **meet the preceptor prior** to starting the clinical experience. This lessens first day anxiety considerably.
2. Students must **complete a self-assessment of skills** and share this with the preceptor prior to starting the first work day. This delineates the student's scope of practice for the preceptor.
3. Students keep a record of thoughts, feelings, and content learned. This journal is submitted to the faculty member weekly. It is extremely important that student confidentiality be maintained, as students share some very personal feelings in these journals.
4. Students must adhere to the requirements of the unit: work hours, break time, uniform. They set up the schedule with the preceptor, working whatever days and shift the preceptor works.
5. Students must inform faculty and preceptor of any change in work schedule.
6. Accountability for clinical preparation is strictly enforced.

**Faculty:**

1. Faculty selects and meets with prospective preceptors **prior** to assigning a student.
2. The faculty maintains responsibility for grading the student. Preceptor input is always obtained, but the relationship between preceptor and student should not be overshadowed by grading.
3. Faculty must be on call at all times and remain very visible on the unit. Our faculty visit at least every other time the student works.
4. The faculty member does not supersede the preceptor in hands-on care. The faculty role is to work with and support the preceptor and troubleshoot when needed. Clinical experience and hands-on care is provided by the preceptor.
5. Feedback for both the preceptor and student is essential.
E. Questions and Answers for Clinical Faculty

by Gayle Roux PhD, RN, CNS, NP-C

As Associate Professor and Associate Dean of Faculty at the Marcella Niehoff School of Nursing, Gayle Roux is intimately involved in negotiating clinical experiences and clinical faculty assignments. Dr. Roux shared her thoughts in response to questions frequently asked by new clinical faculty.

Question I. As a brand new Clinical Faculty member or preceptor, what do I need to learn?

We acknowledge and respect that preceptors and clinical faculty come with many talents. You bring clinical expertise, communication skills, safety-focused approaches – there’s really not much catch up work to do. You primarily need to refashion and mold your skill set to focus on pedagogy and addressing students’ learning needs. Your role as Clinical Faculty or preceptor complements what you already do very well.

Question II. What are some of the specifics about pedagogy and learning needs?

One thing that may be a bit different is working with a student who has a problem – whether it is performance, interpersonal interactions, attitude, attendance, personal situations, or some other problem. Don’t hesitate to consult with your faculty contact – even if you just want to verify that what you perceive is a problem. Your faculty contact can validate your perceptions and offer suggestions. Your faculty contact can offer perspective about student norms and help you determine the seriousness of the matter. There is a multi-layered communication line for student problems. That’s one reason why it is important to identify problems early and begin the communication process. Your faculty contact person can help you determine when communication with the course director and others may be needed. Ask your faculty contact about the process before you perceive a problem.

Another new experience will be keeping anecdotal records and documenting student performance. Review the summative and formative evaluation process that you will follow to document the student’s performance. Ask your faculty contact for suggestions and a sample of the evaluation tool that will be required for completion with each student.

Question III. I’m accustomed to managing a heavy patient load, but I am a bit concerned about taking on 10 students at a time. What advice can you give me?

First and foremost, never put yourself in a situation in which you feel unsafe. Use your judgment to create assignments that you can supervise comfortably. Set safety
parameters for yourself.

Keep safe and sane by limiting some of the students’ patient care activities. For example, on a medical-surgical unit, all 10 students do not need to give medications to their patients during each clinical experience. Assign 5 to give meds and the other 5 to look up their patients’ meds so that they can expand their knowledge base in pharmacology and be prepared to administer the drugs in the future. Even out the assignments over the term so that all have an equal number of opportunities to administer the medications. You might give a post-conference assignment to those who did not administer the meds to report about the meds ordered for their patients and associated nursing responsibilities.

On a pediatric unit, you might assign the students to administer oral medications only for the first three weeks, and progress to IV meds for a time, and then finally to IV piggybacks.

Administration of medications is one aspect of practice in which we hold the student accountable for the same safe practice standard as the RN each time the student administers a medication. In other aspects of practice, we of course insist on safe practice, but allow for a learning curve and some cushion as the student develops competency.

**Question IV. How do you set the points on that learning curve?**

Clarify with your faculty contact the appropriate expectations for the student's scope and level of practice. Ask for examples that are specific to your practice setting.

One practice pearl I can offer is to get a sense of the group's performance norm. When you see that a student is lagging behind her peers, it's a red flag.

**Question V. I’m excited about the opportunity to work for the school as a faculty member. I know I’m not really employed by the setting where I’ll be with the students, but I’m not used to being a guest on a nursing unit. What do I need to know?**

As soon as you receive your assignment, go to work on meeting the requirements of the clinical practice setting. This is critical because all of the requirements cannot necessarily be satisfied quickly. There will be orientation related to a variety of aspects of care and practice, depending upon your assignment. Some settings have required courses related to the special needs of their patient population, such as a course concerning child abuse or elder abuse. Certainly you will need to receive access to the computerized documentation and information systems, learn the policies and procedures most pertinent on your unit, and introduce yourself to unit staff. Unfortunately, we often have to accomplish these requirements in an extremely short timeframe.

It is wise to meet with the unit manager and staff to discuss their expectations for the students at the initiation of the clinical rotation. These expectations can then be
shared with the students and translated into their clinical experience. For example, some units like the students to do walking rounds for change-of-shift report. Students may be asked to notify the primary nurse when the patient requests analgesia so the nurse is apprised of the situation. It is important for the faculty and students to know the expectations and follow the variations in practice for that specific unit.

It's a great insight to view yourself as a guest and to extend courtesies. But, do your best to integrate yourself and your students into the unit milieu. You can make valuable contributions to patient care and the students benefit from a more realistic experience when you and the students integrate with unit staff and practices.

**Question VI.** I've precepted undergrads in the past and that was not a paid position. I'm excited about the Clinical Faculty role, but honestly I could make more money picking up extra shifts. Students are so important to our profession. Why aren't the dollars there?

You’re learning to think like a faculty member already! We do not claim that the work of nursing faculty is compensated commensurate with its value. Nursing education is an extremely expensive enterprise. Just as an example, we have 140 students in our Medical-Surgical course. That’s 14 groups of 10 students, each with its own Clinical Faculty, and we’re accounting for just one course out of the 53 clinical courses we run concurrently.

We have limited resources with which to compensate our faculty. However, in your role as clinical faculty it is wise to inquire about your salary before your teaching assignment is confirmed. You should know the salary comparison for your teaching position versus clinical practice before you accept the assignment. Potential faculty can then make an informed decision if the teaching position is the right step. Universities are continuing to propose salary increases for nursing faculty to compete with the market demand for nurses. We are aware that salary is one of the many variables that contribute to the faculty shortages. Professional discussions on salary issues with school of nursing administrators will assist the discipline of nursing education to progress with budget requests and salary increases.

It’s difficult to arrive at a fair and commensurate standard. One approach that some university medical centers have implemented is the joint appointment, in which the master’s-prepared nurse is on salary for a designated number of clinical practice hours and a designated number of hours teaching students. However, with the current high acuity, short stays, and need to focus on outcomes, many healthcare facilities do not find themselves in a position to entertain joint appointments. This contribution to the future of nursing can not always be measured in salary expenditures. Many nurses and faculty believe the current faculty and nursing shortage requires a collaborative commitment from universities, agencies, hospitals, legislators, and the state and federal government to create innovative programs to educate more nurses to meet the health demands of the public.

**Question VII.** I’m quite accustomed to all the computer and Web-enhanced tools available to us in practice, but I don’t know that much about what’s going on in schools
of nursing. I’ve heard about SimMan® - do I need to learn all about what the students are doing with technology at the School of Nursing?

Like many of the answers you’ll give to students, the answer is both yes and no. In our lab, we welcome Clinical Faculty. I think it helps you to know the resources we have to support and remediate students. That doesn’t mean that you need to know how to operate SimMan®. It does help you to know that for a student who lacks confidence and proficiency with skills, there is a place for practice.

Computer applications and Web-based resources open a new world for all of us. In fact, in placing students for clinical experiences, some pilot work is ongoing to explore the possibilities of letting the computer do the work of figuring out how to accommodate and coordinate the requests of numerous schools for clinical rotations at the many facilities at which they seek for student placements – at the graduate level as well as the undergraduate. Here in Chicago, we are one of 22 schools which place students in the few facilities devoted to pediatric care. Proponents of Web-based placements cite the efficiency of the process – the saving of time on the part of faculty and facility professionals and the opportunity for earlier finalizing of placements. Skeptics worry that the impersonalizing may result in failure to look after the interests and objectives of participating schools.

**Question VIII. We both have limited time to continue our conversation – where do we leave it for now?**

Well that’s certainly true. The shortages of nurses, nursing faculty, APNs, nursing managers, and so many other of our valiant colleagues affects us all. We all have fewer hours to devote to each one of our accountabilities – something we all need to remember when we collaborate with others.

I think the best place to leave it is with the invitation for ongoing communication. I hope that you’ll be in touch with your faculty contact at any time a question or concern arises. And, we’ll reciprocate with information that we think will help you.

My sincerest thanks for the expertise you bring to our students!

**F. Conclusion**

Preceptors and Clinical Faculty who work with undergraduate students make an invaluable contribution to students’ progress and to the nursing profession. This chapter has highlighted these two important roles and recognized that much of the information in preceding chapters applies to their practice. The chapter has also focused on some aspects of clinical teaching of the undergraduate student that differ from working with graduate students. The chapter featured contributions by a nursing faculty member who has conducted and continues to conduct research related to precepting and by the Associate Dean of Faculty at Loyola University Chicago Marcella Niehoff School of Nursing.
When precepting puzzles you… or you have a question, just

Ask the Preceptor’s Preceptor

The other day one of the patients I had assigned decided he didn’t want a student – despite the fact that I had explained all of this to him the day before – my role, the student’s role. When the student and I walked into his room, he said, “Look, I’m too sick for this. You’re going to have to find someone else to practice on.” I was really taken aback. I said, “Well, we’re both disappointed to hear that because we really plan to give you excellent care this morning. However, we won’t cause you any additional stress, we’ll work with someone else this morning.” Then we left the room and readjusted the assignment, which didn’t make the staff very happy. In retrospect, I think I reacted too quickly and too severely. But I was so shocked and so influenced by this hospital’s tremendous emphasis on customer service. How could I have handled it better?

A. You were right on target. The patient is always right. What if the patient or family complained about the student’s care, or your insistence that the student give care? Patient satisfaction and customer service are very important imperatives.

B. He was really off base. When patients sign the consent on admission to teaching hospitals they accept student involvement in their care. You shouldn’t have caved in like that. What a poor advocate and role model for the student! You should have told him that he had already consented and that you’d be sure the student didn’t make any mistakes.

C. You should have explored this further with him, just as you would if he refused a medication. The outcome might be the same, but at least you could have clarified things and modeled that process for the student.

C. is the best answer. Your idea about exploring it with him as you would if he refused a medication or treatment is a good insight. What are his concerns? You don’t want to be a salesman, with an answer for every objection. You don’t want to coerce or persuade him, or embarrass the student. But, it is important to clarify his concerns, the student’s role, and your role.

It is a delicate situation. It is also an opportunity to role model for the student how to explore the patient’s concerns. If the student is his nurse this morning he will probably receive closer attention than he would from a staff nurse – not only because he is the student’s only patient, but because you – a highly qualified, experienced nurse – are also monitoring his care. Be careful how you present that piece of information – you don’t want to undermine the staff! It’s enough to say that the student will give him full attention since she has no other patient care responsibilities, that she is competent to do the activities that his care requires, and that you will be overseeing his care. Telling him this will not only reassure him, but will also affirm the student.

Nevertheless, you must respect his wishes. If he remains reluctant or becomes agitated, tell (continues on next page)
Ask the Preceptor’s Preceptor

(continued)

him that you will arrange for another nurse to care for him, and do so. Whether or not he accepts the student, it is a great opportunity for the student to see the value of exploring and clarifying concerns.

Consider this particular student as well. Is this student someone who will be threatened and stressed by caring for a patient who initially rejected her? If this is a beginning student, perhaps another assignment would be best. But, for a more advanced student, working through it might be beneficial.

Then there’s the staff. If you change the assignment, you will be altering another nurse’s assignment. Be sure that the nurse involved and the charge nurse know that you did in fact talk with the patient about the student assignment previously and at that time he was comfortable with it. Is there a reasonable way to compensate the nurse for the inconvenience of the changed assignment – such as assisting the nurse in some way?

And finally, it’s understandable that you responded as you did. As my comments indicate, there’s a lot to consider here and you resolved the situation efficiently and effectively. Still, take advantage of the learning opportunity that this situation presented. Explore with this student, or perhaps with your group of students in conference, the various alternatives and implications in this situation.
A. Challenges of the Role

Most experienced nurses precept because they feel a responsibility to give back to students to repay their own learning experiences. They may appreciate the opportunity to teach and realize that they are influencing practice and promoting nurse administrators, APNs, and future nurse leaders. Precepting can also stimulate one’s own thinking and provide alternative ideas. However, it is unrealistic to expect practicing APNs, managers, administrators, and executives as preceptors to repeatedly put extra effort into their day’s work without experiencing stress or even burnout. It is not easy to be a preceptor. If you are new to the role, you may feel concerned about “getting it right,” and being able to successfully guide the student to both his and the faculty’s satisfaction. You are learning how to balance your time with the student, how to assist her in navigating your environment, and how to beneficially work with others in your setting. You are constantly seeking out appropriate learning opportunities, and trying to realistically evaluate student progress. This can be very taxing to the new preceptor.

As time goes on and you get especially good at precepting, faculty may ask you to precept almost continuously – each semester and sometimes even during the summer. Faculty may ask you to take on the challenges of a difficult student. Both of these situations can eventually drain you of your energy. Even when precepting comes easy and you find it stimulating, the responsibilities of your “day job” may continue to change or escalate, again adding demands and stress to you. How can one successfully survive in this role?

B. Survival Skills

Preceptors need to be proactive to prevent “preceptor burnout.” Pay attention to the warning signs, such as lack of enthusiasm, feelings of not being able to take on one more student, lack of interest in student projects, assigning the student to other
colleagues rather than role modeling yourself, offering limited student feedback and the like. **Use these suggestions to guide you through the rougher times.**

- Balance the amount of time you spend with the student. No one can survive having an observer constantly under foot. Provide opportunities when the student can work alone on a project or with other staff. This is not dumping, but rather expanding the student’s learning opportunities.

- Determine the appropriate amount of your personal investment of time for each student. Realize that not every student demands the same amount of effort. Some students are self-starters who, after an appropriate orientation to your setting, can manage independently. Let them do this. It will foster their independent growth while providing you some down time. Save your closer supervision for the more novice students.

- Be prepared with ideas for student projects that will benefit your work situation and institution. Many students do not have pre-determined plans in mind, and will be grateful for the opportunity to tag onto a work-site project.

- Consult with the faculty early when you recognize a repeating problem with a student. Don’t feel it is only your issue to deal with.

- Be honest about taking a break from precepting for a semester or two when you need some personal **R&R**. Perhaps you can suggest a substitute colleague within your work setting who could serve as preceptor for a semester. Some of your colleagues may enjoy the opportunity to learn a new role. If not, just provide the faculty with some advance time to make alternative arrangements.

- Proactively try to arrange your day’s schedule so that on “student days” you have a more flexible workload. Many preceptors realize that they can’t handle having students on days when certain meetings will be held, or during special planning periods. It is okay to ask the student to work more independently, or to come on a Thursday rather than a Friday.

- Use your coaching skills when working with students. Remember you do not have to have all the answers. Through appropriate questions students will find their own best answers.

**C. The Teacher’s Perspective**

Gain insight and solace from the perspectives of some leading authorities in education. Brookfield’s truths about teaching (1990, pp. 195 – 211) are one such inspirational source:

- Be clear about the purposes of your teaching.
- Reflect on your own learning.
• Be wary of standardized models and approaches.
• Expect ambiguity.
• Remember that perfection is impossible.
• Research your students’ backgrounds.
• Attend to how students experience learning.
• Talk to your colleagues.
• Trust your instincts.
• Create diversity.
• Take risks.
• Recognize the emotionality of learning.
• Acknowledge your personality.
• Don’t evaluate only by student satisfaction.
• Balance support and challenge.
• Recognize the significance of your actions.
• View yourself as a helper of learning.
• Be skeptical of all of the above and discover your own truths.

Be encouraged especially by Brookfield’s last truth. Palmer (1998, pp. 10 – 11) echoes that sentiment in his famous concept that techniques are what you use until the teacher shows up. He believes that regardless of methodology and technique, a teacher who truly loves his subject and cares deeply about helping students learn can succeed with just about any approach. And giving credence to this spirit in the precepting of NP students, Hayes (2001) found that a humanistic precepting style may be equally or more important in the development of mentoring than gender or discipline of the preceptor. She found that age differences between student and preceptor, student nurse experience, and the tone of the clinical setting can be either helpful or a hindrance. Her 2001 study validated her earlier findings that increased time spent in the practicum, increased experience on the part of the preceptor, and choice of preceptor rather than faculty assignment supported the development of a mentor relationship.

D. Preceptor Recognition

Realizing the demands of the role, the faculty is concerned about expressing appreciation and reaffirming the great value of preceptors. Unfortunately, commensurate financial rewards are simply not available in the academic environment. The faculty will entertain your suggestions about meaningful, feasible rewards. You may want to explore use of university resources. Some may be available on an informal basis, such as attending a particular lecture or workshop. You may be able to arrange such opportunities without formally auditing a course. Some preceptors enjoy the opportunity of guest lecturing for one of the theory courses. Or you may be interested in co-authoring an article with a student or faculty member regarding some of your experiences. In time you may be eligible for an adjunct faculty status. Let the faculty member know what type of compensation works best for you.

Schools offer a variety of preceptor rewards including tuition and continuing education.
vouchers, verification of hours toward recertification and relicensure, access to services and events on campus, reduced price or free admission to museums, cultural and sports events, and lectures (Campbell & Hawkins, 2007). In addition, faculty may nurture preceptors by nominating them for awards, providing letters of reference, editing manuscripts, and collaborating on research projects (Campbell & Hawkins, 2007).

School of Nursing faculty as a group possess an impressive array of expertise in areas that might be useful to your organization. It may be possible to negotiate for some consultation services in clinical projects, outcome measurement, informatics, quality improvement, and other areas of expertise. Take advantage of whatever opportunities are available. This is the best way to make the precepting experience a WIN-WIN for all.

E. Conclusion

This final chapter has addressed preceptor burnout and identified means of preventing it. The chapter presented some inspirational ideas about teaching from noted authorities. The chapter acknowledges the importance of preceptor recognition and encourages you to suggest and to take advantage of reward and recognition opportunities. In concluding the book, the authors wish you great success and joy in your adventures in precepting and thank you for enriching students’ learning.
Introduction


**Chapter 1**


Chapter 2


**Chapter 3**


**Chapter 4**


**Chapter 5**


Malone, B. (July 2, 2007). NLN Member Update, 9(13) online.


**Chapter 6**


**Chapter 7**


**Chapter 8**


**Chapter 8 Resources**  
**For Clinical Faculty and Preceptors**

For more in-depth preparation for your role with undergraduates, you find these Web-based courses of interest.

- Clinical Faculty: a New Practice Role  
- Being a Preceptor in a School of Nursing  

And for advice about civility issues in student relations, consult the following resource. The author describes some of the mistakes she has made in dealing with difficult student situations and the lessons she has learned from those mistakes.


In addition, the author makes the argument for why we need to deal more assertively with problematic student behavior.


**For Students**

Students might find it helpful to read, *A Proactive Approach to Orienting with a Preceptor*. Although it is intended for new graduates, students can apply the suggestions to their preceptor relationships. It can be read for no charge at RN.com.

- A Proactive Approach to Orienting with a Preceptor.  

**Chapter 9**


**Appendix C**

## Levels of the Cognitive Domain

<table>
<thead>
<tr>
<th>Level</th>
<th>Examples of Mastery at the Level</th>
<th>Additional Verbs for Stating Outcomes at the Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>The student recalls pertinent facts related to management of the patient.</td>
<td>Defines, describes, identifies, labels, lists, matches, names, outlines, reproduces, selects</td>
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<tr>
<td></td>
<td>The student communicates in correct terminology concerning management issues.</td>
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<td></td>
<td>The student states the correct process for initiating an evidence-based practice project.</td>
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<tr>
<td>Comprehension</td>
<td>The student explains the results of a patient assessment.</td>
<td>Converts, defends, distinguishes, estimates, explains, extends, generalizes, gives examples, infers, paraphrases, predicts</td>
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<tr>
<td></td>
<td>The student interprets spreadsheets pertinent to department management.</td>
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<td></td>
<td>The student justifies the unit staffing plan.</td>
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<td></td>
<td>The student projects consequences of initiating a new patient care model.</td>
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<tr>
<td>Application</td>
<td>The student transfers learning into new situations, by showing improved time management in conducting successive unit staff meetings.</td>
<td>Changes, computes, demonstrates, discovers, manipulates, modifies, operates, predicts, prepares, produces, relates</td>
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<tr>
<td></td>
<td>The student applies nursing theory in designing a model of nursing care delivery.</td>
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<td></td>
<td>The student solves problems in patient management.</td>
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<td></td>
<td>The student creates charts and graphs to present quality improvement findings.</td>
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<tr>
<td>Analysis</td>
<td>The student explores a problem or need for improvement from multiple perspectives and for multiple contributing causes.</td>
<td>Breaks down, diagrams, differentiates, discriminates, identifies, illustrates, infers, outlines, points out, relates, selects, separates, subdivides</td>
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<tr>
<td></td>
<td>The student leads a root cause analysis of a sentinel event.</td>
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<td></td>
<td>The student identifies and states fallacies and assumptions in positions taken upon issues.</td>
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<td></td>
<td>The student distinguishes facts from inferences.</td>
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<td></td>
<td>The student evaluates relevance of data in evidence-based practice projects.</td>
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<td></td>
<td>The student analyzes organizational plans and systems as they affect effective patient care and department management.</td>
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<tr>
<td>Synthesis</td>
<td>The student combines assessment findings and standards of care to create a plan of care.</td>
<td>Categorizes, combines, compiles, composes, creates, designs, generates, modifies, plans, rearranges, summarizes</td>
</tr>
<tr>
<td></td>
<td>The student composes a concise well-organized report of a project.</td>
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<td></td>
<td>The student proposes and justifies a plan for reorganizing services.</td>
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<td></td>
<td>The student formulates a classification scheme for evaluating risks.</td>
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<tr>
<td>Evaluation</td>
<td>The student judges patient responses and staff performance using criteria.</td>
<td>Appraises, compares, concludes, contrasts, criticizes, justifies, interprets, relates, supports</td>
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<tr>
<td></td>
<td>The student judges the value of proposals by criteria and standards.</td>
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<tr>
<td></td>
<td>The student creates and uses criteria to judge quality and value.</td>
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</tbody>
</table>

Modified from B. S. Bloom, 1956
## Levels of the Affective Domain

<table>
<thead>
<tr>
<th>Level</th>
<th>Examples of Mastery at the Level</th>
<th>Additional Verbs for Stating Outcomes at the Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receiving</td>
<td>The student listens attentively to the patient.</td>
<td>Asks, chooses, describes, follows, gives, holds, identifies, replies, uses</td>
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<tr>
<td></td>
<td>The student shows sensitivity to differences of opinion among staff members.</td>
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<td></td>
<td>The student expresses acceptance of cultural differences.</td>
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<tr>
<td>Responding</td>
<td>The student participates actively in discussion with other staff members.</td>
<td>Answers, assists, complies, discusses, greets, labels, performs, practices, recites, tells, writes</td>
</tr>
<tr>
<td></td>
<td>The student complies with facility rules.</td>
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<td></td>
<td>The student volunteers to assist other staff members.</td>
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<td></td>
<td>The student expresses interest in current issues on the unit.</td>
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<tr>
<td>Valuing</td>
<td>The student expresses value for the contributions of other staff who represent other disciplines.</td>
<td>Completes, describes, differentiates, follows, forms, initiates, invites, justifies, proposes, shares</td>
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<td></td>
<td>The student actively follows up, showing concern for another staff member who was involved in</td>
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<td></td>
<td>a difficult situation.</td>
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<td></td>
<td>The student demonstrates commitment to improving patient outcomes on the unit.</td>
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<tr>
<td>Organization</td>
<td>The student assists staff members to resolve conflicts.</td>
<td>Adheres, alters, arranges, combines, defends, generalizes, integrates, modifies, orders, synthesizes, prepares, relates</td>
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<tr>
<td></td>
<td>The student balances the values of empowering staff and patients with accepting responsibility</td>
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<td></td>
<td>for the professional role with staff and patients.</td>
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<tr>
<td></td>
<td>The student accepts responsibility for own behavior.</td>
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<tr>
<td></td>
<td>The student identifies and accepts own strengths and limitations.</td>
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<tr>
<td>Characterization by a Value or</td>
<td>The student displays behavior consistent with facility's value system as expressed in its</td>
<td>Acts, discriminates, displays, influences, modifies, performs, practices, proposes, qualifies, questions, solves, verifies, revises, serves</td>
</tr>
<tr>
<td>Value Complex</td>
<td>core values and mission.</td>
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<tr>
<td></td>
<td>The student identifies and acts upon risks to safety of patients and staff members.</td>
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<tr>
<td></td>
<td>The student demonstrates self-reliance in completing assignments.</td>
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<tr>
<td></td>
<td>The student cooperates with peer students' group work and with health team members.</td>
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<tr>
<td></td>
<td>The student maintains good health habits.</td>
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<tr>
<td></td>
<td>The student demonstrates self-discipline.</td>
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<tr>
<td></td>
<td>The student demonstrates an objective approach in dealings with staff and patients.</td>
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</tbody>
</table>
### Levels of the Psychomotor Domain

<table>
<thead>
<tr>
<th>Level</th>
<th>Examples of Mastery at the Level</th>
<th>Additional Verbs for Stating Outcomes at the Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Perception</strong></td>
<td>The student identifies malfunctioning of equipment from cues such as sounds, digital displays, and other indicators of malfunction.</td>
<td>Chooses, describes, detects, identifies, differentiates, isolates, relates, separates, selects</td>
</tr>
<tr>
<td><strong>Set</strong></td>
<td>The student demonstrates correct sequence of steps in performing a procedure. The student demonstrates proper procedure for entering data in a computer program. The student completes a treatment efficiently.</td>
<td>Begins, displays, explains, moves, proceeds, reacts, responds, shows, starts, volunteers</td>
</tr>
<tr>
<td><strong>Guided Response</strong></td>
<td>The student initiates action, using trial and error. The student performs budget calculations according to proper procedure. The student designs a properly sequenced visual display for a quality improvement poster.</td>
<td>Assembles, builds, calibrates, constructs, displays, dissects, fastens, fixes, manipulates, organizes, performs</td>
</tr>
<tr>
<td><strong>Mechanism</strong></td>
<td>The student consistently performs correctly, proficiently, and confidently. The student organizes information for computer documentation and enters data appropriately. The student plans an appropriate sequence for monitoring quality improvement in performing a procedure.</td>
<td>Same as for guided response</td>
</tr>
<tr>
<td><strong>Complex Overt Response</strong></td>
<td>The student organizes the physical plan of the unit for efficiency and safety.</td>
<td>Same as for guided response</td>
</tr>
<tr>
<td><strong>Adaptation</strong></td>
<td>The student modifies home care plans and patient education to fit the patient's physical home situation and resources. The student troubleshoots patient care equipment, computer-based systems, Intranet and Internet applications. The student modifies a planned patient care process based upon the staff's response to the plan and progress in using it.</td>
<td>Adapts, alters, changes, rearranges, reorganizes, revises, varies</td>
</tr>
<tr>
<td><strong>Origination</strong></td>
<td>The student creates a new pattern or sequence of steps in an approach to a patient care or unit management situation. The student creates a simple device to organize data files. The student originates a new way to document an action.</td>
<td>Arranges, combines, composes, constructs, designs, originates, creates</td>
</tr>
</tbody>
</table>

Modified from B. S. Bloom, 1956
## A Thumbnail Sketch of the Myers-Briggs Type Indicator™

### Extraversion-Introversion

| E-I #1 | Extraversion | Introversion | E-I #2 | Extraversion | Introversion | E-I #3 | Extraversion | Introversion | E-I #4 | Extraversion | Introversion | E-I #5 | Extraversion | Introversion | E-I #6 | Extraversion | Introversion | E-I #7 | Extraversion | Introversion | E-I #8 | Extraversion | Introversion | E-I #9 | Extraversion | Introversion |
|-------|--------------|--------------|-------|--------------|--------------|-------|--------------|--------------|-------|--------------|--------------|-------|--------------|--------------|-------|--------------|--------------|-------|--------------|--------------|-------|--------------|--------------|
| I often feel drawn into events, conditions and other stimuli going on around me | I often feel drawn inward by external events and intrusions |
| I often feel energized by other people and external experiences | I often feel energized by inner resources, internal experiences |
| I often act first, and then (maybe) reflect | I often reflect first, and then (maybe) act |
| I am often friendly, talkative and easy to get-to-know | I am often reserved, quiet and hard-to-know |
| I often express my emotions | I often bottle up my emotions |
| I thrive on interactions with others | I treasure my privacy |
| I often feel drawn inward by external events and intrusions | I often feel drawn into events, conditions and other stimuli going on around me |
| I often feel energized by inner resources, internal experiences | I often feel energized by other people and external experiences |
| I often reflect first, and then (maybe) act | I often act first, and then (maybe) reflect |
| I am often reserved, quiet and hard-to-know | I am often friendly, talkative and easy to get-to-know |
| I often bottle up my emotions | I often express my emotions |
| I treasure my privacy | I thrive on interactions with others |

### Sensing-Intuition

<table>
<thead>
<tr>
<th>S-N #1</th>
<th>Sensing</th>
<th>Intuition</th>
<th>S-N #2</th>
<th>Sensing</th>
<th>Intuition</th>
<th>S-N #3</th>
<th>Sensing</th>
<th>Intuition</th>
<th>S-N #4</th>
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<th>Intuition</th>
<th>S-N #5</th>
<th>Sensing</th>
<th>Intuition</th>
<th>S-N #6</th>
<th>Sensing</th>
<th>Intuition</th>
<th>S-N #7</th>
<th>Sensing</th>
<th>Intuition</th>
<th>S-N #8</th>
<th>Sensing</th>
<th>Intuition</th>
<th>S-N #9</th>
<th>Sensing</th>
<th>Intuition</th>
</tr>
</thead>
<tbody>
<tr>
<td>I tend to look at specific parts and pieces of a situation</td>
<td>I tend to look at patterns and relationships in a situation</td>
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<tr>
<td>I tend to live in the present, enjoying what is there</td>
<td>I tend to live toward the future, anticipating what might be</td>
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<tr>
<td>I prefer handling practical matters</td>
<td>I prefer imagining possibilities</td>
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<tr>
<td>I like things that are definite and measurable</td>
<td>I like opportunities for being inventive</td>
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<tr>
<td>I tend to start at the beginning and take a step at a time</td>
<td>I tend to jump in anywhere and leap over steps</td>
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<tr>
<td>I usually read instructions and notice detail</td>
<td>I usually skip directions and follow hunches</td>
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<tr>
<td>I like set procedures and established routines</td>
<td>I like change and variety</td>
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<tr>
<td>Sometimes I seem materialistic and literal-minded to persons who are more intuition-oriented than I</td>
<td>Sometimes I seem materialistic and literal-minded to persons who are more intuition-oriented than I</td>
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<tr>
<td>I sometimes feel that I need more intuition-orientation to balance me</td>
<td>I sometimes feel that I need more intuition-orientation to balance me</td>
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### Thinking-Feeling

<table>
<thead>
<tr>
<th>T-F #1</th>
<th>Thinking</th>
<th>Feeling</th>
<th>T-F #2</th>
<th>Thinking</th>
<th>Feeling</th>
</tr>
</thead>
<tbody>
<tr>
<td>I often see things as an onlooker, from outside a situation</td>
<td>I often seen things as a participant, from within a situation</td>
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<tr>
<td>I usually take a long view of events</td>
<td>I usually take an immediate and personal view of events</td>
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<tr>
<td>I often will spontaneously find flaws and criticize</td>
<td>I often will spontaneously appreciate</td>
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<tr>
<td>I usually decide with my head - choose what makes logical sense</td>
<td>I usually decide with my heart - choose based on my feelings or those of others</td>
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<tr>
<td>I usually take a logical approach</td>
<td>I usually go by my personal convictions</td>
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<tr>
<td>My major concern is for truth and justice</td>
<td>My major concerns are for relationships and harmony</td>
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<tr>
<td>I am good at analyzing plans</td>
<td>I am good at understanding people</td>
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<tr>
<td>I may seem cold and condescending to persons who are more feeling-oriented than I</td>
<td>I may seem cold and condescending to persons who are more feeling-oriented than I</td>
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<tr>
<td>I sometimes feel that I need more feeling-orientation to balance me</td>
<td>I sometimes feel that I need more feeling-orientation to balance me</td>
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### Judgment-Perception

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<tbody>
<tr>
<td>I enjoy being decisive</td>
<td>I enjoy being curious, discovering surprises</td>
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<tr>
<td>I like clear limits and categories</td>
<td>I like freedom to explore without limits</td>
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<tr>
<td>I feel comfortable establishing closure</td>
<td>I feel comfortable maintaining openness and taking in more information before deciding</td>
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<tr>
<td>I prefer an organized lifestyle</td>
<td>I prefer a flexible lifestyle</td>
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<tr>
<td>I like definite order and structure</td>
<td>I like going with the flow</td>
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<tr>
<td>I like to have life under control</td>
<td>I prefer to experience life as it happens</td>
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<tr>
<td>I work well with deadlines and plan in advance</td>
<td>I meet deadlines by a last minute push</td>
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<tr>
<td>I may seem demanding, rigid and upright to persons who are more perception-oriented than I</td>
<td>I may seem disorganized, messy and irresponsible to persons who are more judgment-oriented than I</td>
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<tr>
<td>Sometimes I feel a need for more perception-orientation to balance me</td>
<td>Sometimes I feel a need for more perception-orientation to balance me</td>
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**A Thumbnail Sketch of the MBTI™ Score Sheet**

<table>
<thead>
<tr>
<th>Extraversion/Introversion</th>
<th>Sensing/Intuition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Letter</strong> _______</td>
<td><strong>Letter</strong> _______</td>
</tr>
<tr>
<td><strong>Score</strong> _______</td>
<td><strong>Score</strong> _______</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Thinking/Feeling</th>
<th>Judgment/Perception</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Letter</strong> _______</td>
<td><strong>Letter</strong> _______</td>
</tr>
<tr>
<td><strong>Score</strong> _______</td>
<td><strong>Score</strong> _______</td>
</tr>
</tbody>
</table>

1. Count the number of Xs in each column.
2. In the “Letter” blank, write the underlined letter of the column which you chose most frequently.
3. Your score for each box is the absolute difference between the number of choices you made in each column. To obtain absolute difference, subtract the smaller total from the larger total.

Write your four letters in the box below.

<table>
<thead>
<tr>
<th>E or I</th>
<th>S or N</th>
<th>T or F</th>
<th>J or P</th>
</tr>
</thead>
</table>

Your score for each letter indicates the strength of your orientation in the dimension on a scale of 0-9.
Kolb’s Learning Styles*


<table>
<thead>
<tr>
<th>Features - Styles</th>
<th>Converger</th>
<th>Diverger</th>
<th>Assimilator</th>
<th>Accommodator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modes of learning</td>
<td>Thinking and doing</td>
<td>Feeling and observing</td>
<td>Thinking and observing</td>
<td>Feeling and doing</td>
</tr>
<tr>
<td>Learning strengths</td>
<td>• Practical application of ideas&lt;br&gt; • Solving specific problems</td>
<td>• Generation of ideas&lt;br&gt; • Sensitivity to feelings&lt;br&gt; • Open-mindedness&lt;br&gt; • Creativity</td>
<td>• Analysis of information into concise, logical form&lt;br&gt; • Creation of theoretical models&lt;br&gt; • Understanding vs. application</td>
<td>• Learning by doing&lt;br&gt; • Likes challenges and projects&lt;br&gt; • Likes to experiment and take risks&lt;br&gt; • Adaptable, open-minded</td>
</tr>
<tr>
<td>Prefers to deal with</td>
<td>Things: tasks and problems</td>
<td>People</td>
<td>Abstract ideas, information</td>
<td>People</td>
</tr>
<tr>
<td>Interests</td>
<td>Narrow, technical, physical sciences</td>
<td>Broad cultural issues, social sciences</td>
<td>Understanding complexities, social sciences</td>
<td>Doing things</td>
</tr>
<tr>
<td>Benefits most from</td>
<td>Learning situations with only one correct answer or solution</td>
<td>Discussion when many ideas are involved or when ideas must be generated</td>
<td>Situations in which synthesis of information and logical analysis can be applied</td>
<td>Structured situations that need to be changed</td>
</tr>
<tr>
<td>Approach to learning</td>
<td>• Pragmatic&lt;br&gt; • Likes to see results</td>
<td>• Imaginative&lt;br&gt; • Likes to generate ideas</td>
<td>• Scientific&lt;br&gt; • Likes to synthesize data</td>
<td>• Risk-taker&lt;br&gt; • Likes to experiment</td>
</tr>
<tr>
<td>Most effective teaching strategies</td>
<td>• Hands-on experience&lt;br&gt; • Return demonstrations&lt;br&gt; • Lectures followed by questions and practice&lt;br&gt; • Skills labs&lt;br&gt; • Workshops&lt;br&gt; • Simulations&lt;br&gt; • Clinical experiences</td>
<td>• Brainstorming&lt;br&gt; • Group discussions&lt;br&gt; • Small group work&lt;br&gt; • Role playing&lt;br&gt; • Seminars&lt;br&gt; • Drawing from past experiences</td>
<td>• Lectures by experts with time for reflection and integration&lt;br&gt; • Self-instruction&lt;br&gt; • Reading&lt;br&gt; • Computer-assisted instruction&lt;br&gt; • Independent study</td>
<td>• Learning from others&lt;br&gt; • Skills labs&lt;br&gt; • Computer-assisted instruction with feedback&lt;br&gt; • Case studies that require adaptations from routine care&lt;br&gt; • Preceptor-guided clinical experiences</td>
</tr>
</tbody>
</table>