PREPARING AND SUPPORTING NOVICE REGISTERED NURSE PRECEPTORS IN THE WORKPLACE

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ABSTRACT

Registered nurses who work on acute medical floors are expected to preceptor a nursing student, regardless of how many years of experience they have. The lack of preceptor experience is problematic because it can impact the student learning experiences during the preceptorship and thus affect the retention rate of nursing students entering practice. To assist the registered nurse preceptor and support them in their new role as a preceptor, novice registered nurse preceptors require educational support tools. This project's purpose was to develop an evidence-based handbook for novice registered nurse preceptors that provided basic foundational aspects of preceptorship such as a definition of preceptorship, the roles and responsibilities of the preceptor, and how to communicate with the student and the faculty members during the preceptorship. The findings of this project concluded that there is a need for accessible and easy to read educational support tools for novice nurse preceptors.

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LIST OF ABBREVIATIONS

ADDIE Analyze, design, develop, implement, and evaluate

BN Bachelor of Nursing

CASN Canadian Association of Schools of Nursing

CARNA College and Association of Registered Nurses in Alberta

CNA Canadian Nursing Association

NESA Nursing Education in Southwestern Alberta

CHAPTER 1: INTRODUCTION

Globally, baccalaureate nursing education institutions utilize a preceptorship-based education model to help educate and integrate fourth-year nursing students into their preferred area of professional nursing practice. This is also referred to as a 'preceptorship,' which is defined as a short period of time when a nursing student and a registered nurse work together in a specific professional practice setting, with a nursing faculty member from the educational institution to supervise student progress and provide support to the registered nurse. During this time, the student learns about the numerous roles of the registered nurse, skills required for practice, and the virtuous nature the registered nurse must have when caring for acute patients (Miller, Vivona, & Roth, 2016).

Overall, there are many mutual benefits to preceptorship that affect both the nursing student and the nurse preceptor, such as higher levels of competence for both the student and the nurse, reciprocal learning, socialization to the profession, and familiarization of workplace norms (Lafrance, 2018); however, there are also challenges to preceptorship. For example, Ke, Kuo, and Hung (2017) suggest that novice nurses (recent graduates) who become preceptors experience role strain when trying to provide a quality preceptorship experience for the student while maintaining their learning curve associated with sustaining best practice at the bedside. Furthermore, the rate of job satisfaction is negatively impacted and retention rates of preceptors in future practice decreases (Ke et al., 2017; Quek, 2018). Along with these challenges, preceptors face the challenge of time. Preceptors lack time to prepare for the preceptorship experience and often do not have time to review documents about the preceptorship sent from the

university – let alone complete educational modules to help them prepare for the preceptorship (Black, 2018).

Nursing Practice Problem

To address the challenges of preceptorship in nursing, nurse preceptors require more formal educational supports tailored specifically for novice nurse preceptors (Quek, 2018). By creating an educational support tool that meets the needs of the novice nurse preceptor, the educational experiences for the nursing students and knowledge about preceptorship will strengthen (Hugo, 2018). The educational support tool should include information on the purpose of preceptorship and required outcomes (Tucker et al., 2019). Understanding the core concepts of preceptorship may have implications for future practice, as preceptors feel less stress when teaching the nursing student because expectations are clearly defined and will make for a more consistent and comprehensive learning experience for the student. Further, according to Chan et al. (2019), there is need for a preceptorship educational support tool designed for novice nurse preceptors, focusing on adult education principles such as the knowledge acquisition process, learning styles, teaching methods, and knowledge translation. A support tool for novice nurse preceptors working on highly acute floors will help make preceptorship a more positive experience for everyone involved.

Project's Purpose

This project's purpose was to develop an evidence-based handbook for novice registered nurse preceptors that provided basic foundational aspects of preceptorship such as a definition of preceptorship, preceptor roles and responsibilities, and how to communicate with the student and the faculty members during the preceptorship. The

goal of the project deliverable was to increase supports available to novice registered nurse preceptors, and to increase usability of the resources available. In consultation with stakeholders from acute care nurses and nursing faculty members from the University of Lethbridge, formative evaluative feedback was gathered, and revisions made to improve uptake and utilization of the tool in future preceptorship experiences in Southern Alberta.

Chapter 2: LITERATURE REVIEW

This literature review will present relevant and current evidence to both validate and challenge current preceptorship support models and practices. Additionally, this literature review clarifies the roles of stakeholders and identifies challenges they face when entering the preceptorship experience. This literature review highlights what information regarding preceptorship is absent within the literature, and how universities enhance preceptorship so it is more of a beneficial learning experience for the stakeholders. The literature review concludes with supporting evidence for the development of a novice nurse preceptorship educational tool for the Nursing Education in Southwestern Alberta (NESA) Programs at the University of Lethbridge.

Definition of Preceptorship in Baccalaureate Nursing Education

There are many definitions of preceptorship depending on the discipline and specific program requirements from universities across Canada. For the sake of this project, preceptorship is summarized as per the NESA BN Programs at the University of Lethbridge, which is a one-on-one learning experience where a student completes 350 practice hours with a registered nurse in the clinical practice setting. During the ten-week course, the nursing student will learn how to develop skills in order to care for a caseload that an entry to practice nurse could manage, develop critical thinking skills related to clinical decision making, collaborate with the multidisciplinary team, reflect on their personal practice, and maintain the College and Association of Registered Nurses in Alberta (CARNA) practice standards and the Canadian Nurses Association (CNA) code of ethics (NESA, 2020). Furthermore, Watkins, Hart, and Mareno (2016) suggest

learning in a preceptorship occurs at the individual level with tailored supports and teaching strategies to address the individuals needs.

However, despite the requirements and definition of preceptorship provided by the university and the literature, some confusion around preceptorship continues to exist. The literature identifies a lack of knowledge and orientation around topics such as the purpose and goals of preceptorship, preceptor attributes, and the difference between a preceptorship experience and a mentorship experience at the worksite (Della Ratta, 2018; Omer, Suliman, & Moola, 2016). The misunderstood information around preceptorship and its associated topics could potentially lead to reduced recruitment and retention of preceptors, which could lead to issues if preceptorship continues to be a primary education experience in nursing programs.

Roles and Responsibilities for Preceptorships

Preceptorship is a team effort between three main stakeholders: the registered nurse (the preceptor) in the practice setting, the 4th year nursing student, and the faculty member from the university nursing program. Each stakeholder has a unique role and set of responsibilities within the preceptorship experience; collectively they are responsible for ensuring the nursing student is able to smoothly transition from the student role into professional nursing practice (Lalonde & McGillis Hall, 2017).

The Role of the Preceptor

The role of the registered nurse preceptor is twofold: maintaining their role as a registered nurse, and being an educator to the nursing student in the workplace. Chan et al. (2019) and Lalonde and McGillis Hall (2017) describe how, on top of their regular work duties, preceptors are expected to build their own and the student's knowledge

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foundation, create a learning environment in which the student gains confidence in practice, assist the student with critical thinking and problem-solving techniques, create an environment in which professional relationships and socialization can occur, and guide professional goal setting. While balancing all these responsibilities, it is noted by Chan et al. (2019) that it is also the responsibility of the preceptor to provide the student with meaningful feedback containing objective evidence, that is reflective of the student's practice so positive and professional growth can occur. Ensuring all these aspects of preceptorship are completed takes great attention to detail and extreme diligence of the nurse. While the nurse is helping the student with their intrinsic and extrinsic knowledge, they are shaping how that student feels about nursing, and how well they will integrate into the worksite after the preceptorship has ended (Kennedy, 2019).

There are many challenges registered nurses encounter in their own professional practice independent of the preceptorship experience. Some of these challenges include unbalanced workload and prioritization of tasks, issues with short-staffing, struggling to maintain seasoned staff, increasingly heavy workloads, and over-recruitment of preceptors; all contributing to role strain and burnout (Nash & Flowers, 2017; Smith & Sweet, 2019; Valizadeh, Borimnejad, Rahmani, Gholizadeh, & Shahbazi, 2016). Mingpun, Srisa-ard, and Jumpamool (2015) suggest that while nurses make excellent clinicians, their ability to teach remains a common weakness because teaching is not a priority when there are numerous competing demands.

Preceptorship requires nurse preceptors to possess professional knowledge and a range of skills, such as teaching techniques, evaluation, positive communication, time management, and organization (L'Ecuyer, Hyde, & Shatto, 2018; Omer et al., 2016). All

these characteristics and responsibilities add to the role strain and stress load of the preceptor and will determine if the preceptorship experience is a mutually positive learning experience for both the preceptor and the student (Kim & Kim, 2019).

Nursing Students

Preceptorship is often described as a time of excitement as nursing students near the end of their degree. The final preceptorship provides the opportunity to learn about real-life experiences of a registered nurse, and supports the transition into professional nursing practice. Nursing students may feel ambivalent about their upcoming preceptorship and the appropriateness of the placement due to the amount of previous exposure in that setting, previous clinical experiences, confidence in knowledge level, and the financial situation of the student (Edward, Ousey, Playle, & Giandinoto, 2017).

The most pivotal time in nursing school, preceptorship shapes the student and determines the rate of the student's transition into practice post-graduation (Irwin, Bliss, & Poole, 2018). When students feel supported both with the physical and psychological aspects of preceptorship, they learn more, have increased confidence, and higher rates of retention within the first year of practice postgraduation (Watkins et al., 2016). However, like the registered nurse, students also face challenges. If they are placed inappropriately in a setting that does not match their skill and knowledge level, the student may feel unsupported within the preceptorship, intimidated by both the workload and the staff, and that a lack of guidance exists when seeking constructive feedback (Omer et al., 2016). Ensuring the student has a positive preceptorship can be challenging, but it is important when thinking of the longevity of nursing. Preceptorship is a great way to demonstrate to students that nursing is a special career as it blends a trade with an art. Ensuring students

feel supported throughout their preceptorship is a way to pass along lasting impressions of the legacy of enthusiasm and compassion that come along with nursing.

The Faculty Member

The final primary stakeholder involved in preceptorship is the faculty member overseeing the fourth-year nursing student and providing support to the preceptor. Practice settings are becoming increasingly intense and diverse. In order to ensure that course outcomes and competencies are maintained, the faculty member helps the student identify an appropriate care setting to complete the preceptorship experience, ensure the student's educational needs are being met, and ensure the preceptor and the student have a relationship based on knowledge sharing, accomplishing goals, and support (Zawaduk, Healey-Ogden, Farrell, Lyall, & Taylor, 2014). Quek, Ho, Hassan, Quek, and Shorey (2019) suggest the faculty member is also responsible for assisting the nurse with any role strain the preceptor may experience, providing resources as they adjust to being a preceptor, and to assist and troubleshoot with both the student and the preceptor if they experience any difficulties throughout the preceptorship experience. Faculty provide support and guidance for both the student and the preceptor to ensure that learning is occurring, and that ultimately the student is well prepared and competent to transition from student to professional (Strouse, Nickerson, & McCloskey, 2018).

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Benefits of Preceptorship

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There are well known inherent benefits of preceptorship for the preceptor. One such benefit is the practice of self-reflection. (Conte, 2015; Lee, Lin, Tseng, Tsai, & Lee-Hsieh, 2017). Preceptors found that they were confronted with fresh theories and evidence-based knowledge which stimulated self-reflection and improvements to their

own practice (Korzon & Trimmer, 2015). With this self-reflection also came feelings of preceptor satisfaction if the preceptorship was a success, and gratitude for the experience (Mårtensson, Löfmark, Mamhidir, & Skytt, 2016). If the preceptorship was a positive experience the preceptors rated higher in job satisfaction, overall happiness when working with a nursing student, and overall enjoyment of the preceptorship experience (Matua, Seshan, Savithri, & Fronda, 2014). When a registered nurse experiences a positive preceptorship experience, co-workers notice and may be more likely to volunteer to be a preceptor in the future (Lee et al., 2017).

To help recruit and retain preceptors, some health authorities have implemented rewards to compensate for the burdens of preceptorship. While these are not nationally recognized or enforced, they are motivating for many. Extrinsic preceptor benefits might include appreciation days off in lieu and bonus education days (Lafrance, 2018). Other organizations and health authorities offer the preceptor some financial reimbursement or premium pay for their time (Amirehsani, Kennedy-Malone, & Alam, 2019). Financial reimbursement also aided preceptors to feel their contributions were worthwhile. Being paid for precepting avoided negative connotations of time lost or wasted as if they were volunteering (Webb, Lopez, & Guarino, 2015). While any of these forms of compensation generally do not fully commensurate the time and effort a preceptor puts in with a student, they do provide some motivation for preceptor recruitment and retention.

Review of Preceptor Support Strategies

Preceptor Training

How to educate and support preceptors in their role is a discussion amongst many authors (Condrey, 2015; Kennedy, 2019; Quek, 2018). While authors agree that

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preceptors need training and preparation for their role in the preceptorship process, there are varying descriptions as to how training should be completed and who should enforce it. For example, Kennedy (2019) suggests that an educational session in the form of a workshop or online module with continuous support and educational tools are necessary for the success of preceptorship. Whereas Condrey (2015) suggests a one-time classroom based educational seminar with pre-test/post-test online strategy to ensure learning has occurred. Some healthcare organizations such as Alberta Health Services offer preceptorship training for the preceptor through the use of educational pamphlets or booklets. Oftentimes, the reading materials are lacking in current information, and are underutilized due to time constraints in the workplace. According to Amirehsani et al. (2019), there needs to be a push to digitalize training to ensure information is current, and to increase accountability to ensure the preceptor training is actually being completed.

Online modules are becoming popular amongst healthcare organizations because of their flexibility for nurses who do shiftwork (Edwards & Connett, 2018). Most modules are not completely comprehensive but do provide good foundational knowledge about preceptorship on topics such as adult learning styles, the purpose of preceptorship, and how to provide feedback to the student in a way that builds confidence and awareness (Wilkinson, Turner, Ellis, Knestrick, & Bondmass, 2015). Online educational modules have been proven to be a more effective way to deliver information than if reading materials alone were offered, as accountability and tracking by organizations become a factor (Wu, Chan, Tan, & Wang, 2018). Scholars are calling organizations to action, expressing the need for preceptor support and guidance. By digitizing current

materials, practice settings will become more congruent with the era and will be able adapt education to meet the needs of professional nurses.

Gaps in the Literature

There is much research supporting the role of the preceptor, nursing student, and faculty member, as well as evidence supporting preceptorship as an effective way to bridge the theory to practice gap in nursing education. However, there are some areas of preceptorship that lack supporting evidence and require more research.

Kennedy (2019) and Miller et al. (2016) discuss how, while adult learning and teaching techniques are well researched, there needs to be more information and research about how to train preceptors to develop such techniques. Both authors identify a lack of research on topics such as support tools preceptors require, preceptor teaching strategies, and how much time should be allocated to nurses who wish to learn about preceptorship.

Several authors such as Chan et al. (2019), Miller et al. (2016), and Miller, Vivona, and Roth (2017) suggest that preceptors are often excluded from development and changes to preceptorship program enhancements. Including preceptors in this process would ensure that preceptor education or training programs are useful and cost effective.

Future Directions of Preceptorship

To ensure the success of the nursing preceptorship, there is room for improvement so that both students and preceptors have a positive learning experience. In addition, it is important for these changes to capture rapidly changing health care systems and new teaching and learning strategies to enhance success.

Structure

Baldwin, Coyne, Hynes, and Kelly (2020) and Tucker et al. (2019) identify that preceptorship often lacks structure. However, it is unreasonable to create a national-level policy change in Canada that standardizes a specific number of preceptorship hours or that certain tasks need to be checked off during the preceptor experience, because Canadian populations vary too much and health care services provided to cultural and geographic groups depends greatly on the organizational climate, funding, and population per capita (Oosterbroek, Yonge, & Myrick, 2017; Oosterbroek, Yonge, & Myrick, 2019). For this reason, structure for preceptorship has to be implemented in other ways besides national policy change such as at the local or institutional level, and by way of structured routines between student and preceptor.

Through surveys and other data reporting methods, it is found that both the preceptor and the student value some structure within the preceptorship experience (Tucker et al., 2019). One strategy suggestion is to create a structured environment where organizations provide time and space for preceptors to debrief and meet with their student (Ward & McComb, 2018). Another strategy that could be adopted in nursing preceptorships is increasing the use of evaluation tools and worksheets. The use of a reciprocal evaluation tool would provide a structured and informative way in which the preceptor could improve their teaching styles (Mingpun et al., 2015). This would mean that while the nurse is providing proof of learning and feedback for the student, the student is also providing constructive feedback that could enhance the nurse's preceptorship teaching and learning skillset. Having evaluation tools and worksheets

would provide the much-craved structure preceptorships lack, and provide a way that could formally mark which preceptorship strategies are effective and well-received.

Support and Training

While some nurses make smart clinicians, they do not necessarily make good preceptors (Hugo, Botma, & Raubenheimer, 2018). However, with time, adequate support, and constructive feedback, competence to be a good preceptor can develop (Wu et al., 2018). Creating tailored educational supports has the potential to increase preceptor competence, thereby building capacity to maintain a pool of preceptors which are in constant demand to support nursing education in Canada.

Regardless of clinical expertise, preceptorship is a special time that causes nurses to go above and beyond their basic practice to support nursing students. Preceptor training benefits both the nurse and the student as stress levels decrease, confidence with teaching methods increase, professional relationships grow, and collaboration between the preceptor and the university increase (Kamolo, Vernon, & Toffoli, 2017). Clipper and Cherry (2015) highlight that a preceptor support resource to distribute to preceptors could help preceptors develop competent precepting skills which could further affect the transition of the student to professional practice within the first year post-graduation. Furthermore, while this is the most effective support method to ensure learning, participant levels remain low, usually due to time constraints related to shift work (Wilkinson et al., 2015). Creating an online preceptor educational support tool has the benefit of flexibility and easy access at any time that incorporates multiple teaching strategies to ensure preceptors address various learning styles (Wu et al., 2018). Even though the benefit of online support tools is not well documented in the research, one

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study suggests that preceptors who have taken online modules have increased knowledge regarding clinical teaching strategies (Wilkinson et al., 2015). Education revolving around preceptorship should be seen as essential education, especially since preceptorship is such a foundational part of nursing education.

CHAPTER 3: PROJECT DESCRIPTION

Project Background

This Master of Nursing project has been designed and delivered to stakeholders utilizing theoretical foundations from Patricia Benner's Novice to Expert Theory (Davis & Maisano, 2016) and Analyze Design Develop Implement and Evaluate (ADDIE) Model of Instructional Design (Obizoba, 2015; Patel, Margolies, Covell, Lipscomb, & Dixon, 2018). Utilizing underpinnings from these theories combined with knowledge from the literature and information from knowledgeable stakeholders, the Novice Registered Nurse Preceptorship Handbook was created.

Due to a smaller number of University of Lethbridge nursing students precepting and thus fewer novice preceptors at the time this project deliverable was developed, a pretest, as opposed to a pilot study, was completed. The pretest was designed to ensure that overarching goals of the project are met and the handbook is usable and beneficial before a true pilot study to test effectiveness occurs at a later date.

Project Goals

For this MN Project there were two overarching goals:

1. Improve preceptorship resources available for novice registered nurse preceptors working on acute medical floors.

2. Build foundational and basic knowledge, and understanding of the preceptorship process.

Stakeholders

For this project there were two cohorts of stakeholders. The first cohort included two voluntary experienced faculty members from the University of Lethbridge NESA BN

Programs who are involved in the nursing preceptorship course. In this course, the faculty are involved in placing and following fourth-year students and collaborating with the preceptors in the practice setting throughout the preceptorship experience. The second cohort of stakeholders includes five registered nurses from the quality council at the Chinook Regional Hospital Unit 4B, which is a busy acute care practice setting. The 4B quality council members were voluntary stakeholders in this project and consisted of the assistant head nurse, the unit manager, the unit nursing educator, and two bedside registered nurses. These two groups of stakeholders ensured that the handbook is evidence informed, current and useful for novice nurse preceptors, and is applicable to the acute care practice setting. Nursing students were not included as stakeholders in this project due to the limited number available and time constraints of the semester.

Timeline

This project was completed over two academic semesters, spring and summer. During the spring semester the project proposal was conceptualized, ethical considerations reviewed, and a project proposal prepared. Over the course of the summer semester, the Novice Registered Nurse Preceptorship Handbook was created, and stakeholders were engaged to review the handbook. The first review of the handbook focused on content and length of the deliverable with formative feedback received, and revisions completed. The second review of the handbook focused on formatting and layout. Again, formative feedback was received, and final revisions completed. This two-step review process completed the pretest of the project, the handbook is now ready for a formal pilot test at a later date.

Theoretical Foundations for Project Development

The development of the Novice Registered Nurse Preceptor Handbook was guided by Patricia Benner's Novice to Expert Theory (Davis & Maisano, 2016) and the Analyze Design Develop Implement and Evaluate (ADDIE) Model of Instructional Design (Obizoba, 2015; Patel et al., 2018). Combined, these two theories assisted with conceptualization and handbook development, content selection and organization of the handbook, and stakeholder engagement for formative evaluation purposes.

Patricia Benner's Novice to Expert Theory

Patricia Benner's Novice to Expert theory can be used to classify a registered nurse's knowledge and experience levels in relation to nursing and preceptorship into one of five levels: novice, advanced beginner, competent, proficient, and expert (Davis & Maisano, 2016). This means the novice registered nurse will have no previous experiences with being a preceptor, and that their knowledge is limited in regards to their role as a preceptor and the outcomes of the preceptorship experience (Brown & Sorrell, 2017). As the nurse develops their practice and learns about preceptorship, they will move forward into the advanced beginner category. An advanced beginner is one who is drawing on previous situations and is able to develop meaningful actions and thoughts in order to better inform practice (Petiprin, 2016). This means that Benner's Novice to Expert Theory promotes the awareness of the nurse's previous practice knowledge in combination with current practice, and empowers the nurse to make more meaningful connections with new experiences; for example, becoming a preceptor for the first time to advance their professional development (Billay, Myrick, & Yonge, 2015). The Novice Registered Nurse Preceptor Handbook combined with literature outlining Benner's

Novice to Expert Theory was used to tailor and improve preceptorship resources for novice registered nurse preceptors working on acute medical floors to build foundational and basic knowledge and understanding of the preceptorship process.

The ADDIE Model

When developing educational resources, best practice suggests the use of an instructional design model. The ADDIE model supported the organization of this project's content, strategies, information, and formation, all of which are working parts of instructional design. ADDIE is a five-step process that stands for analyze, design, develop, implement, and evaluate (Patel et al., 2018). This model was chosen to ensure the project developed in a logical manner and for its known benefits to draw on previous educator and learner experiences and build new meaningful ones through consultation with subject matter experts (Robinson & Dearmon, 2013). The ADDIE Model of Instructional Design also builds in steps for meaningful stakeholder engagement and feedback which can contribute to a better project overall if consultation happens earlier and more frequently (Lee et al., 2017).

ADDIE Instructional Design Phases

Analyze

The first phase of the ADDIE model is analyze. During this phase, the preliminary brainstorming of the project deliverable occurs. Based on personal experiences as a novice nurse preceptor, an unfortunate negative preceptor experience occurred. This personal experience precipitated discussions with peers and potential stakeholders in the practice setting to brainstorm ways to improve the experience for novice nurse preceptors. After these informal discussions, during this analyze phase, the

goals of the project were established. The goals were to improve preceptorship resources available to novice registered nurse preceptors working on acute medical floors, and build foundational and basic knowledge and understanding of the preceptorship process.

During the analyze phase, the target audience of the project was chosen. The project's deliverable focused on novice nurse preceptors who work on Unit 4B, an acute care unit at the Chinook Regional Hospital in Lethbridge. This means a nurse, regardless of their years of nursing experience, who has precepted less than five times. For the sake of this project, it was assumed that all of the target audience have completed a four-year Bachelor of Nursing program and have a basic understanding of their job and its associated roles. It is also assumed that the novice nurse preceptors have some basic knowledge of preceptorship. The knowledge of preceptorship is associated with their own personal experience, having been through a nursing education program themselves, and the observation of peers in the practice setting they have precepted. These assumptions establish a foundation and minimized duplication of knowledge, and ensure previous experience is leveraged to build new knowledge.

The last part of the analyze phase was discussing the resources required for this project to become successful. Required resources brainstormed at this phase included: a computer (for presentation), accessibility of printing resources, paper, access to email, access to Zoom, and time from all stakeholders.

Design

The second phase of the ADDIE model is design. During this time, formation of the project deliverable strategies occurred. The overall project design and deliverables are based on the literature review that indicates novice nurse preceptors require more

support, the need for usable educational resources, and that stakeholders involved in the preceptorship should also be involved in the resource development process.

During the initial consultations with stakeholders who worked on 4B, some of the guiding principles for the design of the handbook that were proposed included that the handbook should aim for approximately twenty pages, content should be easy to read in both the language and type of content, and have a mix of graphics so that the pages were not just written text. Stakeholders at this point in the development process were satisfied with the topics identified in the literature which included a definition of preceptorship, roles of the preceptor, simple teaching strategies, and communication strategies when engaging with the student. These topics and guiding principals were of value to stakeholders from the 4B quality council because they were topics they were particularly interested in when keeping the handbook applicable to practice and to ensure that novice preceptors would actually utilize the handbook moving forward.

Develop

The third step of the ADDIE model is develop which includes sequencing content, validation, and pilot testing. During this step, the first and second draft of the handbook was developed and the validation of the handbook started to occur. The develop phase outlines the process used for the selection of content, organization, and usability of the handbook, as well as seeking feedback from stakeholders to ensure the project deliverable is applicable and efficient for novice nurse preceptors. This project focused on development and pretest only with stakeholders. A pilot test was beyond the scope of this project and thus will be considered at a later date.

During some of the initial development phases, some decisions regarding the type of delivery of the handbook were needed. There were some concerns about having print

resources as opposed to online modules; however these were alleviated when the intention to email the resource rather than having one hard copy on the unit was explained. Other stakeholders also brought up the benefit of having the resource computerized so that it can be changed and adapted overtime to include other topics of interest and to ensure that the information is reflective of best practice standards. All input was considered and a decision on the type and delivery method of the handbook was confirmed with stakeholders as being a digital handbook to be emailed by faculty to preceptors before the start of the preceptorship.

During the handbook development, the content selected aligned with topics identified in the literature. The initial topics included a definition of preceptorship, roles and responsibilities of the preceptor (Tucker et al., 2019), and teaching tips that revolve around adult teaching and learning principles (Miller et al., 2016). After these topics were reviewed in detail, stakeholders were consulted to ensure the topics were applicable to nursing practice, and to suggest other topics they felt necessary to include in the handbook. For content stakeholder suggestions to be included, a system was devised to support decision-making; meaning suggestions had to align with the literature and be general to nursing practice (not specific to 4B acute care unit).

For formatting and content sequencing, the 4B stakeholder cohort reinforced the need for an easy to read handbook, meaning provide topics first with narrative and then include a graphics to summarize and ensure the content appeared captivating and easy to read. Topics were then arranged in the handbook starting with the most foundational topics first then moving to more complex topics, as outlined below:

- Section I - Definition and Roles of Preceptorship; including a definition of preceptorship as per the University of Lethbridge and College and Association of Registered Nurses of Alberta guidelines and the roles of the preceptor and student.

- Section II – Teaching Strategies; including aspects of nursing practice to reflect on before the preceptorship, and how to teach in the clinical setting utilizing different approaches such as reflection, questioning/thinking aloud, and coaching/mentorship.

- Section III- Communication Techniques; including transition shock, how and when to provide feedback, how to help the struggling student, and how to communicate during times of conflict.

Formative assessment was chosen to evaluate and validate the handbook, as it starts during the initial phases of the project (McKenzie, Neiger, & Thackeray, 2017) During the initial stages of the project, stakeholders were given an outline of the overarching project goals, timelines of the project, and what their stakeholder role was within the project. The outline was discussed, and feedback received which initiated the formative evaluation process.

Upon completion of the first draft of the handbook, a formative evaluation feedback form with specific questions to seek meaningful feedback was developed and shared with stakeholders via email along with the first draft of the handbook. Stakeholders were asked to review the handbook then complete the feedback form, add additional comments, and then return it via email within one week.

Stakeholders were asked to rate their satisfaction with the handbook from 1 – 5 on layout, length, content, and language and readability of the deliverable. The first draft feedback tool also included long answer questions about other topics that should be included in the handbook and about any concerns the stakeholders may have about applicability to novice nurse preceptors in the practice setting. See Appendix A for the full tool.

Overall, four stakeholders returned feedback, three via email and one zoom meeting was conducted to receive feedback. The zoom meeting discussed the evaluation tool at length, and while the feedback tool was not completed the stakeholder reported satisfaction with the first draft of the handbook. This stakeholder stated that topics should be further developed, but overall, the readability, content, and language of the deliverable were satisfactory. Below are the other stakeholder responses.

Table 3.1: First Draft Stakeholder Feedback
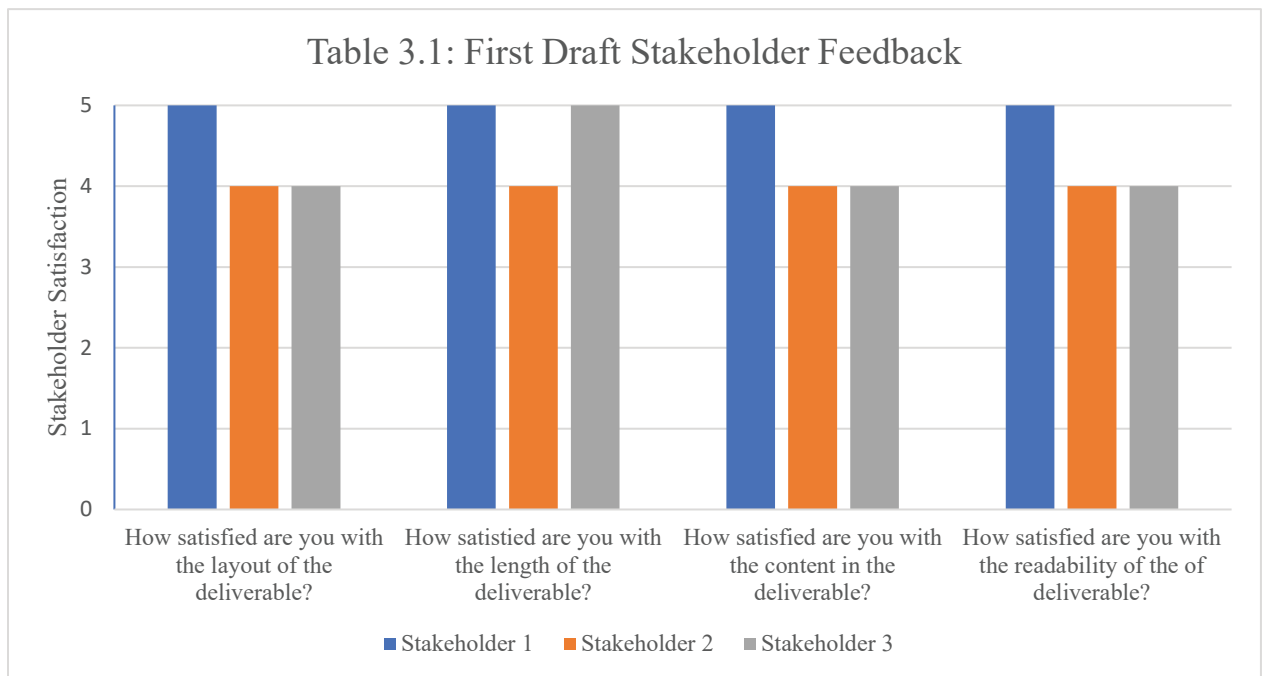
For the long answer, the following were suggested topics to include for improvement in the second draft: 1) how to communicate with a student who is

struggling, 2) transition shock, 3) a daily reflection tool for both the student and the preceptor to increase documentation of student progress, thereby easing the evaluation process. All suggestions aligned with the literature and were applicable to general nursing practice; thus revisions to the first draft were made.

Receiving stakeholder feedback was of high importance to validate that the handbook was applicable to novice nurse preceptors and current nursing practice, and most importantly, would meet stakeholder expectations and lead to buy-in.

Implement

During the implement phase of the ADDIE Model, there is a focus on preparing and engaging stakeholders with the project deliverable. To prepare stakeholders for the review of the handbook, informal discussions took place to ensure stakeholders were aware of when the handbook would be ready and what their role and purpose was.

Stakeholder engagement was maintained throughout the project via weekly emails with progress updates. The weekly emails detailed what was required of the stakeholders, reminders of feedback deadlines, and invitations to join the project presentation. It was during these emails that stakeholders were asked to address any concerns they may have about their role as a stakeholder or concerns regarding the project in general.

Through this engagement strategy, interest and buy-in from University of Lethbridge nursing faculty who teach the preceptorship course and are ultimately responsible for distributing the handbook was generated. For this project, successfully obtaining buy-in with one long time faculty member who has years of experience teaching the preceptorship course was pivotal, and will increase likelihood the handbook

will be implemented in the future preceptorship courses in the NESA BN Programs at the University of Lethbridge.

Evaluation

During evaluation, the final stage of the ADDIE model, the project lead will assess the quality of resources and the overall project. For this project a formative evaluation process was the chosen evaluation method because it starts as early as the conceptualization phase of the project and threads all the way through to the final stages addressing questions such as what needs to be improved, and how it can be fixed (Dixson & Worrell, 2016). When looking back at the overall ADDIE model, formative evaluation feedback from stakeholders informed decisions related to overall improvements to the project process and the project deliverable being the Novice Nurse Preceptor Handbook.

Improvements suggested by stakeholders to the first draft during the development and validation phases of the Handbook were contemplated using the criteria devised to ensure objectivity; for example, the feedback should be focused on registered nurse preceptors in general, meaning the feedback had to be general and not specific to one person or particular specialty, the faculty member, or the nursing student. The second criteria derived to objectively analyze feedback was that the feedback or proposed changes must align with topics identified in the literature for preceptorship continuing education to ensure improvements to the handbook aligned with current research. Stakeholder suggestions were confirmed using the criteria outlined and all improvements were made leading to a second and final draft for this MN Project to be evaluated.

For the second draft, stakeholders were asked to scale their satisfaction of the handbook from 1 – 5 on Likert Scale questions asking the stakeholder to rate how

satisfied they were with the layout, the mix of text with graphics, the length, the content sequence, the research and detail of the topics included, and the language and readability. The long answer questions included questions about if there were any comments about the formatting, how this handbook will be implemented, and if there were any questions about the project process. Unfortunately, no stakeholder feedback was received for the second draft despite reminders sent. The timing of the evaluation was hindered by the COVID 19 global pandemic. Although there was interest in providing feedback, stakeholders anecdotally expressed personal reasons and work-life balance issues related to the global pandemic.

Limitations of the Project

One limitation of this project relates to timing. When this project was developed there were no preceptorship courses offered due to the COVID 19 Pandemic. This limitation hindered the potential to pilot test the Novice Nurse Preceptor Handbook with the target audience; therefore the project focused on pretesting with available stakeholders (acute care nurses and nursing faculty).

The second limitation is that the handbook was strategically designed for novice nurse preceptors on a medical unit in Southwestern Alberta. Some may argue that the project cannot be generalized or transferred to other areas of nursing practice besides medical units. This limitation was taken into consideration during the design and development phase, therefore, the handbook is focused on providing a basic or foundational educational intervention to novice nurse preceptors. The topics covered in the handbook are not medical nurse specific and can potentially be transferred to any specialty areas in nursing.

The third limitation of the project has to do with very few stakeholders available to review the handbook. Specifically, the second draft was not reviewed or evaluated by any stakeholders; thus improvements made after the first draft were not validated despite significant effort to communicate and invite feedback. A review of the second draft will need to be considered before the handbook moves into a formal pilot test.

The final limitation relates to the project lead who is also a Registered Nurse on the medical units at Chinook Regional Hospital where nurses were asked to engage as stakeholders for the project. Being a nurse on the unit and the project lead could lead to biased feedback. To mitigate this, a review of the second draft should be done with stakeholders who are not associated with the project lead's place of employment.

CHAPTER 4: REFLECTION

The Impact of COVID-19

Due to conditions and rules that the global pandemic has caused to be put into place at the Chinook Regional Hospital and the University of Lethbridge, some changes to the project delivery and stakeholder engagement process were made in order for this project to move forward.

Initially, preceptors were to be involved in reading and providing feedback for the handbook. However, since there were no preceptorship opportunities available over the summer semester, the quality councils were asked to be involved in the project. At first, the entire 4B quality council was willing to participate in the project development process. This meant the multidisciplinary team including pharmacy, physiotherapy, occupational therapy, quality managers, and other registered nurses would have been involved. Along with the 4B quality council, another medical unit's quality council was willing to be involved. Due to the change in guidelines for non-essential visits to the hospital, staff increased workload, burnout related to treating COVID-19 patients, and the other medical units' quality council not engaging in meetings over the summer, stakeholders involved in this project changed again. Some stakeholders were hesitant to be involved in a master's project at first, as they were unsure of the commitment and input required, so detailed communication strategies were key to their involvement.

Lessons Learned

Using the Canadian Association of Schools of Nursing (CASN) Guiding Principles and Components (2015), self reflection of the project development process will follow and lessons learned will be shared.

When reflecting back on the CASN principles, the fourth principle (research, methodologies, critical inquiry, and evidence) created an area of project growth. Learning to critically examine the research and cross-examine it with theory created a learning opportunity to grow my critical inquiry techniques and expand my current knowledge on theories applicable to nursing practice and this project. Cross-examining theory with evidence is something I had not formally done in my bachelor's education or in my professional practice. Learning about the theories created a solid foundation for this project, as I have learned that utilizing a theory in a project is essential to gauge growth and ensure the project is moving in the right direction.

The next lesson learned was involved with communication and leadership principles from the CASN guidelines. Communicating with two different cohorts of stakeholders proved to be a challenge at times. Each cohort had different needs, so ensuring emails were succinct and timely was important. After the first draft of the handbook was sent to stakeholders via email, they had the opportunity to email questions or join in an optional Zoom meeting if they wished to express any concerns. No one joined the meeting, so in future it would be better to have stakeholders request a meeting.

The last lesson learned stems from the category nursing practice from the CASN guidelines. This category created the biggest opportunity for project and personal growth. Being able to identify a practice problem was challenging at first, let alone trying to find a solution. While I do believe I managed well, learning to bring theory to the bedside in a meaningful and productive manner has been challenging. Traditionally, nurses take a long time to buy into and accept change. Trying to excite colleagues about my project has been challenging at times. The real learning opportunity was brainstorming how to make

learning as interesting as possible – especially when trying to strategically bring research to the bedside. While I have successfully facilitated small changes in professional practice, much more work needs to be done.

Threats to Project Sustainability

The biggest threat for the sustainability of this project will potentially be the lack of buy-in from the University of Lethbridge and novice nurse preceptors in Sothern Alberta. A lack of buy-in from the University of Lethbridge and the preceptors would mean that this project as is would potentially end, and that an official pilot would not be possible at this time. In the event there was no buy-in from the University of Lethbridge, a pilot could be done at another educational institution or healthcare organization. With that stated, an evaluation of the handbook would need to be done to ensure it is applicable to the institution or organization.

Implications for Future Practice

Preceptorship is the primary education model in nursing education that helps bridge the gap between theory and practice, and to many registered nurses' surprise, there is a lack of awareness or accessibility to high-quality resources for novice registered nurse preceptors to read and review before entering into the preceptorship experience. Alongside these issues, I can speak from personal experience when I state there is a general lack of understanding of what preceptorship is and what it entails for the registered nurse. There is also a lack of consistency of resources being given to the preceptor – some preceptors are emailed support documents, some are not, and some only get select documents – it really depends on the faculty member's knowledge of how to

support registered nurses to be preceptors for nursing students, which creates a significant amount of inconsistency for preceptors.

This handbook is designed to bring together all the resources the University of Lethbridge should be emailing to preceptors, especially novice nurse preceptors, with additional information reflective of the most recent literature. This project was intended to streamline educational resources available to preceptors, and will help create a foundational awareness of what preceptorship entails. The goal is to create a consistent and beneficial preceptorship experience for all involved: the preceptor, the nursing student and the faculty member. Prior to my first experience precepting a student, I would have really appreciated this handbook so I was adequately prepared for the experience.

Future Research Opportunities

Preceptorship is a joint effort between university faculty members, the registered nurse preceptor, and a nursing student. This project is supporting one aspect of the three main stakeholders; the preceptors. More learning and research opportunities lie within the faculty member and the student involved in preceptorship. Similar resources for the other preceptorship stakeholders would improve the overall preceptorship experiences, create an even better understanding of the expectations of preceptorship, and allow both the nursing student and the faculty member to feel more supported in their respective roles.

Other opportunities for future research include advancing this project from a pre-test to a pilot test project. In doing so, a cohort would be tested in a future semester at the University of Lethbridge with the NESA BN Programs. The pretest has demonstrated this handbook is effective, well-received by nurses who preceptor, and is feasible; therefore, the next logical step is to launch a formal pilot test project to evaluate if knowledge

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develops and learning occurs for novice nurse preceptors utilizing this handbook. Further, the pilot test should include various preceptors from different practice settings to ensure biases are minimized, increase flexibility of the number of participants, and ensure the resource is applicable and transferable to all practice settings.

In the event that the University of Lethbridge was interested in adopting my project into their course documents, this handbook would require further development to ensure the information in the handbook reflects adequate information for their novice registered nurse preceptors. Including more information in this handbook could mean that this handbook is transferrable to other nursing areas such as other medical floors, surgery, and community. A more widespread handbook could potentially launch this booklet into a more comprehensive learning system through the development of online continuing competency modules. Future implications for the handbook would also include more information on the University of Lethbridge standards and specific course requirements to ensure that it is reflective of the university and its educational values.

Conclusion

Preceptorship is a mutually beneficial time for both the student and the registered nurse in which learning and socialization occur. However, there are some challenges that registered nurses face such as a lack of time to prepare for their role as a preceptor and a lack of accessible resources to prepare for the preceptorship experience. To mitigate the issues associated with preceptorship, The Novice Registered Nurse Preceptor Handbook was created with theoretical underpinnings from both Patricia Benner's Novice to Expert Theory and the ADDIE Model of Instructional design. This handbook increased resources available for novice registered nurse preceptors working on acute medical

floors and assisted in building foundational and basic knowledge and understanding of the preceptorship process. With positive feedback from stakeholders and the support of the literature, this project has demonstrated that nurses who have minimal exposure to being a preceptor and nurses working on acute medical floors, are willing to learn about preceptorship in order to create a better experience for the nursing student. While this handbook is not comprehensive of the preceptorship experience, it is a small piece of the puzzle in ensuring that the students have a beneficial and fruitful learning experience as they enter practice and that preceptors are willing to partake in the experience again.

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The Novice Nurse Preceptor Handbook (Draft #1) Feedback Tool

Thank you for reviewing the Preceptor Handbook. I have outlined some questions in the hopes of receiving meaningful feedback that will help further develop this handbook so that it can be used in practice. As a stakeholder, your feedback will shape this hand guide moving forward.

Please scale the following questions by putting an "X" in the column of your choice:

How satisfied are you with…	Very unsatisfied	Unsatisfied	Neutral	Satisfied	Completely satisfied	Additional Comments
The layout of the deliverable?						
The length of the deliverable?						
The content in the deliverable?						
The language and readability in the deliverable?						

1. Are there other topics that should be incorporated into The Novice Nurse Preceptor Handbook?

    a. _____

    b. _____

    c. _____

2. Are there barriers to The Novice Nurse Preceptor Handbook and its applicability to practice?

3. Are you experiencing any obstacles while being a stakeholder?

4. Do you have any final questions or comments about The Novice Nurse Preceptor Handbook (Draft #1)?

The Novice Nurse Preceptor Handbook (Draft #2) Feedback Tool

Thank you for reviewing the Preceptor Handbook. I have outlined some questions in the hopes of receiving meaningful feedback that will help further develop this handbook so that it can be used in practice. As a stakeholder, your feedback will shape this hand guide moving forward.

Please scale the following questions by putting an "X" in the column of your choice:

How satisfied are you with...	Very unsatisfied	Unsatisfied	Neutral	Satisfied	Completely satisfied	Additional Comments
The layout of the deliverable?						
The mix of text and graphics?						
The length of the deliverable?						
The content in the deliverable?						
The research and detail of the topics in the deliverable?						
The language and readability in the deliverable?						
The attachments in the appendix?						

1. Are there any changes to the format (i.e. layout of information, font, spacing, colours, etc.) of The Novice Registered Nurse Preceptorship Handbook (Draft #2) that you would prefer be changed?

2. Do you have any questions about the implementation and application of The Novice Registered Nurse Preceptorship Handbook in practice?

3. Do you have any final questions or comments about The Novice Registered Nurse Preceptor Handbook (Draft #2)?

APPENDIX B: THE NOVICE REGISTERED NURSE PRECEPTOR
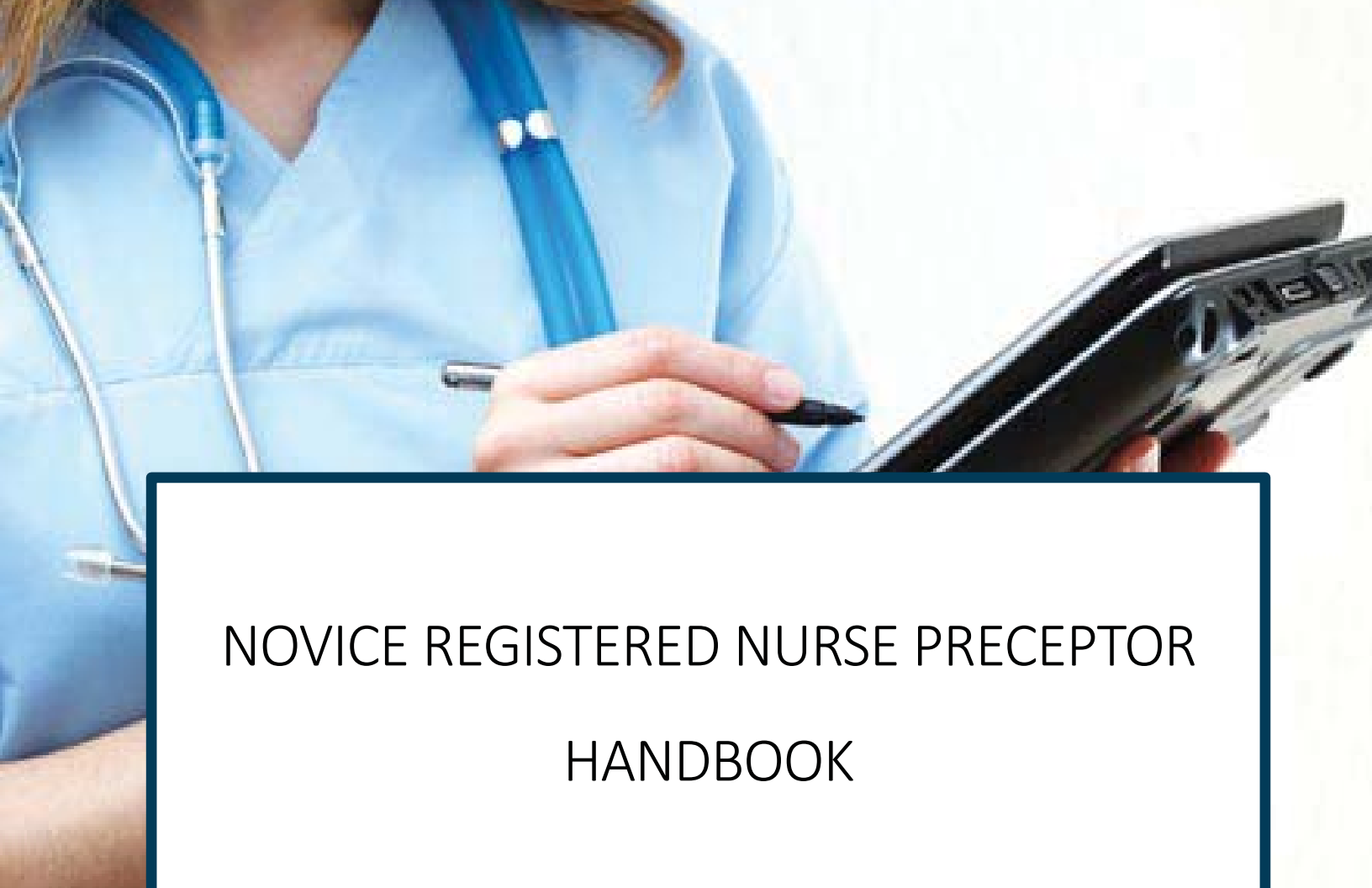
HANDBOOK

NOVICE REGISTERED NURSE PRECEPTOR HANDBOOK

By Laura Trechka

For the partial fulfillment of course Nursing 6002 University of Lethbridge

Welcome Letter

Thank you for taking the time to preceptor one of our University of Lethbridge NESA students. Your efforts are greatly appreciated! I hope you will enjoy and share your student's enthusiasm and desire to learn, as you both grow personally and professionally in your practice.

Before you embark on the preceptorship experience, we ask that you read through the supplied documents. These documents are intended to help support you in your role as a preceptor.

Students are encouraged to be independent and partake in self-directed learning. They will be held accountable for contacting you prior to beginning their shift rotation to confirm an initial start date and share their expectations regarding the preceptorship experience.

Prior to the preceptorship experience, we ask you to complete the following:

- Provide your faculty advisor with your best contact information (i.e. cell phone – text/call, email, or work phone).
- Provide a copy of the work rotation the student will be following. The student is required to complete 350 practice hours, which break down into (29) 12-hour shifts or (44) 8-hour shifts. Students must not work overtime hours nor work more than 84 hours in a two-week period. We encourage students to complete their practice hours at least one week prior to semester end-date in case sick days, personal days, etc. need to be accommodated.
- Review the course syllabus. A course description, outcomes of the preceptorship, details regarding student scheduling, requirements of the student prior to practice, required practice assignments, and policies related to attendance and dress are all included in this document.
- Take note of three evaluation dates that need to occur via face-to-face or zoom/teleconference (initial meeting during week one; midterm evaluation; and final evaluation).

Please feel free to contact your faculty advisor ANY TIME throughout the preceptorship experience, especially if you have questions or concerns – early communication is best.

Thank you for offering your time, commitment, and expertise. We look forward to working with you.

Preface

The purpose of this handbook is to assist the novice nurse preceptor in becoming more aware of their role within the preceptorship experience. This handbook is designed to help support the preceptor as they navigate through the experience, by providing background information about the preceptorship, expectations of the preceptor, and supporting documents if the student requires additional help.

Please remember that the faculty advisor assigned to you and your student is there to help – if you have any concerns about being a preceptor, require further information about the expectations of the preceptorship experience, or have a concern about the student assigned, contact your faculty advisor as soon as possible.

Table of Contents

Part I – Definition of Preceptorship and Roles

Learning Objectives

1. Have a basic understanding of key terms regarding preceptorship and the associated nursing theories related to preceptorship.
2. Understand the definition of preceptorship according to both the Nursing Education in Southwestern Alberta (NESA) BN Programs, Faculty of Health Sciences, University of Lethbridge and the College and Association of Registered Nurses of Alberta (CARNA).
3. Become aware of expectations for the preceptor.
4. Briefly explore preceptor roles.

Key Terms and Concepts

Before you begin reading through this handbook and embark on your preceptorship experience, a few definitions will help you fully understand the information presented.

Term	Definition
Preceptorship	A teaching-learning approach used in clinical nursing education across Canada. During the preceptorship, a nursing student is assigned to a registered nurse for a one-on-one, short-term relationship that is focused on developing nursing knowledge, skill, and ability. During the preceptorship, the registered nurse evaluates the student's progress and ability to transition into a new-graduate nurse (Lazarus, 2016).
Preceptor	A registered nurse who actively participates in a student's learning by orientating the student to the practice setting and providing both direct and indirect assistance to aid the student's learning experience. The preceptor evaluates and documents student learning and growth (Lazarus, 2016; Tucker et al., 2019).
Preceptee	An individual who works under the preceptor – a student (Merriam-Webster Incorporated, 2020).
Patricia Benner's Novice to Expert nursing theory	This nursing theory outlines how a nurse acquires new clinical skills, nursing knowledge, competency, and comprehension of patient care through their training and experiential learning. This theory outlines the journey of a nurse as they advance from the novice stage to the expert stage. Development through these stages is directly linked to the nurse's previous experiences and the amount of time spent working in the profession (Ozdemir, 2019).
Novice nurse / Advanced beginner	During the first 18 months of practice, a nurse is considered a novice clinician/advanced beginner. This means the nurse's practice is rule/policy-based, and the focus is on their own learning rather than small details of the patient's case (Hardt, 2001).
Novice nurse preceptor	*For this handbook*: A nurse (regardless of years of practice and knowledge) who has precepted five or fewer students.

Faculty Advisory	The University of Lethbridge instructor working alongside both the preceptor and the student. The faculty advisor meets with students to ensure course objectives are understood, assignments are reasonable and attainable, and preceptorship placement is appropriate; attends both midterm and final evaluation meetings; collaborates with the preceptor for monitoring of learning progress and whether they are meeting the course outcomes; troubleshoots any issues the student or preceptor may have; and supports the registered nurse in their role as a preceptor.
Student	The NESA nursing student who is the center of the preceptorship experience. The student must understand the expectations of the preceptorship experience, understand goals and expectations of their experience, create a learning plan, assume responsibility for their own self-directed learning experience, reflect on competence level, and assess their own practice. The student actively learns the role and scope of practice of a registered nurse and practices according to the CARNA Nursing Practice Standards.

What is preceptorship?

As a registered nurse, there are two important definitions and purposes of preceptorship that must be understood prior to engaging in the experience. These are outlined by the University of Lethbridge and The College and Association of Registered Nurses (CARNA). Together, these two organizations outline the importance of preceptorship for both the nurse and their personal practice, and the student and their entry into the field of nursing.

University of Lethbridge

Based on the preceptorship outline provided to students through the Nursing Education in Southern Alberta (NESA) Program at the University of Lethbridge, preceptorship is defined as a one-on-one learning experience in which a student completes 350 practice hours with a registered nurse. "Upon successful completion of the course, the student will be able to:

1. Coordinate and deliver nursing care to a client caseload equivalent to that of an entry-level practitioner.
2. Continue to develop and refine critical and creative clinical decision-making skills.
3. Demonstrate evidence-informed nursing practice.
4. Demonstrate initiative and accountability in the provision of nursing care.
5. Effectively collaborate with multi-disciplinary team members to enhance health care delivery.

6. Apply critical reflection in the ongoing development of holistic nursing practice.
7. Articulate the application of theory as a foundation for nursing practice.
8. Practice according to the CARNA Practice Standards, CNA Code of Ethics and NESA BN Programs Student Handbook."

<div align="right">(NESA, 2020).</div>

College and Association of Registered Nurses of Alberta (CARNA)

CARNA is the registered nurse regulatory body that ensures registered nurses in Alberta continuously provide safe and ethical care. CARNA calls upon registered nurses to be leaders who foster the development of future registered nurses and advance their own practice by upholding one of the five standards of practice each year. A nurse can help develop the future of nursing while upholding the practice standards through preceptorship (Canadian Nurses Association & Canadian Association of Schools of Nursing, 2004). Engaging in a preceptorship with a nursing student provides the registered nurse with the ability to demonstrate accountability for their own actions; exercise critical thinking and time management; collaborate with the multidisciplinary team; demonstrate leadership through opportunities such as quality improvement councils; be mindful and reflect on their own competency levels; and further develop their practice (College and Association of Registered Nurses of Alberta, 2013).

Expectations of Preceptorship

Students are expected to…	Preceptors are expected to…
Maintain contact with the faculty advisor throughout the preceptorship (report issues such as absenteeism, patient incidents, etc.).	Maintain contact with the faculty advisor throughout the preceptorship (provide contact information, update on student progress, troubleshoot issues.
Create a learning plan to help achieve their expectations and establish goals for the preceptorship experience.	Review the student's learning plan and help the student reach goals by creating opportunities to learn.
Fulfill the requirements for the 350 practice hours and make up for missed clinical hours due to sickness or personal reasons.	Provide dates in which the student can fulfill the required practice hours and schedule shifts within the guidelines and expectations of the program.
Be open to various learning opportunities and demonstrate growth in knowledge, skill, and ability.	Challenge student with new tasks, and ask critical thinking questions
Be receptive and accepting of feedback provided, and seek to improve practice.	Provide feedback in a timely manner in a language that is easy to understand, appropriate for student learning.

Show initiative to learn – ask questions and share current knowledge.	Answer questions and expand on learning by directing the student to educational resources.
Prepare for clinical – research patients and arrive ready to learn	Assess student's readiness to practice and preparedness to perform clinical skills.
Assess their own practice by submitting the NESA BN Programs Practice Evaluation Tool to self-reflect on learning and development and reporting on performance.	Assess student performance in meeting course outcomes by submitting the NESA BN Programs Practice Evaluation Tool to demonstrate learning and development during the preceptorship.
Organize and prioritize patient care to ensure time management and appropriate care planning, leadership skills, and increased independence are maintained.	Collaborate with the student about organization and prioritization of daily tasks such as patient care and higher processing tasks such as care planning. Correct if wrong and explain why.
Establish open communication with the preceptor to demonstrate critical thinking and research processes; look-up policies and procedures and apply best practice.	Communicate with the student and build a trusting and supportive relationship by providing a positive learning environment with the nursing student.

Roles of the Novice Nurse Preceptor

Preceptorship has become an adopted part of the Canadian nursing curriculum as a cost-effective way to ensure a smooth transition from nursing student to novice nurse, and to bridge the gap between theory and practice (Farooq, Parpio, & Ali, 2015). Preceptorship is a time in which a nurse engages in many roles such as teacher, employee, colleague, care-taker. Below are some of the other roles, specifically during preceptorship, a nurse takes on.

Facilitator
- Collaborates with the student about their duties and obligations during the preceptorship process such as time management.

Leader
- Exemplifies leadership opportunities during the preceptorship through critical thinking in the registered nurse role.

Teacher
- Sharing knowledge, skill, and expertise with the student to further develop the future of nursing.

Role Model
- Demonstrates the skills, knowledge, and confidence required for nursing practice.

Socializer
- Help the student professionally communicate with the multidisciplinary team

Guide
- Bridge the theory to practice gap by guiding the student to build on thier knoweldge and skills through research and hands on practice.

Evaluator
- Assess the students readieness to practice and level of competency as they advance through their preceptorship experience.

(Omer et al., 2016; Strouse et al., 2018; Zournazis, Marlow, & Mather, 2018)

Part II – Teaching Strategies

Learning Objectives

1. Understand steps to take before the preceptorship
2. Have basic knowledge of the three most popular methods of teaching during the preceptorship experience:
   a. Reflection
   b. Questioning/Thinking aloud
   c. Mentoring/Coaching

Steps to Take Prior to the Preceptorship

On top of being mindful of the roles and responsibilities during the preceptorship, it is also important for the registered nurse to use multiple teaching strategies to ensure the student is able to learn according to their preferred learning style (Lazarus, 2016). Regardless of the student's knowledge and experience level, teaching can be a daunting task, especially for a novice preceptor. With that stated, research has shown that students learn best in an environment that:

- Promotes mutual respect
- Is non-judgmental
- Continuous support is offered
- Encouragement and guidance are used rather than discipline and threats
- Clear communication and timely feedback are demonstrated

(Valiee, Moridi, Khaledi, & Garibi, 2016)

Before thinking of all the teaching opportunities you will engage in with your student, it is important to also take time to reflect on how you, the preceptor, wish the experience to go. This means, before engaging in the preceptorship experience, thinking about your goals, some communication strategies, and reflecting on your own previous experiences with preceptorship.

Steps to Take Prior to the Preceptorship

Set goals: This is important for both the preceptor and the student. Ensure goals are achievable. It is also important to prepare strategies as to how they will be achieved

Think about communication strategies: In some cases, using a formalized communication process such as SBAR (situation, background, assessment, and recommendation) or STAR (situation, task, action, result) helps convey clear and concise information.

Reflect: Reflect on your own thoughts and feelings about your previous preceptorship experiences. Is there something that really stood out that helped? What did you not like?

(Shellenbarger & Robb, 2016; Uhm, 2019)

Teaching Strategies

Depending on the student's preferred learning methods, multiple teaching strategies may have to be utilized. The top three utilized in preceptorship are reflection, questioning/thinking aloud, and mentoring/coaching.

Reflection
- Reflection is an essential part of nursing. As part of our standards, self-reflection is used to bridge the gap between knowledge and practice as nurses seek ways to better their practice by becoming more self-aware. By reflecting on ways in which they can improve their practice, patient care will continue to evolve, and the preceptorship experience will flourish.
- Assisting students in reflecting on certain situations that arise in practice is necessary so they can continue to evolve their practice as lifelong learners. By helping the student identify develop awareness of their thought patterns, they will continue to learn and expand the body of nursing knowledge.
- There is no right or wrong way to reflect; however, it is noted in the research that it is important to reflect on both good and bad situations.

When reflecting during the preceptorship experience, it is important to ask some of the following questions:

- o What, where, who - was involved in the situation?
- o How did this particular situation make you feel?
- o Why did this situation happen?
- o What could be done differently for future situations that may be similar? (even if the situation was positive)
- o How has this situation changed your practice?

(dos Santos Martins Peixoto & dos Santos Martins Peixoto, 2016; Koshy, Limb, Gundogan, & Whitehurst, 2017)

Questioning/Thinking Aloud

- Questioning the student and asking them to think aloud is a great way to assess:

- Level of understanding
- Ability to critically think about the situation
- Assess any knowledge gaps that need to be addressed
- Help establish meaningful connections between certain concepts.
- There are two types of questions; lower-level and higher-level. Lower-level questions ask for recalled information (i.e. paraphrasing or summarizations of knowledge). Higher-level questions are directed at the student's ability to apply, evaluate, and create new knowledge.
  - Words to ask higher-level questions may include: Demonstrate, analyze, break information into component parts, compare/contrast, evaluate, assess, plan, or develop.

(Cook, 2016; Phillips, Duke, & Weerasuriya, 2017)

Mentoring/Coaching

- Coaching is a teaching strategy in which collaboration between the nurse, the student, and potentially the multidisciplinary team aim for personal growth, co-creation of knowledge, and clinical evaluation to occur. This type of relationship is mutually beneficial due to its ability for both parties to grow and receive feedback.
- Mentorship is a teaching strategy that favours teamwork to help prepare for post-graduate work life. Mentors often problem-solve with students, making it a hands-on approach.
- Nursing is a special practice where much learning takes place via hands-on or socialized situations; therefore, coaching and mentoring the student through situations is essential.
- For further differences between mentoring and coaching, see the chart below.

(Jackson & Henderson, 2017; McDiarmid & Burkett, 2020; Power & Wilson, 2019)

Table 2. Mentoring vs coaching

Mentoring/teaching	Coaching
Answers questions	Asks questions
Steps in and provides care	Steps back and allows the student to learn by providing care
Is watched by the student	Watches the student
Directs the student's learning	The student demonstrates what they've learnt (usually self-directed) to the coach
Shows the student how	Is shown how by the student
Allocates work to the student	Is allocated work by the student
Talks	Listens
Does the same work as before, but with a student	Works differently, while coaching the student
Identifies individual learning opportunities in the ward environment	Uses the whole ward as a complete learning environment

Source: University of East Anglia (2014:4)

Exported from: (Power & Wilson, 2019)

Part III – Communication Techniques

Learning Objectives

1. Understand the concept of transition shock
2. Understand the importance of feedback
   a. Timely feedback
   b. Feedback dos and don'ts
3. Understand how to help the struggling student
4. Recognize signs of conflict and understand how to navigate through conflict

Transition Shock

During the preceptorship, it is important for the preceptor to discuss life post-graduation with the student. One of the most important topics to define and discuss is the issue of transition shock. Transition shock or reality shock is defined as a period of time, after the preceptorship, in which a preceptor student unsuccessfully transitions into life as a licensed practitioner (Labrague, Labrague, & Santos, 2020). Statistically, transition shock is most likely to occur within the first-year post-graduation. Terms associated with transition shock include: drowning in workload, burnout, feelings of exhaustion, low-self-esteem, and job dissatisfaction (Wakefield, 2018).

With these negative connotations associated with the transition from theory to practice, it is not surprising that transition shock can ultimately lead to higher turnover in new graduate nurses and implications in patient care such as increased errors. One of the best ways to curb issues associated with the transitional period between preceptorship and professional practice is to have a supportive and knowledgeable preceptor. During the preceptorship, preceptors should emulate a positive attitude about the preceptorship experience, showing enthusiasm about their role as a professional, knowledge about their skill, and critical thinking in order to acclimate the student in a realistic way (Clipper & Cherry, 2015).

| Encourage a healthy lifestyle and a balance of work-life and personal life stressors | → | Create clear expectations related to workload as a student vs. a practitioner/reality | → | Create a work environment that is accepting and inclusive of all cultures and socialize the student frequently | → | Help the student recognize poor coping skills or mental health such as negative emotional states, anxiety, stress, or low self-esteem. | → | Create a high-quality relationship, rich in support and trust. |

(Labrague et al., 2020)

Providing Feedback

Preceptorship is a crucial time in the student's life that is filled with stress and anxiety. Offering clear and concise feedback and ongoing open communication can be key to decreasing stressors, which ultimately leads to better care and an overall more fruitful learning experience (Van Patten & Bartone, 2019). Without adequate communication strategies and successes, the preceptor-student relationship can break down leading to feelings of insecurity (Quek et al., 2019). However, as important as communication is, there are many barriers preventing preceptors from providing feedback, such as a lack of time or inadequate communication skill sets between the preceptor and the student (Allen & Molloy, 2017). Before considering giving the student feedback, it is important the preceptor remember the three main purposes of feedback:

1. Strengthen and support positive behavior

2. Advise the student in a way that can change and improve a behaviour
3. Inspire learning and growth (Ciocco, 2015, p. 59).

Facts about Feedback

- Providing feedback allows the student to become aware of their actions and potential future practice implications.
- If communication starts to break down and become ineffective, utilizing a SBAR (situation, background, assessment, recommendation) or STAR (situation, task, action, result) method may help provide an outline of what needs to be communicated.

The **Do's** of Feedback

- Be sensitive to the student's needs, and provide professional feedback that is based on facts or behaviours, not personality.
- Remind the student that feedback is not disciplinary, but intended for growth.
- Provide feedback in a timely manner. If there is no time appropriate following an incident, schedule a time to meet.
- Keep feedback direct and concise. Before giving feedback to the student, think of the overall objective or topic. Only present the facts and answer - who (was involved), what (happened), where (did the situation occur), when (did the situation occur), why (was the situation good or why does the behviour need to change)?

The **Don'ts** of Feedback

- Do not give the student feedback in front of other people such as patients, family members, or other healthcare professionals. This could embarrass the student, and the message will not be received.
- Do not start the feedback with "you" (e.g. "you should..." "you need to..." etc.). By putting "you" in front of the sentence, it imposes judgement and the student could potentially feel attacked.
- Avoid using term such as good/bad, right/wrong, poorly, incompletely, incorrectly, always, and never. These terms are considered to be judgemental terms, which can effect the overall message the preceptor is trying to give the student.

(Lal, 2020; Uhm, 2019; van de Walle – van de Geijn, Joosten – ten Brinke, Klaassen, van Tuijl, & Fluit, 2020)

Helping the Struggling Student

Despite best intentions of the preceptor and faculty, some students struggle with the preceptorship experience. It is the role of the preceptor, with assistance from the faculty advisor, to help the struggling student do the best they can. While there is no specific algorithm or formula to assist the

student, there are steps the preceptor can take to help ease or curb the student from struggling or potentially failing.

Before you evaluate the student, remember that **early** recognition and intervention are key to the success of the student and the preceptorship experience. All evaluation and feedback must be objective, as a "gut feeling" is not enough to determine if extra supports or failure of the student is required. If you have spoken to the student about your concerns, then the faculty advisor must be made aware of the situation so further intervention can occur.

The next page reviews what can be done when the student is struggling during the preceptorship experience.

Use the acronym **SUCCESS** to summarize how to help a student who is struggling.

S
- **See the issues early**
  - Get to the core of the issue. Remember to be objective and document examples (i.e. failing to chart, frequent mistakes made at the bedside, reporting late to the shift, etc.).

U
- **Understand the point of view of the student**
  - Be sympathetic and mindful to the student's perspective and ask yourself, how would you react in a similar situation? Was the student given enough resources to handle the situation?

C
- **Clarify the situation**
  - Ask the student for their process and knowledge related to the situation. Remember to be objective.

C
- **Create a contract for student success**
  - With the student's help, create learning goals. Be positive - the student's success is the preceptor's success. Utilize positive, understandable language when evaluating the goals. If the student continues to struggle, contact the faculty advisor for more support.

E
- **Evaluate progress regularly**
  - Ensure all student successes and struggles are documented. Again, remember to be objective and use examples to support your evaluation.

S
- **Summarize the student's performance**
  - Document as per the university's guidelines. Refer back to the set goals made in the learning contract. Revisit the goals when the student has successfully completed them or is continuing to struggle. Add suggestions for future implications of practice or learning.

S
- **Sign the summary**

(Ciocco, 2015, p. 81-92)(Teeter, 2005)

Conflict and Communication

Sometimes communication can break down and cause conflict between the preceptor and the student; especially when the student is struggling, or both the student and the preceptor are involved in a high stress situation.
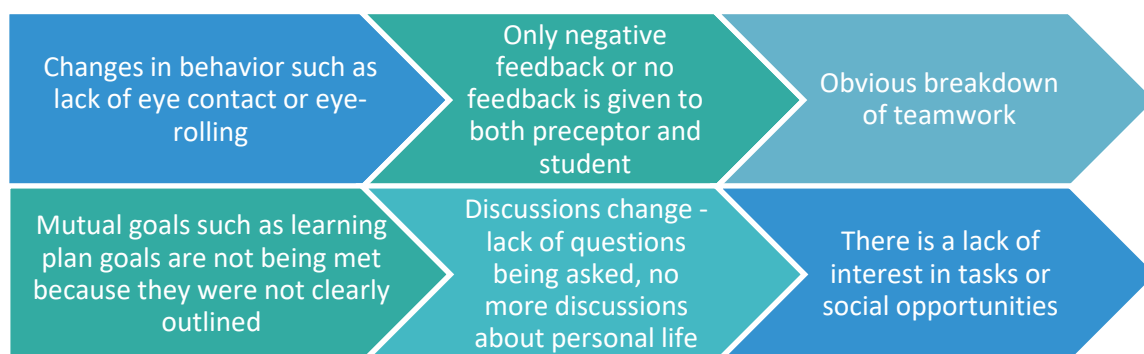
From every situation, a positive or negative experience may transpire. Either way, conflict can occur, so communication must be of highest priority to ensure learning continues. Conflict has the potential to create innovation and motivation for both professional and personal growth. Conflict can allow for the relationship between the preceptor and the student to create constructive learning opportunities in the future. Keep in mind that the student is an adult learner, so if issues arise, ask the student what communication styles they prefer.

Unfortunately, if left to fester, conflict can become a negative experience for both the preceptor and the student. It is important to deal with the conflict quickly to avoid further breakdown of the relationship. This can be done by utilizing the following strategies:

- Reflect on how you contributed to the conflict
- Consider how other events may have been the underlying root of the conflict
- Allow for the emotional response to pass; when ready to discuss the conflict, talk only about the facts
- Sit with the student in a quiet area and discuss the issue
- Move on – dwelling on the issue does not help the situation

In order to recognize a potential conflict, the following are signs of a communication breakdown:

Changes in behavior such as lack of eye contact or eye-rolling	Only negative feedback or no feedback is given to both preceptor and student	Obvious breakdown of teamwork
Mutual goals such as learning plan goals are not being met because they were not clearly outlined	Discussions change - lack of questions being asked, no more discussions about personal life	There is a lack of interest in tasks or social opportunities

(Fay et al., 2018; Higham, 2016; Myers & Chou, 2016)

Summary

By reading this handbook in its entirety, you as a preceptor are now able to understand the many concepts associated with the preceptorship experience. It is important to remember that all the information provided in this handbook provides a basic overview of the preceptorship experience and that the topics presented will require personalization to your practice and teaching style as well as the student's learning style and learning needs.

As outlined in this handbook, the purpose of preceptorship is to increase the student's confidence related to the skill and knowledge required in nursing practice. By supporting and encouraging the student through the preceptorship experience, you will help create an overall increase in the student's independence, higher-level skills, and knowledge related to nursing practice. Preceptorship is a valuable time in which the preceptor continues to grow as a professional by continuing to practice according to the CARNA standards and further expand their own knowledge according to best practice standards. Assisting the student's successful completion of the preceptorship experience can ensure the student is safe and competent. A successful preceptorship experience also helps bridge the gap between school and reality, making transition shock a non-issue.

Thank you for taking the time to read through this handbook. If you have any questions, do not hesitate to contact your faculty advisor for more support.

Appendices

Appendix I – Tools for Preceptor

Daily Student Progress Reflection

Student Name_____ Date_____

What went well today?	•
Is there a situation that your student handled well?	•
What needs improvement for tomorrow?	•
Is there a situation in which your student required extra support?	•
What skills or tasks was the student able to participate in or observe today?	•

Daily Student Reflection

Student Name_____ Date_____

How do you feel you are doing?	•
What did you do well today?	•
What needs improvement for tomorrow?	•
Were you able to do or observe anything interesting today?	•

DIFFERENTIATING DELIRIUM AND DEMENTIA

Although delirium and dementia both affect a patient's cognitive abilities, the nurse must be aware of the characteristics of each condition to ensure proper diagnosis and treatment.

Characteristic	Delirium	Dementia
Onset	**Rapid**	Gradual and insidious
Duration	Brief (1 month or less), depending on the cause	Long, with progressive deterioration
Course	Daytime alterations, with more exacerbations at night	Stable progression of symptoms, with increased confusion in the evenings (sundowning effect)
Memory	Disorganized and impaired short-term memory	Short-term and long-term memory impairments that progress to complete loss
Orientation	Markedly decreased, especially to environmental cues	Progressively decreasing
Language	**Rambling, pressured, irrelevant**	Difficulty recalling correct words; loss of language in later stages
Perceptual disturbance	Environment unclear, progressing to illusions, hallucinations, and delusions	Commonly absent but can progress to paranoia, delusions, hallucinations, and illusions
Level of consciousness	**Fluctuating cloudiness; inattentive to hyperalert with distractibility**	Not affected
Sleep	Day-night reversal, insomnia, vivid dreams and nightmares	Possible day-night reversal in late stages
Psychomotor actions	Sluggish to hyperactive; changes unpredictable	Not affected initially; restlessness with pacing in late stages
Emotional status	Anxious with changes in sleep; fearful if experiencing hallucinations; weeping; yelling	Depression or anxiety when the patient has insight into the condition; anger with outbursts in late stages

Lippincott Procedures. (2018). Delirium, care of patient. Retrieved from https://procedures-lww-com.ahs.idm.oclc.org/lnp/view.do?pId=4182164&hits=cam&a=true&ad=false

Appendix III – NESA BN Programs Practice Evaluation Tool

University of Lethbridge

NESA BN Programs

PRACTICE EVALUATION TOOL

Student: _____

Instructor/Preceptor: _____

Agency/Unit: _____

Dates Absent: _____

Course Number: _____

Dates of Experience: _____

Faculty Advisor: _____

This evaluation was completed by:
❏ Instructor   ❏ Student   ❏ Preceptor

ABOUT THE EVALUATION TOOL

The Practice Evaluation Tool standardizes the evaluation process across the nursing curriculum and enables clear and consistent documentation of the behaviours and attitudes that indicate practice competence. It is divided into five categories that follow the CARNA Nursing Practice Standards, and serves two purposes:
1. It is a self-evaluation tool for students to evaluate their own practice performance and achievement of the course outcomes.
2. It is a tool for the instructor, preceptor and/or faculty advisor to evaluate students' practice performance and achievement of the course outcomes.
To be eligible to pass the practice course, students must achieve the course outcomes (as delineated in the course outline) and demonstrate competent performance according to this Tool.

ASSUMPTIONS

Assumptions underpinning this Tool are that, in practice, student nurses:
• have a desire to become graduate nurses and will, therefore, put forth their best effort to meet the expectations for practice.
• will conduct themselves in a professional, respectful and helpful manner with clients, health team members, peers and instructors, in accordance with the values of the Canadian Nurses Association Code of Ethics for Registered Nurses.
• lack the experiential knowledge essential to understanding and managing unstable practice situations.
• recognize the limitations of their individual experience and knowledge and seek guidance when needed.
• will initially focus efforts on refining technical and time management skills and will be less efficient with these skills than experienced registered nurses.

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- require support from colleagues to safely develop the experience necessary for greater independence in practice.
- will develop the ability to individualize assessment and care through experience and reflection on practice experiences.
- will develop an ability to provide nursing care using a caring approach and attitude.

This Tool will guide you through a self-evaluation process in order to give you an indication of your strengths and areas requiring improvement. This reflective process is a requirement of professional practice and, therefore, you should engage in it on a <u>weekly</u> basis. Please be aware that you should expect fluctuations in performance. Narrative documentation should be included to support self-analysis for each category. Self-evaluate based on your *competence*, not your *confidence*. You must complete all course assignments and achieve the course outcomes to be eligible for a passing grade in this course.

Evaluate students on a continual basis. The categories contain descriptors of behaviours which you will score along a competency continuum defined as: UNACCEPTABLE, INCONSISTENT, COMPETENT, and PROFICIENT. Add narrative details to provide evidence for your assessment in the space provided at the end of each category. If student performance is "unacceptable" or "inconsistent" in an area, written narrative is *required*. Students can acknowledge the feedback by initialing in the appropriate column. Incidents of particular significance require the student's initial indicating the student's acknowledgement of the incident. Any student receiving a rating of "unacceptable" or "inconsistent" in any area may require a Practice Enhancement Plan (PEP) to address practice performance issues. *Students who do not fully meet the performance outcomes will receive a failing grade in the course.* Overall practice performance is scored as SATISFACTORY or UNSATISFACTORY. Please provide the student with a copy of the instructor's final evaluation form.

Absence from required practicum hours may result in failure to meet the course outcomes with subsequent failure of the course, consistent with the attendance policy in the current Student Handbook.

There are several words used in the Tool to indicate the quality of the student's performance. The following terms refer to the need for guidance from the instructor or the frequency with which certain behaviours occur.

Term	Definition
Continuous	Repeatedly occurring, needed within a short interval, or on a fairly regular basis.
Collaborative	Working together with others (peers, instructors, members of the health care team) to achieve an identified goal. Collaboration implies that each participant contributes according to the limits of his or her ability and knowledge.
Consistent	Compatible or congruent with, in alignment with.
Inconsistent	Incompatible or incongruent with, unpredictable.
Consistently	Occurring at all times, regularly, or in some situations, approximately 80% of the time.
Inconsistently	Occurring irregularly, unpredictably.
Appropriate	Correct, compatible or congruent with known facts, principles, concepts, theories or policies.
Inappropriate	Incorrect, incompatible or incongruent with known facts, principles, concepts, theories or policies.
Stable Situation	A situation in which the client's health status or outcomes can be anticipated, the plan of care is readily established and is managed with interventions that have predictable outcomes and minimal risk of harm.

Unstable Situation	A situation in which the client's health status is fluctuating or outcomes uncertain, with atypical responses, the plan of care is complex, requiring frequent assessment and modification and is managed with interventions that may have unpredictable outcomes and/or risks.
Caring	Caring is a nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility (Swanson-Kauffman, 1989).
Client	"Client" can refer to individual patients, families, communities, agencies, or aggregates; in community health it may refer to the target population, stakeholders, host agency, or beneficiary of the service.
Preparation	Preparation includes, but is not limited to, being knowledgeable of the practice situation prior to arrival on the unit. This includes engaging in patient research, participating in communications relevant to the practice area, and demonstrating readiness to practice.
Chart	The client chart or other guiding documents, including process documents and weekly summaries in community health.
Implement 'Care'	Actions done to support the client, or to tasks related to practice (as in community health).
Evaluation of Care	The assessment of the effect of care on the patient, or of the effect of actions on the task, project, or population.

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Standard 1 – Responsibility and Accountability

CATEGORY	Unacceptable (U)	Inconsistent (I)	Competent (C)	Proficient (P)	Date	SCORE	Init
(1) Practices Competently (Related to Course Outcomes)	a) Requires continuous cues to manage client assignment and changes in client status/need or practice situation. b) Does not review skills/theory to develop own competence or use available time and resources to benefit client care outcomes. c) Medications are not researched, prepared and administered safely, efficiently and competently. d) Does not recognize the need to question policies and procedures inconsistent with therapeutic client outcomes, best practices, and safety standards.	a) Requires frequent cues to manage client assignment and changes in client status/need or practice situation. b) Requires frequent cues to review skills/theory to develop own competence and use time and resources to benefit client care outcomes. c) Medications are inconsistently researched, prepared and administered safely, efficiently and competently. d) Requires frequent cues to recognize the need to question policies and procedures inconsistent with therapeutic client outcomes, best practices, and safety standards.	a) Requires occasional cues to manage client assignments and changes in client status/need or practice situation. b) Reviews skills/theory to develop own competence and uses time and resources to benefit client care outcomes with occasional support. c) Medications are consistently researched, prepared and administered safely, efficiently and competently to benefit patient care outcomes. d) Requires occasional cues to recognize the need to question policies and procedures inconsistent with therapeutic client outcomes, best practices, and safety standards.	a) Manages client assignment independently and recognizes need for support with changes in client status/need or practice situation and seeks direction appropriately. b) Independently reviews skills/theory to develop own competence and uses time and resources to benefit client care outcomes. c) Medications are researched thoroughly, prepared and administered safely, efficiently, and competently to benefit patient care outcomes. d) Recognizes and questions policies and procedures inconsistent with therapeutic client outcomes, best practices, and safety standards.	Mid Final		
(2) Preparation and Assignments (Related to Course Outcomes)	a) Inadequate preparation. Preparation level negatively influences performance. b) Course assignments not completed or are poorly researched and developed.	a) Demonstrates inconsistent preparation. b) Course assignments inconsistently researched and developed.	a) Demonstrates satisfactory preparation. b) Course assignments satisfactorily researched and developed.	a) Demonstrates thorough preparation, incorporating an evidence based approach. b) Course assignments thoroughly researched and developed	Mid		

CATEGORY	Unacceptable (U)	Inconsistent (I)	Competent (C)	Proficient (P)	Date	SCORE	Init
	c) Unable to develop a learning plan based on teaching/learning principles or to identify appropriate learning strategies and resources.	c) Requires frequent cues to develop a learning plan based on teaching/ learning principles and use appropriate resources.	c) Develops an individualized learning plan based on teaching/learning principles.	c) Develops a creative, individualized learning plan based on principles of teaching/learning and own learning needs.	Final		
(3) Initiative (Related to Course Outcomes)	a) Inattentive in discussions. Does not contribute or contributes only when asked/required.	a) Contributes to discussions occasionally without prompting.	a) Contributes to discussions consistently. Responds to contributions from peers.	a) Actively participates in discussions. Offers new information and suggestions to improve care.	Mid		
	b) Does not accept or seek out new learning opportunities for professional growth.	b) Requires frequent cues to seek out new learning opportunities for professional growth, but accepts same when directed.	b) Requests new learning opportunities for professional growth from instructor.	b) Initiates collaboration with instructor and/or health-care team to plan individual learning opportunities for professional growth	Final		
	c) Does not use time efficiently in the practice setting to benefit patient care or in helping others	c) Requires frequent cues to use available time to the benefit of client care and to help others in the practice setting.	c) Requires occasional cues to use available time to the benefit of client care and to help others in the practice setting.	c) Uses available time to the benefit of client care and to help others in the practice setting.			
(4) Accountability (The Nurse is Accountable at all Times for	a) Denies responsibility for own actions and decisions. (Blames others for errors/ omissions.)	a) Requires continuous cues to accept responsibility for own actions, decisions, errors and omissions	a) Accepts responsibility for own actions, decisions, errors and omissions. Takes action to address same with support.	a) Takes responsibility for own actions, decisions, errors and omissions, and takes appropriate action.	Mid		

their own Actions)	b) Does not follow the Professional Code of Conduct as outlined in Course Syllabus/NESA BN Programs Student Handbook. c) Does not follow current legislation, standards and policies relevant to the practice setting.	b) Frequent incidents of not adhering to the Professional Code of Conduct as outlined in Course Syllabus/NESA BN Programs Student Handbook. c) Frequent cues to follow current legislation, standards and policies relevant to the practice setting.	b) Occasional incidents of not adhering to the Professional Code of Conduct as outlined in Course Syllabus/ NESA BN Programs Student Handbook. c) Occasional cues to follow current legislation, standards and policies relevant to the practice setting.	Final b) Consistently adheres to the Professional Code of Conduct as outlined in the Course Syllabus/NESA BN Programs Student Handbook. c) Follows current legislation, standards and policies relevant to the practice setting,

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Standard I Comments/Supporting Evidence (*please indicate date/category*)

Standard 2:	Knowledge Based Practice						
CATEGORY	Unacceptable (U)	Inconsistent (I)	Competent (C)	Proficient (P)	Date	SCORE	Init.
(1) Practice Knowledge (Related to Clients and Practice Area)	**a) Unable to identify or apply scientific facts, theories, principles and concepts underlying client health and care.**	**a) Requires frequent cues to identify and apply scientific facts, theories, principles and concepts underlying client health and care.**	**a) Identifies and applies scientific facts, theories, principles and concepts underlying client health and care with support.**	**a) Consistently identifies and applies scientific facts, theories, principles and concepts underlying client health and care.**	Mid		
	b) Unable to incorporate an evidence base for practice.	**b) Gives some indications of an evidence base for practice with significant assistance.**	**b) Provides indications of an evidence base for practice with minimal assistance. Inclusion of scholarly literature is evident**	**b) Clearly demonstrates evidence based approach for practice. Scholarly literature is used to directly guide practice**	Final		
	c) Client assignments or work plan not completed effectively or not on time.	**c) Lapses in logical flow between and among aspects of assignments or work plan.**	**c). Logical flow between and among most aspects of assignments or work plan.**	**c) Logical flow between and among all aspects of assignments or work plan.**			
(2) Assessment Abilities	**a) Unable to apply appropriate data collection techniques.**	**a) Struggles to collect data using appropriate data collection techniques.**	**a) Collects data using appropriate data collection techniques.**	**a) Collects data regarding various dimensions of the client (or community) from a variety of sources using appropriate data collection techniques.**	Mid		
	b) Misses obvious changes in client, community or service status and neglects to update assessment.	**b) Struggles to identify obvious changes in client, community or service status; updates assessment with prompting.**	**b) Adapts the assessment to client situation based on identified changes in client, community or service status.**	**b) Assessments change and adapt in parallel to identified changes in client, community or service status.**	Final		
	c) Unable to analyze data to identify actual or potential health needs, nursing diagnoses, goals, expected health outcomes, appropriate nursing actions or action statements.	**c) Requires frequent cues to analyze data to identify actual or potential health needs, nursing diagnoses, goals, appropriate nursing actions or action statements.**	**c) Requires occasional cues to analyze data to identify actual or potential health needs, nursing diagnoses, goals, appropriate nursing actions or action statements.**	**c) Independently analyzes data to identify actual or potential health needs, nursing diagnoses, expected health outcomes, or goals and appropriate nursing actions or action statements.**			

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CATEGORY	Unacceptable (U)	Inconsistent (I)	Competent (C)	Proficient (P)	Date	SCORE	Init
(3) Prioritization Plan of Care	a) Does not prioritize nursing actions. b) Unable to develop a plan of care. Plan of care is impractical or incomplete. c) Unaware in changes in the chart or service requirement. Unaware of the input of other professionals.	a) Requires frequent cues to prioritize nursing actions. b) Requires frequent cues to use evidence based and theoretical knowledge to plan care. c) Requires frequent cues to be aware of in changes in the chart, service requirement, or work of other professionals.	a) Prioritizes nursing actions with minimal support. b) Uses evidence based and theoretical knowledge to plan care that is individualized to the client situation. c) Requires occasional cues to be aware of changes in the chart, service requirement, or work of other professionals.	a) Independently prioritizes nursing actions. b) Plans care that is individualized to the client situation and consistently based on evidence and theoretical knowledge. c) Consistently aware of changes in the chart or service requirement, and aware of changes from the work of other professionals.	Mid Final		
(4) Ability to Implement Care	a) Unable to provide nursing interventions that meet client or service needs or priorities as identified. b) Unable to use appropriate technology and perform care safely. c) Demonstrates a pattern of incomplete care.	a) Requires frequent cues to provide nursing interventions that meet client or service needs or priorities. b) Requires frequent cues to use appropriate technology and perform care safely. c) Occasional incidents of incomplete care.	a) Provides nursing interventions that meet client or service needs or priorities. b) Uses appropriate technology and ensures its safe functioning. c) Completes care as required.	a) Consistently provides nursing interventions that meet client or service needs or priorities as identified in the plan of care. b) Independently uses appropriate technology, ensuring its safe functioning. c) Demonstrates thorough care.	Mid Final		
(5) Organization	a) Implements care or service randomly without any evidence of organization. b) Unable to complete assigned nursing care or service	a) Requires frequent cues to implement care or service in an organized manner. b) Requires frequent cues to complete assigned nursing	a) Implements care or service in an organized manner. b) Requires occasional cues to complete assigned nursing care	a) Implements care or service efficiently, effectively and in an organized manner. b) Consistently completes assigned nursing care or	Mid		

CATEGORY	Unacceptable (U)	Inconsistent (I)	Competent (C)	Proficient (P)	Date	SCORE	Init.
	components within the allotted time frame in stable situations. c) Unable to adapt to changes in client status, community needs, or service requirements.	care or service components within the allotted time frame in stable situations. c) Requires frequent cues to adapt to changes in client status, community needs, or service requirements.	or service components within the allotted time frame in stable situations c) Reorganizes care with support to adapt to changes in client status, community needs, or service requirements.	service components within the allotted time frame in stable situations. c) Independently reorganizes care to adapt to changes in client status, community needs, or service requirements.	Final		
(6) Evaluation	a) Assessment of client response to care and effectiveness of nursing interventions or collaborative actions is random and incomplete. b) Does not include the client in evaluating the effectiveness of nursing interventions or service. c) Unable to modify plan of care using evaluation findings.	a) Requires frequent cues to assess client response to care and effectiveness of nursing interventions or collaborative actions. b) Requires frequent cues to include the client in evaluating the effectiveness of nursing interventions or service. c) Requires frequent cues to modify plan of care according to evaluation findings.	a) Assesses client response to care and effectiveness of nursing interventions or collaborative actions. b) Includes the client in evaluating the effectiveness of nursing interventions or service with minimal support. c) Modifies plan of care according to evaluation findings with minimal support.	a) Thoroughly and consistently assesses client's response to care and effectiveness of nursing interventions or collaborative actions. b) Independently includes the client in evaluating the effectiveness of nursing interventions or service. c) Independently modifies plan of care according to evaluation findings.	Mid Final		
CATEGORY	Unacceptable (U)	Inconsistent (I)	Competent (C)	Proficient (P)	Date	SCORE	Init.
(7) Nursing Judgment/ Decision Making	a) Does not seek assistance when needed to make accurate nursing judgments/decisions. b) Unable to make sound, logical or accurate judgments/decisions when	a) Frequently fails to seek assistance when needed to make accurate nursing judgments/decisions. b) Requires frequent cues to make sound, logical or accurate judgments/decisions	a) Seeks assistance as necessary to make accurate nursing judgments/decisions. b) Makes sound, logical and accurate professional judgments/decisions; requires	a) Validates nursing judgments/decisions with instructor and/or health team members as necessary. b) Makes sound, logical and accurate professional judgments/decisions when	Mid		

	following or in the absence of agency procedures, policies or protocols. c) Does not use available resources appropriately (equipment, supplies, technological, financial and human resources).	when following or in the absence of agency procedures, policies or protocols. c) Requires frequent cues to use available resources appropriately to provide safe care.	occasional supportive and directive cues in the absence of agency procedures, policies or protocols. c) Uses available resources appropriately to provide safe care.	following or in the absence of agency procedures, policies or protocols. c) Independently selects and uses appropriate resources to provide effective and efficient care consistent with client or service needs and priorities.	Final
(8) Technical/ Psychomotor Skill Performance (Restricted Activities under the HPA Registered Nurses Profession Regulation)	a) Requires continuous cues to perform restricted activities/skills safely and competently within scope of practice. b) Does not consider client comfort and safety when performing skills.	a) Requires frequent cues to perform restricted activities/skills safely and competently within scope of practice. b) Requires frequent cues to consider client comfort and safety when performing skills.	a) Requires occasional cues to perform restricted activities/skills competently within scope of practice with minimal support. b) Requires occasional cues to consider client comfort and safety when performing skills.	a) Performs restricted activities/skills with increasing dexterity safely and competently within scope of practice. b) Consistently considers client comfort and safety when performing skills.	Mid Final

Standard II Comments/Supporting Evidence *(please indicate date/category)*

Standard 3 - Ethical Practice

CATEGORY	Unacceptable (U)	Inconsistent (I)	Competent (C)	Proficient (P)	Date	SCORE	Init.
(1) Client Diversity	a) Does not consider client diversity when giving care and/or providing service, or requires continuous directive cues.	a) Requires frequent cues to consider client diversity when giving care and/or providing service.	a) Considers client diversity when giving care and/or providing service.	a) Consistently considers client diversity when giving care and/or providing service.	Mid		
	b) Does not provide culturally safe, client-centered care; does not consider client in regards to informed decision-making	b) Requires frequent cues to provide culturally safe, client-centered care consistent with client informed decisions	b) Provides culturally safe, client-centered care supportive of client informed decisions regarding health outcomes.	b) Provides culturally safe, client-centered care supportive of client informed decisions regarding health outcomes and strategies for promoting optimal health by accessing and building upon capacities and available resources	Final		
(2) Ethical Dilemmas and Advocacy	a) Does not identify ethical dilemmas/issues in client care and practice.	a) Requires frequent cues to identify ethical dilemmas/issues in client care and practice.	a) Requires occasional cues to Identify ethical dilemmas/issues in client care and practice.	a) Independently identifies ethical dilemmas/issues in client care and practice.	Mid		
	b) Does not identify issues of advocacy or advocate on behalf of the client.	b) Requires frequent cues to identify issues of advocacy and advocate on behalf of the client.	b) Requires occasional cues to identify issues of advocacy and advocate on behalf of the client.	b) Independently identifies issues of advocacy and advocates on behalf of the client.	Final		
(3) Value Conflicts	a) Unable to identify effects of own values, assumptions and behaviour on interactions with others.	a) Requires frequent cues to identify effects of own values, assumptions and behaviours on interactions with others.	a) Identifies effects of own values, assumptions and behaviours on interactions with others.	a) Identifies and reflects on effects of own values, assumptions and behaviours on interactions with others. Takes action to minimize	Mid		

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CATEGORY	Unacceptable (U)	Inconsistent (I)	Competent (C)	Proficient (P)	Date	SCORE	Init.
	b) Does not identify personal value conflicts. **c) Unable to manage conflicts in a professional manner.**	**b) Requires frequent cues to identify personal value conflicts.** **c) Able to manage conflicts in a professional manner with guidance.**	**b) Identifies personal value conflicts.** **c) Manages conflicts in a professional manner with minimal guidance.**	**effects on client care/provision of service.** **b) Very aware of personal value conflicts but is able to transcend these differences in providing care.** **c) Demonstrates initiative in ability to manage conflicts professional manner.**	Final		
(4) Client Dignity and Confidentiality	**a) Does not ensure client dignity/privacy or confidentiality.** **b) Fails to include client in decision-making regarding care.**	**a) Requires frequent cues to ensure client dignity/privacy or confidentiality.** **b) Requires frequent cues to include client in decision-making regarding care.**	**a) Ensures client dignity/privacy and confidentiality.** **b) Includes client in informed decision-making regarding care.**	**a) Consistently ensures client dignity/ privacy and confidentiality.** **b) Decision-making is client centered in addressing client concerns and wishes.**	Mid Final		
CATEGORY	Unacceptable (U)	Inconsistent (I)	Competent (C)	Proficient (P)	Date	SCORE	Init.
(5) Ethical Guidelines followed when engaged in any Aspect of the Research Process	**a) Fails to follow ethical guidelines when engaged in the research process/activities**	**a) Requires frequent cues to follow ethical guidelines when engaged in the research process/activities.**	**a) Requires occasional cues to follow ethical guidelines when engaged in the research process/activities.**	**a) Understands and follows ethical guidelines when engaged in the research process/activities.**	Mid Final		

Standard III Comments/Supporting Evidence (*please indicate date/category*)

Standard 4 – Service to the Public

CATEGORY	Unacceptable (U)	Inconsistent (I)	Competent (C)	Proficient (P)	Date	SCORE	Init.
(1) Client, Family, Agency or Community Teaching and Disseminating	a) Does not identify overt learning needs. b) Fails to consider or uses inappropriate teaching strategies and resources. c) Unable to utilize teachable moments.	a) Identifies some overt learning needs. b) Requires frequent cues to use appropriate teaching strategies and resources. c) Requires frequent cues to utilize teachable moments.	a) Identifies overt and some covert learning needs. b) Uses appropriate teaching strategies and resources with minimal support. c) Utilizes teachable moments.	a) Identifies overt and most covert learning needs; initiates strategies to overcome same. b) Independently seeks out and uses appropriate and creative teaching strategies/ resources. c) Independently and effectively utilizes teachable moments.	Mid Final		
(2) Infection Prevention and Control Principles, Standards and Guidelines in providing Care and Service to Client, Staff, and Public	a) Does not follow infection prevention and control principles, standards and guidelines in client care. b) Does not consider the health and well-being of clients, staff, and the public in the performance of infection prevention and control.	a) Requires frequent cues to follow infection prevention and control principles, standards and guidelines in client care. b) Requires frequent cues to consider the health and well-being of clients, staff, and the public in the performance of infection prevention and control.	a) Requires occasional cues to follows infection prevention and control principles, standards and guidelines in client care. b) Requires occasional cues to consider the health and well-being of clients, staff and the public in the performance of infection prevention and control.	a) Independently identifies and follows infection prevention and control principles, standards and guidelines in client care. b) Independently considers the health and well-being of clients, staff and the public in the performance of infection prevention and control.	Mid Final		
(3) Communication with Health-care Team Members,	a) Attitudes/behaviours directly interfere with effective participation in the health care team. b) Does not attempt to, or requires frequent supportive	a) Attitudes/behaviours occasionally interfere with effective participation as a member of the health care team.	a) Attitudes/behaviours enhance the ability to participate as an effective member of the health care team.	a) Consistently demonstrates attitudes/behaviours that reflect collaboration and participation as an effective team member.	Mid		

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CATEGORY	Unacceptable (U)	Inconsistent (I)	Competent (C)	Proficient (P)	Date	SCORE	Init.
Agency Personnel, Instructors, and Peers	and directive cues to share client centered data with other members of the health care team. c) Avoids interaction with peers and/or communicates unprofessionally; ineffective in group process.	b) Requires frequent cues to share client centered data with other members of the health care team. c) Requires frequent cues to apply principles of effective communication and group process in interactions	b) Shares client centered data with other members of the health care team to ensure client care needs are met in an appropriate and timely manner. c) Co-operates and collaborates with peers in the learning environment.	b) Initiates collaboration with nursing and other health team members in team problem solving and decision making re: client care to ensure client needs are met in an appropriate and timely manner. c) Consistently collaborates respectfully with peers in the learning environment; effective in group process.	Final		
(4) Communication with Clients, Agency, Family or Significant Others	a) Does not establish appropriate professional boundaries (e.g. interactions are primarily social). b) Focuses on own needs rather than client/family needs; ineffective communication with clients experiencing cognitive/perceptual problems. c) Does not use basic therapeutic communication techniques.	a) Requires frequent cues to maintain appropriate professional boundaries. b) Requires frequent cues to focus interactions on client/family needs and interact effectively with clients with cognitive/ perceptual problems. c) Requires frequent cues to use basic therapeutic communication appropriate to client circumstances (e.g. culture, age, needs).	a). Establishes and maintains appropriate professional boundaries. b) Focuses interactions on client/family needs rather than own needs; appropriate communication with clients with cognitive/ perceptual problems. c) Uses basic therapeutic communication techniques appropriate to client circumstances; able to use new communication skills.	a) Establishes therapeutic relationship; uses advanced therapeutic techniques. b) Focuses interactions on client/family needs to facilitate care; effective communication with clients with cognitive/perceptual problems. c) Uses complex communication skills when indicated (e.g. confrontation techniques).	Mid Final		
(5)	a) Demonstrates attitudes/behaviours that indicate a lack of caring.	a) Requires frequent cues to provide nursing care in a	a) Provides nursing care in a manner that demonstrates a	a) Consistently demonstrates attitudes/behaviours where	Mid		

Criteria	Unsatisfactory	Needs Improvement	Satisfactory	Excellent	Mid	Final
Demonstration of a Caring Attitude in all Interactions with Client, Agency, Family or Significant Others	b) Conducts nursing care in a manner that indicates a lack of interest and motivation to help and engage with the client, agency and/or target population.	manner that demonstrates a caring attitude. b) Conducts nursing care in a manner that indicates a low priority to help and engage with the client, agency and/or target population.	caring attitude in all client interactions. b) Demonstrates motivation and enthusiasm towards helping and engaging with clients, agency and/or target population.	caring is a part of nursing care. b) Demonstrates strong motivation and enthusiasm towards helping and engaging with clients, agency and/or target population.		Final
(6) Reporting	a) Does not advise responsible person of whereabouts. b) Does not report significant changes in client condition or service requirements to appropriate health team member(s) immediately.	a) Requires frequent reminding to advise responsible person of whereabouts. b) Requires frequent cues to report significant changes in client condition or service requirements to appropriate health team member(s) immediately.	a) Advises responsible person of whereabouts. b) Reports significant changes in client condition or service requirements to appropriate health team member(s) immediately.	a) Consistently and promptly advises responsible person of whereabouts. b) Consistently reports significant changes in client condition or service requirements to appropriate health team member(s) immediately.	Mid	Final
(7) Documentation	a) Does not complete documentation before leaving the practice area. b) Documentation is superficial and lacks substance; is not individualized to client. c) Does not identify or apply the principles of documentation and/or the legal guidelines of documentation. d) Consistently fails to document highly significant/critical information.	a) Requires frequent reminding to complete documentation before leaving the practice area. b) Documentation lacks holism, detail or problem-focus. c) Requires frequent cues to identify and apply the principles and/or legal guidelines of documentation. d) Requires frequent cues to document highly significant/critical information.	a) Completes documentation before leaving the practice area. b) Documentation is acceptable in terms of being holistic, efficient, and problem-focused. c) Identifies and applies the principles and/or the legal guidelines of documentation. d) Documents highly significant/critical information in a timely manner.	a) Completes documentation in a timely manner, consistent with needs of client or requirements of practice area. b) Documentation is inclusive and holistic, efficient and problem-focused. c) Consistently identifies and applies the principles and/or the legal guidelines of documentation. d) Independently documents highly significant/critical information in a timely manner.	Mid	Final

Standard IV Comments/Supporting Evidence (*please indicate date/category*)

Standard 5 – Self-Regulation

CATEGORY	Unacceptable (U)	Inconsistent (I)	Competent (C)	Proficient (P)	Date	SCORE	Init.
1) Practices within own Level of Competence	a) Denies/is unaware of strengths and limitations and the need for improvement to cope/manage anxiety.	a) Requires frequent cues to recognize own strengths and develop strategies to overcome limitations to cope/manage anxiety.	a) Requires occasional cues to recognize own strengths and develop strategies to overcome limitations to cope/manage anxiety.	a) Recognizes own strengths and limitations and uses strategies to overcome limitations to cope/manage anxiety effectively.	Mid		
	b) Does not accept constructive feedback – refutes or refuses to accept and utilize feedback to overcome limitations.	b) Inconsistently accepts constructive feedback to overcome limitations.	b) Accepts constructive feedback and implements appropriate strategies to overcome limitations with support.	b) Accepts constructive feedback and independently develops strategies to overcome limitations.	Final		
	c) Fails to practice within own level of competence	c) Inconsistently practices within own level of competence	c) Requires occasional cues to practice within own level of competence	Consistently practices within own level of competence.			

CATEGORY	Unacceptable (U)	Inconsistent (I)	Competent (C)	Proficient (P)	Date	SCORE	Init.
(2) Assesses own Practice (Follows CARNA Policies, Standards and Guidelines) and takes Steps to improve Personal Competence	a) Does not reflect on own practice.	a) Inconsistent reflection and insights of own practice and personal competence.	a) Requires occasional cues to reflect and provide insights of own practice and personal competence.	a) Consistently demonstrates insightful reflection of own practice and personal competence.	Mid		
	b) Fails to follow program/agency policies and apply CARNA policies, standards and guidelines in own practice experiences.	b) Requires frequent cues to follow program/agency policies and apply CARNA policies, standards and guidelines in own practice experiences	b) Requires occasional cues to follow program/agency policies and apply CARNA policies, standards and guidelines in own practice experiences	b) Consistently follows program/agency policies and applies CARNA policies, standards and guidelines in own practice experiences	Final		
	c) Fails to identify incidences of unprofessional conduct in self and others and report them to the appropriate person, agency or professional body	c) Requires frequent cues to identify incidences of unprofessional conduct in self and others and report them to the appropriate person, agency or professional body	c) Requires occasional cues to identify incidences of unprofessional conduct in self and others and report them to the appropriate person, agency or professional body	c) Consistently identifies incidences of unprofessional conduct in self and others and reports them to the appropriate person, agency or professional body			

				Mid
				Final
(3) Fitness to Practice and Protection of the Public	a) Fails to assess own fitness to practice. b) Fails to take necessary steps to maintain own health and well-being. c) Unable to identify effects of own fitness to practice on client outcomes.	a) Inconsistently assesses own fitness to practice. b) Requires frequent cues to take necessary steps to maintain own health and well-being c) Inconsistently identifies effects of own fitness to practice on client outcomes.	a) Consistently assesses own fitness to practice. b) Requires occasional cues to take necessary steps to maintain own health and well-being. c) Consistently identifies effects of fitness to practice on client outcomes.	a) Independently assesses own fitness to practice. b) Independently recognizes own health and takes steps to maintain own health and well-being. c) Independently identifies effects of own fitness to practice on client outcomes.

Standard V Comments/Supporting Evidence (*please indicate date/category*)

PRACTICE EVALUATION SUMMARY

MIDTERM 1 (PAGE 1 OF 2)

General/Summative Comments:

Comments continue onto next page: ☐ *Y* ☐ *N*

Improvements Expected by Course End:

Course Outcomes Reviewed: ☐ PEP Required ☐

Overall Practice Performance: ☐ SATISFACTORY

☐ UNSATISFACTORY

Student Comments re: Evaluation Process:

_____
Practice Instructor/Preceptor

_____
Student

_____
Faculty Advisor

_____
Date Reviewed with Student

MIDTERM 2 (PAGE 1 OF 2)

General/Summative Comments:

Comments continue onto next page: ☐ *Y* ☐ *N*

Improvements Expected by Course End:

Course Outcomes Reviewed: ☐ PEP Required ☐

Overall Practice Performance: ☐ SATISFACTORY

☐ UNSATISFACTORY

Student Comments re: Evaluation Process:

_____
Practice Instructor/Preceptor

_____
Student

_____
Faculty Advisor

_____
Date Reviewed with Student

Student's signature indicates that s/he has read the above evaluation and been given an opportunity to express comments on its contents.

PRACTICE EVALUATION SUMMARY

MIDTERM 1 (PAGE 2 OF 2)

General/Summative Comments (Continued):

MIDTERM 2 (PAGE 2 OF 2)

General/Summative Comments (Continued):

Student's signature indicates that s/he has read the above evaluation and been given an opportunity to express comments on its contents.

FINAL EVALUATION (PAGE 1 OF 2)

General/Summative Comments:

Comments continue onto next page: ☐ *Y* ☐ *N*

Student Comments re: Evaluation Process:

PEP Requirements: ☐ Met ☐ Unmet ☐ N/A

Course Outcomes: ☐ Met ☐ Unmet

Overall Practice Performance: ☐ SATISFACTORY

_____
Practice Instructor/Preceptor

_____
Student

UNSATISFACTORY
Faculty Advisor

_____
Date Reviewed with Student

Practice Hours Completed: _____ / _____

_____ _____
Instructor initials   **Student initials**

PRACTICE EVALUATION SUMMARY

Student's signature indicates that s/he has read the above evaluation and been given an opportunity to express comments on its contents.

General/Summative Comments (Continued):

Student's signature indicates that s/he has read the above evaluation and been given an opportunity to express comments on its contents.

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