

Preceptorship & Nursing Students

“Frequently Asked Questions”



Nurse Practice Development Unit in CUH.

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Thank you.

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Preceptorship & Nursing Students

“Frequently Asked Questions”

1. “Who decides if I am a preceptor and how often do I have to be a preceptor?”

The Clinical Nurse Manager makes the decision to have Registered Nurses trained as preceptors. Every nurse is required to be a preceptor and can be allocated to a student depending on service needs; the policy is that first year staff nurses are given opportunity to consolidate their own learning first. Principle 5 ‘Collaboration with others’, in the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI, 2021) refers to the obligation of the registered nurse to transmit acquired professional knowledge, skills and attitudes to nursing students.

2. “What is my role as preceptor?”

“Teacher, Role model and Learning resource.”

Your role as a preceptor is to act as a resource for information and guiding students through the learning experience in the clinical area. You ultimately act as a role model for the student sharing experiences with them. The role includes providing feedback in a constructive manner as to the progress of the student, and also giving direction as to how to improve, advance and maximise the learning opportunities during the clinical placement. You must, in conjunction with the student decide upon negotiated goals for achievement during the placement and also discuss how to achieve these goals with the student. As a preceptor you must at all times ensure that a quality-learning environment is maintained for the student nurse. As a preceptor or associate preceptor you are obliged to participate in the assessment process.

3. “What’s in it for me?”

“Personal and Professional Development.” Students can bring alternative insight, views and information to each clinical area. Preceptorship further encourages staff to examine daily delivery of patient/client care. On a personal note working with student nurses can enhance job satisfaction and affirm your pre-existing knowledge. As a preceptor you play a significant role in developing our future nurses. This can make a difference not only for patients today, but also for patients in the future. Indeed, something to be proud of!!!

4. “Can I do an assessment even though I’m the associate preceptor?”

Yes there is no operational difference between a preceptor and an associate preceptor. A fundamental issue will be the level of communication between the preceptor and the associate preceptor. It may be necessary where any doubt exists for discourse to occur between the preceptor and the associate preceptor before comment, direction or feedback is delivered to the student. It is necessary to have worked with the student for a minimum of 16 hours per week. This should equip you with sufficient knowledge to perform an assessment.

The associate preceptor may assess how the student is progressing in the following ways. Review the documented interviews and the identified clinical learning outcomes before testing the student’s level of competence. Read back through the students supporting evidence and reflective practice and assess for feedback from registered nurses and clinical nurse managers. It is recommended that you look to see what the student has recorded as their strengths and learning needs. This should equip you with sufficient knowledge to perform an assessment. Also, if in doubt, contact the Clinical Placement Coordinator / Clinical Development Coordinator covering your area.

5. “When should I do a first, mid and final interview?”

The first interview is ideally carried out on the 1st day. This interview is a getting to know each other meeting. The benefit is for both you and the student. It gives you opportunity to identify your expectations of the student, and it offers the student opportunity to discuss with you what they believe they need to gain from the placement regarding learning outcomes and personal objectives. If this meeting does not take place early in the placement the student does not know what is required.

The mid-interview should be midway through the placement and this interview must be an assessment of student progress. Negotiated goals from the 1st interview should be revisited. It is important to give constructive feedback focusing on both strengths and weaknesses. The goals are reviewed and new or revised goals may be set. There is no requirement for a mid-interview if the placement is less than 3 weeks.

The following questions may be asked to assess how the student is getting on.....

“How do you find writing patient progress notes?”

“Would you like to tell me about some learning experience by reflecting on a an experience or patient care that you observed?”

“Tell me how you achieved specific Clinical Learning Outcomes?”

“How do you find using Risk assessment tools?”

The student should be given specific direction not only on what they need to achieve but also on how they can achieve it....

Note ‘You need to use your initiative’ but perhaps ‘I expect you to use your initiative in the things we have agreed you can do? For instance, ‘you can go ahead and record vital signs as long as you feedback to me afterwards’ or “If there is something you think needs to be done but are not sure if you should do it , just ask, rather than waiting to be told.’

It is essential that the student be told if they are not meeting the required level of learning and that the clinical nurse manager and clinical placement coordinator / clinical development coordinator are informed. (See question no. 8)

The final interview is at the end of the placement. The reflective piece and learning outcome achievement are used in conjunction with the supporting evidence to make the final assessment. The preceptor/associate preceptor can utilise all aspects of assessment, i.e. observing the student in practice at a particular skill/interaction, by listening to a student giving advice to a patient/client/relative, or by asking the student to present a case presentation to him/her. To draw and explain using diagrams is also acceptable.

There should be no surprises at this point, as the student should have been given feedback on an ongoing basis. If the student is not meeting the required level of learning and/or skill, the preceptor needs to inform the clinical placement coordinator / clinical development coordinator .If a student does not achieve a learning outcome, due to their limitations i.e. knowledge / practice deficit, then an additional support should be made available before the Supportive Learning Plan (SLP) is activated (*See next question*). However it may be required to go straight to the SLP.

6. “When should I activate a Supportive Learning Plan?”

A Supportive Learning Plan is a structured mechanism to support a student who is not achieving the agreed learning outcomes during a clinical placement. The use of a SLP may reflect either lack of achievement at a

rate reasonable for that clinical area for the student's year of practice, or apparent loss of a student's earlier level of achievement. Please note that placement duration should have no bearing on the need to initiate a SLP. At all times during the process, each person will demonstrate respect for the dignity of others involved and maintain confidentiality. *See guidelines for use of a Supportive Learning Plan on Practice Placement in respective Student continuous assessment document - CAD.*

7. "Where do I get time to do the paperwork?"

The student nurse should approach you and you should agree on a set time to attempt to fill in the paperwork. At this stage advise the student to consider their strengths and learning needs before the interview. It is important that they develop self-insight. Identifying the strengths and learning needs must occur at interviews and if they have not given it some consideration the interview will prove more time consuming. The assessment process can be less time consuming if there is ongoing communication re the student's learning needs. You can then incorporate these areas into the negotiated goals. Frequent short meetings with the student throughout the placement will make the end assessment much easier to complete as well as keeping communication open between yourself and the student. It is possible to sign off CAD indicators at mid-interview during a long placement. The preceptor must liaise with the clinical nurse manager if he/she can't get time. The preceptor must inform the clinical placement coordinator also.

8. "What should I write about in the supporting evidence and how often?"

Supporting evidence is available for nursing staff to highlight student's strengths and needs in relation to achieving learning outcomes and skills, and to supply evidence of the student's level of learning. Comments must be based on observable facts not opinion. Each written entry must be conveyed verbally to the student as part of the continuous assessment process. Feedback must be timely; given as close to the event as possible and by the people involved (i.e. not necessarily the preceptor) and based on facts so that the student can learn from the experience.

9. "What level of clinical learning should the student be at? What does that mean?"

Clinical Learning outcomes are assessed against Steinaker and Bell's (1979) Experiential Taxonomy levels (Exposure, Participation, Identification and Internalization) or Benner's assessment of clinical expertise. If you are unsure of how the student should be performing refer to definitions and information in CAD. The assessment tools enable a non-biased assessment. Further Explanations of the assessment tools will be made available in ward BSc student information electronic folders. Also see prompts included in the student's CAD.

10. "What can and can't a student do?"

This is where the delegation aspect of the 'Scope of Practice' & 'Code of Conduct' documents guides you. See also the Restrictions recorded in the Practice Placement Guidelines and Internship Student guidelines. Before delegating you must ensure that the student has adequate knowledge and skills to carry out the task. This will be influenced somewhat by the stage of the educational programme the student is currently at. You must reinforce with the student that they too have a responsibility to ensure they practice safely within the limits of their own knowledge, experience and hospital guideline. Students must be supervised and supported in the clinical areas throughout their entire programme.

11. "Can I mark a student up to higher than the expected level?"

Yes, it is possible that the student is performing above the required level of expected learning in some criteria. The CAD advises the level of clinical learning outcomes that the student is expected to achieve over the various clinical placements throughout their programme. When evaluating learning and clinical outcomes, the

assessor must apply the criteria for Steinaker and Bell or Benner's assessment tool. Although it is important to acknowledge student's strengths we must reinforce to each student nurse, it is essential that they work within their scope of practice.

12. "The student isn't performing well... Will the Clinical Placement Coordinator / Clinical Development Coordinator speak to the student about this?"

We have no problem discussing these issues with the student. However, have you relayed your concerns to the student? It is much more effective and relevant if the staff member involved gives the feedback directly to the student themselves. It is also vital that the problem is communicated with the clinical nurse manager or more senior preceptor before involvement of additional personnel. The clinical placement coordinator / clinical development coordinator would ask to be kept informed, although action on their behalf may not be required. See next question - how you can best deliver the feedback?

13. "How do I tell a student they are not doing well?"

Be honest and supportive towards the student, as it can prove difficult for any of us to accept feedback in a positive manner. Ensure privacy and dignity for the student in this situation. Students often say that they would prefer to be told directly if there is something they need to improve on and be given guidance on how to achieve this. Keep in mind when giving feedback and ensure adequate documentation of the discussion is noted in the supporting evidence.

14. "What happens if a student does not achieve?"

We try not to use the word fail. Instead we would say that the student did not reach his/her level of clinical learning in the clinical area. Keep in mind that you are not helping the student in the long term by deeming them competent if in fact there were areas where the student was not at the required level. You must promptly liaise with the clinical placement coordinator / clinical development coordinator if you feel the student is not progressing, (See guidelines for use of a Supportive Learning Plan in CAD).

Your responsibility is not to sign off on identified clinical learning outcomes if the student has not demonstrated enough evidence of having reached the required level of learning relative to the stage of training that they are at. You need to write a note in the final interview section of the student's booklet noting reasons for not signing some or all of the assessment domains/indicators.

UCC is responsible for pass and progression. Just because you did not sign off a student as having achieved does not mean that they will fail the programme. UCC will consider all factors and additional clinical time can be offered to the student. Only UCC can deem that a student has not progressed in order to pass their BSc Children and General Integrated Nursing or BSc General Nursing programme.

15. "Who looks at the CAD and other student documents?"

All CAD documents have to be returned to UCC by the students. All forms are processed by UCC. The clinical placement coordinators / clinical development coordinators, allocation liaison officers and administrative staff collate attendance records and review of contents is conducted by course co-ordinators.

16. "Are there implications for me as a preceptor if I sign off on a placement assessment for a student and it is identified at a later stage that this student is not performing?"

Your entry on to the register automatically implies a duty of care to protect the people you care for directly or indirectly. Where the Fitness to Practice Committee is of opinion that there is a prima facie case for holding an

inquiry into the incompetence of a newly qualified nurse, you may be called upon to give evidence on oath. Hence the answer is yes. However, if you have given due consideration to this important issue, there will be no further implications for you following the inquiry.

17. “Are there consequences for the profession if I sign off for a student that is not achieving?”

Best quality care would not be implemented and subsequently the reputation of the profession and the public’s confidence in us would be damaged. If in doubt, consider the following:

- Would we want to be cared for by this nurse? If not, why not and if it isn’t good enough for you, why should that be good enough for the patients?
- Would we want this nurse on our team, could we rely on them when the work load is excessive, or are they a liability in times of crisis?
- Patient safety is assured in the students’ performance?

18. “Can I ever give a student the benefit of the doubt?”

If factual objective feedback has been given with clear direction during the placement, a case of “benefit of the doubt” should not arise.

You may consider how your decision to give the “benefit of the doubt” feels when you consider every preceptor that the student has encountered has taken that option. You could also consider the public disgrace that an individual might face if dismissed from duty on grounds of incompetence or worse, the loss of their registration and livelihood. Indeed, it would be kinder not to give the “benefit of the doubt”!

19. “What considerations might help facilitate students in achieving learning outcomes?”

- Is the clinical placement adequate to support learning? (Timely CLE Audits completed)
- Are there adequate clinical placements available to students to assist learning?
- In my role as a preceptor did I facilitate learning for the student? (E.g. prompt the student regarding the learning resources in the ward or clinical area; allow the student to partake in care planning and implementation of care; facilitate interviews with the student and plan how learning outcomes would be achieved etc.)
- Is the student lacking academic or practical ability? (Consider a SLP)
- Has the student worked sufficient hours with his/her preceptor or associate preceptor during their allocation?
- Refer to questions **2, 4, 5, 6, 7, 8, 9; 10 and 11.**

20. “Where can I get more information / advice regarding my role as a preceptor and/or issues involving nursing students?”

You may contact the clinical placement coordinator /clinical development coordinator linked with your ward and they will gladly give you any additional information you require or source this information for you. Also you may find helpful the BSc Children and General Integrated Nursing and BSc General Nursing information electronic folder, available in all clinical areas. If not available on your ward PC, please inform the link clinical placement coordinator /clinical development coordinator.

