Good Samaritan School of Nursing

Clinical Teaching Associate (Preceptor) Manual

2020-2022

Covid-19 Pandemic and Student Practice

Given the Covid-19 pandemic, clinical practice for nursing students may change during any given semester or from semester to semester. The following are changes that may occur and supercede--as needed--those listed in the CTA Manual:

1. There may not be site visits by clinical faculty. However, given the importance of continual communication between clinical faculty and CTAs, there is an expectation of frequent, continuous communication by e-mail, Zoom meetings, phone, or text, to make sure things are going well with the student's clinical experience and course outcomes are being met.
2. Nursing students in cohort rotations do not care for patients with active or suspected COVID-19 infections.
   Nursing students in precepted rotations (senior practicum) may get appropriate training if the clinical site offers it in order to care for patients with active or suspected COVID-19 infections. This is an optional choice to be made by the student, based on their individual situation.
   Students are expected to comply with clinical site regulations related to health screenings, isolation and prevention equipment, and health reporting.
3. In the past, CTAs have often helped students establish leadership experiences. This is no longer necessary, as leadership experiences have been established for all students within their clinical course.
4. Depending on the semester there may not be a poster assignment. Your student and their clinical faculty will inform you of this.
5. The non-direct care course work will be on-line, virtual, or in simulation. This will allow students more flexibility to arrange clinical hours with their CTAs
6. The number of clinical hours will vary from semester to semester, depending on availability of hours at clinical sites.

Thank you for your flexibility during these challenging times. Please do not hesitate to talk with your student's clinical faculty if you have any questions or concerns. Thank you for all that you do for our students and for the support of our program!

Table of Contents

Chapter I: Roles, Responsibilities, and Selection of the Cliical Teaching Associate (Preceptor)

Chapter II: Curriculum: Overview and Outcomes

Chapter III: Teaching Resources

Chapter I: Roles, Responsibilities, and Selection of the Clinical Teaching Associate (Preceptor)

As partners in clinical education, both Clinical Teaching Associates (Preceptors) and faculty are instrumental in facilitating the professional development of students. Preceptorships are valuable in preparing students for clinical practice. Positive outcomes for students include enhanced socialization into the nursing profession, refinement of critical thinking ability and interpersonal communication skills in practice, improved clinical skill and knowledge development, increased self-confidence, and reduced anxiety and stress during clinical experiences.

Student/Clinical Teaching Associate (Preceptor's) Working Relationship

- The student is not working under the Clinical Teaching Associate's (Preceptor's) license. Both the Clinical Teaching Associate (Preceptor) and the student must comply with the regulations described in the Oregon Nurse Practice Act.

- Students have the right by law to practice as a part of the learning process. The standard of care must be the same as that rendered by a registered nurse. Everyone has the right to expect competent nursing care, even if rendered by a student as part of clinical training. The standard is measured against conduct of other reasonably prudent RN's with similar knowledge and experience under the same circumstances.

- The Clinical Teaching Associate (Preceptor) has the responsibility to delegate according to the subordinate's abilities and to supply adequate supervision.

- A Clinical Teaching Associate (Preceptor) could be seen as negligent for ignoring that the student is not competent, and not supervising a procedure if the student is inexperienced or requires close supervision in carrying out a function.

- The student is liable for carrying out a function beyond their capabilities, or for not refusing to perform the function without supervision.

- The Clinical Teaching Associate (Preceptor) and the student are required to develop a trusting relationship built on professional integrity, ethical behaviors, and open lines of communication.

Clinical Teaching Associate (Preceptor), Student, and Faculty Roles and Responsibilities

Clinical Teaching Associate (Preceptor)

1. Meets with the student and clinical faculty prior to beginning of clinical hours.
2. Coordinates the student's orientation to the facility, including staff roles and client expectations.
3. Ensures the student is identified as a student while in the clinical area and is not regarded as staff for the clinical site.
4. Fosters the student's integration into the workplace culture and the health care team by involving the student in meetings related to client care and other appropriate professional matters.
5. Provides faculty and the student with a copy of the Clinical Teaching Associate' s (Preceptor's) work schedule to assist in scheduling the student's clinical days.
6. Arranges for a substitute Clinical Teaching Associate (Preceptor) when absent.
7. Facilitates learner centered education through collaborative identification of the student's learning needs, open communication, informing the student about learning resources, and mutual assessment of the student's learning outcomes.
8. Serves as a role model for the student, demonstrating professional values and behaviors such as caring, integrity, effective interpersonal communication, critical thinking, and conflict management.
9. Provides appropriate support and encouragement to assist the student to cope with stress and reduce anxiety associated with clinical practice.
10. Assists the student in learning the process of prioritization that ensures safe and effective nursing care.
11. Discusses, facilitates and supervises student learning activities and outcomes.
12. Monitors the student's provision of nursing care to ensure client safety and provides a safe learning environment for the student.
13. Recommends appropriate clients for the student to provide nursing care and assists with accessing agency information.
14. Provides instruction to the student concerning the realities of the professional world of nursing practice.
15. Stimulates development of the student's clinical judgment and critical thinking ability through reflective practice and the application of evidence-based practice.
16. Provides regular constructive feedback to the student regarding progress toward meeting clinical outcomes.
17. Collaborates with faculty to determine the student's readiness to perform skills independently.
18. Consults with faculty regularly regarding the student's progress toward meeting the clinical outcomes, including suggestions, problems, and concerns.
19. Completes a written clinical performance evaluation of the student assessing the attainment of clinical outcomes (as requested).

Student

1. Negotiates with the Clinical Teaching Associate (Preceptor) and faculty to schedule clinical shifts.
2. Participates in orientation per agency policy/ Clinical Teaching Associate (Preceptor) instructions, and complies with agency policies, standards, procedures, rules and regulations.
3. Notifies Clinical Teaching Associate (Preceptor) and faculty of absences per course syllabus and negotiates makeup hours.
4. Provides written learning outcomes to the Clinical Teaching Associate (Preceptor) and faculty and discusses strategies for meeting clinical outcomes.
5. Demonstrates motivation, initiative, and a willingness to learn in the clinical setting.
6. Assumes responsibility for learning by asking pertinent questions and being prepared for clinical experiences.
7. Demonstrates stewardship by acting with integrity in an accountable and responsible way to ensure professional nursing care is provided to clients.
8. Keeps faculty informed about clinical experiences, including any concerns regarding the student's role, client or student safety, or standards of conduct, performance and ethics.
9. Requests appropriate assistance when doing a new skill or if uncertain about how to perform a skill.
10. Only provides nursing care to the level taught and determined competent by the Clinical Teaching Associate (Preceptor) and faculty.
11. When administering medications, the student reviews information about the drugs and knows the contraindications, actions, interactions, side effects, and age specific considerations of the drugs. The student knows why the clients are receiving the medications and performs any indicated assessment. In addition, the student only administers medication they have drawn up or retrieved from a med cart.
12. Assesses own progress toward meeting clinical outcomes and communicates learning needs to faculty and the Clinical Teaching Associate (Preceptor).
13. Is open to constructive criticism from faculty and the Clinical Teaching Associate (Preceptor) and uses feedback to improve nursing practice.
14. Meets clinical outcomes as stated in the course syllabus.
15. Completes a written clinical performance self-evaluation assessing the attainment of clinical outcomes.

Faculty

1. Notifies the student of the Clinical Teaching Associate's (Preceptor's) name and phone number and facilitates scheduling of the student's clinical shifts.
2. Orients the student to the course, including clinical outcomes and requirements of the course, as well as role expectations of the student, faculty, and the Clinical Teaching Associate (Preceptor).
3. Meets with the Clinical Teaching Associate (Preceptor) and student prior to student beginning clinical hours.

4.   Orients the Clinical Teaching Associate (Preceptor) to the nursing curriculum; the course, including clinical outcomes, requirements of the course, and evaluation methods; and role expectations of the Clinical Teaching Associate (Preceptor), faculty and the student.
5.   Ensures the student has completed the School of Nursing Health Passport requirements and additional clinical site requirements.
6.   Complies with agency policies, standards, procedures, rules and regulations.
7.   If the student is employed by the clinical agency, faculty coaches the student about the differences between the student's role as employee and as student. Faculty ensures that the student wears the student name badge. The Clinical Teaching Associate (Preceptor) must not have any line of authority to the student related to the student's employment.
8.   Communicates weekly with the student on an individual basis or in group praxis seminars to monitor progress toward meeting clinical outcomes.
9.   Demonstrates commitment to the partnership between faculty and the Clinical Teaching Associate (Preceptor) in facilitating the student's application of theoretical knowledge to practice and socialization into nursing practice.
10. Maintains ongoing communication with the Clinical Teaching Associate (Preceptor) in the clinical area or by telephone/email contact for information about student progress in meeting clinical outcomes, and provides guidance to the Clinical Teaching Associate (Preceptor) with regard to teaching and evaluating the student.
11. Provides constructive feedback to Clinical Teaching Associate (Preceptor) to facilitate development of the Clinical Teaching Associate's (Preceptor's) teaching and evaluation skills with students.
12. Available by telephone/email to the student and the Clinical Teaching Associate (Preceptor) for problem solving or other relevant matters during all clinical hours.
13. Assists the student and the Clinical Teaching Associate (Preceptor) with the evaluation process and is responsible for the final clinical evaluation of the student.

Clinical Teaching Associate (Preceptor) Selection Process

In the NURS 475: Integrated Experiential Learning IV course, where a preceptorship clinical teaching model is used, Clinical Teaching Associates (Preceptors) shall be selected according to written criteria developed by faculty and agreed to by responsible persons(s) in the practice site.(From the Oregon State Board of Nursing, Oregon Administrative Rules, Division 21 Standards for the Approval of Education Programs in Nursing Preparing Candidates for Licensure as Practical or Registered Nurses, 851-021-0045.)

As noted in the Clinical Teaching Associates Preceptor Selection Criteria (page 6), Clinical Teaching Associates (Preceptors) are nurses who have a current unencumbered registered nurse license in the state where the clinical agency is located; two years of full-time experience as a registered nurse (preferred); and, a Bachelor's Degree in Nursing (preferred).

Purpose

To provide guidelines for coordinating the Clinical Teaching Associate (Preceptor) partnership with the supervising faculty in teaching and evaluating students.

Guidelines:

The NURS 475: Integrated Experiential Learning IV course, which requires the use of Clinical Teaching Associates (Preceptors) will follow procedures developed by faculty:

1.   The Nurse Manager/Designee of the unit/agency will recommend appropriate Clinical Teaching Associates (Preceptors) for students placed in that unit/agency based on the Clinical Teaching Associate (Preceptor) selection criteria.

2.   The supervising faculty will discuss with the Clinical Teaching Associate (Preceptor) the Clinical Teaching Associate (Preceptor) selection criteria and the roles of the Clinical Teaching Associate (Preceptor), student and supervising faculty.

3.   The supervising faculty will return the signed Clinical Teaching Associate (Preceptor) Selection Criteria form in the Clinical Teaching Associate (Preceptor) Manual to the designated administrator within two weeks of the initiation of clinicals. The form will be included in the school's Clinical Teaching Associate (Preceptor) database.

4.   The Integrated Experiential Learning Coordinator or designee will provide a copy of the course syllabus and the Linfield-Good Samaritan School of Nursing Clinical Teaching Associate (Preceptor) Manual to the Clinical Teaching Associate (Preceptor).

Clinical Teaching Associate (Preceptor) Selection Criteria

Approved: 08/25/03; Last Revised: 7/25/20

Clinical Teaching Associate (Preceptor) selection will be based on the recommendation of the Nurse Manager/Designee regarding professionalism and organizational/leadership skills based on competencies listed below:

1.   Current unencumbered registered nurse license in the state where the clinical agency is located.
2.   Two years of full-time experience as a registered nurse preferred.
3.   Bachelor's Degree in Nursing preferred.
4.   Demonstrates knowledge and expertise in providing nursing care to diverse populations, implementing standards of conduct, performance and ethics.
5.   Demonstrates effective communication skills in written and verbal forms and is comfortable delivering constructive feedback.
6.   Demonstrates an interest in sharing knowledge with students and staff through role modeling and teaching. Is proficient in clinical teaching, and provides support without rescuing, finds the "teachable moment," and believes in the individual's potential.
7.   Demonstrates effective interpersonal skills and aids in the professional socialization of others.
8.   Demonstrates strong organizational skills and ability to prioritize patient care.
9.   Demonstrates commitment to own professional development and to the role of preceptor.
10.   Demonstrates knowledge of leadership principles such as coaching, reinforcing and encouraging initiative.
11.   Demonstrates knowledge of the use of evidence-based practice in the clinical area.
12.   Demonstrates sensitivity to individuals and teams, and skill in conflict resolution. Perceives and is aware of needs, feelings and concerns of others and reacts appropriately.

_____   _____
Agency   Academic Year

_____
Highest Nursing Degree Earned

_____
College/University Name

_____
Number of Years in Clinical Practice

_____   _____
Clinical Teaching Associate (Preceptor)   Faculty Signature
Signature

_____   _____
Print Name   Print Name

_____   _____
Date   Date

_____   _____
Unit   Course

Chapter II: Curriculum: Overview and Outcomes

Overview of the Linfield-Good Samaritan School of Nursing Program

The School of Nursing provides a quality education derived from a liberal arts foundation and nursing theory and research, supplemented by content from other disciplines. The School prepares graduates to act as providers of care, designers/managers/coordinators of care and members of the nursing profession to meet the health needs of multidimensional individuals and families, groups, and communities in a diverse and multicultural society. Analytical, critical, and creative thinking, as well as intuitive processes are developed as a basis for independent and collaborative decision making in the application of clinical judgment, which includes the nursing process. The curriculum is designed to expose the student to a variety of factors that contribute to the development of a professional worldview. Among these factors are an awareness of the historical and legal context of nursing, diverse professional and cultural values, social issues, and ethical concepts. Experiences are selected to motivate students toward understanding the needs of others, making creative and constructive contributions to society, and lifelong learning.

The nursing program uses the following professional nursing standards and guidelines:

- AACN The Essentials of Baccalaureate Education for Professional Nursing Practice, which can be found at the following web site: https://www.aacnnursing.org
- ANA Code of Ethics for Nurses with Interpretive Statements that describes the ethical obligations and duties of professional nurses and nursing students. It can be found at the following web site: http://nursingworld.org/codeofethics
- ANA Standards of Practice
- OSBN Nurse Practice Act

Further information about the Linfield-Good Samaritan Curriculum can be found at:
www.linfield.edu/portland/admission.html

Linfield-Good Samaritan School of Nursing Program Outcomes

Approved 5/16/16

Program Outcome 1: Integrates knowledge from liberal arts, sciences and nursing science as a basis for professional practice.

Program Outcome 2: Applies clinical reasoning, reflective practice and evidence-based practice in the provision of safe, quality holistic client-centered care.

Program Outcome 3: Communicates effectively and collaboratively in a professional practice.

Program Outcome 4: Uses information and technology to communicate, manage knowledge, mitigate error, and support decision making to achieve health care outcomes for clients.

Program Outcome 5: Provides effective nursing care that considers diverse values, cultures, perspectives and health practices.

Program Outcome 6: Demonstrates accountability for the delivery of standards-based nursing care that is consistent with moral, altruistic, legal, ethical, regulatory, humanistic and social justice principles.

Program Outcome 7: Uses principles of stewardship and leadership effectively and efficiently to influence the practice environment and improve health outcomes.

Program Outcome 8: Demonstrates awareness of and responsiveness to the larger context of the health care system, and effectively calls on system resources to provide care that is of optimal quality and value.

Program Outcome 9: Demonstrates commitment to the nursing profession through the comportment of professional values and standards.

Linfield-Good Samaritan School of Nursing Theoretical Model for Community-Based Nursing Education

The Linfield-Good Samaritan School of Nursing Theoretical Model for Community-Based Nursing Education provides a visual organizational structure for the curriculum. The model reflects the dynamic relationship between global and local communities and the community of learning. Central to this community of learning is a focus on learner centered education, which engages students in the practice of health promotion, illness prevention and treatment and reflects the value of social justice. The curriculum is grounded in a liberal arts education that includes integrative learning, inclusive excellence, and experiential learning. The curricular themes of communication, community, diversity, ethics, health, and stewardship provide a foundation for the program's design and are developed throughout the program. Professional education includes nursing knowledge (what the student needs to know), clinical skills (what the student needs to do) and socialization into nursing practice (the student's "being" as a professional nurse). The ways in which the student engages in a process of inquiry include evidence based practice, praxis, and reflective practice.
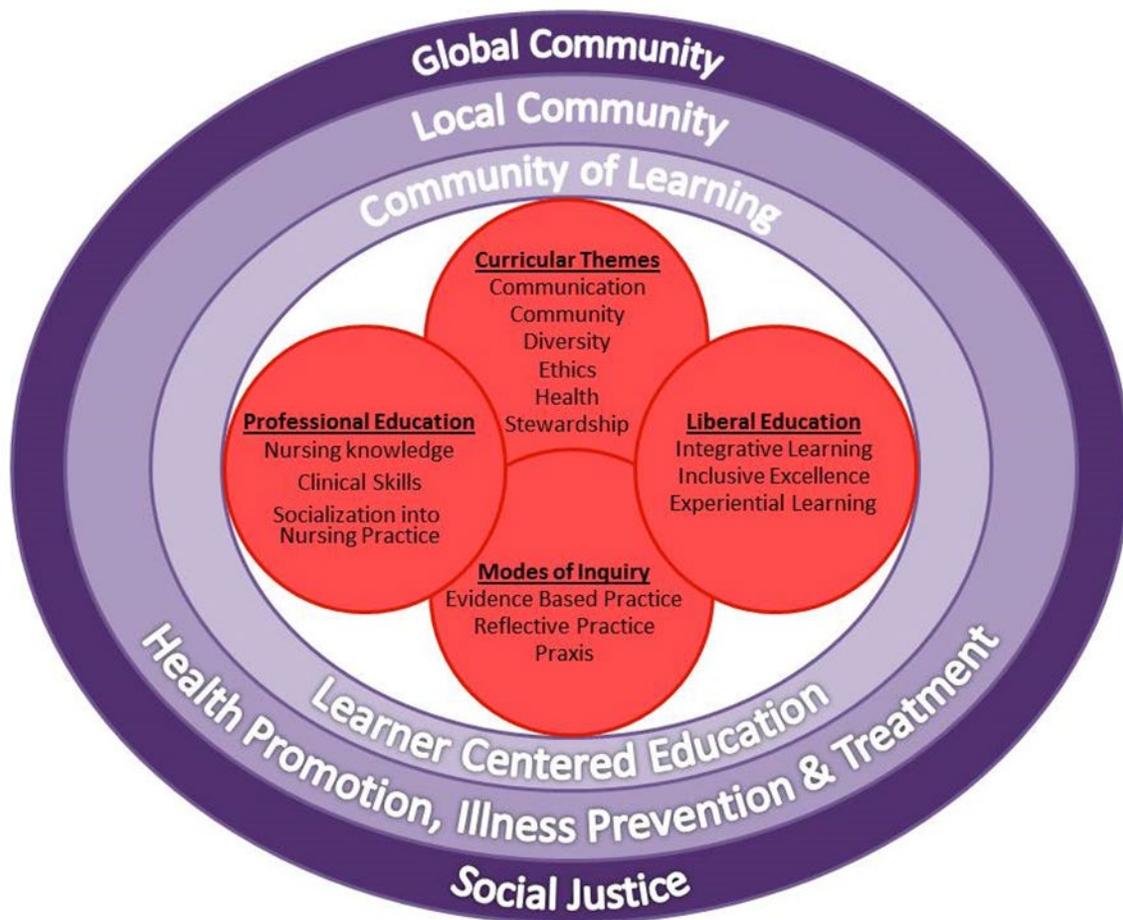
Linfield-Good Samaritan School of Nursing Curricular Themes, Modes of Inquiry, and Curriculum Conceptual Organization

Curricular Themes:

Communication
Community
Diversity
Ethics
Health
Stewardship

Modes of Inquiry:

Evidence Based Practice
Reflective Practice
Praxis

Curriculum Conceptual Organization:

Each semester is organized around a central theme:
Semester 1: Foundations for Community-Based Nursing Practice
- Foundations
- Professional Communication
- Evidence Based Nursing
- Integrated Clinical

Semester 2: Chronic Health
- Chronic Conditions, Lifespan
- Pathophysiology & Pharmacology
- Mental health & Illness, Lifespan
- Integrated Clinical

Semester 3: Acute Health
- Acute Conditions, Lifespan
- Transitions in Health & Illness
- Integrated Clinical

Semester 4: Stewardship of Health
- Population Based Nursing
- Nursing Leadership
- Integrated Clinical

Chapter III: Teaching Resources

Effective Mentoring in the Clinical Setting

This article is one in a series on the roles of adjunct clinical faculty and preceptors, who teach nursing students and new graduates to apply knowledge in clinical settings. This article describes mentoring strategies clinical instructors and preceptors can use to help ease novice nurses' transition to practice.

The nursing profession continues to undergo rapid transformation as changes associated with health care reform, the expansion of health care technology, and a shift in the U.S. population take effect. Strategies to improve quality, ensure patient safety, lower costs, and increase access to care place growing demands on nurses and other health care providers.[1, 2]

Nursing students and new graduates face challenges in understanding these issues, and many struggle to enter the work environment ready for practice. For this reason, clinical teachers and nurse preceptors play a vital role in helping to prepare novices for the demands they will face as they assume nursing roles. It's essential that those working with students use strategies that may help ease novice nurses' transition to practice and provide them with needed skills, helping to ensure they are ready for their professional roles.

New nurses who aren't adequately prepared may struggle with job demands and express dissatisfaction with career choices. Research indicates that 13% of new RNs change jobs after only one year, further aggravating the nurse vacancy rate and leading to un- necessary hospital expenditures.[1] The rapid turnover of nursing staff, combined with projected retirement rates among nurses, will only intensify the existing shortage and increase the burden on nurses and the health care system.

There are a variety of ways that nursing programs and hospitals can help to prepare new graduates for practice, such as with internships, preceptor experiences, practicum activities, and clinical residency opportunities. Because clinical teachers and nurse preceptors work closely with students during these practice experiences, they need to consider the influence they have on students and use this time as an opportunity for mentoring. Mentoring can be defined as a reciprocal relationship between two or more people (one experienced and one novice) that involves counseling, guiding, sharing knowledge, providing support, and role modeling. Clinical mentoring has been shown to improve self-confidence, maximize learning, enhance satisfaction, and promote professional growth.[3] Mentoring should be a deliberate and intentional activity, regardless of whether it occurs informally or as part of a structured mentoring program.

When and how mentoring occurs can be affected by the various roles and responsibilities of the clinical teacher and preceptor. These may involve evaluating performance, assigning a letter grade, or developing an action plan. In situations that involve corrective measures—for example, when redirecting a student who failed to follow appropriate medication administration procedures or when requiring that a student provide further clarification of a nursing assessment finding—the learner may not be as receptive to the act of mentoring. Regardless of the circumstances, elements of clinical mentoring can be threaded throughout interactions among learners, teachers, and preceptors to yield potentially positive outcomes.

Because mentoring can be a critical factor in the successful transition from nursing student to practicing professional and in retaining new nurses in the clinical environment, we encourage clinical teachers and preceptors to use the suggested strategies below.

COMMUNICATION

Communication by clinical teachers and preceptors is a crucial component of successful

mentoring and learning. Appropriate communication helps the learner gain confidence in the clinical setting, enhances motivation, and boosts self-esteem.[4-6] Mentors should keep communication open by allowing learners to ask questions, share ideas, discuss concerns, and vent frustrations. Sometimes learners just need to talk about an experience in order to accept and move on from it. Talking about the experience can help novices to reflect on performance and actions and consider alternatives to the care they provided. Clinical teachers and preceptors should provide opportunities for the learner to share reactions and impressions, to ask questions, and to learn. During conversations, the mentor should actively listen, pay attention, and use appropriate eye contact and body language to convey interest.

Another important mentoring role for clinical teachers and preceptors is communicating feedback about performance. However, many mentors have "difficulty in knowing how to provide feedback in a constructive way."[7] There are some essential approaches and suggested strategies that can be used to deliver feedback appropriately. Providing feedback as soon as possible after an event is recommended, so that actions and events can easily be recalled. A quiet location without distractions is ideal for this conversation, because it allows all parties to attend to the discussion while addressing sensitive concerns in a private way.

It may be helpful to begin by having the learner self-assess performance before providing a critique or feedback, so that the mentor can gauge the learner's awareness of her or his actions. This also provides an opportunity for the mentor to make comparisons to the novice's observations and assessment. When men- tors share impressions of performance, they need to be sure to provide praise for actions, suggest specific areas needing further refinement, and offer encouragement to continue progress. Superficial statements such as "good job" or "great work" aren't as helpful as descriptive statements, such as "You maintained sterile technique" or "The instructions you provided to the patients were accurate and appropriate for their learning needs." When providing feedback, focus on the behavior or actions, not the person or personality.

Provide constructive, useful suggestions for change. For example, when offering feedback about IV insertion, a statement such as "It might be helpful to turn on the bright overhead lights and tap the vein, so it is easier to visualize the insertion site" offers specific recommendations for improvement.

Avoid long, detailed explanations when shorter descriptions will work. When learners are performing poorly, it can be difficult to communicate with them about their performance; however, providing an honest evaluation that includes constructive suggestions for change helps the learner to improve. Make sure when communicating feedback that nonverbal behaviors are consistent with verbal messages, because body language can impact the message being communicated. For example, if a mentor crosses her or his arms when asking the student to self-reflect on performance, the student may interpret this to mean the mentor isn't interested in or accepting of the student's comments. Pay attention to the learner and how she or he is responding to the feedback and ad- just your approach if needed. Prompt the learner to ask questions and share concerns, and work together to strategize ways to improve.

QUESTIONING

Questioning techniques are widely used in interactions between students and mentors and can effectively enhance learning, stimulate critical thinking, promote reflection on performance, offer insight into actions, guide practice, and draw upon knowledge in new situations.[8-10] To effectively use questioning approaches, the mentor must consider a variety of factors, including the level of the learner (student, new graduate), the type of learning situation (first clinical course, orientation for new staff), and the amount of time available for questioning. Questioning is an effective teaching and learning tool, because learners must actively focus on important points raised in order to participate. Using questioning may also cause learners to challenge previously held assumptions, thus stimulating clinical reasoning. Additionally, questioning helps the mentor to assess what the

learner already knows and identify areas in which the learner may need additional guidance.

There are effective ways for clinical teachers and preceptors to use questioning. Most educators inappropriately use questions that are primarily closed- ended or only require lower-level thinking.[10] These types of questions require the learner to recall facts or provide rote responses. When using questioning techniques, mentors should not rely solely on factual questions that involve superficial understanding of content. A question such as "What is a normal potassium level?" only requires memorization and recall of a fact. Instead, begin with a lower-level question that requires recall of content and then move to higher- level, open-ended questions that promote critical analysis and thoughtful consideration (for more in- formation, see *Encouraging Critical Thinking*[11]). For example, higher-level thinking is required in order to answer questions such as "What do you think might be the underlying cause of the patient's elevated potassium level?" Or, "What nursing care will you pro- vide for a patient with an elevated potassium level?" Carefully consider what to ask and pose questions that are effective in promoting higher-level thinking

Sometimes, if not carefully approached, questioning can feel like an interrogation, or it might feel in some way threatening to the learner. Adopt a conversational tone, offer encouragement and praise, and use prompts to push or probe for additional information or clarification from the learner. Make sure that questions are clear and focus on one topic at a time. Complex questions can be confusing, especially for novice learners who may not be able to manage multiple questions at once. Also, after a question has been posed, allow adequate time for the learner to process the question and formulate a response. It is recommended that teachers allow at least three to five seconds to elapse before expecting a response.[10] After an initial question has been answered, mentors can ask clarifying and probing questions to better understand the learner's knowledge.

GOAL SETTING

Setting goals is an essential component of the professional development of students and novice nurses. Establishing and meeting goals builds self-confidence, increases capabilities, and supports professional sustainability over time.[5] Before goals can be established, clinical teachers and preceptors must first assess the learner's knowledge, identify gaps in understanding, and recognize areas of deficiency. This information can be obtained by reviewing a nursing student's formative clinical learning evaluation or a novice nurse's orientation competency checklist. The mentor may also consider asking the learner to assess what she or he does well (strengths) and which areas need improvement or further exploration (weaknesses). Ness and colleagues recommend action planning during the decision-making process to confirm that the needs of the mentee are being met.[9] For example, what does the student or novice nurse need to learn? What must she or he do to achieve this? And, what resources or support are needed?

Based on the results of the assessment, the mentor should guide the learner in setting realistic short- and long-term measurable goals. The clinical teacher or preceptor should be asking, "What can I help the student or novice nurse complete right now, in one month, and beyond?" Eller and colleagues advise that mentors help learners to achieve increasingly difficult goals to support professional growth.[5] A plan should be devised, and strategies on how to achieve the goals should be established. The mentor must ensure opportunities are being provided in which the identified goals can be achieved. For example, the learner should gradually be assigned to higher acuity patients to help achieve the goals of prioritizing client care and efficiently managing time. Progress toward meeting the selected goals should be routinely evaluated by the mentor and learner. Revisiting the action planning process may prove beneficial should a change in approach be needed.

ROLE MODELING AND SOCIALIZATION

Mentoring is one method for providing enculturation into the professional role. As a mentor, a clinical teacher or preceptor can lead by example and model appropriate professional practice characteristics. Role modeling supports an apprentice-style relationship in which the mentee learns from the mentor's past experiences while practicing new skills in a supportive

environment. By sharing personal success and struggles, the mentor reduces the factor of intimidation.[5]

Similarly, role socialization occurs during the mentoring relationship, with the clinical teacher or preceptor helping the mentee to learn how to think like a nurse. To do so, the mentor should demonstrate to the learner how to assess a clinical situation, appropriately use intuition during clinical reasoning, and exhibit narrative thinking throughout the decision- making process. For example, when planning care for a patient who has newly ordered parenteral nutrition, the mentor should think aloud about why it is necessary to control hyperglycemia while the patient is receiving nutritional support. This strategy makes the mentor's clinical decision-making process transparent to the learner and supports her or his ability to think critically during encounters with patients [9].

Just as important as role socialization is the support of the learner's independence and collaboration. As professional mentoring relationships develop, nursing students and novice nurses should be encouraged and provided with opportunities to be a part of the team and to share their insight.[5] For example; having the mentee participate in an interdisciplinary care planning meeting or physician rounds will help promote an increased sense of a collaborative professional role.

REFLECTION

Recently, the National League for Nursing (NLN), in collaboration with the International Nursing Association for Clinical Simulation and Learning, encouraged educators to integrate debriefing as a critical transformative practice in nursing education.[12] These organizations encourage the use of debriefing not only in simulation-based education but in all educational situations. A key component of debriefing involves reflection, which enables learners to complete an introspective critical review of clinical experience by thinking about and clarifying situations, enhancing awareness of clinical issues, linking past learning with the current situation, and examining the thinking behind nursing actions.[12]

Mentors may want to consider approaches or activities that encourage the learner to use reflection and debriefing. Mentors can assist the learner with reflection by identifying critical incidents that have occurred and encouraging the learner to consider beliefs and assumptions that influenced nursing actions. Debriefing after clinical experiences allows learners to contemplate the care they provided, examine what worked effectively, and consider what needs to be changed. Reflection can occur during an oral debriefing discussion with the mentor or in a journal entry written by the novice nurse. Recording reflections in a journal allows the learner to ponder activities and incidents and express ideas in a quiet, comfortable, and unhurried manner. Some learners prefer to write in a journal, because it can be reread over time, allowing the learner to review her or his professional growth.

Make sure to remind learners that personal patient information is protected and shouldn't be shared when they reflect with others; for example, with peers during a post conference clinical learning activity. As recommended by the NLN, educators should con- sider using evidence-based debriefing approaches that focus on the learner, seek further education to develop expertise in reflection and debriefing approaches, and evaluate the effectiveness of these teaching methods.[12]

OBSTACLES

Various obstacles may need to be addressed in any mentoring relationship. Throughout the mentoring relationship, the mentor and learner should diligently try to identify potential conflicts. Lack of time and a mismatch in personality or professional experience are common problems.[13] Therefore, before any inter- action occurs, the mentor and learner should have a getting-to-know-you session in which roles and expectations are discussed.

The mentor and learner should also routinely, and throughout the relationship, assess what is working, what isn't working, and what needs to change. The mentor and learner should maintain an open dialogue and work together on strategies

that will help them to overcome the identified obstacles. Both should be encouraged to appropriately share their frustrations (feeling overwhelmed, for example, or sensing a lack of respect). Failure to professionally address such issues can hinder the success of the relationship. Through self-assessment and an open dialogue, the mentor and mentee can learn from one another, identify professional growth activities, and together seek out additional resources.

TRANSITIONING TO A PROFESSIONAL ROLE

Mentors play an important role in helping students and new graduates to gain the knowledge, skills, and confidence needed to provide effective care in the clinical setting. Mentoring relationships help these learners successfully transition to their professional role in the health care environment. Using the strategies provided in this article, clinical teachers or preceptors can work collaboratively with learners to help them maximize learning, gain essential competence, and attain independence.

Encouraging Critical Thinking[11]

Promote higher-level thinking among novice nurses by asking questions in a hierarchical manner while ensuring they are appropriate for the learner and situation. Begin with questions that only require recall of con- tent and then move to open-ended questions that promote critical analysis and thoughtful consideration.

Category	Description	Examples
1. Remember	Recall information	Define, list, state, name, select
2. Understand	Explain an idea or concept	Describe, locate, summarize, rephrase, explain
3. Apply	Carry out in a given situation	Demonstrate, choose, solve, use
4. Analyze	Break information into component parts; make inferences	Compare, contrast, categorize, classify
5. Evaluate	Make judgments	Judge, defend, evaluate, rate, appraise, assess
6. Create	Put together elements to form a new product	Formulate, develop, plan, propose, produce

Sample Questions Using Cognitive Taxonomy

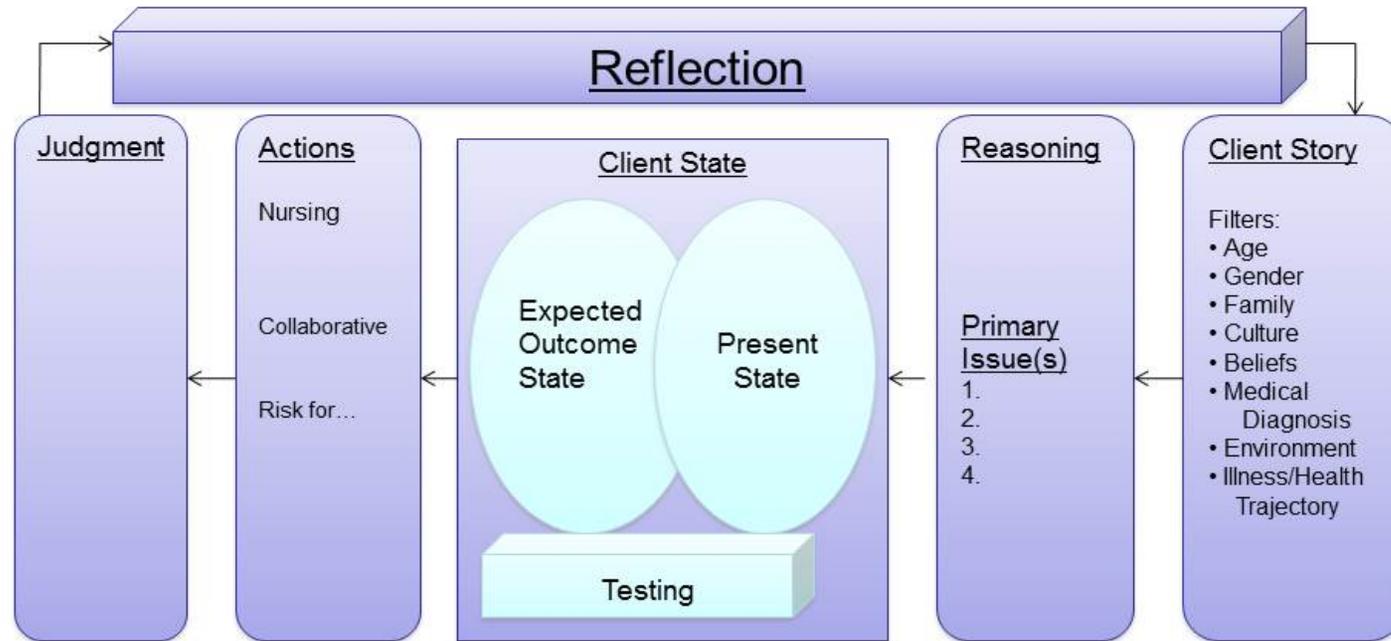| Category	Question
1. Remember	What is the normal value for blood urea nitrogen (BUN) and creatinine?
2. Understand	What happens when a patient is in stage 3 chronic kidney failure?
3. Apply	How would you assess a dialysis fistula?
4. Analyze	Why did you administer a diuretic to the patient?
5. Evaluate	Which diuretic would be recommended to the patient?
6. Create	What nursing care would you plan for a patient in chronic kidney failure?

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Linfield-Good Samaritan School of Nursing Clinical Reasoning Model

Clinical Reasoning Model

Reflection

Judgment

Actions

Nursing

Collaborative

Risk for...

Client State

Expected Outcome State

Present State

Testing

Reasoning

Primary Issue(s)
1.
2.
3.
4.

Client Story

Filters:
• Age
• Gender
• Family
• Culture
• Beliefs
• Medical Diagnosis
• Environment
• Illness/Health Trajectory

Adapted from: Outcome Present State Test (OPT) Model; © Pesut & Herman, 1999)

Linfield-Good Samaritan School of Nursing Clinical Reasoning Model Definition And Terms

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Client Story

In this section, the student should jot down the relevant facts of the story. This is the opportunity to describe the uniqueness of the person; it will include some details of the medical condition and the nursing care needs that can be determined from an analysis of that condition. It should give the reader a vivid picture of the client and his/her current situation.

This is the starting point for the clinical reasoning process. It gathers the subjective and objective data that will be used in all the other steps. Data are collected from a variety of sources besides from the client, such as client records, lab reports, x-rays, or nursing notes. In calling it a story it humanizes the process beyond "data collection" and emphasizes that the client is a unique human being.

> *Filters (age, gender, family, culture, beliefs, medical diagnosis, environment, illness/health trajectory):* The filters are specific known areas that impact how a student thinks about the client story. By filtering the story through these different aspects the student begins to group the data into categories or by criteria that helps to streamline the student's thinking about that client. For example, if the client story is a person with a broken femur, the student begins to think about that client situation differently if the client is a 2-year old, 8-year old, 25-year old, or an 85-year old person with a broken femur. The student may think about child abuse in the case of a 2-year old with a fractured femur, a motor vehicle/bicycle accident as the cause for a broken femur in an 8-year old, or a fall in the 85-year old with a fractured femur. Another example would be that the client is someone who is a diabetic. What the student thinks about the needs of the client may be different if the client is a newly diagnosed diabetic or a DM Type 2 that is not being managed well on oral agents and now needs insulin, or someone with an insulin pump.

Reasoning

Here is where the student simplifies the complex client story into primary issues. The student needs to cluster the data in the client story into meaningful groups or patterns. The student does not list each individual piece of data. The idea of clustering data is to help the student see the big picture of the data and how the data relate to one another in a group and how that group of information relates to another group of data.

Using nursing diagnostic statements for each cluster of data helps to focus on the nursing needs of the client and will later drive the outcome and actions the student takes to help clients. The student is encouraged to use a NANDA format when formulating the nursing diagnostic statements. The NANDA format includes: (1) problem statement; (2) what the problem is related to; and (3) the evidence that leads to determine the problem.

Clinical Reasoning Web: This is a visual way to represent the issues specific to the client. It is a pictorial representation of the functional relationships among the clusters of data. Start with the clusters and then show the relationship between the clusters with arrows. As the student draws the lines, the student reflects to himself/herself the reasons for connecting these clusters. The cluster with the most arrows is the primary issue with the highest priority for care. Determine the top three primary issues confronting the client and note them utilizing a nursing diagnosis format.

It is often helpful to place the client in the center of the Clinical Reasoning Web. This picture will help guide the student to think about different aspects of the whole client in a health context. It may be easier to put the medical diagnosis in the middle with the client as that is usually the initial focus for coming into contact with client.

Primary Issues: The number one primary issue is the issue that if and when solved will affect many of the other issues confronting the client. It should be stated in a nursing diagnostic statement in the NANDA format. Most nurses do not only focus on the number one primary issue but think about several issues simultaneously.

Client State

Present State: These are succinct statements that outline the major evidence that contributes to the primary issue of the client. For each statement of evidence in the present state there needs to be a corresponding expected outcome statement.

Expected Outcome State: For each primary present state, there should be an outcome statement. The outcome statement needs to be stated positively and in measurable terms. This is to be the end result of the student's nursing care. Where do the student and the client want the client to be if the student's interventions are successful? Examples include:

1. Body temperature will decline at least one degree within the next eight hours (note specific date and time).
2. Client will verbalize increased satisfaction with rest and sleep pattern within one week (note specific date).
3. Client will report increase in energy level within next three days (note specific date).
4. Intake will equal output within the next twenty-four hours (note specific date and time).
5. No evidence of postural hypotension during ambulation.
6. Client will report pain at two out of a scale of ten which is the client's acceptable level.
7. Client will report waking up less frequently during the night in the next week.
8. Client will report an increased appetite and eat at least three-fourths of his meals within one week (note specific date).
9. Client will drink at least 1500 ml of fluid over the next eight hours (note specific date).

Testing: A test is the process of juxtaposing the present state and the expected outcome state. During testing the nurse determines how well this gap between present state and outcome state has been filled. This is the application of comparative analysis. The evidence you gather is the test. A test must be something that provides a measure. At times a test may also be the intervention. For example: Daily weights and calorie count fit the definition of a test and also intervention. An intervention is a planned activity done by a nurse to achieve an expected and predictable outcome. So a calorie count is something we might choose to do as an intervention for our client. The resulting value of the calorie count is the test, because it provides the evidence that filled the gap between present state and the outcome state.

Actions

An intervention is a planned activity conducted by the student to achieve an expected and predictable outcome. This is the selection of interventions and actions that move the client from the present state to the outcome state. This must be client specific and should not be stated in general terms. For example, providing distraction is an intervention, but the specific intervention is to have a family member assist the client off the unit for a wheelchair ride to the hospital coffee shop.

Nursing Actions: Are autonomous interventions that the student implements in his/her practice that are knowledge based, evidence based, and theory driven.

Collaborative Actions: Are interventions that the student initiates in conjunction with an advanced health care provider (physician, nurse practitioner, or physician's assistant) in response to specific client needs.

Risk For . . .: Are specific conditions that clients are at high risk for occurrence based on the client story and other data. Therefore, the student implements plans of action to monitor for the risk concern or to decrease the likelihood the condition will occur for this client.

Judgment

The student evaluates the client's progress towards the expected outcome(s) in this step of the clinical reasoning model. The student asks himself/herself a series of questions:

- Is the outcome met, partially met or not met?
- Is the change in the client an improvement or is the client better?
- Is the client worse?
- Is the client the same as before the interventions?
- Is the client improving quickly enough for this situation?
- Are these the correct interventions for this problem?
- Are other interventions needed to help the client improve faster?
- Who do I need to notify of the change in the client status?
- Do I need to seek additional help? If so, who and when?
- If the outcome has been met or the client is improving, when do I need to enter this thought process about this client again?

Reflection

Reflection occurs on several different levels of thinking. The student should be a reflective practitioner. Therefore, the student hones the ability to reflect or compare what is currently happening with the client and what should be happening based on what is known about similar clients the student has cared for. This type of reflective thinking allows the student to change his/her conceptual thinking and clinical reasoning about a client in the moment that results in a different action and is called reflection-in-action. It takes much skill and experience for the student to reflect-in-action. To build a high level of reflective thinking to a competent or expert level, a nurse practices reflective thinking by reflection-on-action. Using the evaluation questions in the above judgment section, the student purposively thinks about or reflects on the client's expected outcomes. If at any point in time the expected outcome is not being met or not being met quickly enough, the student re-enters the client story to see what has changed in the story, what data might have been missed in the story or think about the client differently.

Later Reflection: Is a time to reflect and think back on this specific case and begin to cluster it into the student's personal library of clients that appear similar to this one:

- What was learned from this case?
- What was missed in this case?
- What was similar or different from the similar cases?

This type of reflection will expand the student's growth and knowledge base of signs and symptoms as he/she experiences more and more clinical encounters. The student will add to his/her bank of interventions as the student applies theoretical knowledge to actual client situations and as the student interacts with expert nurses.

Novice to Expert Competency Framework

	NOVICE	ADVANCED BEGINNER	COMPETENT	PROFICIENT	EXPERT
A S S E S S	• Explains correct assessment technique/procedure. • Identifies resources for unfamiliar content.	• Demonstrates correct assessment technique.	• Identifies abnormal assessment findings. • Applies experience and judgment in assessing various patient situations.	• Interprets assessment findings and suggests interventions. • Anticipates situations and makes revisions in plan of care.	• Anticipates complications and intervenes with these client situations.
P E R F O R M	• No previous clinical experience. • Cannot anticipate all client situations. • Needs assistance in setting priorities. • Experiences unfocused anxiety in the clinical setting. • Attempts to act like a nurse.	• Performs nursing care in an acceptable manner. • Needs assistance in setting priorities and in determining essential interventions in complex clinical situations. • Experiences anxiety related to consequences of own knowledge and skill for client outcomes. • Begins to develop a sense of identity as a nurse.	• Sets priorities in terms of long-range client goals. • Functions in efficient, organized manner. • Manages most complex clinical situations.	• Manages all clinical situations effectively. • Practices efficiently: identifies and addresses problems with speed and flexibility.	• Has an intuitive grasp of clinical situations and is masterful in solving problems.
S U P E R V I S E	• Requires close supervision in the clinical setting.	• Requires mentoring support to use recently gained clinical knowledge and skills. • Needs frequent assistance from more experienced colleagues to respond to ethical concerns.	• Needs mentoring to make nursing practice more client centered.	• Acts as a mentor and supervises other nurses.	• Trains other nurses to be mentors.

From: Benner, P., Tanner, C., & Chesla, C. (2009). *Expertise in nursing practice: Caring, clinical judgment, and ethics*. New York, NY: Springer Publishing Company

Student Readiness for Increased Clinical Responsibilities

The Clinical Teaching Associate (preceptor) must develop a balance between providing the student with adequate "hands on" experience and not pressing the student into doing things too soon.

1. **Strategies to assist students to learn in the clinical setting:**

    Create an environment to decrease anxiety and enhance learning (*e.g.*, give positive feedback to the student; reassure the student that the Clinical Teaching Associate (preceptor) is ultimately responsible for the client's care, reinforce the student's sense of competency by reminding the student of their nursing experience to date.

    Role model for the students (*e.g.*, demonstrate components of a physical exam, engage in joining discharge planning with a patient).

    Use the electronic health record to teach.

    Provide frequent communication and feedback to both student and clinical faculty using predetermined method(s) of communication (e-mail, text, etc.)

    Assign readings for specialty areas.

    Use detailed, guided questions with the student that help them focus and provide rationales for actions taken. Here are some examples:

    - *What led you to that conclusion?* (This helps you listen for critical thinking and supporting evidence.)

    - *Many times when*…(Here you can teach general information and rules.)

    - *You did an excellent job with...*(This provides the opportunity to provide positive feedback and reinforce what was done right.)

    - *Next time this happens, try…*(This provides the opportunity to review what happened and correct errors.)

2. **Indicators of student readiness for increased clinical responsibilities:**
    There is a mutual increase in comfort, almost intuitive.

    Trust is built between the Clinical Teaching Associate (preceptor) and the student; that helps the student to not get in over their head, and to be responsible for their own actions and decisions.

    The student proves they will not miss anything important.

There is no longer a need for the student to review every detail with the Clinical Teaching Associate (preceptor)

The student has demonstrated physical assessment skills.

The student gives accurate clinical presentation of significant positives and negatives.

Data presented by the student proves that they covered all bases with the patient.

The student shows the ability to tie-in past experience with new skills and apply them to new scenarios.

The student recognizes limits of knowledge and admits to weaknesses.

The student asks appropriate questions.

The student becomes a self-starter and can cope with an unstructured setting or a change in schedule.

The student asks for more challenging experiences and exhibits confidence.

3.   **The role of stress in students' clinical practice.** The following situations may cause students additional stress as they adapt to a precepted clinical experience:

- balancing multiple demands (family responsibilities, academics, etc.) while experiencing variability in their weekly schedules;

- learning to care for multiple patients;

- concerns about being successful in this new experience, e.g. being able to apply multiple theoretical concepts to different patients;

- adjusting to the requirements of a new clinical site and the preceptor's teaching style;

- being overwhelmed by the amount of information they receive; and,

- experiencing separation anxiety as they consider they are soon to embark upon the graduate nurse role.

If stress is affecting the student's performance, it is important to discuss concerns with both the student and faculty member. (See Constructive Feedback on page 26.)

Excerpts from:
Barker, E. R. (2010). Becoming a super preceptor: A practical guide to preceptorship in
        today's clinical climate. *Journal of the American Academy of Nurse Practitioners*, 22,

144-149.

Davis, M., Sawin, K., & Dunn, M. (1993). Teaching strategies used by expert nurse practitioner preceptors: A qualitative study. *Journal of American Academy of Nurse Practitioners, 5*(1), 27-33.

Yonge, O., Myrick, F., & Haase, Mary. (2002). Student nurse stress in the preceptorship experience. *Nurse Educator, 27(2), 84-88.*

Constructive Feedback

Constructive feedback from the Clinical Teaching Associate (Preceptor) is crucial to the student's professional development, satisfaction in the preceptor/student relationship, and motivation to improve clinical performance.

Constructive feedback can be given using the following steps:

1. State the topic to be discussed with the student and why it is important. Provide the specifics of what you personally observed. Avoid "need to" or "yes, but" phrases. With positive feedback, express appreciation. With negative feedback, express concern. Provide a balance between the amount of positive and negative feedback you give the student.

2. Describe observations of the student's clinical performance and not interpretations, assumptions or judgments. When describing observations, note when and where the clinical incident happened, who was involved, and the positive or negative consequences. Note your reaction to the incident. Avoid terms like "right or wrong" or "good or bad". Focus on the student's behavior and not the personal qualities of the student.

3. Give constructive feedback to the student as close as possible to when the clinical performance incident occurred. Feedback needs to be given to the student on a frequent basis. Avoid feedback overload by focusing on two or three points at a time.

4. Give the student an opportunity to respond to the constructive feedback. If the student is hesitant, ask an open ended question or statement to elicit a response (*e.g.,* Tell me what you are thinking.).

5. Offer specific suggestions to assist the student to improve clinical performance.

6. Summarize the discussion. If positive feedback was given to the student, emphasize the significant points you wanted to convey. If negative feedback was given, stress the main things the student could do differently. The summary should convey your desire to help the student be successful in improving their clinical performance.

Source: Brounstein, Giving Constructive Feedback, 2012; Boston University Enrollment Services Staff Development and the Work Study Office, Giving Constructive Feedback, 2012.

Conflict Resolution

When potential conflict is resolved between the Clinical Teaching Associate (Preceptor) and the student, personal and professional growth can result. Conflict resolution leads to goal achievement, increased mutual respect, and enhanced ability to work together.

Conflicts can be resolved using the following steps:

1.   Remain calm and try to build mutual respect by being courteous and engaging in positive feedback with the student. Listen to the student with empathy and understanding. Use "I" and "we" messages instead of "you" messages. Clarify feelings expressed by the student. If helpful, allow the student to vent their feelings to relieve frustration and encourage problem solving.

2.   Listen carefully to the student, and accurately identify the issues clearly and concisely from both of your viewpoints. Understand how the student's motivation and goals have resulted in adoption of a particular position. Recognize how the conflict is affecting the work relationship between you and the student. Express respect for the student's opinion and the need for cooperation to solve the problem.

3.   Separate the problem from the personhood of the student so that real issues can be discussed without damaging the working relationship. Listen to where the student is coming from. Identify the root cause of the problem using neutral words, and analyze the opportunity for improvement. Discuss the situation in a non-confrontational way until both of you agree as to what the problem is.

4.   Explore solutions to resolve the problem. Allow the student a fair amount of input in generating solutions. Be open to all ideas, including ones not considered before. Arrive at a workable solution and action plan that is acceptable to both you and the student.

5.   Implement the action plan and determine its effectiveness in resolving the conflict. Provide feedback to one another.

Source: Manktelow and Carlson, Conflict Resolution: Resolving Conflict Rationally and
         Effectively, 2012