

## Section Three: Early Days of Preceptorship

The early period of preceptorship includes a great deal of dialogue, sharing of information, and establishing routines. This section will provide you with information that will be helpful to know as you begin the preceptorship experience.

### UNB Policies and Guidelines

Students will be expected to follow all relevant agency policies, procedures and guidelines. There are also some guidelines specific to being a student nurse that will be helpful for preceptors to be aware of.

- Students must wear identification required by the agency as well as a UNB name bar. It is imperative that students identify themselves as a student nurse to clients, family members and agency employees.
- In case of extreme weather, students who are completing preceptorship must exercise their best judgment, based on their personal circumstances, to make a decision about going to or leaving clinical.
- Students are expected to work all of their preceptor's scheduled shifts. If a preceptor is ill or unable to work unexpectedly, the student will not be able to work that shift. If a preceptor will not work their scheduled shifts due to a planned absence (vacation, educational leave, etc.), both the student and preceptor will discuss this with the faculty liaison in advance of the shift(s), to determine if the student will work with another nurse.
- It is the responsibility of the student to communicate with the faculty liaison if there are changes to their schedule.
- Should an injury or near injury to the student occur, the student must complete the required agency documentation in accordance with policy, as well as documentation required by UNB. The student must also advise the faculty liaison.

### Orientation to the Clinical Setting

A key component of the first few days of the placement is orientation to the clinical setting. For some students, the agency, or the specific placement area may be new to them. For other students, it may be an area in which they have had a previous clinical experience. In either situation, it is important to plan for an orientation to the clinical setting, as the context of preceptorship is unique.

The suggestions below provides some common considerations but preceptors are encouraged to share any and all information pertinent to their particular setting.

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### **Physical Layout**

- Nursing station
- Client rooms, examination areas, meeting rooms
- Report room
- Medication room
- Tub room
- Supply rooms
- Clean and soiled utility
- Phones, computers, printers
- Staff room/lounge and/or locker area
- Cafeteria
- Washrooms
- Parking

### **Staff**

- Nursing colleagues
- Other members of the health care team
- Unit manager
- Clinical resource nurse
- Educators
- Support staff

### **Policies and Procedures**

- Location of policy and procedure resources
- Intranet resources
- Education modules
- Beginning and end of shift procedures
- Break schedule and practices
- Beginning and end of shift procedures

### **Client Care**

- Introduction to preceptor's caseload
- Overview of a typical shift
- Common diagnoses, conditions, treatments, terminology and medications to review
- Client assignments
- Nurses Association of New Brunswick or other provincial associations' Standards of Practice

## Placement Culture and Expectations

In addition to providing orientation for the student regarding policies, practices and logistics, a preceptor shares information that is not as easily captured on a checklist, for example: unit culture and staff expectations. The context of a clinical setting is important for a student to understand; the guidance of the preceptor in this area is key to the student feeling comfortable in the placement area.

### First Days: Shadowing

Some students may be in a new clinical area or agency. Other students may be returning to an area in which they have completed a clinical course. For all students, working one-on-one with a RN is a new experience. As such, the initial days of the placement are typically utilized as shadowing shifts, providing the student with an opportunity to acclimatize to the clinical setting and to become familiar with routines.

During the shadowing shifts, students should not be assigned or assume responsibility for client care. The student should be encouraged to assist the RN in the provision of care and to ask questions. When a student transitions to a new shift (from days to nights, for example), this is also considered a shadowing experience, as routines and responsibilities are often different.

Time should be designated during shadowing shifts for the preceptor and the student to discuss the student's letter of introduction and preceptorship course outcomes. Reviewing the student's learning goals during the shadowing shifts will allow for the development of a plan for meeting the identified learning goals.

As the shadowing experience ends, the student and preceptor will set aside time to plan for the gradual transition for the student to assume an increased responsibility for client care. This shadowing experience will increase learning and will improve the student's ability to move forward effectively during the remainder of the preceptorship experience.

### Communication

Communication between preceptors and students is essential to ensure a successful and effective clinical practice experience. In fact, the vast majority of concerns and issues that occur during preceptorship can be addressed with effective communication.

It is important that preceptors and students set aside some time early in the placement to discuss their communication styles and preferences, and to establish communication practices and plans that both partners are comfortable with. We recommend that you plan to have several follow up discussions throughout the experience to touch base and see if the current communication strategy is working. The dynamics between students and preceptors typically evolves as the experience unfolds, so it is helpful to ensure that both parties are comfortable with how the communication is occurring. The points below can be helpful to guide these discussions.

- Open and direct communication is difficult for many people. This may be true of the student, the preceptor, or both parties. Acknowledging that communication can be uncomfortable often helps both individuals to move forward.
- The message sent may not always be the message received. Our interpretation of how we have communicated may not align with another’s interpretation. Ask questions to ensure that the message you intended to deliver was received as such. Non-verbal communication such as nodding may not be a clear indicator of whether or not the other person understands.
- Conversely, ask questions if you do not understand what has been said. While not questioning something may be the quicker approach in the short term, not having a clear understanding of what has been asked of you or communicated to you tends to create issues.
- Trust is a critical part of the preceptor/student relationship and respecting confidentiality and privacy is key in developing trust. Respecting the preceptor/student relationship by sharing information only with the faculty liaison about the teaching/learning occurring within the placement is important.
- Non-verbal communication is important. If verbal and non-verbal communications are congruent, it reinforces the message. If they don’t match, perhaps additional communication is required.

Ultimately, both the student and preceptor must be engaged in the communication process equally. We have found that if preceptors are accessible, supportive and authentic, the environment for effective and productive communication will be supported. This is especially important because in addition to the challenges inherent in the nursing program, students are often faced with multiple commitments related to work, home, and other personal circumstances.

A key part of communication is acknowledging and being aware of our own values and biases. Sometimes our assumptions are not always accurate; things may not be what they seem and it is important to consider other perspectives. The following section illustrates how our assumptions can sometimes be misleading.

### Clarifying Assumptions

Preceptor	Student
Report starts in 15 minutes and the student is still not here. Why is she late?	Report doesn’t start for another 15 minutes. I have time to check my messages and still be on time.
The student keeps nodding her head and saying “yes” during our end of shift feedback discussions. She doesn’t ask any questions so I guess she is okay with what I am saying.	I’m not always sure what my preceptor means when she gives me feedback, but because of my upbringing it’s very difficult for me to ask questions. I don’t want it to seem like I am questioning her authority.
I can’t believe my student has never	I practiced catheterization in the lab but didn’t

<p>catheterized anyone during his program. I thought that was on the list of skills the school provided.</p>	<p>have an opportunity to practice on a real person. My preceptor seems frustrated and I'm already very nervous.</p>
<p>It's so important for students in preceptorship to practice communicating with physicians. I keep pushing my student to do this but she seems to be avoiding it. Sometimes, you just need to go for it.</p>	<p>My preceptor keeps pushing me to talk to the doctors but we never had to do this in school. I really wish he would help me figure out what to say and how to approach it, rather than just telling me to do it.</p>
<p>I took some time at the end of the shift to talk with my student about what happened today. He had a near miss and would have made a potentially serious medication error had I not caught it. He didn't seem to be too concerned and I'm not sure he understood the potential implications related to patient safety.</p>	<p>I had a really bad day. I almost made a medication error. My preceptor talked to me at the end of the shift and I didn't know what to say to her. I am terrified to think about what could have happened and know that this will look really poor on my CASA. I could just feel myself shutting down as she talked. I need time to think about this and process what happened. I will talk to her tomorrow.</p>
<p>My student is progressing well and it's time for her to take on more responsibility with the assignment and show more independence. For some reason, she seems to be holding back and is reluctant to go that next step.</p>	<p>My preceptor thinks I'm ready to take on more responsibility and be more independent in my decision making and provision of care. I want to do this too, but I'm so scared that I will make a mistake. I don't know how to push past this.</p>
<p>I am getting ready to fill in the CASA for the first time and I need help from the faculty liaison. She's coming today and I'm going to ask for a few minutes to speak with her about the wording I should use. I want to make sure I'm doing this correctly.</p>	<p>I saw my faculty liaison and preceptor go into the quiet room on the unit today. They were there for a while. My preceptor says I'm doing okay but now I'm wondering how my CASA meeting is going to go.</p>
<p>I'm going to make sure I teach the student little tricks to complete tasks more effectively. These probably aren't things they've been taught in the program but are used in the real world of nursing.</p>	<p>Our instructors have always told us to follow best practice guidelines and never to take shortcuts. My preceptor has been teaching me a lot of shortcuts. I am discovering there is more than one way to provide safe care, but I need to make sure that I understand the rationale and the theory along with the shortcut.</p>
<p>My student wants to be involved in everything that's happening on the unit. They keep wanting to see procedures and are constantly asking other staff members if anything is happening. I really think they should be focusing on their own assignment.</p>	<p>This is my last course before graduation and I want to take advantage of every opportunity on this unit. There is so much I have not seen yet and I don't want to miss anything. I want to learn as much as possible while I'm here.</p>
<p>I walked by and noticed my student in the med room on her cell phone. She should know that cell phones should not be used for personal</p>	<p>The doctor just ordered a new medication for my patient and I've never heard of it. I am so thankful I have a drug guide on my phone and</p>

reasons on the unit.

can research it before administering it.