

Section Four: Facilitating Student Learning

Feedback

Providing feedback to students is one of the most essential responsibilities of a preceptor. It is through the process of giving and receiving meaningful feedback that a rich opportunity for learning is created. (Groves, Mitchell, Henderson, Jeffrey, Kelly & Nulty, 2015; Pollack, 2012).

As part of the preceptorship experience, both verbal and written feedback will be provided to the student. This section pertains to verbal feedback, while written feedback will be addressed in the “assessment” section.

While assessment is an important part of the preceptorship experience, it is important to create an environment that focuses on learning rather than on assessment and evaluation.

The following points can help a preceptor to provide effective feedback and make it meaningful to student learning:

- Feedback is focused on goals and outcomes.
Established course outcomes and the student’s learning goals create the foundation for feedback.
- Frame the feedback, using specific situations; avoid speaking in general terms.
Example - “Avery, let’s talk about your IV start for Mr. J”, rather than “Avery, let’s talk about IV starts.”
- Relating the feedback to an action is important, rather than focusing on personality characteristics.
Example – “Avery, the technique that was used for the dressing change could be improved by doing x, y, and z,” rather than, “I notice that you often rush when you change dressings.”
- Begin with something positive, affirming what the student is doing well. Then, move onto an area of further development, providing focus for future learning and growth.
Example - “I found that your technique was solid; you followed the process really well. For the next time, focus on communicating to the client what is happening.”
- Use “I” statements so the student understands that the feedback is based on your observations.
Example - “I wonder if you were so focused on the task itself that it prevented you from communicating with Mr. J effectively” rather than “You didn’t communicate with Mr. J, probably because you were focused on what you were doing.”
- Encourage the student to reflect so the feedback can be used to construct new knowledge or deepen existing knowledge. (Pollack, 2012)
Example - “How do you think you will approach this next time?”

- Provide an opportunity for the student to respond to the feedback.
Example – “How do you feel you did?” rather than “I think that went well.”
- Feedback is most effective when delivered as close to the event as possible.
Planning for time to share feedback is important.
- Feedback should be ongoing and provide for strategies for improvements.
Example – “You improved on x since last time. I suggest you focus on y and z and try this approach the next time.”

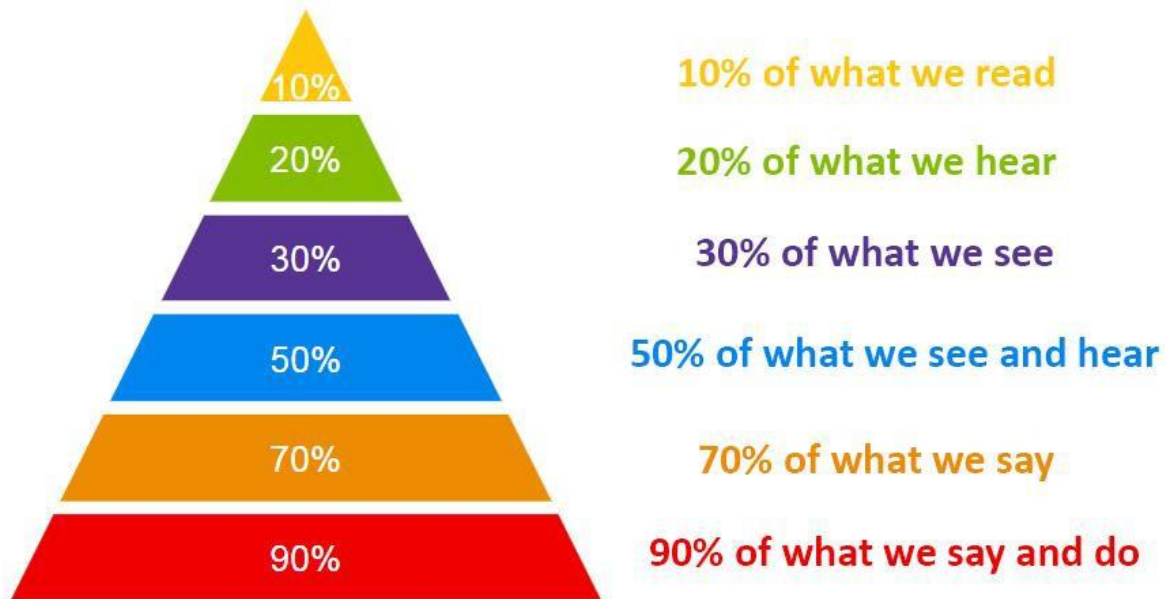
Privacy is key when providing feedback. It should not be provided in a public setting not should it be shared with anyone except for the faculty liaison.

It may take some time to become comfortable in giving feedback to the student. Every student is unique in their learning needs and the preceptor/student partnership takes time to build. Ongoing daily feedback will help both the preceptor and student to feel more comfortable with the feedback process. (Gaberson et al., 2015; Kim, Lea, Eudey & Dea, 2014; Pollack, 2012)

Facilitating Student Learning

Preceptorship is intended to provide a learning opportunity for students that will occur over an extended period of time. A great deal of growth will occur during these twelve weeks. As the experience progresses, students will continue to develop increased independence and deepen their learning. (Kim et al., 2014)

After 2 weeks we tend to remember:



Source: Edgar Dale (1969)

Tips:**Planning**

Work with the student to set a realistic plan for learning. Success and achievement help to create confidence.

Knowledge

Strengthening associations between ideas enhances the ability to transfer knowledge or skill from a known situation to a new one. New learning is based on previous knowledge and experience.

Repetition

Although students may be keen to try new skills, it is important not to lose sight of the learning that can occur through repetition. For example, a student may have provided care for a client with TPN and be comfortable with the skill itself. However, additional opportunities can enhance the student's understanding of the diversity of client responses, improving the student's practice and deepening the knowledge of TPN therapy.

Patience

Patience is key for both the student and the preceptor. Learning the complexities of nursing practice takes time and effort.

Acronyms

Acronyms and area specific terms and language are part of any work environment. Please remember to explain these to students who are not familiar with this terminology. Many times, it can be intimidating to ask for explanation when we are not familiar with the language being used.

Communication

Communicate, communicate, communicate! Strong communication between preceptor and student will be one of the most significant contributors to the clinical experience, connecting feedback, assessment, and learning. (Kim et al., 2014; Kristofferzon, Martensson, Mamhidir & Lofmark, 2012)

Reflection

On the days that don't go as planned, create the time and space for the student to share their questions and reflections. Encourage the student not to leave the shift feeling anxious.

Imitation

Learning occurs through imitation. Learning can be an unconscious process through identification with someone who is more experienced.

Clinical Reasoning

Students have been developing the skill of clinical reasoning throughout the nursing program. The preceptorship experience provides an opportunity to develop and deepen this skill through observing the preceptor role model it, and by gradually taking on the responsibility for making decisions. (CNA, 2014; Gaberson et al., 2015; Kim et al., 2014) The preceptor plays an important role in developing this skill. Preceptors should share their clinical reasoning with students, primarily by talking out loud and sharing how they integrate and apply clinical reasoning to their practice.

Managing the Assignment

By the completion of the twelve week preceptorship experience, the student should be able to manage an average assignment in the area of practice. Focus on the following areas to help the student develop competence and independence throughout the experience.

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Organization

Strong organizational skills will help students cope with the many unexpected situations and competing responsibilities inherent in daily practice. Help the student to develop an organized approach to client care assignments and to formulate a daily routine and plan. Encourage the student to observe other coworkers' methods of organization as potential alternative strategies, in addition to preferences and practices of the student and preceptor. Consider the student's preferences and practices objectively, and offer suggestions or recommendations based on optimal effectiveness.

Prioritization

Managing responsibility and care for multiple clients is one of the most challenging things for students. In previous clinical practice, students have been assigned clients or populations by their instructors, and preceptees are not accustomed to the new level of responsibility associated with a full workload. As such, students may tend to address issues in the order in which they arise, rather than prioritizing them. Talking with the student about how you decide what to do first and why, is important in learning how to set priorities. Explain the rationale for your clinical decisions when managing your assignment, including potential implications to alternative courses of action.

Working as a Team

Help the student understand that she/he cannot do everything alone. Working as part of a team and seeking assistance when needed, is something the preceptor should discuss and role model.

Understanding the roles and contributions of other health care team members, working together, and sharing workload is a skill essential to managing the demands of most assignments. In clinical courses completed during the nursing program, students do not often have consistent opportunities to develop this skill. Preceptors can assist students to work together with the entire

health care team in order to coordinate and assign care and take a role in ensuring a safe and professional practice environment (NANB, 2015).

Confidence Building

Students will become more confident over time as skills are successfully performed and appropriate clinical decisions are made. The preceptor can support a student's confidence by sharing positive feedback in addition to recommending areas for improvement. Celebrate the student's successes and reinforce their progress by demonstrating your confidence in them.

Conversely, confidence can be damaged by unsolicited advice, learning experiences that are too challenging, and feedback that focuses solely on what the student did not do well.

Guided Independence

Knowing when the student is able to provide care and when the preceptor needs to intervene is one of the most challenging aspects of the role. It is important for the student to have the opportunity to provide care when they have the skill and knowledge to be able to do so safely. Preceptors should coach students through decision making processes by stimulating critical thinking and encouraging the development of independent problem solving skills.

A preceptor must intervene if safety concerns arise.

Support during Times of Challenge

It is inevitable that during a twelve week learning experience, there will be some challenging times. You may find that the student is struggling in more than one area. This section will include suggestions for those expected bumps in the road, as well as guidance if the preceptor has concerns about client safety or the student's ability to meet course outcomes.

Communication

Keep the lines of communication open with the student. Because everyone reacts to and processes stressful situations differently, communication can be challenging at times. Open communication is the single most important thing in mitigating potential problems and resolving issues.

Communicating about student progress and areas for improvement will help the student develop insight into their own practice and will foster learning.

In the case of an incident or "near miss", it is important to debrief following the situation, so the student can clearly understand the factors that lead to the situation and the potential consequences that were avoided.

The Role of the Faculty Liaison

The faculty liaison is available to support the preceptor and the student at any point during the preceptorship experience. Their role is to be a resource and to provide guidance. The faculty liaison is familiar with both the student's learning goals as well as the course outcomes and can help to guide the learning experience.

The faculty liaison will be in contact with the preceptor and student on a regular basis – at minimum once per set of shifts. However, the preceptor is encouraged to contact the faculty liaison at any time with questions or concerns.

The following are examples of situations when a preceptor should contact the faculty liaison directly, and should not wait until the faculty liaison next contacts them.

- To clarify what the student is able to do with supervision and what the student can do independently
- To share concerns about performance or progression
- To ask for guidance in completing the CASA document (clarification of what should be included, questions about the document itself)
- In the event of a medication error or near miss
- If changes to the rotation occur that will significantly change the schedule and/or experience
- Injury (i.e. needlestick) or near injury
- Unsafe practice by the student

If the student's nursing care does not progress and maintains at an unsatisfactory level, do not wait until the formal assessment points to reach out to the faculty liaison and to communicate with the student. Consult with the faculty liaison; she/he can help the preceptor to assess specific challenges and learning needs, as well as assist the preceptor in sharing their concerns and providing constructive feedback to the student.

Assessment

Assessment of student learning is an active process, involving ongoing dialogue between the student, preceptor and faculty liaison. It reinforces strengths and identifies challenges as students strive to improve and develop their nursing care and move toward independent practice. (Gaberson et al., 2015)

Communication

- Preceptor, student and faculty liaison

Laying the foundation

- Discuss the letter of introduction and learning goals with the student
- Familiarize yourself with the five program abilities and course outcomes
- Familiarize yourself with the CASA document
- Collaborate with student to plan daily communication strategies

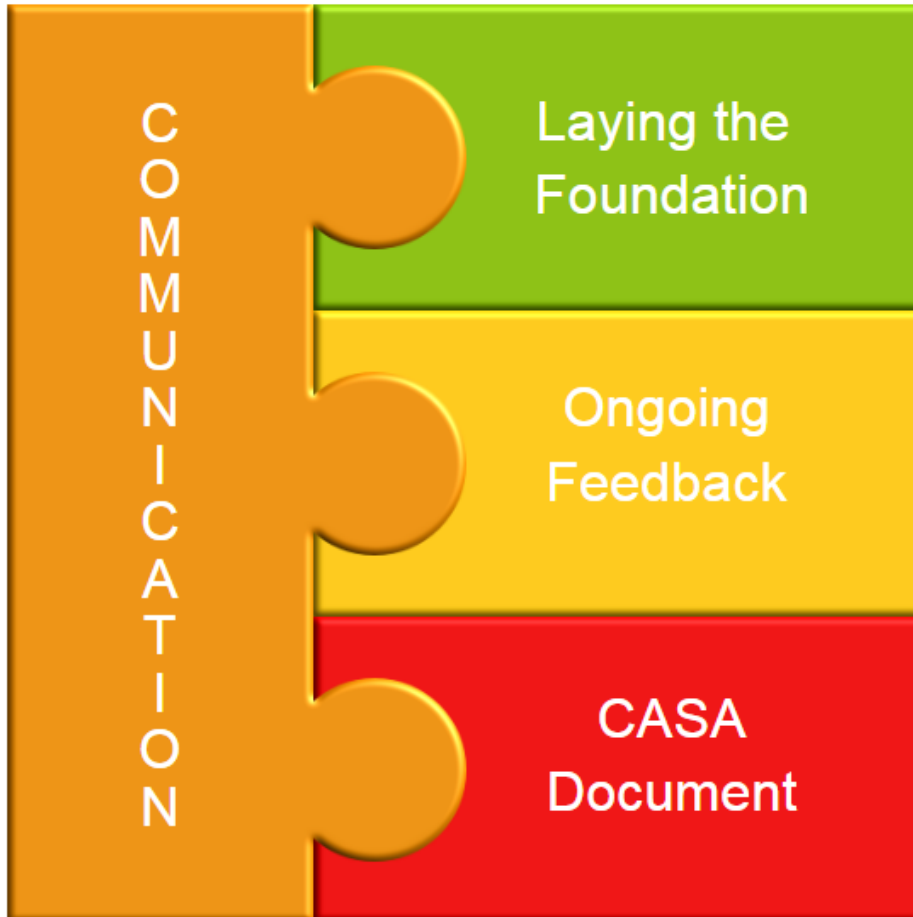
Ongoing Feedback

- Balance between honesty and sensitivity when giving feedback
- Provide specific examples
- Dedicate time daily to provide timely feedback

- Provide feedback in a private setting

CASA Document

- Two assessment points – Week 5 and Week 12
- Dates for the two assessment meetings
- Comments should include specific examples related to the course outcomes.
- Comments should reflect the ongoing feedback provided to the student (no surprises).
- Areas for further development



The Assessment Tool: CASA

At UNB, the assessment tool utilized in the clinical setting is a document referred to as the Collaborative Assessment of Student Abilities (CASA). The CASA is not intended to replace ongoing verbal feedback, which is an integral part to learning within the preceptorship experience. It is a formal and summative assessment document which considers nursing care that has been provided, and the student's ability to meet course outcomes.

The CASA will be completed at two assessment points during the course; a midway assessment at approximately 5 weeks and a final assessment at 12 weeks. The CASA includes not only the preceptor’s assessment, but the student’s self-assessment of their learning.

Assessing Course Outcomes

As noted in Section 1 (*Preceptorship and the UNB Nursing Program*), the UNB Faculty of Nursing curriculum is guided by five abilities with specific course outcomes associated with each ability. The following are tips related to assessing student progress and course outcomes:

- Make notes about the student’s learning experiences and progress on a regular basis; do not wait until just prior to the assessment point. Students are encouraged to do the same. This practice is helpful when it comes time to complete the CASA. Please refer to the Privacy and Confidentiality section (*Preceptorship Roles and Responsibilities*) for best practices and requirements related to such notes.
- Be familiar with the course outcomes. This will help to frame the context of learning as well as the notes you record. Consult the faculty liaison if the outcomes are unclear.
- Review the grading rubric for an understanding of how Progressing Well (PW), Needs Development (ND), and Limited Progress (LP) are utilized in this context.
- Remember that the level of independence in providing nursing care expected at the final assessment will be greater than at assessment points 1 and 2. Assessment is a continuous process; therefore it is necessary to look at overall performance and progress.

CASA Rubric

The CASA should be filled out considering nursing care that has been provided consistently throughout the experience. Using the following rubric, identify the rating which best represents the progress toward each of the learning outcomes associated with the five UNB Nursing Program abilities; **knowledge and its application, communication, critical thinking/ skills of analysis, professional identity, and social justice/effective citizenship.**

Progressing Well (PW)	The student is progressing well towards consistently meeting the outcome by the end of the course.
Needs Development (ND)	The student is making progress; however, needs to demonstrate further growth and development in this area of practice in order to consistently meet this outcome by the end of the course. Needs Development rating will also be given if the student has not yet had the opportunity to demonstrate progress towards meeting course outcome. Strategies for continued growth must be identified and documented on the midway CASA.

Limited Progress (LP)	Despite opportunity, the student demonstrates little to no progress towards meeting the course outcome (Assessment 1, Assessment 2). Strategies for continued growth must be identified and documented on midway CASA
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Completing the CASA

The preceptor, student and faculty liaison should collaborate to determine the three assessment points. At each assessment point, this process will be followed:

- The student will provide the preceptor with a CASA template so the preceptor can become familiar with course outcomes and refer to it as necessary. The student will have a separate copy which will be the document completed by both student and preceptor.
- The student will complete the CASA and share it with the preceptor.
- The preceptor will review the student's self-assessment and comments.
- The preceptor will enter their assessment information where indicated on the CASA.
- The preceptor and student will arrange a time to meet to discuss the completed CASA.
- Both the student and preceptor will sign and date the document during this meeting.
- The student will submit their CASA to UNB for review by the faculty liaison.
- The faculty liaison will provide feedback about the student's progress to the student via the faculty liaison log, and verbally with the preceptor, as required.

While PW, ND, and LP are ratings that can be utilized in the CASA for assessment points 1 and 2, the final CASA must only include "Outcome Met- *OM*" or "Outcome Not Met-*ONM*" ratings.

The student must receive "Outcome Met- *OM*" for all outcomes on the final CASA in order to receive credit for the course. As preceptorship is a university course, responsibility for determining whether a student will receive credit or no credit for this course rests with the faculty liaison.

Assessment Meetings

Assessment meetings differ from the ongoing daily feedback discussions. These are formal discussions held at designated assessment points during the experience. Dates and times for these meetings should be scheduled collaboratively with the student and preceptor, after the student has had an opportunity to review the CASA that has been completed by the preceptor. All meetings should occur in a private location. These assessment meetings should provide an opportunity for in-depth discussion of the student's practice and progress toward achieving the learning outcomes. Additionally, the learning outcomes that require further development should be discussed and strategies for improvement identified.