7. Evaluating

- Identifying and Applying the Standard for Student Performance
- Formative versus Summative Evaluation
- Feedback
- Formulating a Collaborative Plan for Improvement
- Collecting Data for Summative Evaluation: Subjective and Objective
- Self-Evaluation of Teaching as Reflection-on-Action
- Faculty Member's Evaluation of Preceptor's Performance
- Student's Evaluation of Preceptor's Performance

If it is painful for you to criticize someone, you are safe in doing it; if you take pleasure in it, hold your tongue.

Criticism, like rain, should be gentle enough to nourish one’s growth without destroying one’s roots.

To profit from good advice requires as much wisdom as to give it.

Sometimes it is more important to discover what one cannot do, than what one can do.

--Lin Yutang

Preceptors sometimes neglect the evaluation aspect of the preceptor role because they “don’t want to be the one to fail the student.” But, preceptors don’t fail students or stall students’ progress. Instead, a student’s performance meets, or fails to meet, criteria. As a preceptor, you are in a better position than anyone else to collect the data that gives evidence of student competence. And, as a preceptor, you have an opportunity to support professional practice standards and the credibility of the school of nursing.
Think of yourself as a video-recorder: recording student performance and playing it back to compare with standards, to clarify and validate with faculty, and to give feedback to the student. The student's response to your corrective feedback becomes part of your evaluation data.

Keep in mind that your primary role is teaching. In the teaching process, you will observe student practice and, in consultation with the faculty member, fit those observations into the evaluation framework.

Evaluating has two components:
- identifying opportunities for improvement—both in the student's performance and in preceptor's teaching technique
- summarizing patterns and trends in overall performance and comparing performance with standards

Identifying and Applying the Standard for Student Performance

Your CONAH faculty contact will supply the clinical performance evaluation tool and criteria for rating. Although the faculty member accepts responsibility for completing the formal written evaluation, your input will provide supportive evidence for the ratings. Become familiar with the evaluation tool so you can begin to use the framework as a guide in collecting objective and subjective data about student performance.

Ask your faculty contact for some examples of outstanding, acceptable, and unacceptable performance in relation to the criteria for the level of student you will precept. Give the faculty member some examples of student performance and ask how the examples match the expectations for performance of a student at the level of your student. You will discover differences between expectations for students and the expectations you might have had of advanced practice nurses who you have oriented in the past.

Two concepts that will prove helpful as guides in evaluation are consistency of student performance and the amount of assistance a student requires completing an assignment. Clarify the expectations for consistency and independent performance with the faculty member.
The faculty of the University of Pennsylvania Nurse Practitioner Program established expectations for each level of the program that emphasize consistency. For example, in Level II of the four-level program, the expectations for that two-month period include:

- 85% of the time the student elicits a complete history and relevant history of present illness.
- 90%-95% of the time the student performs a complete and relevant exam for presenting complaint.
- 50% of the time the student relies on the preceptor for formulation of diagnosis and management plans for acute and chronic health problems; this dependency includes assistance with diagnostic work-up and ordering appropriate tests.

An approach emphasizing the amount of assistance that the student requires is a five-level scheme that the faculty of the University of Minnesota School of Nursing have defined for undergraduate students.

**INDEPENDENT**
- Performs safely and accurately each time* behavior is observed without supportive cues* from the preceptor/instructor
- Demonstrates dexterity*
- Spends minimal time on task*
- Appears relaxed and confident during performance of task
- Applies theoretical knowledge accurately each time
- Focuses on client while giving care*

**SUPERVISED**
- Performs safely and accurately each time* behavior is observed
- Requires a supportive or directive cue occasionally during performance of task*
- Demonstrates coordination, but uses some unnecessary energy to complete behavior/activity
- Spends reasonable time on task*
- Appears generally relaxed and confident; occasional anxiety may be noticeable
- Applies theoretical knowledge accurately with occasional cues
- Focuses on client initially; as complexity increases, focuses on task*
The Advanced Practice Nurse Preceptor Workbook

ASSISTED
- Performs safely and accurately each time* behavior is observed
- Requires frequent supportive and occasional directive cues*
- Demonstrates partial lack of skill and/or dexterity* in part of activity; awkward
- Takes longer time* to complete task; occasionally late
- Appears to waste energy due to poor planning
- Identifies principles but needs direction to apply
- Focuses primarily on task or own behavior, not on client*

PROVISIONAL
- Performs safely under supervision*, not always accurate
- Requires continuous supportive and directive cues*
- Demonstrates lack of skill, uncoordinated* in majority of behavior
- Performs tasks with considerable delay; activities are disrupted or omitted*
- Wastes energy* due to incompetence
- Identifies fragments of principles; applies principles inappropriately
- Focuses entirely on task or own behavior*

DEPENDENT
- Performs in an unsafe* manner; unable to demonstrate behavior
- Requires continuous supportive and directive cues*
- Performs in an unskilled manner; lacks organization*
- Appears frozen, unable to move, nonproductive
- Unable to identify principles or apply them
- Attempts activity or behavior but is unable to complete*
- Focuses entirely on task or own behavior*

*Distinctive feature of the level of competence
Krichbaum & Bondy (1983)
A final example is a “Faculty Impression Score” developed by University of California at San Francisco/University of California San Diego Intercampus Graduate Studies Program (Fullerton, Piper & Hunter, 1983). The Faculty Impression Score supplements other clinical performance evaluations tools in the nurse-midwifery program. The score is based on ten domains and criteria:

1) Meeting minimum productivity guidelines (per program policies).
2) Progressive productivity: Faculty offer their sense of progress in the ease and flow of each clinical encounter and of overall clinical sessions.
3) Consistency of performance: Faculty note variations between evaluations obtained day-to-day, and over the time of an academic quarter.
4) Flexibility and adaptability: Faculty note student response to changing priorities, expected and unexpected, in both academic and clinical settings.
5) Timeliness: Components of timeliness include arriving and leaving clinical settings at expected hours and being present at all clinical assignments unless excused.
6) Thoroughness/consistency in the application of the management process: The nurse-midwifery management process is used as a framework for professional performance.
7) Professionalism: Components of professionalism include positive presentation of self (dress, grooming) and positive presentation of the nurse-midwife role (verbal instructions with staff and other professionals).
8) Quality of care: Faculty will review each of the clinical evaluation forms and assess the degree of consensus among all faculty that the student is demonstrating progressive skill in clinical performance or whether significant variation exists.
9) Professional communication skills: Oral and written communications between student and patients, colleagues, or peers are considered.
10) Stress management: Faculty will discuss their impression of the student’s reaction to expected and unexpected events in the academic and clinical setting, and the student’s appropriate utilization of available resources for stress management.

For each of the ten domains and criteria, the UCSF and UCSD faculty developed listings of objective and subjective data to collect in support of ratings. An example of one of the domains appears on the next page.
#9. Professional communication skills

**OBJECTIVE DATA**

9.1 The student demonstrates the ability to communicate effectively:

- **Oral and public speaking skills:**
  - elicits patient perceptions
  - presents content of oral report or consultation in orderly fashion
  - articulates clearly and correctly using appropriate language and vocabulary
  - keeps staff informed
  - provides a clear analysis and summary of case presentation in a nonjudgmental manner
  - teaches and counsels clearly and accurately
  - actively participates in group discussion
  - stimulates group participation

- **Written skills**
  - written communication is appropriate, legible, concise, clear, and complete

**SUBJECTIVE DATA**

9.1 Appears self-confident

9.2 Faculty observation of interactions between student, patients, and others

9.3 Faculty observation of class participation

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**Formative versus Summative Evaluation**

Formative evaluation is a process of ongoing feedback on performance. The purposes are to identify aspects of performance that need to improve and to offer corrective suggestions. Be generous with formative evaluation. Share your observations and perceptions with the student. You might simply share your observation and then ask the student if (s)he can think of a better approach for the next time. Formative evaluation need not make a judgment. When giving formative feedback, offer some alternatives to the student, e.g., “That procedure will be more comfortable for the patient if you . . .” If you observe unsafe or questionable practices, address those directly and immediately with the student.
Use the student’s patient management documentation as well as your observations of performance to offer formative evaluation. The student’s charting reveals organizational skills, priorities, thought process, and judgment. Over the duration of the student’s experience with you, point out improvement to the student.

Summative evaluation is a process of identifying larger patterns and trends in performance and judging these summary statements against criteria to obtain performance ratings. The faculty assumes responsibility for completing the summative evaluation at the end of the course. Faculty, however, rely upon your evidence and perceptions to justify ratings.

The chart below compares formative and summative evaluation according to the kind of information provided and the timing.

<table>
<thead>
<tr>
<th>Formative Evaluation</th>
<th>Summative Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What information</strong></td>
<td><strong>What information</strong></td>
</tr>
<tr>
<td>specific description of daily events</td>
<td>general trends based on specific descriptions</td>
</tr>
<tr>
<td>organizational skills</td>
<td>overall attitude</td>
</tr>
<tr>
<td>needs assessment</td>
<td>comparison with evaluation tool</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>When to give</strong></td>
<td><strong>When to give</strong></td>
</tr>
<tr>
<td>at the time of the incident</td>
<td>mid-point in the course</td>
</tr>
<tr>
<td>end of the day</td>
<td>end of the course</td>
</tr>
<tr>
<td>weekly re: progress</td>
<td></td>
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</tbody>
</table>

Give both formative and summative evaluation to the student in private as a general rule. Formative evaluation, however, is needed if safety concerns arise in a student’s practice while with a patient. Also, at times you will lose a learning opportunity if you do not give the student a chance to practice an alternative approach at the time, but reserve your suggestions for a later conversation. Use your judgment and employ tact and sensitivity to avoid embarrassing the student.
Feedback

Feedback answers the question, “How am I doing?” Giving feedback effectively is key to effective precepting. You will also improve your precepting skills by eliciting and incorporating feedback.

PRINCIPALS OF EFFECTIVE FEEDBACK

Feedback should be helpful to the person who receives it. Feedback will be most helpful when the student:

- understands the information
- is able to accept the information
- is able to do something about the information

SOME VALID ASSUMPTIONS ABOUT FEEDBACK

- Everyone deserves feedback.
- Saying the right words is not nearly as important as knowing why you are saying them.
- Negative feedback (or criticism) will most often be uncomfortable for both parties.
- Positive feedback can be equally uncomfortable, but no less needed.
- Your values will never be 100% matched by anyone else.
- Influencing is balanced by being influenced.
- The search for truth should never end.

GUIDELINES FOR GIVING FEEDBACK

1. Focus on CHANGEABLE THINGS.
   - Feedback can lead to improvements only when it is about things that can be changed.
   - Share ideas and information and explore alternatives rather than expecting answers or solutions.
2. Make DESCRIPTIVES NOT INTERPRETIVE statements.
   - Act as a video camera. Play back a report of your observations, rather than your interpretation of why or how things happened. If you observe a practice that the student needs to improve, state your observation and then ask questions such as “How could you do that more efficiently?”, “How could you do that procedure more safely?”, or “What was a risk or potential problem with that approach?”
   - Focus on the behavior, not on the person.

3. Make SPECIFIC statements.
   - Look for the details.
   - Give concrete and objective “playback."
   - Focus on the student’s actions (or sequence of actions, or omitted actions).
   - Offer specific positive, as well as corrective, statements. “Good job” is too general; state what exactly was “good” and why.
   - Give specific suggestions about how to improve.

4. Give IMMEDIATE feedback.
   - The sooner feedback is given, the more effective it will be.
   - When you must delay, identify the specific time or incident to which you are referring.
   - Many occasions will arise when you must defer feedback. You may defer feedback to avoid delays in care, to avoid embarrassing the student, or for other reasons. Because such delays are appropriate in the practice environment, it is important to make a habit of giving feedback at the end of the day.

5. Choose APPROPRIATE TIMES.
   - Give feedback when the receiver is ready to become aware of it. Of course, issues of safety, ethics, or legal requirements take precedence over the student’s readiness to receive feedback.
   - Critical feedback in front of others may be more damaging than helpful.
   - Feedback provided should serve the needs of the recipient rather than the needs (for “release”) of the giver.
6. **Choose ONE ISSUE at a time.**
   - Focus on the most critical behavior needing feedback at the time.

7. **Do NOT DEMAND A CHANGE.**
   - Giving feedback and helping the student explore alternatives is not the same as requesting or demanding that the student change. There will be occasions when you request or demand changes in student practice. Keep in mind, however, the video playback analogy. Share your observations and perceptions with the student, reflect on your observations with the student, and encourage the student to develop the habit of reflecting on practice.

**I-MESSAGES**

The I-message is a specialized communication technique that is useful in giving feedback. When you use an I-message, you “own,” or take responsibility for your communication. The technique is often recommended for communicating assertively and resolving conflicts. The technique clarifies and accentuates the personal significance that the speaker places upon the topic of discussion. The technique avoids the blaming or criticizing tone of you-messages, such as “You really need to work on your charting” or “You always overlook that part of the assessment.” I-messages addressing these same problems might take the form: “When I review your charting, I notice the history lacks recent information.” or “When I review your assessment findings, I don’t get enough information about functional capacity to make a sound diagnosis.”

I-messages provide a format for giving the “video-playback” with some interpretation of the significance of the observations. Give the student an opportunity to respond to the I-message. Then, reflect back the student’s response so that he or she can elaborate and so that you validate your understanding of what the student has said. Next give specific criteria for improvement and ask what the student needs to achieve those criteria. Together, agree upon what the student, or each of you, will do to facilitate the needed improvement.

In most situations, your statement of the criteria is enough and the student can follow through with your guidance. But, when a pattern of substandard performance or an apparent attitude problem has developed, the process of eliciting the student’s perceptions and negotiating a solution assumes greater importance.
Consult with your faculty contact at any time that you begin to perceive problematic patterns, attitudes, or serious deficiencies in performance. You perception is sufficient reason to express concern to the faculty member. The faculty member will appreciate receiving early notice of problems or potential problems and will assist you.

**Reciprocal Feedback between Preceptor and Student**

Seek feedback from the student about which of your approaches are most helpful and which are not helpful. Let the student know that you expect feedback, just as you give feedback on an ongoing basis. Acknowledge and act on the feedback the student gives you. If you choose not to act on the student’s feedback, let the student know that you considered his or her input and why you chose not to implement it. This tactic will keep the atmosphere receptive for feedback. By eliciting and reflecting on student feedback, you take advantage of letting the student help you learn to teach while you help the student learn to practice.

**Step-by-Step I-message Process to Negotiate a Plan for Improvement**

- When I . . . (review, watch, hear, see, check . . . etc.)
- I . . . (notice, wonder, need more, get concerned about, think there’s a risk of . . . etc.)
- And, I feel . . . (if expressing a feeling is appropriate to the situation)

- THEN, use active listening to clarify the student’s response. That is, reflect back to the student whatever he or she says in response to your I-message. Doing so will encourage the student to further clarify his or her perceptions of the situation.

- THEN, express the criteria for improvement as you see them (e.g., more detailed charting about recent history, better assessment of functional capacity . . . etc.)

- AND elicit from the student his or her needs in the situation (more assistance, some examples, more practice).

- FINALLY, negotiate what the student, or each of you, will do to facilitate the needed improvement.
FEEDBACK PRACTICE

**POSITIVE FEEDBACK: A SENTENCE-COMPLETION ASSESSMENT OF STRENGTHS**

1. One thing I like about you is . . .
2. One thing others like about you is . . .
3. One thing you do very well is . . .
4. A recent problem you handled very well is . . .
5. You are at your best when . . .
6. A compliment that has been paid to you recently is . . .
7. A value that I see is important to you is . . .
8. An example of your caring about others is . . .
9. People can count on you to . . .
10. You did a good job when . . .
11. Something you are handling better now is . . .
12. One thing you've overcome is . . .
13. A good example of your ability to manage a complex patient is . . .
14. You're best with people when . . .
15. If I wanted to say one good thing about you, I'd say . . .
16. One way in which you are very dependable is . . .
17. You have been able to meet your goal of . . .
18. You pleasantly surprised me when . . .

WRITE TWO STATEMENTS OF POSITIVE FEEDBACK TO A STUDENT THAT MAKE SENSE IN YOUR PRACTICE

19.

20.
**SOME I-MESSAGE EXAMPLES**

Note that statement B, the I-message, takes responsibility for the communication and gives information that is more specific.

1. A. You should exercise every day.
   
   B. I have found that I feel better if I exercise every day.

2. A. Everyone thought you did a great job on that committee.
   
   B. I thought you represented my opinion very well as a member of that committee.

3. A. Our supervisor doesn’t listen to us enough.
   
   B. I would really like it if my supervisor would spend some time with me individually.

4. A. No one likes to talk about her personal life.
   
   B. I am not comfortable discussing my personal life.

In the box below each of the following statements, write a more appropriate statement to open communication with the student about the issue. See Section 12. Model Answers for some suggestions.

1. **You have a bad attitude!**

2. **You should be more careful!**
3. You’re always late!

4. You should get your work done early like Sam does!

5. You’re a real troublemaker and you are insensitive to others. And, you’re always late and you always interrupt people!

6. Your documentation was a real mess last week!
7. Why did you talk to the secretary that way this morning! (Angry tone)

8. You never carry through on anything I ask you to do, and then I have to be responsible for it!
   You're so undependable.

9. You always want things your way!

10. You're so disorganized!
Not only do both preceptor and student participate in planning for improvement, both should also participate in identifying areas for improvement. During end-of-the-day feedback sessions, ask the student to identify areas in which he or she perceives a need to improve. When you identify a need for improvement in student performance, bring it to the attention of the student in a timely manner. Do not hesitate to discuss the situation with the faculty member.

**The Corrective Interview**

1. “I'd like to talk with you about your work.”
2. “One thing I’d like to help you with . . . (Be specific) . . . “
   a. Objective description of the deficit
   b. Statement of observed effects
3. “Is this the way you perceive the situation?”
4. LISTEN
5. Clarify questions.
   a. If there is a disagreement, acknowledge it, then:
      “I still have these concerns . . . “
   b. If the student introduces new information:
      “That changes things.”
When you both agree on the definition of the problem:
6. “What do you suggest we do?”
7. LISTEN
8. “Suppose we try . . . “
9. “So, we’ve agreed to . . . (review the agreement in detail).
10. “We meet again on . . . to review the progress we’ve made.”
11. “Here are some of the things you are doing well:” (Be very specific)

When you identify areas in which the student needs to improve, be specific about the deficiency, the expectations, and the resources that can assist the student. You may wish to formalize these expectations for improvement in writing, including dates for review and completion. Consult with the
faculty member about formalizing such improvement plans. Whether or not an improvement plan becomes a written and/or official document, assure that you, the student, and the faculty member share the same understanding of improvement needed and expectations. Improvement plans may also be outlined by the student for areas in which he or she has identified a need for improvement.

<table>
<thead>
<tr>
<th>Student Designed Learning Plan</th>
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<tbody>
<tr>
<td><strong>Learning Deficiency:</strong></td>
</tr>
<tr>
<td><strong>Satisfactory Performance:</strong></td>
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<tr>
<td><strong>Unsatisfactory Performance:</strong></td>
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<td><strong>Steps to Resolution:</strong></td>
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<tr>
<td><strong>Learning Resources:</strong></td>
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<tr>
<td><strong>Date for review:</strong></td>
</tr>
<tr>
<td><strong>Date for completion of plan:</strong></td>
</tr>
<tr>
<td><strong>Signatures:</strong></td>
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</tbody>
</table>
In the box below, create a learning plan for some aspect of practice that might be especially challenging to a student who is working with you.

<table>
<thead>
<tr>
<th>Learning Plan</th>
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</thead>
<tbody>
<tr>
<td><strong>Learning Deficiency:</strong></td>
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<tr>
<td><strong>Satisfactory Performance:</strong></td>
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<tr>
<td><strong>Unsatisfactory Performance:</strong></td>
</tr>
<tr>
<td><strong>Steps to Resolution:</strong></td>
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<td><strong>Learning Resources:</strong></td>
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<td><strong>Date for review:</strong></td>
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<td><strong>Date for completion of plan:</strong></td>
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<td><strong>Signatures:</strong></td>
</tr>
</tbody>
</table>

_____________________________________________, Faculty
_____________________________________________, Student
_____________________________________________, Preceptor
A FACULTY AND PRECEPTOR-INITIATED PERFORMANCE CONTRACT

Statement of the Problem:

1) Inconsistent and incomplete assessment formulation of plan of management, implementation of plan of management, and evaluation of management plan.
2) Incomplete and inconsistent presentation of plan of management to preceptor.
3) Incomplete and inconsistent performance of interventions when clinical problems occur.
4) Theory deficits in assessment.

Satisfactory Performance:

1) Demonstrates consistent and complete application of the management process including assessing, formulating, implementing, and evaluating the management plan.
   a. 5 out of 6 telemetry admissions
   b. 4 out of 5 management plans for post-operative coronary bypass patients
   c. 8 out of 10 cardiac patients
   d. 4 out of 5 cardiac catheterization and/or angioplasty patients
2) Presents complete and consistent management plan to preceptor.
3) Performs appropriate interventions consistently and completely when clinical problems occur in the realm of expected behaviors of the student at this level.
4) Demonstrates theory base through 4 case presentations with preceptor and participation in seminar.

Unsatisfactory Performance:

Failure to consistently demonstrate 1 – 4 above.

Resources:

1) Role play clinical setting problems with preceptor.
2) Role play case presentations with preceptor.
3) Practice writing management plans with clinical scenarios and discuss with preceptors.
4) Review charts with preceptors.
5) Preceptor and faculty will identify content areas for improvement and provide referrals to resources.

Evaluation: Course evaluation tool.

Date for review: [Date]
Date for completion of plan: [Date]
Signatures: ________________________________, Faculty
______________________________, Student
______________________________, Preceptor
Collecting Data for Summative Evaluation: Subjective and Objective

Apply the data collection skills you have refined in practice to the summative evaluation process. Be guided by the objectives you and the student have established and the course objectives and evaluation criteria that the faculty supply. Collect objective and subjective data that give evidence of the student’s performance in relation to the evaluation framework.

To supplement your subjective data collection, apply the concept of 360° evaluation. The 360° evaluation approach takes into account the perspectives of all persons with whom the subject of performance evaluation interacts. Visualize the student at the center of a circle, surrounded by the persons with whom he or she interacts during the practicum: patients, patients’ significant others, physicians, other health professional, support staff, and others. Obviously, it would not be practical or appropriate to collect formal ratings or testimonials from the persons. The perceptions, however, of others can provide useful data.

If you ask how the student is doing, you probably will not obtain much more than “She did okay,” or “He did a great job.” Or someone may say, “Good, considering she’s just learning.” Most people sympathize with the student role, or feel reluctant to offer criticism. You will obtain feedback if you ask open-ended questions based on objectives, or based on perceptions of your own for which you are seeking validation. For example, you observe that the student sometimes fails to explain self-care thoroughly, or validate that the patient has understood instructions. Ask the patient what instructions the student gave and how the patient plans to follow them. When collecting data from colleagues, refer to a specific situation and ask a general question. For example, you might ask a physician colleague for feedback by saying, “Sally told me that she went over Mr. Jones’ medications with you. How did that go?”

Perceptions of others can guide your observations toward particular aspects of the student’s practice. In this way, you can validate the perceptions of others. When reporting another’s perceptions to the student or faculty member, identify the source (at least as “a patient,” or “a colleague”).

7. Evaluating

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You attain the “art of teaching” only partially when you implement a teaching technique correctly. Although you use a particular approach quite expertly, another approach may be more effective with a particular student. The art of teaching involves assessing the situation on an ongoing basis to determine if modifying the approach might yield better results. This process is similar to determining appropriateness and effectiveness of patient management.

Develop the habit of reflection on a brief segment or “snapshot” of your interactions with the student at intervals. Recall the student’s response and the evidence of learning that you observed. Were you satisfied? How might you modify your approach in the future? If you are not satisfied with the results of your approaches and cannot think of alternatives, ask the faculty member for suggestions. Consult with the faculty member about specific difficulties during the course of the practicum, so that the feedback you offer at the time of summative evaluation contains no surprises or dilemmas about whether the student has satisfied expectations.

Sometimes a particular approach is not effective because of the student’s competence with respect to the task at hand. As identified in Section 5. Planning, in the discussion of the learning vector, a more directive approach is needed when the topic is new to the student. For example, the student may not respond well to your request to tell you what his or her objectives are for the practicum. The student may not have adequate information about your practice setting, or may not have had sufficient experience to appreciate the amount of practice required to master certain components of the role.

Observe student responses to evaluate your teaching as well as the student’s performance. Throughout the duration of your experience together, each of you will validate effective practices and find opportunities to improve.

At the conclusion of the experience, you may note some areas in which the student has not fully achieved objectives. You will have more valid data to support this conclusion if you have tried a variety of approaches in assisting the student.

Pinsky and Irby (1997) surveyed a group of physicians who were distinguished clinical teachers and asked them about episodes of failure in their teaching. In the conclusion of their report, the researchers write, “Learning to teach involves a process of turning instructional failures into improved teaching,” (p. 976).
Faculty Member’s Evaluation of Preceptor’s Performance

Clarify the expectations of the faculty member at the outset of the practicum. Ask, “What is my most important role with this student from your perspective?” The answer will vary depending upon the student’s previous experience and the role that the faculty member is taking with the particular student. Seek ongoing feedback from the faculty member. During faculty visits to your practice setting, share your observations and perceptions of the student’s performance, validate your approaches, and ask for additional suggestions. Also, ask the faculty member for his or her assessment of the student’s needs at this point in the practicum.

Student’s Evaluation of Preceptor’s Performance

The student will complete written evaluations of the experience with you and of your practice setting as a learning experience. You will find copies of these forms in Section 8. USF CONAH Course Materials. The faculty member will share the results of these evaluations with you. Remember to keep “constructive criticism” in perspective. Some believe that since learning requires change and since most people don’t like to change, we should not be discouraged when students give less than enthusiastic praise of the learning experience and the teacher. Some of the most rewarding moments in teaching come when a former student visits and says, “I hated it at the time and couldn’t see the value of it, but NOW I’m so grateful that you required me to . . .” After reviewing the student feedback, consult with the faculty member to clarify as needed or to seek further suggestions. Reflect on the feedback, identify any different approaches you might employ the next time, enjoy the well-deserved praise and validation, and then move on to the next experience . . .