The Advanced Practice Nurse
PRECEPTOR WORKBOOK

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The Marcella Niehoff School of Nursing
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Detailed Workbook Contents

1. Introduction and Suggestions for Use
   A Resource for Preceptors
   How to Use this Workbook

2. The Preceptor Role
   • The Preceptor: Crucial in Preparing Advanced Practice Nurses
   • The Preceptor's Relationship with Students and with Faculty
   • University Resources
   • Issues in Precepting

3. Adult Learning
   • Domains of Learning
   • Cognitive
     ◊ Affective
     ◊ Psychomotor
   • Categories of Adult Learning Principles, AIR acronym
     ◊ Active Involvement
     ◊ Individual Differences
     ◊ Relevance and Motivation
   • Adult Learning in Action

4. Assessing
   • A Framework for Assessment
   • Learning Styles
• Learning Styles
  ◊ Kolb’s Learning Styles
  ◊ Assessment of Learning Styles
  ◊ Match of Preceptor and Student Learning Styles
• Preceptor Self-Assessment
• Assessment of the Practice Setting
• Assessment Strategies in Action

5. **Planning**
• Establishing and Using Objectives
  ◊ Establishing Short- and Long-term Objectives with the Student
  ◊ Keeping on Track with Objectives
• Planning to Incorporate Clinical Teaching Techniques
• Interdisciplinary Aspects of Planning
• Planning as Anticipatory Reflection

6. **Teaching**
• Implementing the Plan
• Teaching as Reflection-in-Action
• Coaching
• Teaching Critical Thinking
• Teaching by Role Modeling
• The One Minute Preceptor
• Strategies for Letting Go
• Strategies for Managing Problem Learners
• Teaching Interdisciplinary Collaboration
• Truths About Teaching

7. **Evaluating**
• Identifying and Applying the Standard for Student Performance
• Formative versus Summative Evaluation
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

8. University of St. Francis College of Nursing and Allied Health (USF CONAH) Course Materials

Selected course materials pertinent to the course in which you are precepting

9. References

10. Appendices

Material to supplement Sections 3 and 4

11. Thumbnail MBTI™

A thumbnail-sketch version of the Myers Briggs Type Inventory, a method of identifying personality type. Includes self-assessment and precepting implications.

12. Model Answers

Appropriate responses to the precepting situations presented in Sections 3 - 7.

13. Precepting Situations

Four precepting situations from the practice of an experienced NP preceptor. No model answers are provided. Compare your thoughts on handling these situations with the faculty member with whom you are
handling these situations with the faculty member with whom you are working.
1. Introduction and Suggestions for Use

- A Resource for Preceptors

- How to Use this Workbook

A Resource for Preceptors

When an Advanced Practice Nurse assumes the role of preceptor, precepting responsibilities join the host of demands in a busy professional life. *The Advanced Practice Nurse Preceptor Workbook* offers principles, strategies, and suggestions to make the preceptor role easier.

Like the other resources and references you use in practice, you can consult the workbook for particular precepting needs without reading it, so to speak, cover-to-cover. Depending upon your previous education and experience in clinical teaching, you may find much of the material very familiar. Refer to the Detailed Workbook Contents, preceding this first section, to locate topics of particular interest.

The Detailed Workbook Contents can help you quickly locate suggestions to troubleshoot the precepting experience. For example, if you have not precepted a student before and want some help to get started, go directly to Section 5. Planning. Just as in the process of patient management, the phases of the precepting process interrelate and overlap. You will find cross-references among the sections.

The workbook presents both general learning principles and specific precepting techniques used in various settings, including educational programs for Nurse Practitioners and Clinical Nurse Specialists. The workbook also presents realistic precepting situations and recommends effective approaches.

The faculty hopes that this workbook will prove to be a useful tool. Consult the faculty member with whom you are working if you have questions about specific applications of the suggestions in your situation.

At the end of the semester, please complete the “Evaluation: The Advanced Practice Nurse
Preceptor Workbook," which follows the last section. Faculty will incorporate your comments and suggestions to enhance the usefulness of the workbook for other preceptors in the future.

How to Use this Workbook

Look over the Detailed Workbook Contents to orient yourself to the workbook. In each section, you will find both text and interactive formats. The interactive formats present precepting situations and questions for you to consider. You will find correct answers for some of these questions in Section 12. Model Answers. However, some of the questions are particular to your style, your student, and your practice setting. Validate your responses to those questions with the faculty member. Here is an example of a precepting situation and model answer:

Precepting Situation

Your 28-year-old student, Allison, has worked as a staff nurse in critical care for four years. Now in the third week of her clinical experience with you, you observe her interviewing a patient, Mr. Sams, to obtain a history.

Initially, Allison appears friendly and relaxed with Mr. Sams. But, as the interview progresses, she pays less and less attention to his responses and seems preoccupied with her own agenda. When he gave a lengthy description about living arrangements, Allison tapped her pen and shifted in her chair. Now he is limiting his responses to one-word answers and seems to be withdrawing. Allison sighs as she hurriedly makes notes. Allison and Mr. Sams have not made eye contact for a few minutes.
QUESTIONS FOR THE PRECEPTOR

1. How do you interpret your observations of Allison’s performance?

2. How will you bring your concerns to Allison’s attention?

*If you found this situation in a section of the book, you would find model answers in Section 12 Model Answers. For this example, model answers are shown below.*

**MODEL ANSWER: PRECEPTING SITUATION WITH ALLISON**

1. How do you interpret your observations of Allison's performance?

- Effective initial approach
- Evidence of impatience and frustration.
- Failure to show respect for the patient.
- Failure to encourage the patient to disclose information.

2. How will you bring your concerns to Allison's attention?

   Use your judgment about whether to give her the feedback later OR interrupt her now, make a benign excuse to the patient and take her aside. If she is not obtaining enough information, you may need to interrupt her. Be sure to give her feedback no later than the end of the day.

   Playback your observations to her; "I noticed that you began . . . but then you . . . and you seemed impatient. Mr. Sams gave you less and less information and seemed to shut down on you. I got the impression that he felt you weren't very interested in him."

   Let Allison respond. If she says nothing, ask how she thought the interview was going. Reflect back whatever she says to validate your understanding of her interpretation.

   After she relates her interpretation, assure that she understands the importance of BOTH communicating respect for the patient AND using an approach that is effective in obtaining the desired outcome (sufficient information to manage the patient effectively).
Ask her how she will revise her approach and assure that she maintains it as the interview proceeds. Acknowledge the difference between this situation and situations she probably worked with in critical care. Compliment her initial approach.

*Like other model answers you will find, this one is not entirely comprehensive; you may have additional ideas and approaches that would be effective in this situation.*

You will find materials specific to the course in which you are participating in Section 8. USF CONAH Course Materials. The faculty member may supply additional materials as the course progresses.

Section 11. Thumbnail MBTI™ contains a brief self-assessment form of the Myers-Briggs Type Inventory with precepting implications. This optional material provides an opportunity to focus on self-assessment. If you have previous experience with the Myers-Briggs Type Inventory, you might enjoy comparing your results on this abbreviated form of the MBTI™ and exploring precepting implications. However, no previous experience with the MBTI™ is necessary.

Section 13. Precepting Situations includes situations from the practice of an experienced APN preceptor. Deciding how to handle these situations will call upon information from several sections of the workbook. No model answers are provided. Consult with the faculty member with whom you are working to compare your perceptions and strategies for handling these situations.
2. The Preceptor Role

- The Preceptor: Crucial in Preparing Advanced Practice Nurses
- The Preceptor's Relationship with Students and with Faculty
- University Resources
- Issues in Precepting

The Preceptor: Crucial in Preparing Advanced Practice Nurses

The preceptor guides the student into the real world of advanced practice and allows the student to try new skills, gain confidence, and validation. "The nurturing of students is a developmentally appropriate professional responsibility of mature clinicians, a means to insure and influence the future of the [advanced practice nursing] movement well into the next century, and a way to further cement one's identity as an [advanced practice nurse]." (Hayes, 1994, page 62.)

As a preceptor, you will teach, coach, and role model. You will find characteristics and skills of effective preceptors in Section 4 Assessing, presented in a self-assessment format. No doubt, you have displayed many of these qualities, and therefore the faculty invited you to participate as a preceptor.

It is hard to imagine how students could successfully prepare for roles in advanced practice without the guidance of preceptors. The faculty values your services as a preceptor and welcomes your recommendations for making the preceptor role more effective and satisfying.
The Preceptor's Relationship with Students and with Faculty

When you assume the preceptor role, you add two more relationships to the interdisciplinary constellation of relationships in which you participate. As in all relationships, success is based in part on a good balance of asking for what you need and sharing your perspective, expertise and, perceptions. Help the student learn to ask and share with you: Ask for help when needed; Ask for a different approach; Ask for feedback. And, share with you: Share previous experience; Share perceptions of the practice environment; Share feedback about your precepting techniques.

Ask and share with both the student and the faculty member. Encourage the faculty member to ask and share with you. The faculty will plan regular visits with you. Plan an item or two to ask and share during each visit. Some preceptors find e-mail to be an effective means of communicating with the faculty member.

The faculty member will assume responsibility for assuring that the student has met the licensure, insurance, and health screening requirements of the school. Verify that these requirements also satisfy the requirements of your agency. Assure that you know any policies related to work-related injuries or other situations in which students might be exceptions to usual employee policies.

University Resources

Explore university resources with the faculty member. On-line faculty resources are available. You may choose to meet with the faculty member either by telephone or in person.

The College of Nursing and Allied Health faculty as a group possess an impressive array of expertise in various areas that might be useful to your agency: administration, outcome measurement, quality improvement, various clinical specialties, and other areas of expertise. It may be possible to negotiate for some consultation services.

The university is a vibrant and dynamic environment in which new developments are occurring daily. As an active part of the university community, you can gain access to many benefits.
Some issues arise in precepting and defy easy answers. These issues recur in different forms with different students and different practice situations. When you face such issues, consult with the faculty member for advice about some of the approaches that have proven effective in the past.

**Time constraint**

Time management becomes a problem when adding precepting responsibilities to your responsibilities in a busy practice. What can you do differently, later, not at all, or delegate in order to make time for precepting? Another time factor is the limitation of the hours and weeks of the student's scheduled experience. Maximizing the time with realistic expectations requires planning and continuing assessment of progress.

**Patient's acceptance of the student provider**

Express and affirm your confidence in the student's competence, but respect the patient's wishes. Some patients are very receptive to students and feel even better attended when "double-teamed" by a student with expert practitioner supervision.

**Balancing the multiple, and sometimes competing, expectations of patients, agency, student, faculty, and own professional and personal needs**

Maintaining an acceptable balance requires keeping current with all parties and negotiating.

**Recognition**

Faculty is concerned about expressing appreciation and reaffirming the great value of preceptors. Unfortunately, commensurate financial rewards are simply not available in the academic environment. The faculty will entertain your suggestions about meaningful, feasible rewards for your valued precepting services.
Factors Affecting the Student-Preceptor Relationship
(Hayes & Harrell, 1994, page 223)

**STUDENT ISSUES**
- Problems with authority figures
- Pattern of learning
- Stage of professional development
- Power and control held too tightly by preceptor
- Attitude, interest, initiative, ability to make needs known
- Student or mentor inflexibility
- Student-preceptor match
- Being treated as an outsider or a burden
- Long distances to travel
- Lack of preparation
- Inability to take criticism
- Inability to link theory with practice
- Anxiety

**PRECEPTOR ISSUES**
- Participation versus observation - not letting go
- Attitude of preceptor toward the student and the course
- Teaching ability, competence, communication skills
- Lack of experiences for the student
- Environmental or administrative issues; lack of support or time for precepting role; lack of faculty support
- Conflicts around expectations for the student; degree of independence and responsibility for stage of development
- Loss of control of patients
- Conflict between preceptor and faculty
- The evaluation process
- Preceptors forget what it is like to be a student
3. Adult Learning

- **Domains of Learning**
  - Cognitive
  - Affective
  - Psychomotor

- **Categories of Adult Learning Principles, AIR acronym**
  - Active Involvement
  - Individual Differences
  - Relevance and Motivation

- **Adult Learning in Action**

  **Domains of Learning**

  Have you ever known a nursing student like Ben, who turns in stellar performances on tests and papers, but turns into a safety hazard when poised to perform nursing interventions? Perhaps you have known a nursing student like Maria, who displays extraordinary technical skills, but when performing them with a patient, treats the patient more like a mannequin than like a person who comes complete with feelings and concerns. Or you may have known a nursing student like Debra, who is so enthusiastic about positive health practices that she is intolerant of her obese patients, and has a hard time establishing rapport.

  The performances of Ben, Maria, and Debra represent imbalances in the three domains of learning: cognitive, affective, and psychomotor. The cognitive domain includes knowledge and thinking. The affective domain includes feelings, attitudes, values, and beliefs. The psychomotor domain includes technical skills. Learning in each domain is further characterized by levels of complexity. For example, the levels of the cognitive domain, in increasing order of complexity are
knowledge, comprehension, application, analysis, synthesis, and evaluation. Sometimes the highest three levels are considered together as components of critical thinking. For more information about levels of the domains of learning, see Section 10 (Appendix IILA).

Ben is the sort of student who can give you a detailed explanation about his plan to examine the patient who presents with right ear pain. He can tell you all about the landmarks, what he expects to find, and that he anticipates that amoxicillin will be indicated. He proceeds to examine the ear, but the way he positions the otoscope allows him to view only the canal. He thinks, however, he is viewing the tympanic membrane and proclaims that his findings are normal. Your first interpretation of Ben's behavior may be that he has mastered the cognitive (knowledge and thinking) aspects of the situation, but lacks competence in the psychomotor (technical skills) aspects. But, while true for the most part, that interpretation is not complete. In addition to lack of psychomotor skill, Ben is missing some anatomical knowledge. Maybe his nervousness has clouded his recall, or interfered with his ability to act on knowledge that he does in fact possess. The point is that the three domains of learning are interrelated. A student must perform satisfactorily in all three in order to display competent performance.

In most nursing actions, we can identify all three domains of learning. For example, we usually think of cardiopulmonary resuscitation (CPR) as a psychomotor skill. Certainly, the psychomotor aspect is important, but so are cognitive aspects. And so, CPR certification includes a test of knowledge of facts and principles. The affective domain also comes into play, for example, in attitudes toward resuscitation and respect for the feelings of family members of a patient who arrests.

**SOME EXAMPLES**

Identify the cognitive, affective, and psychomotor aspects of the following situations. Compare your thoughts with the ideas in the Model Answers (Section 12.).

 gạo **Situation:** Taking a history from an elderly patient.

 gạo **Cognitive Component:**
Affective Component:

Psychomotor Component:

Situation: Examining a woman who is a victim of domestic violence.

Cognitive Component:

Affective Component:

Psychomotor Component:

Situation: Obtaining a history and performing a physical examination of an ill child accompanied by his mother, who is very nervous.

Cognitive Component:
Affective Component:

Psychomotor Component:

Situation: Performing an annual physical examination for an irate patient who has waited to see the APN for a longer time than she expected.

Cognitive Component:

Affective Component:

Psychomotor Component:
Situation: A patient situation you commonly encounter in your practice:

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Cognitive Component:

Affective Component:

Psychomotor Component:
HOW TO ASSESS AND EVALUATE STUDENT PERFORMANCE IN THE THREE DOMAINS OF LEARNING

You use the same process both for assessing and for evaluating a student's performance, but the purposes of assessment and evaluation are different. During the student's assignment with you, you assess the student's performance on an ongoing basis to provide corrective feedback and determine learning needs. At the conclusion of the course, you summarize your observations of the student's performance and judge the student's behavior using course objectives as criteria. Although the faculty member assigns the grade, the faculty member values and incorporates your observations, interpretations, and professional judgment when doing so. Try the following techniques to assess and evaluate student learning.

**Cognitive:** ASK QUESTIONS. The best questions are open-ended questions that ask the student, "What?" “Where?” “How?” “Who?” “When?” and sometimes, "Why?" Use "Why?" sparingly because "Why?" gives less direction and can intimidate the student. However, sometimes "Why?" is the most appropriate question. "Why?" may be your question of choice to ask the student the basis for a differential diagnosis. Alternatively, you might ask how certain findings suggest the diagnosis or which findings are most critical in differentiating one diagnosis from another.

A few examples: What else do you need to know? Where will you find the information? How does this drug affect...? How can you tell that ... is effective? In order to evaluate the answers students give to your open-ended questions, you will need to determine the essential components of an acceptable answer before you ask the question.

**Affective:** OBSERVE. You can explore attitudes, values, and beliefs with questions. The “HOW” of practice, however, is the evidence of affective domain mastery. When demonstrating satisfactory affective learning, a student shows respect for the values and sensitivities of others while providing competent, ethical care.

**Psychomotor:** OBSERVE. You can obtain some information about student performance by talking through a procedure with students and checking the results that students
obtain and document. The only way to validly assess and evaluate technical performance, however, is to watch the student perform.

**How To Develop The Three Domains With A Student**

**Cognitive:** Refer the student to resources: books, journals, video, computer-assisted instruction (CAI), Medline, and other on-line sources. What sources of information do you really use in practice? Students receive information about references and resources from faculty. Your role is to direct the student to those resources when they need more information and to introduce the student to resources that you use.

Ask questions that will lead the student to discover the information. For example, if the student is unfamiliar with the use of a particular medication, such as Procardia used as a tocolytic, ask the student what he or she knows about the classification to which the drug belongs. Then ask how this action produces tocolytic effects. If the student lacks the basic information, ask where he or she can find the information. If necessary, suggest a more appropriate resource.

Limit the amount of information that you supply. Although you act as a resource, you do not substitute for the student investigating, collecting, and interpreting information. Obviously, forcing the student to discover information is not appropriate in situations in which failure to take immediate action would jeopardize patient safety. In non-urgent situations, however, the extra time it takes for the student to discover the information is a worthwhile investment.

How can you make the time for discovery learning in your busy clinic practice? It will not be easy. It will only happen if you make the commitment to make it happen. Make a habit of incorporating discovery learning on a regular basis. For the next clinical day, you might ask the student to report to you on two articles, each of which recommends a different course of treatment for one of the patients seen today.
**Affective:** Explore through questions that elicit student's attitudes, values, and beliefs. For example, suppose that a patient who has chronic hypertension has decided that he will not take his prescribed medication because he refuses to accept the negative effects upon his sexual performance. Ask the student to think about how he or she would feel about this issue if it were affecting a sexual relationship in which he or she were involved. As a first step to fully appreciating and respecting other perspectives, help the student raise awareness of his or her own perspective.

Provide information about differing perspectives. Place the student in situations in which the student will encounter attitudes, values and beliefs that differ from his or her own. Some of these differences may reflect differing ethnic backgrounds; others may reflect differences arising from generational differences, the differing perspectives of various healthcare disciplines, or any of a host of other differences that lead to differences in attitudes, values, and beliefs.

**Psychomotor:** Practice with self-critique and preceptor's corrective feedback. Recommend that the student practice with a fellow student who has already mastered the technique.

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**In all domains** one of the preceptor's most effective strategies is to model competent practice, allow the student to observe you in action, and point out the critical features of your practice to the student.

**AN EXAMPLE**

Look back at the precepting situation you identified on page 5. What are some specific methods you can use to assess and develop student learning in each of the three domains of learning? Use the format on the next page to make your notes.
Cognitive Component:

Assess by:

Develop by:

Affective Component:

Assess by:

Develop by:

Psychomotor Component:

Assess by:

Develop by:
Authorities in the field of adult learning have described numerous principles of adult learning. Selected lists of these principles appear in Section 10 (Appendix III.B). Three themes predominate in adult learning principles: active involvement, individual differences, and relevance and motivation. These themes, represented by the acronym AIR form a convenient frame of reference for applying adult learning principles to precepting.

**THE AIR THEMES IN ADULT LEARNING**

**ACTIVE INVOLVEMENT**

Educational research has shown that as more senses are incorporated in the learning process, the learner learns more and retains more. For example:

"We remember: 10% of what we read.

20% of what we hear.

30% of what we see.

50% of what we see and hear.

80% of what we say.

90% of what we say and act."

(From Kornikau and McElroy (1975) in Pike, 1992, p. 79.)

<table>
<thead>
<tr>
<th>(From Benschofter in Pike, 1992, p.79.)</th>
<th>Recall 3 hours later</th>
<th>Recall 3 days later</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telling used alone</td>
<td>70%</td>
<td>10%</td>
</tr>
<tr>
<td>Showing used alone</td>
<td>72%</td>
<td>20%</td>
</tr>
<tr>
<td>Blend of telling and showing</td>
<td>85%</td>
<td>65%</td>
</tr>
</tbody>
</table>
Even when the learning does not involve a psychomotor skill, learners can become active by responding to questions and organizing information instead of receiving information passively.

**Active involvement strategies for preceptors:**

- Ask questions that will help the student discover the information.
- When asking questions, allow the student time to process the question and formulate an answer. Research has shown that teachers frequently do not allow sufficient "wait time" for students to process questions and respond.
- Ask questions that require students to answer with more than a "yes" or "no." In addition to stating complete answers, encourage students to draw a picture or diagram for you when appropriate.
- Ask questions that will lead the student to constructing his or her own learning and connecting new learning to previous experience. For example, "How does Mrs. K. respond to this antihypertensive as compared with Mr. T?" "What accounts for the difference?"
- When you're tempted to give a mini-lecture, challenge yourself to sprinkle your comments generously with questions. For example, instead of telling the student the most important pieces of information to collect in a patient interview, ask the student to tell you the most important pieces of information to collect, then offer corrective feedback. This approach gives you insight into the student's thinking and learning needs.

**Some Sample Questions about Patient Management**

- Is there a problem here? (Sometimes let the correct answer be "no.")
- What is important? Irrelevant?
- Is a pattern developing?
- What additional information do you need? How will you get additional information?
- What will you do first? Why?
- Is there a conflict between your perspective and the patient's? If so, how will you resolve it?
- What is the patient goal or outcome? What is the timeline for goals?
- What is an example of . . . ?
Before the student observes you in action, ask the student a few questions for which you will expect answers after the observation. For example, "How did I get information about sexual orientation from this patient?"

Incorporate as many of the student's senses as feasible. Whenever reasonable, use a real human body as an instructional aid - even if the body is yours, the student's or someone else's other than a patient's. Direct the student to locate and use all of the forms, equipment, patient education materials, and other items in the environment that relate to the information, skills, and attitudes to be learned.

Turn questions around. When a student asks you a question, instead of answering immediately, ask a question (a what, when, where, who, how or sometimes why question) that will lead the student to answering his or her own question. Often a very important question of this type is "Where could you look to find that out?" Clues to the answer may lie in more physical assessment, in the patient's record, or in other references and resources--including on-line references and human resources. Part of the process a student needs to learn from you is how to access needed information.

Use questions, such as the sentence completions below, to optimize the precepting process and guide the student toward assuming some accountability for the effectiveness of the relationship. Some of these questions might be particularly useful at the time of midterm evaluation, or at a time when you perceive that the student is having difficulty.

**SOME SENTENCE COMPLETIONS ABOUT PRECEPTING**

- One thing I wish my preceptor (or student) knew about me is ____________________________.
- One thing I wish my preceptor would stop (or start) ________________________________.
- One thing that is like (or different from) my previous clinical experience is ____________________.
- One thing I still need more practice with is ________________________________________.
- The most important thing I've learned so far is ________________________________________.
Share with the student your own active learning strategies, such as your schemes for organizing data and other aspects of your practice.

Give the student advance organizers. When you first meet, give the student an overview of what he or she will learn. You might give the student a convenient reference by creating a matrix. For example, the rows of the matrix might be disease conditions and the columns might be components of the patient management process, as shown below. As the course progresses, the student might fill in such a matrix with specific information and references. Let the student know what you expect him or her to gain from a particular experience and how today’s experience fits into the overall course experience. See the sample matrix below.

**Sample Matrix**

<table>
<thead>
<tr>
<th>Physical Assessment and Laboratory Testing</th>
<th>Patient Interview</th>
<th>Plan of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medication</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monitoring</td>
</tr>
</tbody>
</table>

- **Chronic HTN**
- **Coronary Artery Disease**
- **Chronic CHF**

Ask questions that require students to reflect on their own practice, identify ways to improve, and plan for a more successful next encounter.

John W. Newburn wrote, "People can be divided into three groups: those who make things happen, those who watch things happen, and those who wonder what happened."

Newburn notwithstanding, an active learning process includes some watching and some wondering (or reflecting) about what happened.
Individual differences are the many ways in which persons differ from one another. Each of our students presents as a unique constellation of individual differences.

Here are some of the many ways in which adults differ from one another:

- Ethnicity
- Race
- Religion
- School and Learning
- Workplace Culture
- Age/Generation
- Interests
- Disability Status
- Personality Type
- Aptitudes
- Experience as a Healthcare Consumer
- Professional Expertise
- Practice Specialty
- Gender
- Sexual Orientation
- Talents
- Family Roles
- Learning Style
- Conflict Management Style
- Achievements

Following are individual differences strategies for preceptors:

- Ask questions to assess the student. In addition to establishing rapport, knowledge about the student gives you insight into ways to connect new learning with prior knowledge and experience.
- At times, you will be teaching the student a way of doing something that differs from the way the student has performed the particular activity in the past. In addition to teaching the student the
new way, emphasize how the new way differs from the student's previous habit.

- Assess your student's learning style and other dispositions. Some examples of learning styles appear in Section 4. You will not have the luxury of knowing student results on a learning style inventory or other measures of personal disposition, but you can ask the student to tell you about successful learning experiences, usual approaches to resolving conflict, and other relevant preferences.

- Respect and build upon the student's preferred styles when possible. But, also recognize that the student will not experience the world of practice, or life, ONLY in his or her preferred learning style. Encourage students to develop their facility in alternative ways of learning. This builds flexibility, which will support effective practice.

- Recognize that your own individual characteristics contribute to the effectiveness of the preceptorship. Certain of your characteristics promote successful precepting better than others do. In addition, your own characteristics will create more positive chemistry with some students than with others. Explore some of your own characteristics in a Thumbnail Sketch of the Myers-Briggs Type Inventory and precepting implications (Section 11).

- Disclose some of your own characteristics. This is especially important if you place special value upon certain elements of a student's behavior. For example, if you value taking of initiative by the student, let the student know your value, and describe some examples of taking initiative in the student role. Without such clarifying, you and your student may each translate initiative into different behaviors. It is important to come to a mutual understanding of expectations and interpretations.

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**RELEVANCE AND MOTIVATION**

*You can't motivate anyone.*

*You can only connect with and use the person's own motivators.*

A teenager sits at his desk and questions his teacher, "Why do we have to learn this stuff anyhow?" She responds, "It's good for self-discipline, Scott, and it will help you later in life." He
reflects on her response and thinks to himself, "Right ... in case I land a job in a verb conjugation plant.” Sometimes, the student needs assistance to see the relevance that is so obvious to the preceptor.

Below are relevance and motivation strategies for preceptors:

- Robert Pike (1992) makes the following motivational suggestions. How can you act on each one in your precepting relationship?
  - Make personal contact with learners.
  - Give many examples.
  - Activate the learner.
  - Protect, enhance learner’s self-esteem; give praise.
  - Create a need-to-know; apply learning to [practice] and life.
  - Create and maintain interest.
  - Encourage personal (learner) responsibility.
  - Foster wholesome competition.
  - Offer a choice.
  - Encourage interpersonal interaction.
  - Recognize internal motives.
  - Get excited yourself.
  - Establish long-range objectives.
  - Remember that adults tune in to:
    - WII-FM = What's in it for me.
    - MMFI-AM = Make me feel important about myself.

Lakewood, MN: Lakewood Publications.

Assess the student's motivators and find ways to connect learning to the student's real sources of motivation. Remember the hierarchy of basic needs. For example, when the student perceives a threat or has compelling personal or family needs, not much learning will occur until those more basic needs can be addressed. It is not realistic, nor is it the preceptor’s role to resolve the
student's personal or family issues, but it might be helpful to acknowledge an issue and ask the student what needs to happen in order for the student to benefit from the learning experience, given the issue. For example, a brief telephone call to a baby-sitter might put the student at sufficient ease to gain from an experience. Obviously, the preceptor needs to set limits so that the preceptor relationship remains focused on learning and not on personal issues. Simply acknowledging an issue may help the student do whatever is necessary to benefit from the learning experience. If the student perceives a threat related to his or her practice, competence, or relationships with colleagues and patients, explore the student's concern and offer some suggestions for building confidence and comfort level.

- Reassess motivators from time to time. Circumstances, as well as the student's professional growth, will cause motivators to change.
- Link learning to a problem that the student will be able to solve (or prevent) by knowing the information or technique. Clearly describe problems that can arise when a student does not master the learning at hand. Or, for a more active approach, ask the student to identify the problems that might arise for an Advanced Practice Nurse who did not know or know how to ...
- Hold the student accountable for performing tasks, duties, and assignments that make a helpful contribution to your practice. When nurses are in the learner role, they often feel motivated when they believe that what they already know and know how to do can contribute to the situation.

---

**Adult Learning in Action**

Read the following precepting situation and answer the questions below.

As the preceptor, you think that your student, Julie, is lacking the knowledge base she should have. She's solid in some areas, but not across the board. The course syllabus shows a lecture on asthma and assigned reading about respiratory complaints scheduled for three weeks ago. Yet, today Julie was unable to make a differential diagnosis for a patient who presented with a cough.
You challenge Julie with your observation of the discrepancy between her practice and your expectation. She offers a variety of inadequate explanations, "I've been so busy at work; I have no time to devote to readings." "I don't learn anything from the classroom. I'm not really going to learn it until I see it in clinic." “I'm really competent in my real nursing life. I certainly can't afford to lose my job."

1. Which of the AIR categories of adult learning principles predominates in Julie’s situation?

2. What actions will you take?

Compare your thoughts with the ideas in Model Answers (Section 12.).
The student will obtain optimal benefits from the preceptor experience if you help the student to connect new learning with previous experience. The most effective way to facilitate this connection is to begin by assessing the student. Five aspects of student assessment are relevant: Person, Learning Style, Knowledge, Skills, and Attitudes. Section 3. Adult Learning suggests some approaches for assessing the person aspect from the standpoint of individual differences. Section 3. Adult Learning also suggests approaches for assessing knowledge, skills, and attitudes within the cognitive, psychomotor, and affective domains of learning. Section 4. Assessment adds Learning Style to the framework for assessment. Section 4. Assessment also includes tools and information for preceptor self-assessment and for assessment of the practice setting as a learning laboratory.

Assessment is an important first step in working with a student. Assessment is also an important ongoing process in the preceptor relationship. By observing student performance, you will continue to gain information about the student as a person and the student's learning style, knowledge,
attitudes and skills. Use the information you gain to refine the approaches you are using to help the student establish connections between previous learning and new experiences.

**Learning Styles**

One of the most widely used formulations of learning style was developed by Kolb. Information about two other formulations, one of cognitive style and one of learning style, are included in Section 10 (Appendices IV.A. and IV.B.).

**Kolb’s Learning Styles**

Kolb identifies four modes of learning:

- Concrete Experience = learning by feeling and intuition
- Abstract Conceptualization = learning by thinking
- Reflective Observation = learning by observing and perceiving
- Active Experimentation = learning by doing

Kolb’s model consists of four learning styles. Each style combines two of the four modes of learning:

- Converger = Abstract Conceptualization + Active Experimentation
- Diverger = Concrete Experience + Reflective Observation
- Assimilator = Abstract Conceptualization + Reflective Observation
- Accommodator = Concrete Experience + Active Experimentation

Some authorities believe the learning process is really a cycle that incorporates four of the modes of learning. According to this viewpoint, a learner's preferred mode of learning will be the approach taken first. Then, as learning proceeds, other modes are brought into play. For example, you may be teaching certain advanced assessment skills to a student who prefers to learn by doing (Active Experimentation). This student will connect best with the new learning by practicing with some of the equipment and psychomotor skills involved. However, to use the advanced assessment skills competently with a patient, the student will need to learn via other modes as well: Reflective
Observation (by observing you when you use the advanced assessment skill and by reflecting on his or her own performance), Abstract Conceptualization (by thinking about the findings of the assessment and interpreting them), and Concrete Experience (by incorporating your coaching feedback and by considering the patient’s feelings and response to the assessment).

The best use of learning styles in precepting is to identify the preferred style of the student and begin with the aspect of new learning that corresponds most closely to the preferred style. Then, proceed to the aspects of new learning that will require the student to use other modes of learning.

The diagram below shows some of the characteristics that accompany the modes of learning and the learning styles. You will find additional characteristics of the learning styles in Section 10 (Appendix IV.C.).
ASSESSMENT OF LEARNING STYLE

One method of assessing learning style is to administer Kolb's Learning Style Inventory. The student may have taken this assessment tool or another measure of learning style, and, in that case, can share the results with you. For practical purposes in precepting, a less exact and more efficient approach suffices. To assess learning style:

- ask the student about previous learning: what techniques have worked best in the past.
- observe how the student goes about learning new information.
- note the activities toward which the student gravitates.

Compare the findings you obtain from questioning and observing the student with the descriptions found on the previous page and the additional descriptions found in Section 10 (Appendices IV.A., IV.B., and IV.C.). Section V. Planning includes some tips for incorporating techniques most effective for adjusting teaching to particular learning styles. The busy clinic sometimes affords little opportunity for sustaining such a deliberate approach. Don't be discouraged. Giving consideration to learning styles even occasionally will yield positive results.

MATCH OF PRECEPTOR AND STUDENT LEARNING STYLES

As you read the information about learning style, you may have identified the style that most closely matches your own preferences and your own way of learning. If you did not do so, review the learning style information on the previous page and the additional descriptions of Kolb's learning styles in Section 10 (Appendix IV.C.) to identify your own closest match. Which style best matches your own preferences and way of learning?

Whichever of the styles is most like you, the way in which your style interacts with the style of your student will create some strengths and some possible concerns in your relationship. Rarely, if ever, is it possible or practical in the real world to assign students to preceptors based upon a match of learning styles. There are just too many other priority factors to be considered. It is possible, however, to recognize the strengths and possible concerns inherent in each pairing of styles.
On the following page, you will find a chart that identifies strengths and possible areas of concern in the pairings of specific student learning styles with specific preceptor learning styles. Refer to this chart to answer the questions below.

Circle the Kolb's Learning Style that best approximates your way of learning:

- Accommodator
- Converger
- Diverger
- Assimilator

What are the strengths and possible concerns in your preceptor relationship with a student who has each of the following learning styles?

<table>
<thead>
<tr>
<th>Student's Learning Style</th>
<th>Strengths</th>
<th>Possible Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodator</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Converger

Diverger

Assimilator
## Preceptor Learning Style

<table>
<thead>
<tr>
<th>Student Learning Style</th>
<th>Diverger</th>
<th>Assimilator</th>
<th>Converger</th>
<th>Accommodator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diverger</strong></td>
<td>Strengths</td>
<td>Imaginative, creative Idea people</td>
<td>Strengths</td>
<td>Blend of people-orientation and task focus</td>
</tr>
<tr>
<td></td>
<td>Concerns</td>
<td>Unfocused Difficulty with deciding</td>
<td>Concerns</td>
<td>Low risk-taking Delay in completing</td>
</tr>
<tr>
<td><strong>Assimilator</strong></td>
<td>Strengths</td>
<td>Skills in collecting and analyzing information</td>
<td>Strengths</td>
<td>Strong idea analysis and systematic planning skill</td>
</tr>
<tr>
<td></td>
<td>Concerns</td>
<td>Low risk-taking Delay in completing</td>
<td>Concerns</td>
<td>Over plans and under acts</td>
</tr>
<tr>
<td><strong>Converger</strong></td>
<td>Strengths</td>
<td>Blend of people-orientation and task focus</td>
<td>Strengths</td>
<td>Focusing, problem-solving skills</td>
</tr>
<tr>
<td></td>
<td>Concerns</td>
<td>Conflict between intuition and logical approaches</td>
<td>Concerns</td>
<td>Premature closure on wrong problems, may limit ideas</td>
</tr>
<tr>
<td><strong>Accommodator</strong></td>
<td>Strengths</td>
<td>Strong people skills</td>
<td>Strengths</td>
<td>Problem-solving Action-taking</td>
</tr>
<tr>
<td></td>
<td>Concerns</td>
<td>Over-reliance on intuition vs. reason</td>
<td>Concerns</td>
<td>May act before seeing problem or opportunity clearly</td>
</tr>
</tbody>
</table>

4. Assessing
In addition to identifying your learning style, assessing yourself for precepting includes comparing your own attributes with attributes of effective preceptors. The attributes of effective preceptors include personal attributes and knowledge, skill, and attitude characteristics.

On the pages that follow, you will find the attributes of effective preceptors presented in a self-assessment format. The assessment format asks you how strongly you think you possess these attributes AND how frequently you behave consistent with these attributes. You may find you have the knowledge, skill, and disposition to display an attribute more frequently, but, because of other priorities, you do not have the opportunity to use the attribute. It is possible that some of the features of the system within which you are working present barriers to exhibiting some of the attributes. Therefore, the development plan portion of the assessment asks you to consider possible changes in your system or ways of working that would enhance your precepting attributes.

The attributes are culled from a variety of sources. The attributes are presented in the categories of person, knowledge, skills, and attitude. Since the categories, however, do not function separately in the precepting process, they are not mutually exclusive. Some of the characteristics might fit equally well in more than one category. If you need clarification about the meaning or application of a particular attribute in your situation, ask the faculty member with whom you are working.

Follow the instructions below and complete the self-assessment.

**INSTRUCTIONS FOR PRECEPTOR SELF-ASSESSMENT: PERSON, KNOWLEDGE, SKILLS, ATTITUDES**

1. Read each attribute and decide how strongly and how frequently this attribute characterizes you.
2. Refer to the descriptions on the rating scale and mark each attribute with an "X" in the location on the rating scale that best represents you.
4. For each category (Person, Knowledge, Skills, Attitude), identify an action or two that you could take to strengthen your precepting effectiveness.
5. The faculty member with whom you are working can serve as a resource and assist you in accessing additional resources.
# Preceptor Self-Assessment:

<table>
<thead>
<tr>
<th>PERSON</th>
<th>Absent, Never, Definitely not me</th>
<th>Rarely, At time this is me</th>
<th>Sometimes this is me; Inconsistent</th>
<th>Often this is me</th>
<th>This is who I am</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warmth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sense of humor</td>
<td></td>
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<tr>
<td>Maturity</td>
<td></td>
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</tr>
<tr>
<td>Self-Confidence</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Charisma: challenges and inspires students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Experience with success and failure</td>
<td></td>
<td></td>
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<tr>
<td>Empathy: remembers what it’s like to be a student</td>
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<tr>
<td>Trustworthiness, sincerity, integrity</td>
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<tr>
<td>Good example: personally and professionally</td>
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<td></td>
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<tr>
<td>Satisfaction with own role/employment status</td>
<td></td>
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</tr>
</tbody>
</table>

# Preceptor Development Plan: PERSON

My two greatest strengths

1. 

2. 

My two greatest opportunities for improvement

1. 

2. 

How do I plan to improve?
What resources will I use?

How will I fix the system to eliminate barriers to improvement?

**PRECEPTOR SELF-ASSESSMENT: KNOWLEDGE**

<table>
<thead>
<tr>
<th></th>
<th>Absent, Never, Definitely not me</th>
<th>Rarely, At time this is me</th>
<th>Sometimes this is me; Inconsistent</th>
<th>Often this is me</th>
<th>This is who I am</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solid knowledge base re: patient care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge re: course objectives, expectations, content, learning resources evaluation</td>
<td></td>
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<tr>
<td>Knowledge re: students needs and objectives</td>
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<tr>
<td>Knowledge re: resources, including interdisciplinary resources and where to obtain information</td>
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<td></td>
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<tr>
<td>Participation in continuing education: formal and informal</td>
<td></td>
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</tr>
</tbody>
</table>

**PRECEPTOR DEVELOPMENT PLAN: KNOWLEDGE**

My two greatest strengths

1. 

2. 
My two greatest opportunities for improvement

1.

2.

How do I plan to improve?

What resources will I use?

How will I fix the system to eliminate barriers to improvement?

<table>
<thead>
<tr>
<th>PRECEPTOR SELF-ASSESSMENT: SKILLS</th>
<th>Absent, Never, Definitely not me</th>
<th>Rarely, At time this is me</th>
<th>Sometimes this is me; Inconsistent</th>
<th>Often this is me</th>
<th>This is who I am</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care Skills</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>performs competently</td>
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</tr>
<tr>
<td>organizes well</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>identifies need, if present, to identify additional resources for student learning needs (when own practice does not include experience that the student needs)</td>
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<td></td>
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<tr>
<td>Problem-solving Skills</td>
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<td></td>
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<tr>
<td>Communication Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>listens active</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Do I listen well enough to accurately restate what is said to me?)</td>
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</tbody>
</table>
## 4. Assessing

**Communications Skills**
- Communicates clearly, effectively
- Organizes thoughts
- Communicates directly, objectively
- Expresses appreciation
- Raises sensitive issues without overemotionalizing
- Communicates timely and appropriately with student
- Communicates timely and appropriate with faculty

### Teaching Skills
- Role models and acts as clinical resource
- Articulates expectations clearly
- Assesses learning needs
- Collaborates with others to meet learning needs
- Involves self actively with student
- Thinks-out-loud to show student own thought process
- Asks questions that stimulate thinking
- Recognizes learning opportunities
- Recognizes when student is having difficulty; sensitive to learning needs
- Reinforces learning
- Facilitates problem solving by the student
- Collaborates with the student to address issues
- Balances between offering independence and offering assistance
- Gives clear and useful feedback

### Coaching Skills
- "Debureaucratizes" system
- Dismantles barriers to performance
The Advanced Practice Nurse Preceptor Workbook

PRECEPTOR DEVELOPMENT PLAN: **SKILLS**

My two greatest strengths

1. 

2. 

My two greatest opportunities for improvement

1. 

2. 

How do I plan to improve?

What resources will I use?

How will I fix the system to eliminate barriers to improvement?
### Preceptor Self-Assessment: Attitudes

<table>
<thead>
<tr>
<th></th>
<th>Absent, Never, Definitely not me</th>
<th>Rarely, At time this is me</th>
<th>Sometimes this is me; Inconsistent</th>
<th>Often this is me</th>
<th>This is who I am</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enthusiasm</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Desire to teach</td>
<td></td>
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<tr>
<td>Commitment, willingness to take time with student</td>
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<tr>
<td>Respect for student, non-autocratic</td>
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<tr>
<td>Support for student autonomy</td>
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</tr>
<tr>
<td>Support for student learning needs and objectives</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Concern for student and student’s progress</td>
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</tr>
<tr>
<td>Nurturance, patience, understanding</td>
<td></td>
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<tr>
<td>Willingness to interact with student and others</td>
<td></td>
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<tr>
<td>Responsibility, accountability, acceptance of responsibilities of preceptor role</td>
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<tr>
<td>Effective coping with work setting ambiguities</td>
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<tr>
<td>Comfort with practitioner/preceptor role</td>
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<tr>
<td>Value for professional growth</td>
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<td></td>
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<tr>
<td>Support for USH CONAH philosophy</td>
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</tr>
</tbody>
</table>

### Preceptor Development Plan: Attitudes

My two greatest strengths
1. 

2. 

My two greatest opportunities for improvement
1. 

4. Assessing
2. How do I plan to improve?

What resources will I use?

How will I fix the system to eliminate barriers to improvement?

PRECEPTOR SELF-DEVELOPMENT PLAN

Refer back to the Preceptor Self-Assessments of Person, Knowledge, Skills, and Attitudes that you have completed on the previous pages. Summarize your priorities below.

My two greatest strengths

1.

2.

3.

4.

5.
My two greatest opportunities for improvement

1. 

2. 

3. 

4. 

5. 

How do I plan to improve?

What resources will I use?

How will I fix the system to eliminate barriers to improvement?

What time frames are appropriate for accomplishing these development plans?
Assessment of the Practice Setting

In addition to assessing yourself and the student, assess your practice setting as a learning laboratory. View your practice setting through a lens that sharply focuses the learning challenges and opportunities. Ask yourself these questions:

- What do newcomers to this setting usually have trouble adjusting to?
- What skills or knowledge were hardest for you to master when you began here?
- What about this setting is very different from settings familiar to your student?
- What helped you to feel more comfortable here when you began?

Your assessment of the practice setting will guide you in getting started with the student. After assessing the practice setting, you can begin with the student by addressing and acknowledging some of the particulars of your practice setting that could require the student's attention.

Assessment Strategies in Action

Initial and ongoing assessment of the student requires that you ask questions and observe the student's actions and responses in a variety of situations. Assess the student's knowledge, skills and attitudes in light of the expectations of the course. You will find some materials outlining course expectations in Section 8, USF CONAH Course Materials. The faculty member can clarify these and supply information about course expectations. Expectations are contained in course objectives, clinical performance evaluation criteria, objectives established by the student, and objectives that you establish with the student. When you assess the student's status in relation to these objectives at the beginning of the experience, you will be able to clarify priorities and make appropriate plans.

- Assure that you, the student, and the faculty member share a mutual understanding of exactly what student performances meet the criteria and satisfy the objectives. In other words, assure that your expectations are the same.
You may think of other sources of possible expectations such as your own job description, professional standards of care and practice, or other criteria. Such other sources are appropriate to share with the student to broaden the student’s understanding of the advanced practice role, but should be used for assessment and evaluation ONLY when they are incorporated into the course expectations as objectives or criteria.

The next page outlines a format for Student Assessment. The outline can serve as a plan for ongoing assessment. By reviewing the Student Assessment periodically, you can plan to direct your attention to observing and asking about those aspects of student performance about which you need more information in order to identify learning needs and plan further learning.
STUDENT ASSESSMENT

Person

Data:

- What else I need to know about the student as a person:
- How I will find out:

Learning Style

Data:

- What else I need to know about the student's learning style:
- How I will find out:

Knowledge

Data:

- What else I need to know about the student's knowledge base:
- How I will find out:

Attitude

Data:

- What else I need to know about the student's attitudes:
- How I will find out:

Skill

Data:

- What else I need to know about the student's skills:
- How I will find out:
Read the following description of Mary Ann, an APN student who is beginning clinical experience with you. Complete the Student Assessment on the next page, based upon this information. Compare your assessment with the example in Section 12. Model Answers.

Mary Ann has worked as a staff RN in a CHF clinic for three years. She has taken and passed the Advanced Health Assessment course, so she should know how to take a history, perform a physical examination and write basic SOAP notes.

This is her first clinical course in the APN program. She calls you two weeks before she is scheduled to start with you. She speaks very rapidly as she says, "I'm really looking forward to learning from you! I know I'm supposed to be there at 8 AM, but I'm not sure how long it will take me to get there. So if I'm early is there someplace I can go until 8:00? Will you already be there? I'm not a coffee drinker, but I drink a lot of Diet Coke. Do you have a Coke machine in or near the clinic? Where can I park? Do you think I should allow extra time for finding someplace to park?"

On her first scheduled clinical day, Mary Ann arrives 20 minutes early. She is carrying a large backpack that is bulging with books. She asks, "Will it be okay if I just observe you for the first few days before I see any patients on my own?"
STUDENT ASSESSMENT

Person

- Data:

- What else I need to know about the student as a person:
- How I will find out:

Learning Style

- Data:

- What else I need to know about the student's learning style:
- How I will find out:

Knowledge

- Data:

- What else I need to know about the student's knowledge base:
- How I will find out:

Attitude

- Data:

- What else I need to know about the student's attitudes:
- How I will find out:

Skill

- Data:

- What else I need to know about the student's skills:
- How I will find out:
5. Planning

- Establishing and Using Objectives
  - Establishing Short- and Long-term Objectives with the Student
  - Keeping on Track with Objectives
- Planning to Incorporate Clinical Teaching Techniques
- Interdisciplinary Aspects of Planning
- Planning as Anticipatory Reflection

"A creative mind can withstand any amount of bad training." That was Anna Freud's way of saying that capable students will find a way to learn despite instructional errors or neglect. Even without planning, the student will learn by participating with you in your practice. But, to optimize the effectiveness and efficiency of the outstanding learning opportunity that preceptorship affords, you need a plan. Otherwise, time will get away from you and you will fail to capitalize upon learning opportunities.

The student comes to you with objectives to accomplish and will collaborate with you to formulate additional objectives. These objectives form the basis of your precepting plan.

Establishing and Using Objectives

Objectives specify at what level the student will perform at the conclusion of the learning experience. Objectives may also be called learning outcomes. Broad, general objectives are sometimes referred to as goals.

Review the course objectives with the faculty member and the student. Course objectives are quite broad in scope. Assure that you share a mutual understanding of the meaning of the objectives and the expectations for accomplishing each objective during the practicum. Some of the course objectives may relate more directly to the preceptorship experience than others. The course objectives describe the practice and knowledge expected of the student upon completion of the
course. Objectives may also contain conditions and standards for performance, such as time frames to be observed, reference materials to be used, or other criteria. Objectives are constructed in such a way that student performance may be measured and judged against objectives. The box below contains some sample course objectives.

Clinical objectives are more specific to practice. You will find more complete information pertinent to the course in which your student is enrolled in Section 8. USF CONAH Course Materials.

**SAMPLE CLINICAL OBJECTIVES**

1. Demonstrate advanced cardiovascular assessment.
2. Manage patients with selected cardiovascular health problems in a variety of settings.
3. Provide individualized risk factor reduction for special populations in a variety of settings.
4. Assess and manage common acute problems in primary care.
5. Interpret subjective and objective data to arrive at a correct diagnosis.
6. Formulate an individualized management plan drawing on knowledge from nursing, medicine, pharmacology, and other sciences.

**ESTABLISHING SHORT- AND LONG-TERM OBJECTIVES WITH THE STUDENT**

In addition to the objectives of the course, the student is required to formulate a few personal objectives, subject to approval of the faculty member and the preceptor. You and the student will refine these objectives, which are specific to the student’s goals for the experience and the opportunities available in your practice. Guide the student toward objectives that are realistic given the time frame of the course, the opportunities available, and the resources required. Resources required include the amount of assistance from you and others that the student will need to accomplish objectives. The student may have to reconsider his or her personal objectives if certain experiences are available only on days when the student is not there. You may guide the student toward incorporating some of your current projects into his or her objectives. Assure that work toward such objectives provides a learning experience and is consistent with the student’s goals and the faculty’s expectations.

Consider the student’s priorities and your own priorities for the student’s learning. What essential competencies of the advanced practice role that the student is learning are particularly available for the student to work on during this semester?
Leave room for flexibility in setting objectives. Priorities will change over the duration of the experience. As the student accomplishes some goals, others will emerge. As the student learns more about the opportunities available in your practice setting, new goals will take shape. In addition, the patients who present will offer unpredicted learning opportunities that will permit the student to accomplish unforeseen objectives.

Appendix III.A. contains examples of appropriate verbs for specifying objectives in each of the domains of learning and each level of each domain.

The box below contains some examples of objectives established by a preceptor and student together as additional objectives for the practicum. Note that objectives 1, 2, and 3 below might be personal objectives for a student taking the course and having objectives 1, 2, and 3 in the clinical box on page 2. These objectives are additional to objectives established by the faculty and reflect interests of the student and opportunities available in the practice setting.

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**SAMPLE STUDENT’S PERSONAL OBJECTIVES**

**(NEGOTIATED COLLABORATIVELY WITH STUDENT, FACULTY, AND PRECEPTOR)**

1. Perform three exercise stress tests with cardiac patients.
2. Perform a fundoscopic exam on hypertensive patients.
3. Interpret 12-lead ECGs.

---

Once you and the student have clarified long-term objectives by reviewing course objectives and establishing objectives for the preceptorship experience, assess the student’s status with respect to each objective. What experiences can you plan that will offer the student the opportunity to practice the behaviors specified in the objectives?

Long-term objectives provide a clear vision of the student’s destination at the end of the course. Short-term objectives serve as a road map to give direction and milestones along the way. Short-term objectives will help you make the most productive use of your time with the student.

The faculty member may have prepared a checklist of specific procedures or experiences that contribute to the objectives. Inquire of the student and faculty to find out if they are using such guidelines. Such guidelines and checklists are a form of short-term objectives.

In addition, identify with the student the short-term objectives that must be accomplished to arrive at the end of the course with the long-term objectives accomplished. This requires breaking down
long-term objectives into the knowledge, skills, and attitudes that the student must gain over the
duration of the experience in order to meet the long-term objectives.

The box below contains some sample short-term objectives necessary to achieve the long-term
objectives stated in the preceding two boxes. Short-term objectives depend upon your assessment of
the student’s status in relation to the long-term objectives. A given student may enter the experience
with competence in some of the components of long-term objectives.

**SAMPLE SHORT-TERM OBJECTIVES**

1. (Related to Clinical Objective 1, page 2)
   Performs cardiac auscultation as appropriate, efficiently and with correct technique.

2. (Related to Clinical Objective 5, page 2)
   Obtain a social history in a manner that helps the patient feel comfortable and
   encourages frank disclosure.

3. (Related to Clinical Objective 5, page 2)
   Identify several differential diagnoses based on assessment findings.

Additional short-term objectives include orientation to your practice setting: the physical
environment, safety procedures, co-workers, and work policies and practices. Share the
responsibility for establishing objectives and monitoring progress toward objectives with the student.
The preceptorship provides an opportunity for the student to practice professional accountability.
Create a plan that gives the student some responsibility for directing and monitoring the learning
process.

**KEEPING ON TRACK WITH OBJECTIVES**

Once you and the student have agreed upon the objectives for the practicum, schedule a planning
meeting with the student. Ask the student to prepare for the meeting by planning a timetable for
accomplishing objectives. Review objectives accomplished and not yet attained with the student on a
daily basis.

Prepare for the meeting by assuring that you know the inclusive dates of the practicum and any
intervening holidays or other scheduling implications. What days and hours will the student spend
with you? Do you have any flexibility in arranging alternate times with the student? If you anticipate a
particularly valuable learning opportunity at a time when the student is not scheduled with you, can you substitute that time for other scheduled time? Does the faculty member expect you to schedule a make-up time in the event that the student is absent due to illness?

How will you plan for time when the student is scheduled with you but you are unavailable due to other professional commitments or unanticipated absence from work? Because practicum time is limited, the student needs to spend that time practicing skills and using resources that he or she can practice and use only in the practice setting. Activities that meet this criterion include reviewing patient records, comparing one patient with another on any relevant criteria, interacting with patients, and interacting with various agency personnel. Activities that do not meet this criterion include reading journal articles, writing student journal entries or other course requirements, and reviewing manuals or reference materials that could be reviewed outside the practice setting. Think in advance of appropriate activities that the student can pursue independently; identify these for the student, and incorporate them into the plan. Outline a realistic timetable for accomplishing the objectives, given the time and other resources available.

The goal of your planning meeting with the student is to mutually agree upon a realistic, workable plan to accomplish the objectives. Assure that you and the student have planned each day’s experience to contribute to accomplishing an objective. Each day’s experience should have a planned focus, although unforeseen opportunities will arise and serendipitous learning will occur. When other priorities or opportunities intervene in your plan, the presence of a planned focus will allow you to ascertain immediately if you will need to allocate additional time to the intended focus.

Incorporate into your plan a means of monitoring progress. Require the student to reflect for a few minutes at the end of each day’s experience. Ask the student to identify elements of progress:

- What he or she learned today
- What he or she plans to learn during the next scheduled day’s experience
- How he or she will prepare for next day’s experience

This reflection can be accomplished in only a few minutes and will greatly facilitate keeping on track with objectives.
The diagram below presents the Learning Vector concept that suggests a general plan for selecting and planning to use teaching techniques based upon the student's level of development.

Bowling (1993) refers to the concept of the Learning Vector to describe four learning styles that support the student’s need for greater independence in learning as the student matures professionally.

- In the early phases of professional development when the student is first exposed to and acquiring practice expertise, the student responds best to a more authoritarian and teacher-centered approach. The preceptor assumes a directive role and communicates facts and principles.

- As the student acquires knowledge and develops expertise, the preceptor employs the Socratic approach by raising questions with the student and encouraging the student to formulate questions.

- As the student continues to mature, the preceptor invites the student to engage in clinical problem solving with the preceptor and assume a more collegial role. Bowling names this approach the heuristic teaching style, or “let’s-solve-it-together” attitude. The student incorporates some of the preceptor’s problem-solving strategies through dialogue with the preceptor when the preceptor employs the heuristic style.

- When the student matures to the level of integration, the student develops a reasoning approach to problem solving and is ready for independence. The preceptor supports the student’s independence. The preceptor also counsels and stimulates the student’s motivation to pursue further learning. Bowling calls this teaching style behavioral.

Each teaching style has a place in the precepting process.

**Apply the Learning Vector concept and Bowling’s teaching styles to plan your strategies with the student.** Remember that the student may exhibit varying levels of development in different aspects of practice. When you assess the student, both initially and throughout the precepting experience, you will identify some aspects of practice in which the student is ready for independence. Even at the conclusion of the experience, you, however, may identify some aspects in which the student has had little previous learning and experience. This finding necessitates a more directive approach on your part.

Benner (1984) presented a concept similar to the Learning Vector when she described how nurses develop competence in practice along a continuum from novice to expert. She described five levels of competence in the journey from novice to expert:

- **Novice**  ⇒ **Advanced Beginner**  ⇒ **Competent**  ⇒ **Proficient**  ⇒ **Expert**
Through learning and experience, the nurse moves from practice, based only upon rules to practice, based upon perceiving patterns and acting intuitively.

Davis, Sawin, and Dunn (1993) believe that Nurse Practitioner students enter the graduate program at the Advanced Beginner level (with respect to the NP role) and graduate at the Competent-Proficient level. Their research identifies teaching strategies that preceptors used to facilitate learning with students as summarized in the following chart.

### Strategies for Different Levels of Learners: A Patient Assessment Example
adapted from Davis, et al., (1993)

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Advanced Beginner:</th>
<th>Transition:</th>
<th>Competent-Proficient:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Conferencing</strong></td>
<td>Student needs much help to focus assessment</td>
<td>Student needs less assistance to focus; forms assessment and sets priorities with minimal assistance</td>
<td>Student analyzes assessment data, states alternative plans; develops own caseload</td>
</tr>
<tr>
<td></td>
<td>Emphasize chart review in pre- and post-conference</td>
<td>Expect student to come up with more alternatives</td>
<td>Focus on plan and pattern development</td>
</tr>
<tr>
<td></td>
<td>Begin to expect student to pick up subtle clues</td>
<td>Focus on subtle changes</td>
<td>Focus on subtle changes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Emphasize putting the physical and psychosocial together</td>
<td>Emphasize putting the physical and psychosocial together</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Focus on critical aspects</td>
<td>Focus on critical aspects</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Focus on precision</td>
<td>Focus on precision</td>
</tr>
<tr>
<td></td>
<td></td>
<td>More post visit-only conferences</td>
<td>More post visit-only conferences</td>
</tr>
<tr>
<td><strong>Timing</strong></td>
<td>Do not limit time</td>
<td>Focus more on time efficiency</td>
<td>Increase time constraints</td>
</tr>
<tr>
<td><strong>Role modeling</strong></td>
<td>Role model</td>
<td>Reduce role modeling</td>
<td>Continue to reduce role modeling</td>
</tr>
<tr>
<td></td>
<td>Ask review-oriented questions</td>
<td></td>
<td>Continue to increase review questioning</td>
</tr>
<tr>
<td><strong>Charting</strong></td>
<td>Use preliminary charting to teach logical thinking and completeness</td>
<td>Expect student to write the plan as a mechanism to increase clarity and comprehensiveness</td>
<td>Expect integrated charting in a timely manner</td>
</tr>
<tr>
<td><strong>Questioning</strong></td>
<td>Use lots of guiding and direct questions to help student organize thinking</td>
<td>Begin analytic approach to questioning</td>
<td>Focus on refining skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Challenge student for alternate plans</td>
<td>Focus questions on self-evaluation of visit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Analyze information given by student</td>
<td></td>
</tr>
</tbody>
</table>
Since students respond best to different styles at different points in their development, effective preceptors develop their facility with a variety of approaches along the continuum from directive to consultative. When you have identified your most preferred and strongest style, communicate this to both the student and the faculty member. The faculty member may consider this when assigning students to work with you in the future, to the extent that such matching is feasible. Also, you may plan to incorporate other individuals or additional resources to expose the student to other styles.

**Whenever possible, plan to give the student feedback at the conclusion of each day’s experience.** Respond to the student’s identification of his or her learning for the day; plan for the next experience. Comment on something that the student has done well and something upon which the student needs to improve or needs further practice. To allow time for feedback, some preceptors schedule themselves to see the last patient for the day 30 minutes earlier on the days they work with students.

**Revise your plan on an ongoing basis as you assess the student’s progress.** You may discover that the student is progressing more rapidly than you anticipated. For example, you may have planned that the student would observe you performing a particular procedure three times, then perform the procedure with your assistance three times, and finally perform the procedure independently three times under your observation. Instead, as you observe the student’s performance, you may decide that the student can perform the procedure with your coaching without observing you as planned. The student’s speedy progress with this procedure allows you to re-allocate time to other objectives and experiences.

Some preceptors find it helpful to make a copy of some of the student’s notes in the patient’s record. The copy of the notes then becomes a vehicle for reflecting on the experience the next week, critiquing practice, and considering alternatives.
When possible, plan to interact with other disciplines during the time that the student is present. When appropriate, empower the student to act in your behalf with members of other disciplines. Assure that the student receives a balanced view of the interdisciplinary interaction and collaboration that your role requires. Try to choose one situation during each clinical experience that offers a meaningful opportunity for the student to consult with the physician.

In order for the student to develop in all aspects of the advanced practice role, the student needs exposure and experience with the political as well as the professional forces at work in the practice environment. As appropriate, expect the student to interact with management, administration, finance, and other disciplines that impact your practice. Discuss your plans to involve the student in these dimensions of your role with the faculty member and appropriate others in your setting.

Precepting requires additional time---time to plan with the student, time to “think-out-loud” with the student, time to formulate and ask questions, time to observe student performance and coach, and time to empower the student to perform skills that you could do yourself much more rapidly. If possible, negotiate with your employer to adjust your workload during the time you are precepting. Emphasize the potential benefit to the employer of cultivating future staff members among the affiliated students. Stress the impact of favorable precepting conditions upon your job satisfaction and your professional responsibility to contribute to students’ learning.

If you plan that a colleague will work with the student when you are not available or when the student can gain a particular experience by working with someone else, communicate this plan clearly. Clarify for both the student and for the other individual exactly what you expect them to accomplish while working together. Introduce them and relay pertinent information about the student’s experience with the skills that their working together will involve. Arrange to receive feedback about the experience from both parties.
insky and Irby (1997) underscore the importance of reflecting on experience in order to improve clinical teaching. They write of planning as anticipatory reflection, teaching as reflection-in-action, and evaluation of teaching as reflection-on-action.

To create an effective plan, reflect on:
- your findings obtained by assessing the student
- the objectives you and the student have agreed upon
- your practice and your practice setting

When you reflect on your practice, remember to envision time that the student will spend with others, with review of charts and records, and with other activities, in addition to direct patient care.

Watch out for these planning pitfalls:
- misjudging the student
- planning too much for the time available
- failing to focus on the objectives to be accomplished

**PLANNING TO ACCOMPLISH A SAMPLE OBJECTIVE**

Read the situation that follows. Given the description of this student, what plans would you make to assist this particular student in accomplishing the objectives shown in the box below? Compare your thoughts with the suggestions in Section 12, Model Answers.

Katie has worked as a staff nurse in a busy inner city emergency department for five years. She characterizes her practice experience as a “fast-paced, get ‘em in, get ‘em out” situation. She has never written SOAP notes. Her course work so far has included health assessment, pharmacology, and advanced physical assessment. Currently she is taking the first of two courses in common health problems. She is working with you now in her second clinical rotation. During her first clinical
rotation, she spent 14 weeks in a busy inner-city clinic where most of the patients she saw spoke only Spanish. Since Katie does not speak Spanish, she communicated with most of her patients through an interpreter. Her interactions with patients focused on health and prevention. She worked with both male and female patients. She completed three pelvic exams with supervision.

What plans would you make to assist Katie to accomplish the following objective?

**Obtain a social history in a manner that helps the patient feel comfortable and encourages frank disclosure.**

**PLAN:**
6. Teaching

Implementing the Plan

Teaching as Reflection-in-Action

Coaching

Teaching Critical Thinking

Teaching by Role Modeling

The One-Minute Preceptor

Strategies for Letting Go

Strategies for Managing Problem Learners

Teaching Interdisciplinary Collaboration

Truths About Teaching

Teaching brings the precepting plan to life. Section 6. Teaching explores teaching strategies for effective precepting. Effective precepting also requires giving feedback to the student and seeking feedback from the student. Techniques for giving feedback to students and eliciting feedback from students are included in Section 7. Evaluation

Implementing the Plan

Section 5. Planning emphasized the importance of making a plan for each day and asking the student to reflect upon each day’s experience to give focus to the next day’s plan. Another essential ingredient, however, drives the day’s activities—your practice! On any day, events and learning opportunities will arise that you could not predict or incorporate into your
initial plan for precepting. When you begin each precepting day with the student, overview the day as you expect it to unfold. If you and the student decide to pursue some unforeseen learning opportunities, give the student responsibility for incorporating the activities that you had originally planned into future plans.

Learn to perceive your practice setting with a view toward learning opportunities for the student. Filter your perceptions considering the student’s objectives and the unique opportunities available in your practice. Adjust your plan as opportunities arise and as you observe the student’s performance and identify new learning needs. Flexibility is an important key to precepting success.

Teaching as Reflection-in-Action

The concept of teaching as reflection-in-action refers to the preceptor thinking about the teaching/learning process or problem-solving teaching/learning situations while directly engaged in teaching. You demonstrate effective reflection-in-action when you change your teaching approach after recognizing that your approach is not working. That sounds pretty obvious, and yet many teachers and preceptors keep plugging away with the same approaches even though they are not satisfied with the results—an echo of that popular saying, “If you continue to do what you have always done, you will continue to get the same results you have always obtained.”

While you are explaining a case to the student, you see the student’s eyes glaze over and you readily see that the student is no longer actively engaged. But it is not always so obvious when an approach is not working. Even when the student is exhibiting my-eyes-glaze-over (humorously called MEGO), a preceptor might fail to notice and continue to drone on.

Seek feedback from the student frequently. Not by asking questions that can be answered “Yes” or “No,” such as “Did you get that?”, “Do you understand?”, or “Do you see the relationship between . . . and . . .?” Instead, ask the student to tell you what he or she got out of an explanation or ask, “What did you think was most important in what I just told you?” or “If you had to summarize this case in 60 seconds, what would you say?”

Validate your perception that your present approach is (or is not) working. Validate often so that you do not waste valuable time pursuing an ineffective approach. Validate the effectiveness of your
teaching approaches with students just as you validate the effectiveness of treatment plans with patients. Remember the learning vector concept (described in Section 5. Planning), and its implication that students benefit differently from teaching approaches depending upon their level of development. At a given time, a student may learn best from a collegial approach in some aspects but at the same time need a very directive, didactic approach in aspects that are entirely new.

By taking a holistic approach, Advanced Practice Nurses offer patients a unique approach to primary care. The student needs to practice comprehensive patient care, but at times in the learning process, the student may benefit from repetitive practice of a narrow aspect of care in order to master a skill. For example, if you assess a weakness in the student’s skill in history taking, you might assign the student to take and document a number of histories on a given day and limit the focus to taking and documenting histories for that day.

Keep your flexible stance, practice the techniques included in this section, and seek feedback from the student to validate the effectiveness of your approaches.

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**Coaching**

“T**he term coaching is derived from a French term that means to convey a valued person from one point to another.” (Haas, 1993). While the term in that sense referred to travel by a stagecoach-like conveyance, its meaning fits well in the context of precepting a student in your practice.

Long recognized as an effective means of improving performance in sports and the performing arts, coaching has more recently received attention as a means of supporting professional development and improving performance of the management team. The coaching process parallels the precepting process: defining goals, planning means to achieve goals, sharing information and demonstrating techniques, role modeling, giving corrective feedback, changing strategy to address changing situations, and clarifying and validating perceptions.
CHARACTERISTICS OF THE COACHING RELATIONSHIP APPLIED TO PRECEPTING
(ADAPTED FROM FARLEY, 1990)

1. Preceptor and student forge a partnership.
2. Preceptor and student commit to produce a result.
3. Preceptor and student accept each other in a nonjudgmental fashion.
4. Preceptor agrees to encourage the student to improve; student agrees to listen to coach’s interpretations.
5. Preceptor acknowledges the uniqueness of each student, each relationship, and each situation.
6. Preceptor and student prepare for coaching encounters and practice their roles in the coaching relationship.
7. Preceptor and student must give and receive information and feedback.
8. Preceptor and student integrate into the team and exhibit willingness to go beyond what is already achieved.

Effective coaches use five techniques, sometimes blended in various combinations. These techniques, when to use each, the intended outcome, and the skills that each requires are shown in the following chart.

<table>
<thead>
<tr>
<th>Coaching Techniques</th>
<th>When to Use</th>
<th>Intended Outcome</th>
<th>Coach’s Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educate</td>
<td>When goals, roles, or conditions change</td>
<td>New knowledge and skills are acquired</td>
<td>Articulate performance expectations clearly</td>
</tr>
<tr>
<td></td>
<td>To orient a newcomer</td>
<td>Confidence increases</td>
<td>Recognize “real life” learning laboratories</td>
</tr>
<tr>
<td></td>
<td>When the coach is new</td>
<td>A broader perspective is gained</td>
<td>Reinforce learning</td>
</tr>
<tr>
<td></td>
<td>When new skills are needed</td>
<td></td>
<td>Role model</td>
</tr>
<tr>
<td>Sponsor</td>
<td>When an individual can make a special contribution</td>
<td>Outstanding skill or contributions is showcased</td>
<td>“Debureaucratize”</td>
</tr>
<tr>
<td></td>
<td>To let an outstanding skill speak for itself</td>
<td>Skill is fine-tuned or perfected</td>
<td>Dismantle barriers to performance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Individual is recognized</td>
<td>Let go of control</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Provide access to information and people</td>
</tr>
<tr>
<td>Coaching Techniques</td>
<td>When to Use</td>
<td>Intended Outcome</td>
<td>Coach’s Skills</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>-------------------------------------------------------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>Encourage</td>
<td>Before or after a first-time experience</td>
<td>Enhanced confidence and skills</td>
<td>Express genuine appreciation</td>
</tr>
<tr>
<td></td>
<td>When affirming good performance</td>
<td>Improved performance</td>
<td>Listen</td>
</tr>
<tr>
<td></td>
<td>When simple, brief corrections are needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counsel</td>
<td>When problems interfere with performance</td>
<td>Behavior is redirected</td>
<td>Listen</td>
</tr>
<tr>
<td></td>
<td>When educating and encouraging fail to attain desired level of performance</td>
<td>Enhanced sense of ownership and accountability</td>
<td>Give clear, useful feedback</td>
</tr>
<tr>
<td></td>
<td>When responding to setbacks and disappointments to speed recovery</td>
<td>Renewed commitment</td>
<td>Facilitate problem solving</td>
</tr>
<tr>
<td>Confront</td>
<td>When emotions have cooled after a conflict</td>
<td>Open up communication</td>
<td>Listen</td>
</tr>
<tr>
<td></td>
<td>When privacy can be assured</td>
<td>Establish mutual understanding</td>
<td>Give direct, useful feedback</td>
</tr>
<tr>
<td></td>
<td>When performance does not match the expectation</td>
<td>Effect a change in behavior</td>
<td>Discuss sensitive issues without “over-emotionalizing”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Establish trust</td>
<td>Communicate objectively, directly, clearly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reassignment</td>
<td></td>
</tr>
</tbody>
</table>

Notice that the skill of listening is considered important in more than one of the coaching techniques. Listening is also of great importance throughout the precepting process—from the time of the initial contact with the student, when you are identifying and clarifying objectives and plans and throughout your precepting relationship. Careful, attentive listening is a communication tool that has probably already proven valuable in your practice. One recommended listening technique is called active listening. When using active listening, you listen carefully to what another person says to you and then repeat the essence of the message back to the person for his or her verification. Active listening is of special importance early in the student/preceptor relationship to assure mutual understanding and avoid erroneous assumptions.

Decide which coaching techniques to apply in the situations in the box on the following page. Compare your choices to the suggestions in Section 12, Model Answers.
### WHICH COACHING TECHNIQUE(S) WOULD YOU USE IN THESE SITUATIONS?

1. When the student performs well

2. When the student does not meet expectations and you do not know the reason

3. When the student fails to try or tries to fail

<table>
<thead>
<tr>
<th>Possible Reason</th>
<th>Possible Coaching Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student is unclear about performance expectations</td>
<td></td>
</tr>
<tr>
<td>Student’s perception that performance expected is not really important</td>
<td></td>
</tr>
<tr>
<td>Student lacks skill</td>
<td></td>
</tr>
<tr>
<td>Student lacks desire or motivation to perform at expected level</td>
<td></td>
</tr>
<tr>
<td>Real or imagined barriers interfere with performance</td>
<td></td>
</tr>
<tr>
<td>Student may receive more reward (e.g., attention) for poor performance than for good performance</td>
<td></td>
</tr>
<tr>
<td>Student has not received adequate performance feedback</td>
<td></td>
</tr>
<tr>
<td>Student does not perceive positive outcomes (or rewards) for good performance</td>
<td></td>
</tr>
</tbody>
</table>
As a preceptor, you may seek coaching as a useful means of refining your preceptor skills. The faculty member or a peer might serve as your coach. Garner (1993) recommends a faculty development approach called cognitive coaching. Cognitive coaching is a peer coaching technique. One acts as coach, the other as the partner who receives coaching. The coach and partner:

- Discuss the teaching goals of the partner.
- Describe the student encounter in which the partner will work toward these goals. The coach asks clarifying questions in order to fully explore the situation and the alternatives for the partner’s actions.
- Identify a few specific actions that the partner will take during a student encounter to work toward these goals.
- Agree that the coach will observe the encounter and later give feedback to the partner.

The peer coach then observes the partner during the encounter with the student. The peer coach gives feedback to the partner. They discuss how well the planned approaches worked and what additional approaches might be tried in the future. They may agree to continue goal setting, planning, and observing with feedback. The cognitive coaching technique can be applied in a single episode or as an ongoing approach to faculty development.

You might find peer coaching helpful when you are trying new approaches such as Socratic questioning with students. You might also serve as a peer coach for another preceptor.

Teaching Critical Thinking

A completed Delphi study of critical thinking nursing (Rubenfeld and Scheffer, 1998) identified skills and attitudes or orientations (habits of the mind) that describe critical thinking in nursing practice.
<table>
<thead>
<tr>
<th>SKILLS FOR CRITICAL THINKING IN NURSING</th>
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<tbody>
<tr>
<td>Analyzing</td>
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<tr>
<td>Applying standards</td>
</tr>
<tr>
<td>Discriminating</td>
</tr>
<tr>
<td>Information seeking</td>
</tr>
<tr>
<td>Logical reasoning</td>
</tr>
<tr>
<td>Predicting</td>
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<tr>
<td>Transforming knowledge</td>
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<tr>
<th>HABITS OF THE MIND FOR CRITICAL THINKING IN NURSING</th>
</tr>
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<tbody>
<tr>
<td>Confidence</td>
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<tr>
<td>Contextual perspective</td>
</tr>
<tr>
<td>Creativity</td>
</tr>
<tr>
<td>Flexibility</td>
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<tr>
<td>Inquisitiveness</td>
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<td>Intellectual integrity</td>
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<tr>
<td>Intuition</td>
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<td>Open-mindedness</td>
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<td>Perseverance</td>
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<tr>
<td>Reflection</td>
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</table>

To use these generally stated skills and habits of mind, operationalize them into behaviors that a student can practice and a preceptor can evaluate. Reflect on practice examples of the skills and habits of mind. Identify examples in the boxes on the following pages.
<table>
<thead>
<tr>
<th>Skills for Critical Thinking in Nursing</th>
<th>Examples in My Practice</th>
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</thead>
<tbody>
<tr>
<td>Analyzing</td>
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<tr>
<td>Applying standards</td>
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<td>Discriminating</td>
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<td>Logical reasoning</td>
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<td>Predicting</td>
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<td>Transforming knowledge</td>
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<tr>
<td>Habits of the Mind for Critical Thinking in Nursing</td>
<td>Examples in My Practice</td>
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<td>Perseverance</td>
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<td>Reflection</td>
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</table>
After you identify some of the specific examples of critical thinking in your practice, two general strategies will assist you in facilitating development of the student’s critical thinking: questioning techniques and role modeling.

Asking questions of oneself, or reflecting, develops expertise in both practice and precepting. Ford and Profetto-McGrath (1994) proposed a model of critical thinking, which is represented in the diagram below.

Ford and Profetto-McGrath suggest that when we encounter a situation, we reflect critically on our knowledge base. This reflection guides us to select and incorporate other pieces of information in the situation. For example, when you approach a patient, you choose to collect particular assessment data, based upon your education and previous experience. Further reflection upon this knowledge will lead you to select and implement action. After acting, you reflect upon the actions you have taken. Reflecting on the effectiveness or ineffectiveness of actions you took leads to new knowledge—that you will continue to take your chosen approach with the patient, or you will modify our approach. In the process, you have added to the knowledge base that you will take with you into future encounters with patients. Reflect on your management of particular patients and identify the relevant questions you can pose to students to guide them in the process of critical reflection.

Recall the levels of the cognitive domain, introduced in Section 3. Adult Learning. The three most complex levels: analysis, synthesis, and evaluation are the critical thinking levels. Asking questions in the three lower levels, however, are often prerequisite to critical thinking questions, unless the student is quite proficient in the care of the patient you are discussing. The boxes that follow suggest some questions that facilitate both assessing and teaching at the knowledge-comprehension-application levels and at the critical thinking levels of the cognitive domain.
### Sample Knowledge-Comprehension-Application Questions

<table>
<thead>
<tr>
<th>What is . . . ?</th>
<th>How is . . . ?</th>
<th>Where is . . . ?</th>
<th>When did . . . happen?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whom will you contact?</td>
<td>List the major . . .</td>
<td>Which one . . . ?</td>
<td>Who referred . . .</td>
</tr>
<tr>
<td>How do you use . . . ?</td>
<td>Give some examples.</td>
<td>How will you solve . . . ?</td>
<td>Organize . . . to show . . .</td>
</tr>
<tr>
<td>What approach will you take for . . . ?</td>
<td>How will you apply this technique with . . . ?</td>
<td>What other ways will you plan to . . . ?</td>
<td>What will result if . . .</td>
</tr>
<tr>
<td>Use these fact to . . .</td>
<td>How will you change . . . ?</td>
<td>Which data show . . . ?</td>
<td>What will you ask . . .</td>
</tr>
</tbody>
</table>

### Sample Critical Thinking Questions

<table>
<thead>
<tr>
<th>How does . . . relate to . . . ?</th>
<th>How will you prioritize?</th>
<th>Distinguish between . . .</th>
<th>What are you assuming?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you agree with this diagnosis? Why?</td>
<td>How can you improve upon . . . ?</td>
<td>What else could be causing . . . ?</td>
<td>What other perspectives do you need to consider?</td>
</tr>
<tr>
<td>What do you predict will happen?</td>
<td>How will you evaluate this plan?</td>
<td>How can you justify this treatment?</td>
<td>What are the implications for this patient?</td>
</tr>
<tr>
<td>Given these latest lab results, how will you change your plan?</td>
<td>How will you create a plan with which this patient will comply?</td>
<td>Why is this medication a better choice than that one?</td>
<td>What inferences do you make from your lab and assessment data?</td>
</tr>
<tr>
<td>What home care services are needed?</td>
<td>How will you validate your assumptions?</td>
<td>What would you cite to support your actions?</td>
<td>How will you determine the effectiveness of . . . ?</td>
</tr>
<tr>
<td>How do you rate this caregivers’ competence?</td>
<td>What other alternatives might work?</td>
<td>What are the priorities to include in patient education?</td>
<td>What would you recommend for this patient?</td>
</tr>
</tbody>
</table>
The questions that you ask display your own critical thinking. You ask questions about the most important aspects of care, and students quickly learn priorities and significance from the aspects that you choose to question.

Ask questions that allow you to assess the student’s knowledge base in relation to a particular patient. For example, the student has assessed a patient who has congestive heart failure and found that the patient has tachycardia. Ask the student, “Would you expect this patient to have tachycardia? Why?

Require the student to do a critical appraisal of treatment from time to time. When more than one treatment alternative seems reasonable, require the student to review pertinent current research to justify one choice over another for the particular patient in question. Assist the student to narrow down the question to improve precision of a literature search. For example, rather than looking for evidence about the effect of digoxin in heart failure, refine the question to something like: Will elderly patients (like Mr. D.) who are in sinus rhythm, have systolic dysfunction, and resultant heart failure following myocardial infarction, have fewer exacerbations if digoxin is added to their diuretic therapy?

Guyatt and Nishikawa (1993) suggest the following outline for student presentation of critical appraisal.

**Key Elements for Presentation of Research Selected**

I. Objective. E.g., to determine the impact of digoxin on clinical status in patients with heart failure in sinus rhythm.

II. Population. Number of patients, key exclusion criteria.

III. Study design and intervention. A brief synopsis.

IV. Outcome.

V. Can you believe the results?

VI. What are the implications for patients in general?

VII. What are the clinical implications of the results for your patient?

**Questions for the Student to Address in Critical Appraisal**

- 🗂️ How did you select this particular article or piece of research?
- 🗂️ Were the patients randomized?
- 🗂️ Were all clinically relevant outcomes reported?
- 🗂️ Were studied patients similar to your patient?
- 🗂️ Were both statistical and clinical inference considered?
Interrupt the student when necessary to redirect priorities or to show an alternate approach. Intervening may help the student incorporate the corrections more readily than would a critique after the fact.

Unlike teaching psychomotor skills, with critical thinking we most often see only the results of the student’s thought process and not the thought process itself. To make the thought process available for your corrective feedback, ask questions such as, “What did you notice that caused you to pursue that sequence? How was this like a previous encounter with a patient? Draw a decision tree to show me how you arrived at that conclusion.”

Encourage the student to compare and contrast the treatment plans and responses of similar patients and to identify the features that account for differing responses.

Use the physical examination as an occasion for stimulating critical thinking with questions such as those in the box below.

**SAMPLE CRITICAL THINKING QUESTIONS RELATED TO THE PHYSICAL EXAMINATION**

- Is this therapeutic approach feasible?
- Were all the patients accounted for?
- What does this research imply for your patient?
- What features of this physical examination predict response to therapy?

- After the student takes the history, but before the physical examinations, review the student’s hypotheses. Ask what the student expects to find.

- What other results supplement or may be more valuable than the physical examination?

- What findings of the physical examination help assess prognosis?

- What does this research imply for your future practice?
Encourage the student to partner with a student peer to practice cases. Instruct the student to present the case succinctly and maintain eye contact with the partner. Instruct the student to complete the presentation and then ask the partner to give a 30-second summary of what was presented. Eliciting and examining alternative perspectives is an important part of critical thinking. This process can be practiced with a peer by presenting the case without diagnoses and asking the partner to state and defend diagnoses based upon the information presented. For example, advise a student to listen to a fellow student when he or she presents a case. Instruct the student to help the fellow student fill in the gaps in his or her presentation. This practice will sharpen the case presentation skills of both students.

Pause before you give the student answers and information, and challenge yourself to ask the student a question that will help him or her to discover the answer.

---

### Teaching by Role Modeling

Students will learn from your role modeling whether or not you purposefully present yourself as a role model. Two of the most significant aspects of learning accomplished through role modeling are critical thinking and professional role behavior in interaction with patients, interdisciplinary colleagues and others.

Your thinking is invisible—just as the student’s thinking process is invisible unless you ask for responses that call for the student to describe his or her thinking. Make your thinking visible to teach clinical judgment. Think out loud whenever appropriate, since thinking out loud is not a very natural behavior, practice. As you go about patient management without a student present, challenge yourself to formulate a description of your thought process.

You will find some times inappropriate for thinking out loud (because of concerns about the effect on a patient who is present, or because of concerns about the effect on interdisciplinary or political relationships). In those situations, alert the student in advance to attend to particular critical features of your behavior. Afterward, ask the student questions about his or her observations and ask the student to interpret your rationale. This approach is a version of a “pop-quiz” on thinking out loud.
When you are thinking out loud, call attention to the essential features of your actions. In some situations, there may be a crucial sequence of actions or other features that are more important than others. Let the student see the consequences of your actions. Seeing your favorable outcomes and tying them to specific actions focuses the student’s attention and motivates.

Brookfield, an adult education authority, refers to our mistakes as our “instructional friends.” Our instructional friends teach us how to improve, what to watch out for, and many other valuable lessons. You will find students extremely attentive to your war stories of valuable lessons learned from mistakes.

Obviously, you do not want to present yourself as an incompetent buffoon. But wise, experienced professionals know that everyone makes mistakes occasionally or at least can see a better course of action with 20/20 hindsight. Use an occasional, “I remember the time..." or “I learned this the hard way when...” This approach is a variety of role modeling that draws upon reflection on practice. With this approach, you can sometimes prevent student errors. Students may also have greater willingness to approach you with their uncertainties if they perceive that you have a reasonable tolerance for error. This certainly is not meant to suggest lowering performance standards or quality of care. Rather, the intent is that when mistakes occur, as they inevitably will, find the learning opportunity as well as apply whatever corrective action is indicated.

The approach that you model with your patients profoundly affects the student’s approach, for example asking the patient’s permission for the student to participate in his care, protecting patient privacy, warning the patient of sensations or discomfort, thanking the patient for accepting the student, or offering to discuss any questions with the patient and family.

Wiseman (1994) identified highly salient role model behaviors as perceived by baccalaureate nursing students as shown in the box on the following page. While some are peculiar to undergraduate, acute care experiences, many apply to graduate, primary care experiences as well.
ROLE MODEL BEHAVIORS IN THE CLINICAL SETTING

- Demonstrates use of equipment unique to the setting.
- Demonstrates nursing care procedures.
- Listens to change of shift reports.
- Asks questions regarding the patient’s condition.
- Reports clinical data to staff personnel in a timely fashion.
- Uses therapeutic communication skills with each patient.
- Interacts with physicians in a confident manner.
- Identifies self to patients when first meeting them.
- Demonstrates up-to-date nursing practices.
- Is neat and clean in professional appearance.
- Displays sense of humor in appropriate context.
- Demonstrates ability to care for patient’s needs.
- “Pitches in” when necessary to assist students.
- Demonstrates a caring attitude toward patients.
- Demonstrates a caring attitude toward students.
- Keeps confidential information to self.
- Is organized in the clinical setting.
- Is flexible when the situation requires a different approach.
- Appears to have respect of agency personnel.
- Provides a positive atmosphere for students to learn.
- Listens to students’ points of view.
- Respects the patient’s integrity.
- Encourages discussion of ethical dilemmas.
- Gives positive feedback.
- Gives negative feedback in a positive manner.
- Demonstrates accountability for own actions.
- Demonstrates an enthusiastic attitude toward nursing.
- Demonstrates problem-solving ability in the clinical setting.
The One-Minute Preceptor summarizes five user-friendly techniques that you can put to use in a busy clinic setting.

**Microskill 1: Get a Commitment**

**Situation:** After presenting a case to you, the student stops to wait for your response or asks you what to do.

**Preceptor:** Ask the student what he or she thinks about the issue. The student’s response will allow you to assess student’s knowledge and focus more precisely on learning needs.

**Sample Questions:** “What do you think is going on with this patient?”
“What would you like to accomplish in this visit?”
“Why do you think the patient has been non-compliant?”

**Microskill 2: Probe for Supporting Evidence**

**Situation:** The student has committed to a position on the issue presented and looks to you to confirm or correct.

**Preceptor:** Before giving an opinion, ask the student what evidence supports his or her opinion. Alternatively, ask what other alternatives were considered and how they were rejected in favor of the student’s choice.

**Sample Questions:** “What were the major findings that led to your conclusion?”
“What else did you consider?” “How did you reject that choice?”
“What are the key features of his case?”

**Microskill 3: Teach General Rules**

**Situation:** You have ascertained there is something about the case that the student needs or wants to know.

**Preceptor:** Provide general rules at the level of the student’s understanding. A generalizable teaching point can be phrased as, “When this happens, do this . . . “ General rules are more memorable and transferable than specific facts.
Example: “If the patient only has cellulitis, incision and drainage is not possible. You have to wait until the area becomes fluctuant to drain it.”

“Patients with UTI usually experience pain with urination, increased frequency and urgency, and they may have hematuria. The urinalysis should show bacteria and WBCs, and may also have some RBCs.”

**Microskill 4: Tell Them What They Did Right**

**Situation:** The student has handled a situation effectively.

**Preceptor:** At the *first opportunity*, comment on the *specific* good work AND the effect that it had. As Belasco (1989) wrote, “What gets measured gets produced; what gets rewarded gets produced again.”

**Example:** “You didn’t jump into working up her complaint of abdominal pain, but kept open until the patient revealed her real agenda. In the long run, you saved yourself and the patient a lot of time and unnecessary expense by getting to the heart of her concerns first.”

“Obviously you considered the patient’s finances in your selection of a drug. Your sensitivity to this will certainly contribute to improving his compliance.”

“Why do you think the patient has been non-compliant?”

**Microskill 5: Correct Mistakes**

**Situation:** The student has made mistakes, omissions, or demonstrated distortions or misunderstandings.

**Preceptor:** As soon as possible after the mistake, find an appropriate time and place to discuss what was wrong and how to correct the error or avoid it in the future. Let the student critique his or her performance first. The student is likely to repeat mistakes that go uncorrected.

**Example:** “You may be right that this patient’s symptoms are probably due to a viral upper respiratory infection. But you can’t be sure it isn’t otitis media unless you’ve examined the ears.”

“I agree that the patient is probably drug-seeking, but we still need to do a careful history and physical examination.”
Apply the One-Minute Preceptor Microskills to create an alternative strategy to the preceptor’s response in the following situation. Compare your alternative response to one better alternative in Section 12, Model Answers.

The Case of the Painful Ear

**Context:** A bright Advanced Practice Nursing student presents this case to her preceptor in the ambulatory clinic.

**Student:** “I just saw a 4-year-old boy in the clinic with a complaint of ear pain and fever for the past 24 hours. He has a history of prior episodes of otitis media, usually occurring whenever he has an upper respiratory tract infection. For the past 2 days, he has had a runny nose and mild cough. Yesterday he began to have a low-grade fever and complained that his right ear was hurting. His mother gave him Tylenol last night and again this morning when he got up. He has no allergies to medication.”

“On physical exam, he appeared in no acute distress and was alert and cooperative. His temperature was 38.5°C. His HEENT exam was remarkable for a snotty nose and I think his right tympanic membrane was red, but I’m not sure. It looked different from the left one. His throat was not infected. His neck was supple without adenopathy. His lungs were clear and his heart had no murmur. I didn’t see any rashes or skin lesions.”

**Preceptor:** “This is obviously a case of otitis media. Give the child amoxicillin and send him home.”

Strategies for Letting Go

Letting go, providing more autonomy for the student, is a challenge for the preceptor. Yet the student will not successfully complete the objectives if all of his or her practice is closely supervised and assisted. Assure yourself of the student’s competence to perform each aspect of patient management and then allow the student to perform those aspects independently. Monitor progress through documentation, reports from the student, and responses you obtain from...
patients. Discuss and negotiate the letting go process with the student. Find out what type of support from you will contribute to the student’s growing independence.

Davis, Sawin, and Dunn (1993) identify the indicators in the box below as signals that the student is ready for increased responsibility.

---

**INDICATORS OF STUDENT READINESS FOR INCREASED RESPONSIBILITY (LETTING GO)**

**Intuitive Indications**
- There is a mutual increase in comfort, almost intuitive, mutual decision.
- Student and preceptor build up trust. Preceptor trusts the student not to get in over his or her head and to be responsible for his or her own actions and decisions.

**Indicators Related to Student Performance**
- Student proves that he or she will not miss something important.
- There is no longer a need to review every detail with preceptor.
- Student has proven physical assessment skills; rechecks of the examination are satisfactory.
- Student gives accurate clinical presentation of significant positive and negatives.
- Data presented by the student proves that (s)he has covered all the bases with the patient. (S)He has not only met all the patient’s needs, but has also not found anything wrong with the normal patient.
- Student shows ability to tie in past experience with new skills and apply them to new scenarios.
- Student recognizes limits of knowledge and admits to weaknesses.
- Student asks appropriate questions.

**Indicators Related to Student Initiatives**
- The student becomes a self-starter, can cope with an unstructured setting, or a change in the schedule.
- Student asks for more challenging experience, exhibits confidence.

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A very important key to letting go is to assure yourself that the student will recognize the need for information or assistance and actively seek it from you or from whatever resource is appropriate.
Be sure you are solving the right problem—that advice is as valid for managing student learning problems as for managing patient problems. Explore the perceived problem fully before putting solutions in place. When you perceive indications of a problem, share your perceptions with the student. You do not need to label the problem, accuse or reprimand the student, or outline a solution. Simply share your observations and ask for the student’s interpretation. Given the limited practicum time, it is very important to identify problems aggressively before bad habits develop or misinterpretations lead to irreconcilable differences. Many perceived problems resolve as soon as preceptor and student clarify differing perceptions of expectations. For example, you may perceive that your student, a mature, experienced nurse, is “just not getting it.” You may mentally “write her off” in terms of providing her active, enthusiastic involvement, because you think she’ll “never make it.” If you share your observations (not your dire predictions) with her, you may discover that as a mature, experienced nurse she has numerous, complex “brain files” that she searches and matches to incorporate new learning. She knows herself well enough to tell you that she takes a little longer than her younger classmates to “get in the groove,” but once she settles in, she outperforms many of them. The faculty member can validate student’s learning history. Despite trying a few approaches, you may think that you and the student are not communicating effectively about a potential problem that you perceive. In this case, share your perceptions with the faculty member.

Identify the problem you perceive within the framework of domains of learning. Is this a cognitive, an affective, or a psychomotor problem? Problems in each domain respond best to strategies particular to that domain.

**Cognitive Problems: Thinking**

*Examples:*

-- Hand-eye-brain coordination
-- Critical, orderly thinking at all times following the steps of the patient management process
-- Effective communication skills
-- Application of theory base to clinical practice
**Affective Problems: Feelings, Values**

*Examples:*

-- Willingness to make decisions
-- Accountability for actions/care.
-- Commitment to school/agency/professional philosophy of care
-- Honesty/integrity – includes willingness to say “I don’t know, but I’ll find out.”
-- “Common sense”

*Respond to:*

-- Use and knowledge of self in interactions
-- Use and knowledge of values orientation
-- Concepts of accountability, autonomy
-- Standards of practice documents, code of ethics
-- Self- or peer-coaching using a performance checklist

**Psychomotor Problems: Hand Skills**

*Examples:*

-- Hand-eye coordination
-- Effective time utilization: timing and speed

*Respond to:*

-- Practice, practice, and more practice
-- Demonstration, return demonstration
-- Videotapes and review of performance
-- Observation with corrective feedback
-- Self- or peer-coaching using a performance checklist

Having explored and identified a problem with a student, ask the student to identify factors that are contributing to the problem and ways to overcome these difficulties. Offer suggestions (such as those...
above) and recommend resources, but give the student accountability for resolving the problem.

Ask the student to submit a written plan, with realistic time frames and steps toward solving the problem. Share the plan with the faculty member. Regularly document progress with both the student and the faculty member. Ask the faculty member if a more formal contract or particular documentation needs to be completed. Reflect upon these questions and raise them with the student and the faculty member:

- Is it realistic for the student to overcome the identified deficit within the time limits?
- Is it appropriate to recommend professional counseling?
- What are the appropriate considerations to take into account when designing the time frame for the learning contract?
- How much allowance should be given to family/personal problems interfering with the learning process?
- Is the outside time limit for continuing in the program clearly identified, realistic, and understood by all parties?
- Is there a mutual understanding and clear mutual expectations among the student, the faculty member, and the preceptor?

How would you handle the following problems?

1. The student who “knows it all.”
2. The student who blames learning deficits on past classes, “I had a really bad pharm’ teacher.”
3. The student who is stressed out over personal circumstances.
4. The student who wants to solve all the patient’s problems RIGHT NOW. E.g., the female patient who is a victim of domestic violence and is seeking care regarding diabetes mellitus and family planning.
5. The student who is performing a pelvic exam ignores the patient’s discomfort and doggedly continues.
6. The student who fumbles repeatedly during a physical examination.
7. The student who cannot interpret the findings of her physical examination.

Compare your thoughts with the suggestions in Section 12. Model Answers
One of the preceptor’s most valuable contributions to the student’s learning of the Advanced Practice role is imparting skill in interdisciplinary collaboration. The student learns best by role modeling accompanied by later analysis of interdisciplinary encounters. Through previous nursing experience, the student has probably learned that each discipline, and the patient and family as well, have varying perspectives and priorities that make collaboration challenging. Remember that the student and preceptor have some differing priorities and goals as well. At times, conflicts may arise in the preceptor-student relationship that require collaboration.

One useful paradigm for collaboration is the Thomas-Kilmann conflict resolutions strategy in the diagram below:

**The Collaboration Process**

We both win and get what we need.
The circle and the square represent two different perspectives on the same problem. Each recommends a different course of action. To reach a collaborative solution, each party identifies the most important ingredients in an effective solution from his point of view. These needs, or requirements, are represented by the dots contained in the circle and the square. To collaborate, each party identifies and shares these requirements. These requirements then become the specifications of an approach to the situation that both parties can support. In the diagram, this new, collaborative approach is represented by the triangle.

Guide the student in recognizing the important ingredients (from the Advanced Practice Nurse perspective) to be obtained in interdisciplinary collaborations. Facilitate the student in learning how to elicit those ingredients from those with whom you collaborate. Assist the student in brainstorming with collaborative partners to create solutions that satisfy all parties involved.

**Truths About Teaching**

Reflect upon these truths about teaching proposed by Brookfield (1990). How can you apply these while precepting a student? Note especially the last “truth.”

- Be clear about the purposes of your teaching.
- Reflect on your own learning.
- Be wary of standardized models and approaches.
- Expect ambiguity.
- Remember that perfection is impossible.
- Research your students’ backgrounds.
- Attend to how students experience learning.
- Talk to your colleagues.
- Trust your instincts.
- Create diversity.
Take risks.

- Recognize the emotionality of learning.
- Acknowledge your personality.
- Don’t evaluate only by student satisfaction.
- Balance support and challenge.
- Recognize the significance of your actions.
- View yourself as a helper of learning.
- Be skeptical of all of the above and discover your own truths.

“No man can reveal to you aught but that which already lies half asleep in the dawning of your knowledge.

... If [the teacher] is indeed wise he does not bid you enter the house of his wisdom, but rather leads you to the threshold of your own mind.

... For the vision of one man lends not its wings to another man.”

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

---

**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></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><strong>When to give</strong></td>
<td></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>
</tr>
</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.
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!
Formulating a Collaborative Plan for Improvement

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.

### Student Designed Learning Plan

<table>
<thead>
<tr>
<th>Learning Deficiency:</th>
<th>☑ Incomplete auscultatory examination of the heart.</th>
</tr>
</thead>
</table>
| Satisfactory Performance: | ☑ Ability to identify all areas for auscultation of the heart.  
☑ Ability to identify the characteristics of heart sounds.  
☑ Ability to perform cardiac auscultation appropriately. |
| Unsatisfactory Performance: | ☑ Failure to identify the five traditional areas for auscultation.  
☑ Failure to describe the characteristics of heart sounds.  
☑ Failure to perform cardiac auscultation appropriately. |
| Steps to Resolution: | ☑ Review areas for auscultation.  
☑ Review audiovisuals on cardiac auscultation.  
☑ Review procedure for cardiac auscultation.  
☑ Demonstrate proper cardiac auscultation in the laboratory. |
| Learning Resources: | ☑ Appropriate texts, videos, or other materials. |
| Date for review: | [Date] |
| Date for completion of plan: | [Date] |
| Signatures: | ________________________________, Faculty  
_______________________________, Student  
_______________________________, Preceptor |
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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Learning Deficiency:</strong></td>
</tr>
<tr>
<td><strong>Satisfactory Performance:</strong></td>
</tr>
<tr>
<td><strong>Unsatisfactory Performance:</strong></td>
</tr>
<tr>
<td><strong>Steps to Resolution:</strong></td>
</tr>
<tr>
<td><strong>Learning Resources:</strong></td>
</tr>
<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>
</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”).
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).
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 . . .
The philosophy of the College of Nursing and Allied Health, a college of the University of St. Francis, flows from its Franciscan heritage and the tradition of the Roman Catholic Church. It gives direction to carrying out the stated mission of the College, and the University.

We believe that each individual is a holistic human being created in God’s image. Human beings possess the capacity to reason, choose, and develop their own potential and deserve respect for their personal values, dignity, and rights. In an open system, the person interacts with the environment which is composed of internal and external components. The internal environment is composed of unique physiological, psychological, spiritual, developmental, and sociocultural dimensions. The external environment consists of physical and social aspects. The social aspects include society, community, family, and significant others.

Through a process of interaction and adaptation, the individual maintains varying degrees of harmony and balance between the internal and external environment as needs, perceptions, and goals vary. Stressors, emanating from the environment, are tension-producing stimuli with the potential for causing disequilibrium and a disturbance in human integrated functioning. Health is present when the individual is structurally and functionally whole and equilibrium between the internal and external environment is maintained. Health is a goal expressed through those activities one
performs in maintaining life, health, and well-being. When individuals do not have the capacity to adapt, deviations in health may occur. Under these circumstances, they may seek assistance from others in society.

Nursing is an art and science deriving knowledge from the humanities, natural and behavioral sciences, and the nursing discipline, and as such provides an essential service to society. As an art, it is a creative investigation incorporating the development of abilities of decision making and action in the delivery of nursing care. Nursing art is essential for the production of effective systems of nursing assistance. Nursing practice evolves from a value system with respect for life and dignity, and expresses such values in a professional code of ethics. As a science, nursing is the developed technologies and knowledge used by nurses in the designing of care for individuals or groups.

Nurses interact with individuals, families, and groups to promote attainment of health. Nursing seeks to improve the health status of society as a whole through participation in health system activities.

Learning is a dynamic, lifelong, purposeful, and interactional process by which a learner attains new insights or modifies existing ones as he/she perceptually reacts to stimuli. The cognitive, psychomotor, and affective processes are utilized to achieve competency in the decision-making ability. An educator’s unique function is to foster the development of the learner’s insights so as to help the learner have more adequate and harmonious completeness. Conceptualization and synthesis of knowledge are stressed in order that the learner can adapt to a wide variety of settings and assume responsibility for the leadership, direction, and advancement of nursing practice.

Baccalaureate nursing education: 1) provides an understanding of individuals as holistic beings; 2) integrates the social, interpersonal, technological, intellectual and caring components of professional nursing practice with the knowledge, values, and intellectual skills from the liberal arts and sciences; and 3) provides the nurse with the knowledge and skills to meet the nursing needs of clients in contemporary society as well as the intellectual inquiry necessary to further the development of the nursing profession. Additionally, baccalaureate nursing education prepares the nurse to function as a generalist in the nursing profession and provides a foundation for graduate study.

The baccalaureate graduate in nursing is an accountable general practitioner who functions as a nurse agent for individuals, families, and groups across the life span in a variety of practice settings. The baccalaureate graduate actively participates and collaborates with the client to improve the
quality of health care. The graduate has the responsibility to assist members of the health care system and other systems to become responsive to societal needs and to promote change where indicated. This is accomplished by ongoing personal and professional growth of the graduate.

Graduate nursing education: 1) expands the knowledge and clinical expertise of baccalaureate prepared nurses; 2) prepares the nurse to meet the health care needs of society in an advanced practice role; 3) prepares nurses who not only anticipate change but who actively seek to effect change; and 4) provides the foundation for post-master’s and doctoral study.

The master’s graduate of the College is an advanced practice nurse who functions in a clinical nurse specialist or nurse practitioner role. The advanced practice nurse assumes a leadership role in the profession and in health care delivery. The graduate incorporates education, research, and clinical expertise into a practice that is reflective of the dynamic needs of a diverse population. Through the advanced professional role the graduate becomes instrumental in ensuring health promotion, health maintenance, and health restoration for society in the new millennium. Through scientific inquiry, development of intuitive awareness (pattern recognition), and collaborative relationships, the advanced practice nurse continually augments and refines the science of nursing.

Outcome Objectives

Upon completion of the graduate nursing program the graduate will have the competencies to:

- Synthesize theoretical concepts from nursing and related disciplines as a basis for advanced practice
- Assume an advanced nursing practice role in the health care delivery system
- Initiate opportunities to implement the advanced practice role among diverse populations
- Exemplify leadership roles within the health care team and the nursing profession
Utilize scientific inquiry to validate and refine nursing knowledge
Incorporate evidenced-based research in clinical practice
Evaluate the impact of individual and societal issues within one’s clinical practice
Establish intra and interdisciplinary relationships in clinical practice
Provide education for patients, families, and communities in a culturally competent manner
Engage in ongoing personal and professional development

Graduate Program Policies

The following information pertains to the academic policies and procedures for nursing courses. Specific requirements for each course can be found in the syllabus.

COURSE POLICIES

1. Preparation for Classes

a. Lecture/Discussion - Students are expected to prepare for classes by reviewing the required readings and/or learning activities PRIOR to attending a class or seminar. Course syllabi identify specific assignments for each course. Students are responsible for all required reading and lecture materials.

NOTE: Time constraints or other considerations may result in the deletion of an assigned topic from lecture/discussion in a scheduled class; however, the student is responsible for all content listed in the syllabus.

b. Clinical Practicum - Students are expected to demonstrate preparation for clinical practica which insures safe, high quality patient care. Specific requirements for clinical preparation will be delineated in each course syllabus.

2. Attendance at Classes
a. Attendance - Students are expected to attend all scheduled learning activities, such as orientation, lectures, seminars, laboratories, observations, clinical practica, and other identified course activities.

1) Scheduling of vacations or other activities that conflict with learning experiences should not be planned. Students are responsible for resolving any conflicts that may arise.

2) It is the responsibility of the students to provide their transportation to all clinical practice sites.

b. Tardiness - It is expected that students attend all scheduled learning activities on time. If unavoidable circumstances will cause lateness, the student is expected to notify the appropriate faculty member.

1) Late arrival is disruptive to a class/clinical setting, and the faculty member has the option to exclude the student from the learning activity.

2) Exclusion from the class/clinical learning activity will be considered an absence.

c. Absence - If absence from a scheduled learning activity cannot be avoided, the student must notify the appropriate faculty member.

1) Notification of faculty prior to or as soon as possible after the absence is expected.

2) Students will be expected to complete all required laboratory/clinical hours for course credit.

3. Online Courses

Rules of the Road & Online Ethics
USF's online courses are based on the premise that students learn best in a community. The instructor plays an important role, but this is a different role than most instructors play in the physical classroom. You'll see a shift in the way classes work. However, some things don't change: the practices of courtesy and respect that apply in the ordinary classroom also apply online, and require even more attention. Here are some guidelines:

1. **Participate.** In the online environment, it's not enough to show up! We need to hear your voice to feel your presence, and we especially need your comments that add to the information, the shared learning, and the sense of community in each class.
2. **Be persistent.** Remember that we're all working in a fairly new environment. If you run into any difficulties, don't wait! Send a note immediately to the instructor and complete the online Problem Report Form at [www.stfrancis.edu/help](http://www.stfrancis.edu/help). Most problems are easily solved, but we have to hear from you before we can help.

3. **Share tips, helps, and questions.** For many of us, taking online courses is a new frontier. There are no dumb questions, and even if you think your solution is obvious, please share it! Someone in the class will appreciate it.

4. **Think before you push the Send button.** Did you say just what you meant? How will the person on the other end read the words? While you can't anticipate all reactions, do read over what you've written before you send it.

5. **Remember that we can't see the grin on your face when you make a sarcastic comment, we can't see the concern on your face if you only say a couple of words, and we can't read your mind and fill in the gaps if you abbreviate your comments.** So: help us "see" you by explaining your ideas fully. Use emoticons for fun once in awhile. An emoticon looks like this ;-) 

6. **Ask for feedback if you're not sure how your ideas and comments will be taken.** Remember there's a person on the other side. If you disagree with what someone has said, practice all your communication skills as you express that disagreement. "Flaming," or flying off the handle and ranting at someone else is unacceptable; it's the equivalent of having a tantrum, something most of us wouldn't do in an onsite, face to face classroom.

7. **Any derogatory or inappropriate comments regarding race, gender, age, religion, sexual orientation, are unacceptable and subject to the same disciplinary action that they would receive if they occurred in the physical classroom.** If you have concerns about something that has been said, please let your instructor know.

8. **Plagiarism, cheating and other violations of ethical student behavior are serious actions in a learning community.** You should expect to be treated accordingly.
4. Academic Integrity - Assignments must reflect the student’s original work. When the work (unique ideas, etc.) of others is used, the student should be careful to cite the author/speaker. Failure to properly credit the work of others (i.e. inaccurate referencing, copying of large amounts of material) or failure to follow the guidelines for examinations may result in a grade of **ZERO** for assignments or tests. Violations of academic integrity may result in further disciplinary action.

5. Graduate Practica

a. Graduate practica are planned with the course faculty and clinical preceptor(s). The practica provides the student with the opportunity to function in an advanced practice role in the clinical setting. Goals and objectives for the experience are planned by the student and faculty/preceptor. The student must complete a Graduate Practica Record prior to initiation of the course.

b. The role of the advisor in the student’s clinical placement evolves from the program of study initially developed by the student and advisor. The advisor plans a clinical program (i.e., what is to be accomplished in each clinical with the student). The advisor then works with the practica faculty to assure desired clinical placements are made.

c. **Students must have a current RN license, CPR certification, evidence of liability insurance, OSHA training, current immunizations, 10 panel drug test, background check and health records on file in the College of Nursing and Allied Health to participate in clinical practica.**

d. HIPAA Clinical Training Requirements for Students in the MSN and Post Master’s Programs

College of Nursing and Allied Health students are required to know about the health information privacy requirements of the federal Health Insurance Portability and Accountability Act (HIPAA). The HIPAA Privacy Rule went into effect beginning April 14, 2003. When students are at a health care facility for clinical training, the Privacy Rule as a member of the facility’s work force covers them. A training site may require students to complete Privacy Rule training specific to that site. Students must follow that site’s policies and procedures, including those concerning health information privacy when they are in
clinical. In order to become familiar with the HIPAA Privacy Rules, students are required to read the material regarding clinical training at the University of St. Francis College of Nursing and Allied Health website [www.stfrancis.edu/conah/hipaa](http://www.stfrancis.edu/conah/hipaa) prior to enrollment in the MS or postmasters programs and annually thereafter, students are required to complete the acknowledgement form.

**HIPAA Violations**

Students are expected to know and abide by HIPAA privacy requirements. Students who violate requirements may be subject to disciplinary action. The College of Nursing and Allied Health Policy on Disciplinary Action for Violations of HIPAA by Students are as follows.

<table>
<thead>
<tr>
<th>Type of Violation</th>
<th>Process</th>
<th>Corrective Action</th>
<th>Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Inadvertent or accidental breaches of confidentiality that may or may not result in the actual disclosure of patient information. For example, sending/faxing information to an incorrect address.</td>
<td>Discussion between instructor and student.</td>
<td>Re-education and/or process improvement.</td>
<td>Verbal or *written communication between instructor and student only. *Note on advising file.</td>
</tr>
<tr>
<td>II. Failure to follow existing policies/procedures governing patient confidentiality. For example, talking about patients in areas where others might hear, failure to obtain appropriate consent to release information, or failure to fulfill training requirements.</td>
<td>Discussion between instructor and student.</td>
<td>Re-education and/or process improvement.</td>
<td>Verbal and written (note in advising file) communication between instructor and student only.</td>
</tr>
<tr>
<td>III. Repeat Offense of Type I or II Violation.</td>
<td>Discussion between instructor and student.</td>
<td>May range from: a) Re-education and process improvement; to disciplinary sanctions such as: 1) Removal from clinical site; or 2) Probation or other disciplinary action.</td>
<td>Verbal and written communication between instructor, student, and the Associate Dean. Note will be included in student record and sent to Dean of CONAH.</td>
</tr>
<tr>
<td>IV. Inappropriately accessing a patient's record without a need to know. For example, accessing the record of a friend or family member out of curiosity without a</td>
<td>Discussion between instructor and student to Associate Dean</td>
<td>May range from: a) Re-education and process improvement; to disciplinary sanctions such as: b) Reprimand;</td>
<td>1) CONAH Student Record 2) USF HR/ Privacy Officer 3) Dean of CONAH</td>
</tr>
</tbody>
</table>
legitimate need to know the information.  

V. Accessing and using patient information for personal use or gain or to harm another individual.

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>convening a committee to address corrective action.</td>
<td>4) VPAA</td>
</tr>
<tr>
<td>c) Removal from clinical site; or d) Probation or other disciplinary action.</td>
<td></td>
</tr>
<tr>
<td>Notification to Associate Dean. Associate Dean convenes committee to address action.</td>
<td></td>
</tr>
<tr>
<td>May range from: a) Removal of student from course; to disciplinary sanctions such as: b) Probation; c) Suspension; or d) Expulsion.</td>
<td></td>
</tr>
</tbody>
</table>
| 1) CONAH Student Record  
2) USF HR/ Privacy Officer  
3) Dean of CONAH  
4) VPAA |                  |

NOTE: The CONAH Grievance Procedure is available to students who believe they have been treated inequitably.

***Adapted from the University of Wisconsin-School of Nursing w/ Permission of Dean Katherine May; October 25, 2005 ***

e. Guidelines for Clinical Experiences

1) The clinical site must provide the range and scope of client care reflecting the role of the advanced practice nurse.

2) The site must have a certified advanced practice nurse, with a minimum of 1 year clinical experience in the advanced practice role and/or a physician willing to act as a preceptor for the student.

3) The clinical placement should provide experiences consistent with the graduate program and course objectives.

4) The clinical experience may **NOT** be in the same work setting where the student is presently employed.

5) Specific objectives and responsibilities in the clinical experience will be planned by the course faculty, preceptor, and student.

6) **A signed clinical agreement and preceptor vitae must be in place prior to beginning the clinical experience.**
# Site Evaluation

**Name of site:**

**Location:**

**Completed by:**

**Instructions:**

Please mark an X in the most appropriate space after each statement regarding the site and additional comments can be made on the reverse side.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is adequate time given to see clients?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are there sufficient numbers of clients?</td>
<td></td>
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<tr>
<td>3. Is there diversity in the client population?</td>
<td></td>
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<tr>
<td>4. Are students given the opportunity to follow-up with clients and/or problems of interest?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Is support staff appropriately helpful to student?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Are instructional materials available for students to supplement client education?</td>
<td></td>
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<tr>
<td>7. Are there adequate opportunities for students to function in an advanced practice role?</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>8. Are students given adequate mentoring?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Do you recommend this agency/individual for other students?</td>
<td></td>
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</tbody>
</table>

**Additional Comments:**

---

*Updated on May 8, 2007*

*S:\common\WORKGRPS\STAFF\WPDATA\MASTERS\site evaluation.doc*
The Advanced Practice Nurse Preceptor Workbook

UNIVERSITY OF ST. FRANCIS
COLLEGE OF NURSING and ALLIED HEALTH
JOLIET, ILLINOIS

Evaluation of APN Student's Performance by Clinical Preceptor

Student ___________________________ Preceptor Name ___________________________

Course Number _______________________

Clinical Site(s) & Location ___________________________ Inclusive Dates of Clinical Work With Preceptor: ___________________________

Instructions: Please use the following key to rate the student on each of the following items by considering to what extent the student demonstrated achieving each of the objectives listed.

1. Did not demonstrate expected behaviors of an Advanced Practice Nursing student
2. Minimally demonstrates expected behaviors of an Advanced Practice Nursing student
   N/O - No opportunity to observe
3. Demonstrates the expected behavior of an Advanced Practice Nursing Student
4. Demonstrates high level of an Advanced Practice Nursing student

<table>
<thead>
<tr>
<th>Course</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 640</td>
<td>Expected clinical performance is a cumulative score of 2.5</td>
</tr>
<tr>
<td>NURS 641</td>
<td>Expected clinical performance is a cumulative score of 3.0</td>
</tr>
<tr>
<td>NURS 642</td>
<td>Expected clinical performance is a cumulative score of 3.5</td>
</tr>
<tr>
<td>(for NPs only) NURS 698</td>
<td>Expected clinical performance is a cumulative score of 3.75</td>
</tr>
</tbody>
</table>

CORE PERFORMANCE EXPECTATIONS

The following represent the program outcomes and behavioral objectives of the APN program. Please rate to what extent the student is demonstrating these behaviors at their current level of development in the program.

Synthesize theoretical concepts from nursing and related disciplines as a basis for advanced practice.

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/O</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relates assessment findings to underlying pathology or physiologic changes.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/O</td>
</tr>
<tr>
<td>Identifies differential diagnoses with assessment based on data.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/O</td>
</tr>
<tr>
<td>Utilizes appropriate theories from nursing and related fields to provide high quality care to patients.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/O</td>
</tr>
<tr>
<td>Safely and appropriately selects pharmacologic agents.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/O</td>
</tr>
<tr>
<td>Articulates scientific rationale in clinical decision making.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/O</td>
</tr>
<tr>
<td>Incorporates theories and research in generating teaching and counseling strategies to promote and preserve health.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/O</td>
</tr>
</tbody>
</table>

Comments:
Assume an advanced practice role in the health care delivery system.
Promotes comprehensive care and continuity of care in primary care and/or specialty practice.
Interprets the advanced practice nurse role – nurse practitioner/clinical nurse specialist to other health professionals, policy makers, and consumers.
Works collaboratively with a variety of health professionals to promote restoration of health and safe optimal functioning of adults.

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</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/O</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Initiate opportunities to implement the advanced practice role among diverse populations.
Facilitates patient decision making by directly linking care to patient’s concerns.
Establishes collaborative patient and family relationships.
Differentiates normal from abnormal and essential from routine data.
Negotiates behavior or lifestyle habit changes to support patient’s adoption of health behaviors.
Manages increasingly complex patient cases.
Demonstrates effective written and oral forms of communication.

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</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/O</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Exemplify leadership roles within the health care team and the nursing profession.
Advocates for consumers as a change agent within communities and/or health care systems.
Discusses the influence of regulatory, legislative, and public policy in public and private areas.

<p>| | | | | | |</p>
<table>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/O</td>
<td></td>
</tr>
</tbody>
</table>

Comments:
Utilize scientific inquiry to validate and refine nursing knowledge.
Initiates a line of inquiry into comprehensive databases in order to utilize available research in the practice of nursing.
Accesses current and relevant data needed to answer questions identified in one’s nursing practice.

Comments:

Incorporate evidence-based research in clinical practice.
Exhibits research, research utilization and/or program evaluation skills.
Utilizes new knowledge to analyze the outcomes of nursing interventions, to initiate change, and to improve practice.
Utilizes clinical decision support system for the storage and retrieval of data, consistent with the particular population focus.

Comments:

Evaluate the impact of individual and societal issues within one’s clinical practice.
Integrates advanced theoretical, scientific, and contemporary clinical knowledge in developing, planning, monitoring, and evaluating comprehensive health promotion and disease prevention management strategies.
Uses epidemiological, social, and environmental data to draw inferences regarding the health status of patient populations (individuals, families, groups, and communities).
Incorporates theories and research in generating teaching and counseling strategies.
Emphasizes patient’s self-care agency in defining and achieving health.

Comments:
Establish intra and inter disciplinary relationships in clinical practice.
Seeks dialogue with more experienced practitioners.
Uses a multidisciplinary approach to identify strategies and resources to empower patients.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/O</th>
</tr>
</thead>
</table>

Comments:

Provide education for patients, families and communities in a culturally competent manner.
Provides emotional and psychological support to culturally diverse patients and families.
Coaches patient throughout the teaching-learning process.
Addresses socioculturally sensitive issues with respect.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/O</th>
</tr>
</thead>
</table>

Comments:

Engage in ongoing personal and professional development.
Demonstrates professional role behaviors.
 Discusses the roles of clinician, teacher, researcher, advocate and consultant.
Demonstrates accountability for one’s practice.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/O</th>
</tr>
</thead>
</table>

Comments:
A. Does the student perform any of the skills *exceptionally* well? Please specify or give a clinical example.

B. Does the student require *additional* assistance developing any of the skills? Please specify or give a clinical example.

C. Please provide a recent example of the student’s use of *critical thinking* skills.

*Core Performance Expectations were derived from the University of St. Francis College of Nursing and Allied Health Terminal Program Objectives, Nurse Practitioner Competencies, National Organization of Nurse Practitioner Faculties (2002), and National Association of Clinical Nurse Specialists (2005)*

Preceptor Signature 

Student Signature 

Date 

Date 

April 8, 2004
June 13, 2005

Updated on May 8, 2007

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UNIVERSITY OF ST. FRANCIS
COLLEGE OF NURSING and ALLIED HEALTH
JOLIET, ILLINOIS

APN Student Evaluation of Clinical Preceptor

Student __________________________  Course Number ________________  Preceptor Name & Credentials ________________________________

Clinical Site(s) ____________________________________________________________

Inclusive Dates of Clinical Work With Preceptor: _______________________

Instructions. The faculty of the University of St. Francis College of Nursing and Allied Health are committed to the continual improvement of the advance practice nursing program. Your input into this effort is important. Please use the following key and complete each item as thoughtfully as possible.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/A</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Minimally</td>
<td>To some extent</td>
<td>To a great extent</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A. The preceptor:

1. Encouraged critical thinking
   1  2  3  4  N/A
2. Role modeled advanced practice behaviors
   1  2  3  4  N/A
3. Created a constructive learning environment
   1  2  3  4  N/A
4. Assisted the student to achieve individualized objectives
   1  2  3  4  N/A
5. Approached each student as an individual
   1  2  3  4  N/A
6. Supported independence through constructive feedback
   1  2  3  4  N/A
7. Assisted the student to identify community and referral resources
   1  2  3  4  N/A
8. Promoted reciprocal exchange of knowledge and resources
   1  2  3  4  N/A
9. Presented variant/diverse problem solving methods
   1  2  3  4  N/A
10. Demonstrated expertise as an APN
    1  2  3  4  N/A
11. Elicited the student’s perspectives and reasoning processes
    1  2  3  4  N/A
12. Used inquiry and discovery-oriented learning strategies
    1  2  3  4  N/A
13. Fostered dialogue with more experienced practitioners
    1  2  3  4  N/A
14. Explored ethical dilemmas with the student
    1  2  3  4  N/A
15. Encouraged use of clinical practice guidelines and ‘best practices’
    1  2  3  4  N/A
16. Demonstrated knowledge and respect for diverse client populations
    1  2  3  4  N/A
B. What were the positive aspects of working with the preceptor?

C. What suggestions would you offer to improve the experience?

Thank you for your help with our program evaluation efforts!

May 31, 2006
9. References

References are listed for the section of the workbook to which they pertain.

2. The Preceptor Role


3. Adult Learning


### 4. Assessing


---

5. **Planning**


---

6. **Teaching**


---

### 7. Evaluating


10. Appendices

Appendix III.A.
- Domains of Learning: Levels of Complexity

Appendix III.B.
- Selected Principles of Adult Learning

Appendix IV.A.
- Field-Independent and Field-Dependent Learners

Appendix IV.B.
- Gregorc Learning Styles

Appendix IV.C.
- Kolb’s Learning Styles

Appendix III.A.

Domains of Learning: Levels of Complexity

(Cognitive, Affective, and Psychomotor)

Charts are on following three pages.)
<table>
<thead>
<tr>
<th>Levels of the Cognitive Domain</th>
<th>General Instructional Objectives</th>
<th>Verbs for Stating Learning Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>Knows terms and facts</td>
<td>Defines, describes, identifies, labels, lists, matches, names, outlines, reproduces, selects</td>
</tr>
<tr>
<td>Evidence of learning:</td>
<td>Knows principles</td>
<td></td>
</tr>
<tr>
<td>The student recalls information.</td>
<td>Knows methods and procedures</td>
<td></td>
</tr>
<tr>
<td>Comprehension</td>
<td>Understands facts and principals</td>
<td>Converts, defends, distinguishes, estimates, explains, extends, generalizes, gives examples, infers, paraphrases, predicts</td>
</tr>
<tr>
<td>Evidence of learning:</td>
<td>Interprets charts and graphs</td>
<td></td>
</tr>
<tr>
<td>The student explains information.</td>
<td>Justifies methods and procedures</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Estimates implied consequences</td>
<td></td>
</tr>
<tr>
<td>Application</td>
<td>Applies principals and theories</td>
<td>Changes, computes, demonstrates, discovers, manipulates, modifies, operates, predicts, prepares, produces, relates</td>
</tr>
<tr>
<td>Evidence of learning:</td>
<td>Solves problems</td>
<td></td>
</tr>
<tr>
<td>The student transfers learning onto new situations.</td>
<td>Creates charts and graphs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Demonstrates use of a procedure</td>
<td></td>
</tr>
<tr>
<td>Analysis</td>
<td>Recognizes assumptions</td>
<td>Breaks down, diagrams, differentiates, discriminates, identifies, illustrates, infers, outlines, points out, relates, selects, separates, subdivides</td>
</tr>
<tr>
<td>Evidence of learning:</td>
<td>Recognizes fallacies</td>
<td></td>
</tr>
<tr>
<td>The student breaks down material into its component parts.</td>
<td>Distinguishes facts from inferences</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evaluates relevance of data</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Analyzes organizational structure</td>
<td></td>
</tr>
<tr>
<td>Synthesis</td>
<td>Composes a well-organized theme</td>
<td>Categorizes, combines, compiles, composes, creates, devises, designs, generates, modifies, plans, rearranges, summarizes</td>
</tr>
<tr>
<td>Evidence of learning:</td>
<td>Proposes a plan</td>
<td></td>
</tr>
<tr>
<td>The student combines parts to form a meaningful whole.</td>
<td>Integrates new learning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Formulates a classification scheme</td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td>Judges consistency</td>
<td>Appraises, compares, concludes, contrasts, criticizes, justifies, interprets, relates, supports</td>
</tr>
<tr>
<td>Evidence of learning:</td>
<td>Judges adequacy of conclusions</td>
<td></td>
</tr>
<tr>
<td>The student judges using criteria.</td>
<td>Judges value by criteria and standards</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Creates and uses criteria to judge</td>
<td></td>
</tr>
<tr>
<td>Levels of the Affective Domain</td>
<td>General Instructional Objectives</td>
<td>Verbs for Stating Learning Outcomes</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td><strong>Receiving</strong></td>
<td>- Listens attentively</td>
<td>Asks, chooses, describes, follows,</td>
</tr>
<tr>
<td><strong>Evidence of learning:</strong></td>
<td>- Shows sensitivity</td>
<td>gives, holds, identifies, replies, uses</td>
</tr>
<tr>
<td>The student attends to particular phenomena or stimuli.</td>
<td>- Accepts difference of culture</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Responding</strong></td>
<td>- Complies with rules</td>
<td>Answers, assists, complies,</td>
</tr>
<tr>
<td><strong>Evidence of learning:</strong></td>
<td>- Participates in discussion</td>
<td>discusses, greets, labels, performs,</td>
</tr>
<tr>
<td>The student participates actively.</td>
<td>- Volunteers; Helps others</td>
<td>practices, recites, tells, writes</td>
</tr>
<tr>
<td></td>
<td>- Shows interest</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Valuing</strong></td>
<td>- Appreciates the role of science</td>
<td>Completes, describes, differentiates,</td>
</tr>
<tr>
<td><strong>Evidence of learning:</strong></td>
<td>- Shows concern for others</td>
<td>follows, forms, initiates, invites,</td>
</tr>
<tr>
<td>The student attaches value to a(n) object, phenomena, or behavior.</td>
<td>- Demonstrates commitment to social improvement</td>
<td>justifies, proposes, shares</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Organization</strong></td>
<td>- Recognizes the need for balance between freedom and responsibility</td>
<td>Adheres, alters, arranges, combines,</td>
</tr>
<tr>
<td><strong>Evidence of learning:</strong></td>
<td>- Accepts responsibility for own behavior</td>
<td>defends, generalizes, integrates,</td>
</tr>
<tr>
<td>The student resolves conflicts between values.</td>
<td>- Accepts own strengths and limitations</td>
<td>modifies, orders, synthesizes,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>prepares, relates</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Characterization by a Value or Value Complex</strong></td>
<td>- Displays safety consciousness</td>
<td>Acts, discriminates, displays,</td>
</tr>
<tr>
<td><strong>Evidence of learning:</strong></td>
<td>- Demonstrates self-reliance</td>
<td>influences, modifies, performs,</td>
</tr>
<tr>
<td>The student displays behavior consistent with value system.</td>
<td>- Cooperates in group work</td>
<td>practices, proposes, qualifies,</td>
</tr>
<tr>
<td></td>
<td>- Maintains good health habits</td>
<td>questions, solves, verifies, revises,</td>
</tr>
<tr>
<td></td>
<td>- Demonstrates self-discipline</td>
<td>serves</td>
</tr>
<tr>
<td></td>
<td>- Uses objective approach</td>
<td></td>
</tr>
<tr>
<td>Levels of the <strong>Psychomotor Domain</strong></td>
<td>General Instructional Objectives</td>
<td>Verbs for Stating Learning Outcomes</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td><strong>Perception</strong></td>
<td>Recognizes malfunction of equipment by sound</td>
<td>Chooses, describes, detects, identifies, differentiates, isolates, relates, separates, selects</td>
</tr>
<tr>
<td>Evidence of learning:</td>
<td>Relates findings of palpation to need to intervene</td>
<td></td>
</tr>
<tr>
<td>The student obtains cues to guide motor activity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Set</strong></td>
<td>Knows sequence of steps in performing a procedure</td>
<td>Begins, displays, explains, moves, proceeds, reacts, responds, shows, starts, volunteers</td>
</tr>
<tr>
<td>Evidence of learning:</td>
<td>Demonstrates proper hand position for venipuncture</td>
<td></td>
</tr>
<tr>
<td>The student shows readiness to take a particular action.</td>
<td>Shows desire to complete a treatment efficiently.</td>
<td></td>
</tr>
<tr>
<td><strong>Guided Response</strong></td>
<td>Performs physical examination as demonstrates</td>
<td>Assembles, builds, calibrates, constructs, displays, dissects, fastens, fixes, manipulates, organizes, performs</td>
</tr>
<tr>
<td>Evidence of learning:</td>
<td>Applies dressing as demonstrated</td>
<td></td>
</tr>
<tr>
<td>The student initiates action and uses trial and error.</td>
<td>Determines best sequence for patient to follow in dressing change</td>
<td></td>
</tr>
<tr>
<td><strong>Mechanism</strong></td>
<td>Sets-up for Pap smear</td>
<td>Same as for guided response</td>
</tr>
<tr>
<td>Evidence of learning:</td>
<td>Documents using computer</td>
<td></td>
</tr>
<tr>
<td>The student has made a habit of proper performance with confidence and proficiency.</td>
<td>Places stethoscope accurately to auscultate heart sounds.</td>
<td></td>
</tr>
<tr>
<td><strong>Complex Overt Response</strong></td>
<td>Takes ECG accurately</td>
<td>Same as for guided response</td>
</tr>
<tr>
<td>Evidence of learning:</td>
<td>Initiates IV effectively</td>
<td></td>
</tr>
<tr>
<td>The student demonstrates skillful performance of complex pattern, accurately, and smoothly.</td>
<td>Performs vaginal exam on laboring patient</td>
<td></td>
</tr>
<tr>
<td><strong>Adaptation</strong></td>
<td>Troubleshoots equipment</td>
<td>Adapts, alters, changes, rearranges, reorganizes, revises, varies</td>
</tr>
<tr>
<td>Evidence of learning:</td>
<td>Modifies exercise plan based on patient’s response</td>
<td></td>
</tr>
<tr>
<td>The student modifies a pattern to fit a situation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Origination</strong></td>
<td>Creates a simple device to organize a patient’s medications</td>
<td>Arranges, combines, composes, constructs, designs, originates, creates</td>
</tr>
<tr>
<td>Evidence of learning:</td>
<td>Originates a new way to dress a wound</td>
<td></td>
</tr>
<tr>
<td>The student creates a pattern to fit a situation.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix III.B.

Selected Principles of Adult Learning

**ADULT LEARNING PRINCIPLES (Knowles, 1987)**

- Adults need to know why they should learn.
- Adults need to be self-directing.
- Adults bring a greater volume and different quality of experience than do children.
- Adults become ready to learn when, based on their life situations, they experience a need to know or be able to perform more effectively and more satisfyingly.
- Adults enter learning with a problem-centered, task-centered, or life-centered orientation to learning.
- Adults are motivated by both intrinsic and extrinsic motivators.

**ADULT LEARNING PRINCIPLES (Leonard, 1993)**

- Respect
- Collaboration
- Life experience
- Critically reflective thinking
- Problem-posing and problem-solving
- Learning for action
- Participative environment
- Empowerment
- Self-directed learning
- Dialogue
PRINCIPLES OF ADULT EDUCATION (Alspach, 1995)

- Adults are heterogeneous as learners.
- Adults have multiple responsibilities.
- Adults have numerous life and work backgrounds.
- Adults may be less flexible as learners.
- Adults may have negative past learning experiences.
- Adults are voluntary learners.
- Adults are problem-centered learners.
- Adults are knowledgeable learners.
- Most adults are self-directed in their learning.
- Adults of different ages need varying degrees of support in learning.

GUIDING PRINCIPLES OF TEACHING AND LEARNING (Alspach, 1995)

- Learning is a self-activity of the learner.
- Learning is intentional.
- Learning is a unitary process—the learner responds to the situation as a whole.
- Learning is influenced by the motivation of the learner.
- Learning is influenced by the readiness of the learner.
- Learning is facilitated by positive and immediate feedback.
- Learning is creative.
- Learning is inferred rather than observed.
- Learning is influenced by the nature and variability of the learning experience.
- Retention and transfer of learning can be facilitated.
- Learning proceeds best when it is organized and clearly communicated.
REFERENCES FOR FURTHER READING ABOUT ADULT LEARNING AND LEARNING STYLES

These references discuss and apply a variety of learning principles and learning styles.


## Appendix IV.A.

### Field-Independent and Field-Dependent Learners


<table>
<thead>
<tr>
<th>Feature</th>
<th>Field-Independent</th>
<th>Field-Dependent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>Analytical</td>
<td>Global</td>
</tr>
<tr>
<td></td>
<td>Detail-oriented</td>
<td>External standards for decision making</td>
</tr>
<tr>
<td></td>
<td>Internal standards for decision making</td>
<td>Interpersonal, social</td>
</tr>
<tr>
<td></td>
<td>Self-reliant</td>
<td>Relies on others</td>
</tr>
<tr>
<td></td>
<td>Leader</td>
<td>Follower</td>
</tr>
<tr>
<td></td>
<td>Not influenced by peer pressure and critique by others</td>
<td>Conformist, affected by critique by others</td>
</tr>
<tr>
<td></td>
<td>Relatively insensitive to social cues</td>
<td>Sensitive to social cues</td>
</tr>
<tr>
<td><strong>Type of Learner</strong></td>
<td>Abstract: derives concepts and principles to structure</td>
<td>Concrete: needs assistance in organizing and</td>
</tr>
<tr>
<td></td>
<td>and organize learning</td>
<td>structuring learning</td>
</tr>
<tr>
<td><strong>Approach to Learning</strong></td>
<td>Analytic: can readily apply concepts and principles</td>
<td>Global: context of overall situation limits ability</td>
</tr>
<tr>
<td></td>
<td>in ambiguous and complex situations</td>
<td>to distinguish relevant details</td>
</tr>
<tr>
<td><strong>Role as Learner</strong></td>
<td>Active participant</td>
<td>Passive observer</td>
</tr>
<tr>
<td><strong>Orientation as Learner</strong></td>
<td>Task-oriented</td>
<td>Group-oriented: cooperation; collaboration</td>
</tr>
<tr>
<td><strong>Motivation for Learning</strong></td>
<td>Internal: meeting challenges; solving problems</td>
<td>External: social approval from peers and instructor</td>
</tr>
<tr>
<td><strong>Autonomy as a Learner</strong></td>
<td>Self-directed; independent</td>
<td>Other-directed; dependent</td>
</tr>
<tr>
<td><strong>Best Learning Environment</strong></td>
<td>Quiet, solitary</td>
<td>Interactive, group</td>
</tr>
<tr>
<td><strong>Favored Teaching Methods</strong></td>
<td>Formal, didactic methods</td>
<td>Informal, group methods</td>
</tr>
<tr>
<td></td>
<td>Lecture with opportunity to ask questions and apply</td>
<td>Group discussion, observation, demonstration, role</td>
</tr>
<tr>
<td></td>
<td>learning</td>
<td>playing</td>
</tr>
<tr>
<td></td>
<td>Self-directed learning</td>
<td>Teacher-directed learning via preceptors, instructors, programmed instruction</td>
</tr>
<tr>
<td><strong>Feedback in Learning</strong></td>
<td>Primarily self-imposed; less influenced by grades and</td>
<td>Primarily dependent on external reinforcement such as</td>
</tr>
<tr>
<td></td>
<td>others’ evaluations</td>
<td>grades, verbal and nonverbal appraisals of others</td>
</tr>
<tr>
<td>**Ability to Make Decisions and Solve</td>
<td>Strong: enhanced by analytic and organizational skills</td>
<td>Weak: holistic perspective may obscure ability to</td>
</tr>
<tr>
<td>Problems in Complex Situations**</td>
<td></td>
<td>detect subtle factors</td>
</tr>
</tbody>
</table>
## Appendix IV.B.

### Gregorc Learning Styles


<table>
<thead>
<tr>
<th>Learning Style</th>
<th>Description</th>
<th>Preferred Learning Activities</th>
</tr>
</thead>
</table>
| **Concrete Sequential** | - Reality = the concrete world of the physical senses  
                          - Thinking = instinctive, methodical, deliberate  
                          - Concerned with material reality, physical objects.  
                          - Prefers ordered, practical quiet, stable environment.  
                          - Sometimes concerned with conformity, unfeeling, possessive | - Workbooks  
                          - Demonstrations  
                          - Programmed instruction  
                          - Computer-aided instruction  
                          - Hands-on activities  
                          - Charts, handouts, checklists  
                          - Direct application problems |
| **Abstract Sequential**    | - Reality = the abstract world of intellect based upon the concrete world  
                          - Thinking = intellectual, logical, analytical, correlative  
                          - Concerned with knowledge, facts, documentation, concepts, and ideas.  
                          - Prefers mentally stimulating, ordered and quiet, nonauthoritative environment.  
                          - Sometimes opinionated, sarcastic, aloof. | - Lectures  
                          - Audiotapes  
                          - Guided individual study  
                          - Slide presentations  
                          - Supplemental reading  
                          - Essay writing  
                          - Noncompetitive plans of study |
| **Abstract Random**          | - Reality = the abstract world of feeling and emotion  
                          - Thinking = emotional, psychic, perceptive, critical  
                          - Concerned with emotional attachments, relationships, memories  
                          - Prefers emotional and physical freedom; rich active, colorful environment  
                          - Sometimes spacey, overly sensual, smothering. | - Television, movies  
                          - Guided imagery, role play  
                          - Group discussion  
                          - Background music  
                          - Short lectures with question and answer time  
                          - Music, arts, humor, drama  
                          - Use of fantasy and imagination |
| **Concrete Random**           | - Reality = concrete world of activity and the abstract world of intuition  
                          - Thinks intuitively, instinctively, impulsively, independently.  
                          - Concerned with applications, methods, processes, and ideals.  
                          - Prefers environment that is stimulus-rich, competitive, and free from restriction.  
                          - Sometimes deceitful, unscrupulous, egocentric. | - Independent study  
                          - Games, simulations  
                          - Open-ended problem solving  
                          - Mini-lectures  
                          - Exploration, experiments  
                          - Optional reading assignments  
                          - Creating products |
# Appendix IV.C.

## Kolb’s Learning Styles


<table>
<thead>
<tr>
<th>Features</th>
<th>Converger</th>
<th>Diverger</th>
<th>Assimilator</th>
<th>Accommodator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Modes of Learning</strong></td>
<td>Thinking and doing</td>
<td>Feeling and observing</td>
<td>Thinking and observing</td>
<td>Feeling and doing</td>
</tr>
<tr>
<td><strong>Orientation to Learning</strong></td>
<td>Analytic and pragmatic</td>
<td>Emotional and imaginative</td>
<td>Theoretical and systematic</td>
<td>Emotional and intuitive</td>
</tr>
<tr>
<td><strong>Likes Learning via</strong></td>
<td>Deductive reasoning; using general ideas, concepts and principles</td>
<td>Examining unique situations from many perspectives</td>
<td>Inductive reasoning and synthesis of observations</td>
<td>Trial-and-error, intuition, personal experience</td>
</tr>
<tr>
<td><strong>Learning Strengths</strong></td>
<td>Practical application of ideas</td>
<td>Generation of ideas</td>
<td>Analysis of information into concise, logical form; Creation of theoretical models Understanding vs. application</td>
<td>Learning by doing Likes challenges and projects Likes to experiment and take risks Adaptable, open-minded</td>
</tr>
<tr>
<td><strong>Prefers to Deal with</strong></td>
<td>Things (tasks, problems)</td>
<td>People</td>
<td>Abstract ideas, information</td>
<td>People</td>
</tr>
<tr>
<td><strong>Interests</strong></td>
<td>Narrow, technical, physical sciences</td>
<td>Broad, cultural issues, social issues</td>
<td>Understanding complexities, social sciences</td>
<td>Doing things</td>
</tr>
<tr>
<td><strong>Benefits Most from</strong></td>
<td>Learning situations where there is only one correct answer or solution</td>
<td>Discussion when many ideas are involved or when ideas must be generated</td>
<td>Situations in which synthesis of information and logical analysis can be applied</td>
<td>Structured situations that need to be managed</td>
</tr>
<tr>
<td><strong>Approach to Learning</strong></td>
<td>Pragmatic</td>
<td>Imaginative</td>
<td>Scientific</td>
<td>Risk-taker</td>
</tr>
<tr>
<td><strong>Most Effective Teaching Strategies</strong></td>
<td>Hands-on experience Return demonstrations Clinical experiences Lectures followed by questions and practice Skills laboratories Workshops Simulations</td>
<td>Brainstorming Group discussions Small group work Role playing Seminars Drawing from past experiences</td>
<td>Lectures by experts with time for reflection and integration Self-instruction Reading Computer-assisted instruction Independent study</td>
<td>Learning from others Skills laboratories Computer-assisted instruction with feedback Case studies that require adaptations from routine care Preceptor-guided clinical experiences</td>
</tr>
</tbody>
</table>
11. A Thumbnail Sketch of the Myers-Briggs Type Inventory™ (MBTI)

Directions for Self-Assessment

A Thumbnail Sketch of the Myers-Briggs Type Indicator

- Extraversion ↔ Introversion
- Sensing ↔ Intuition
- Thinking ↔ Feeling
- Judgment ↔ Perception Scoring Sheet

Preceptor Assets and Limitations by MBTI Type

Directions for Self-Assessment

1. On the following pages, you will find pairs of cartoons with captions. Altogether, there are 36 pairs, 9 pairs for each of the 4 dimensions of the MBTI. The cartoon backgrounds for each dimension are colored differently:

- Extraversion (E) ↔ Introversion (I):
- Sensing (S) ↔ Intuition (N):
- Thinking (T) ↔ Feeling (F):
- Judgment (J) ↔ Perception (P):

2. Each of the four dimensions of the MBTI can be described in a general way in terms of questions that the dimension answers about a person’s tendencies.

- Extraversion (E) ↔ Introversion (I):
How do you typically orient to the outside world and the people and stimuli in it?
Do external stimuli influence you greatly (E) or very little (I)?

**Sensing (S) ⇔ Intuition (N):**
- How do you typically acquire information?
- Do you prefer to build from hands-on and details (S), or take a more “top-down,” general to specific approach (N)?

**Thinking (T) ⇔ Feeling (F):**
- How do you typically make decisions?
- Do you choose based on the logical consequences (T) or based on what you feel like doing and how you believe your decision will affect the feelings of others (F)?

**Judgment (J) ⇔ Perception (P):**
- How do you typically make sense of your environment?
- Do you like to organize the environment and come to closure (J), or do you prefer to keep things flexible and keep on gathering information (P)?

3. Look at each pair of cartoons. Choose the cartoon that most closely represents your typical inclination. Mark your choice with an “X.” Try to make a choice, but if you really believe neither is more typical of you, do not mark a choice. To make a choice in #8 and #9 of each dimension, you will need to apply a general understanding of the characteristics that dimension describes. Refer to the information above to clarify the characteristics pertinent in each dimension.

4. Following the 36 pairs of cartoons, you will find a scoring sheet with scoring instructions. Score your cartoon pairs according to the directions to obtain your type.

5. The information following the scoring sheet presents precepting assets and precepting limitations of each type.

You may not have a clear and consistent preference in each dimension, but most people have a clear preference in at least one dimension. None of the preferences or types is good or bad, healthy or unhealthy. Each has assets and liabilities.
A Thumbnail Sketch of the Myers-Briggs Type Indicator

<table>
<thead>
<tr>
<th>E-I</th>
<th>Extraversion</th>
<th>Introversion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><img src="image1.png" alt="Diagram" /></td>
<td><img src="image2.png" alt="Diagram" /></td>
</tr>
<tr>
<td></td>
<td>I often feel drawn in to events, conditions and other stimuli going on around me.</td>
<td>I often feel drawn inward by external events and intrusions.</td>
</tr>
<tr>
<td>2</td>
<td><img src="image3.png" alt="Diagram" /></td>
<td><img src="image4.png" alt="Diagram" /></td>
</tr>
<tr>
<td></td>
<td>I often feel energized by other people and external experiences.</td>
<td>I often feel energized by inner resources, internal experiences.</td>
</tr>
<tr>
<td>3</td>
<td><img src="image5.png" alt="Diagram" /></td>
<td><img src="image6.png" alt="Diagram" /></td>
</tr>
<tr>
<td></td>
<td>I often act first, and then (maybe) reflect.</td>
<td>I often reflect first, and then (maybe) act.</td>
</tr>
<tr>
<td>Extraversion</td>
<td>Introversion</td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td><strong>E-I 4</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><img src="image1.png" alt="Image" /></td>
<td><img src="image2.png" alt="Image" /></td>
<td></td>
</tr>
<tr>
<td>I am often friendly, talkative and easy to get-to-know.</td>
<td>I am often reserved, quiet and hard-to-know.</td>
<td></td>
</tr>
<tr>
<td><strong>E-I 5</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><img src="image3.png" alt="Image" /></td>
<td><img src="image4.png" alt="Image" /></td>
<td></td>
</tr>
<tr>
<td>I often express my emotions.</td>
<td>I often bottle up my emotions.</td>
<td></td>
</tr>
<tr>
<td><strong>E-I 6</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><img src="image5.png" alt="Image" /></td>
<td><img src="image6.png" alt="Image" /></td>
<td></td>
</tr>
<tr>
<td>I thrive on interactions with others.</td>
<td>I treasure my privacy.</td>
<td></td>
</tr>
<tr>
<td>E-I 7</td>
<td>Extraversion</td>
<td>Introversion</td>
</tr>
<tr>
<td>------</td>
<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td><img src="image1.png" alt="Image" /></td>
<td>I tend to get attracted to many interests at the same time.</td>
<td><img src="image2.png" alt="Image" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E-I 8</th>
<th>Extraversion</th>
<th>Introversion</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image3.png" alt="Image" /></td>
<td>At times people who are more introverted than I, seem to think I'm shallow.</td>
<td><img src="image4.png" alt="Image" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E-I 9</th>
<th>Extraversion</th>
<th>Introversion</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image5.png" alt="Image" /></td>
<td>I sometimes feel a need for more introversion to balance me.</td>
<td><img src="image6.png" alt="Image" /></td>
</tr>
<tr>
<td>S-N</td>
<td>Sensing</td>
<td>Intuition</td>
</tr>
<tr>
<td>-----</td>
<td>--------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>I tend to look at specific parts and pieces of a situation.</td>
<td>I tend to look at patterns and relationships in a situation.</td>
</tr>
<tr>
<td>2</td>
<td>I tend to live in the present, enjoying what is there.</td>
<td>I tend to live toward the future, anticipating what might be.</td>
</tr>
<tr>
<td>3</td>
<td>I prefer handling practical matters.</td>
<td>I prefer imagining possibilities.</td>
</tr>
<tr>
<td>S-N</td>
<td>Sensing</td>
<td>Intuition</td>
</tr>
<tr>
<td>-----</td>
<td>---------</td>
<td>-----------</td>
</tr>
<tr>
<td>4</td>
<td><img src="image1.png" alt="Image" /></td>
<td><img src="image2.png" alt="Image" /></td>
</tr>
<tr>
<td></td>
<td>I like things that are definite and measurable.</td>
<td>I like opportunities for being inventive.</td>
</tr>
<tr>
<td>5</td>
<td><img src="image3.png" alt="Image" /></td>
<td><img src="image4.png" alt="Image" /></td>
</tr>
<tr>
<td></td>
<td>I tend to start at the beginning and take a step at a time.</td>
<td>I tend to jump in anywhere and leap over steps.</td>
</tr>
<tr>
<td>6</td>
<td><img src="image5.png" alt="Image" /></td>
<td><img src="image6.png" alt="Image" /></td>
</tr>
<tr>
<td></td>
<td>I usually read instructions and notice detail.</td>
<td>I usually skip directions and follow hunches.</td>
</tr>
<tr>
<td>S-N</td>
<td>Sensing</td>
<td>Intuition</td>
</tr>
<tr>
<td>-----</td>
<td>---------</td>
<td>-----------</td>
</tr>
<tr>
<td>7</td>
<td><img src="image1.png" alt="Image" /> I like set procedures and established routines.</td>
<td><img src="image2.png" alt="Image" /> I like change and variety.</td>
</tr>
<tr>
<td>8</td>
<td><img src="image3.png" alt="Image" /> Sometimes I seem materialistic and literal-minded to persons who are more intuition-oriented than I.</td>
<td><img src="image4.png" alt="Image" /> Sometimes I seem fickle, impractical and a dreamer to persons who are more sensing-oriented than I.</td>
</tr>
<tr>
<td>9</td>
<td><img src="image5.png" alt="Image" /> I sometimes feel that I need more intuition-orientation to balance me.</td>
<td><img src="image6.png" alt="Image" /> I sometimes feel that I need more sensing-orientation to balance me.</td>
</tr>
</tbody>
</table>
### Thinking vs. Feeling

<table>
<thead>
<tr>
<th></th>
<th>Thinking</th>
<th>Feeling</th>
</tr>
</thead>
<tbody>
<tr>
<td>T-F 1</td>
<td><img src="image1.png" alt="Image 1" /> I often see things as an onlooker, from outside a situation.</td>
<td><img src="image2.png" alt="Image 2" /> I often see things as a participant, from within a situation.</td>
</tr>
<tr>
<td>T-F 2</td>
<td><img src="image3.png" alt="Image 3" /> I usually take a long view of events.</td>
<td><img src="image4.png" alt="Image 4" /> I usually take an immediate and personal view of events.</td>
</tr>
<tr>
<td>T-F 3</td>
<td><img src="image5.png" alt="Image 5" /> I often will spontaneously find flaws and criticize.</td>
<td><img src="image6.png" alt="Image 6" /> I often will spontaneously appreciate.</td>
</tr>
<tr>
<td>T-F</td>
<td>Thinking</td>
<td>Feeling</td>
</tr>
<tr>
<td>-----</td>
<td>----------</td>
<td>---------</td>
</tr>
<tr>
<td>4</td>
<td>I usually decide with my head - choose what makes logical sense.</td>
<td>I usually decide with my heart - choose based on my feelings or those of others.</td>
</tr>
<tr>
<td>5</td>
<td>I usually take a logical approach.</td>
<td>I usually go by my personal convictions.</td>
</tr>
<tr>
<td>6</td>
<td>My major concern is for truth and justice.</td>
<td>My major concerns are for relationships and harmony.</td>
</tr>
<tr>
<td>T-F</td>
<td>Thinking</td>
<td>Feeling</td>
</tr>
<tr>
<td>-----</td>
<td>----------</td>
<td>---------</td>
</tr>
<tr>
<td>7</td>
<td>![Image](121x746 to 149x746)</td>
<td>I am good at analyzing plans.</td>
</tr>
<tr>
<td>8</td>
<td>![Image](228x746 to 288x746)</td>
<td>I may seem cold and condescending to persons who are more feeling-oriented than I.</td>
</tr>
<tr>
<td>9</td>
<td>![Image](338x743 to 411x749)</td>
<td>I sometimes feel that I need more feeling-orientation to balance me.</td>
</tr>
<tr>
<td>J-P</td>
<td>Judgment</td>
<td>Perception</td>
</tr>
<tr>
<td>-----</td>
<td>-----------</td>
<td>------------</td>
</tr>
<tr>
<td>1</td>
<td><img src="J-P1.png" alt="Image" /></td>
<td><img src="J-P1_perception.png" alt="Image" /></td>
</tr>
<tr>
<td></td>
<td>I enjoy being decisive.</td>
<td>I enjoy being curious, discovering surprises.</td>
</tr>
<tr>
<td>2</td>
<td><img src="J-P2.png" alt="Image" /></td>
<td><img src="J-P2_perception.png" alt="Image" /></td>
</tr>
<tr>
<td></td>
<td>I like clear limits and categories.</td>
<td>I like freedom to explore without limits.</td>
</tr>
<tr>
<td>3</td>
<td><img src="J-P3.png" alt="Image" /></td>
<td><img src="J-P3_perception.png" alt="Image" /></td>
</tr>
<tr>
<td></td>
<td>I feel comfortable establishing closure.</td>
<td>I feel comfortable maintaining openness and taking in more information before deciding.</td>
</tr>
<tr>
<td>J-P 4</td>
<td>Judgment</td>
<td>Perception</td>
</tr>
<tr>
<td>------</td>
<td>----------</td>
<td>------------</td>
</tr>
<tr>
<td></td>
<td>I prefer an organized lifestyle.</td>
<td>I prefer a flexible lifestyle.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J-P 5</th>
<th>Judgment</th>
<th>Perception</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I like definite order and structure.</td>
<td>I like going with the flow.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J-P 6</th>
<th>Judgment</th>
<th>Perception</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I like to have life under control.</td>
<td>I prefer to experience life as it happens.</td>
</tr>
<tr>
<td>J-P 7</td>
<td>Judgment</td>
<td>Perception</td>
</tr>
<tr>
<td>-------</td>
<td>----------</td>
<td>------------</td>
</tr>
<tr>
<td></td>
<td>I work well with deadlines and plan in advance.</td>
<td>I meet deadlines by a last minute rush.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J-P 8</th>
<th>Judgment</th>
<th>Perception</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I may seem demanding, rigid and uptight to persons who are more perception-oriented than I.</td>
<td>I may seem disorganized, messy and irresponsible to persons who are more judgment-oriented than I.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J-P 9</th>
<th>Judgment</th>
<th>Perception</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sometimes I feel a need for more perception-orientation to balance me.</td>
<td>Sometimes I feel a need for more judgment-orientation to balance me.</td>
</tr>
</tbody>
</table>
Scoring Sheet

1. Circle the number in the column that indicates the cartoon that best represents you.
2. If you were unable to make a choice, do not circle that number in either column.
3. In each box, count the number of circles in each column.
4. In the “Letter” blank space, write the underlined letter of the column that you chose most frequently.
5. Your score for each box is the absolute difference between the number of choices you made in each column. To obtain absolute difference, subtract the smaller total from the larger total.

<table>
<thead>
<tr>
<th>Extraversion</th>
<th>Introversion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
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<tr>
<td>2</td>
<td>2</td>
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<td>3</td>
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<td>4</td>
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<td>8</td>
<td>8</td>
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<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sensing</th>
<th>Intuition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
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<tr>
<td>2</td>
<td>2</td>
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<tr>
<td>3</td>
<td>3</td>
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<tr>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Thinking</th>
<th>Feeling</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
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<td>3</td>
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<tr>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Judgment</th>
<th>Perception</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
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<tr>
<td>2</td>
<td>2</td>
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<tr>
<td>3</td>
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<td>7</td>
<td>7</td>
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<tr>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>

Write your four letters in this box.

Your score for each letter indicates the strength of your orientation in the dimension on a scale of 0 – 9.
Preceptor Assets and Limitations by MBTI Type

1. Find the combination of MBTI dimensions that matches the combination you filled in at the bottom of the score sheet.

2. If your score for a particular dimension is ≤ 3, look also at the combination that contains the opposite letter. For example, if your letters are INTP and your score in the T-F dimension = 3, look at both INTP and INFP.

3. You may not agree that the characteristics listed fit you very well. This exercise is just a sketch and not necessarily a valid test. Also, only those characteristics that relate directly to precepting have been included here.

4. Add to the Strengths list for your MBTI type any of your own characteristics that you feel are assets as a preceptor. And, add to the Limitations list any characteristics that you feel are limitations. Sometimes a strength could become a limitation if it is too dominant; for example, ESTJs may like to set goals and give orders. That tendency can help the preceptor give direction to the precepting experience, but might also excuse the student of accountability for goal setting and seeking out experience and information.

5. For any asset that you agree fits you, or any others you have identified, think of strategies that can optimize your asset for effective precepting. For example, an ENFJ may be tactful. An ENFJ preceptor who possesses this asset might decide to make a pact with him- or herself to model tactful responses, point out his or her own tactful responses to the student, and ask the student to “edit” some interactions that the student has had with patients or colleagues—edit to improve upon tact while still making the important points.

6. For any limitation that you agree fits you, or any others you have identified, think of strategies that can assist you to prevent the limitation from interfering with effective precepting. For example, an ESFP may have a tendency to be lax in discipline. An ESFP preceptor who experiences this limitation might decide to make a pact with him- or herself to formulate and communicate to the student at least one piece of corrective feedback on each day they spend together.

7. Make a note of strategies that you think of to capitalize upon your assets and neutralize your limitations.

For more information about the MBTI dimensions and more thorough and valid self-assessment, contact the Center for Applications or Psychological Type at 800 777-2278.

Also, the popular book, Please Understand Me: Character and Temperament Types (Del Mar, CA: Prometheus Nemesis) by D. Keirsey and M. Bates, contains self-assessment and descriptions using the Keirsey’s work regroups the sixteen types into four temperament categories.
### INFJ

<table>
<thead>
<tr>
<th>Preceptor Strengths</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>intuitive</td>
<td></td>
</tr>
<tr>
<td>stimulated by problem situations</td>
<td></td>
</tr>
<tr>
<td>good at persuading others to approve and cooperate</td>
<td></td>
</tr>
<tr>
<td>enthusiastic</td>
<td></td>
</tr>
<tr>
<td>takes satisfaction in developing other individuals</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preceptor Limitations</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>wonders why others don’t accept his or her views</td>
<td></td>
</tr>
<tr>
<td>so goal-directed as to not always see conflicts with own goal</td>
<td></td>
</tr>
<tr>
<td>may not heed feedback from others</td>
<td></td>
</tr>
<tr>
<td>may try to regulate everything according to your ideas</td>
<td></td>
</tr>
</tbody>
</table>

### INFP

<table>
<thead>
<tr>
<th>Preceptor Strengths</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>warm, but reserved</td>
<td></td>
</tr>
<tr>
<td>tolerant, understanding</td>
<td></td>
</tr>
<tr>
<td>open-minded</td>
<td></td>
</tr>
<tr>
<td>flexible, adaptive</td>
<td></td>
</tr>
<tr>
<td>faithful to ideas and people you care about</td>
<td></td>
</tr>
<tr>
<td>natural counseling skills</td>
<td></td>
</tr>
<tr>
<td>wants to contribute to something that matters</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preceptor Limitations</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>may be perfectionistic</td>
<td></td>
</tr>
<tr>
<td>may feel inadequate when contrasting ideal standards with your accomplishments</td>
<td></td>
</tr>
</tbody>
</table>

11. A Thumbnail Sketch of the Myers-Briggs Type Inventory™ (MBTI)
### INTJ

**Preceptor Strengths**
- intuitive
- stimulated by problem situations
- places high value on competence: yours and others’
- determination, perseverance

**Preceptor Limitations**
- independent
- drives others as hard as you drive yourself
- may not actively seek views of others
- may not naturally express appreciation

**Strategies**

---

### INTP

**Preceptor Strengths**
- logical, analytical
- objectively critical
- curious about ideas
- insightful
- natural teaching skills
- good problem solver

**Preceptor Limitations**
- sometimes making yourself understood is a problem because you make it too complicated
- may not always express the positives
- may overlook what you and others care about in favor of taking a logical approach

**Strategies**

---
# ISFJ

## Preceptor Strengths
- consistent, dependable
- supportive, tactful
- accepts responsibility
- thorough, hard-working
- perseverance
- respects facts, support conclusions with facts
- careful observer
- care for others

## Strategies

## Preceptor Limitations
- suspicious of intuition
- tends to keep reactions private

## Strategies

## ISFP

## Preceptor Strengths
- warm, but reserved
- faithful to duties
- tolerant, open-minded
- flexible, adaptable
- sticks to values
- sees needs of the moment and tries to meet them

## Strategies

## Preceptor Limitations
- don’t like to rush
- perfectionist
- may feel inadequate and understate or underrate own strengths
- work of hands may be more eloquent than words
- may be overly sensitive

## Strategies
## ISTP

### Preceptor Strengths
- economy of effort
- logical, analytical
- objectively critical
- good with hands, technical competence
- good observer
- good grasp of reality
- organized

### Strategies

### Preceptor Limitations
- reserved
- may be preoccupied
- may find it hard to express appreciation
- may let logic override feeling
- may put off decisions and fail to follow through

### Strategies


## ISTJ

### Preceptor Strengths
- assembles facts to support conclusions
- dependable
- practical, realistic
- good with facts, accurate
- accepts responsibility
- thorough, painstaking, careful
- hard to discourage

### Strategies

### Preceptor Limitations
- likes everything clearly stated
- reserved
- expects others to be logical
- suspicious of intuition

### Strategies
ENFJ

**Preceptor Strengths**
- friendly, talks well with people
- tactful
- conscientious
- persevering
- orderly
- natural teacher, counselor

**Preceptor Limitations**
- seeks approval of others
- overvalues others’ views
- has to make an effort to be businesslike and not let sociability slow you down
- may jump to conclusions before understanding the situation
- may enter a situation with assumptions
- has plenty of “shoulds” and “should nots” and expresses them
- may find it hard to admit the truth regarding problems

**ENFP**

**Preceptor Strengths**
- enthusiastic innovator
- good problem solver
- skilful in handling people
- enthusiastic regarding new projects
- perceptive of others’ attitudes
- natural teacher, counselor

**Preceptor Limitations**
- may be overly understanding and reluctant to judge
- hates routine
- may get bored with an ongoing project
- may find it hard to follow-through and finish

**Strategies**
### ENTP

#### Preceptor Strengths
- imagination
- initiative
- problem solving
- competent in a variety of areas
- perceptive of attitudes of others
- likes new challenges

#### Preceptor Limitations
- understanding, reluctant to judge
- energized by new projects, may get bored after a while
- finds it hard to apply yourself to details
- may fail to follow-through

#### Strategies

### ENTJ

#### Preceptor Strengths
- logical, analytical
- objectively critical
- focuses on ideas, not the person who suggests it
- enthusiastic
- takes satisfaction in developing other individuals

#### Preceptor Limitations
- wonders why others don’t accept your views
- so goal-oriented as to not always see conflicts with your goal
- may not heed feedback from others
- may try to regulate everything according to your ideas

#### Strategies
## ESFJ

### Preceptor Strengths
- communicator
- natural teacher
- friendly
- tactful
- preservers, conscientious
- orderly
- practical, realistic
- down-to-earth

### Preceptor Limitations
- sympathetic
- expects others to be orderly
- approval-seeking, values others’ opinions
- may need to make an effort to be businesslike and not let social interactions slow you down
- may decide too quickly
- lives by and expresses “shoulds” and “should nots”
- may find it hard to face difficult facts

### Strategies

### ESFP

### Preceptor Strengths
- tactful
- friendly
- realistic
- looks for a satisfying solution
- unprejudiced, open-minded, tolerant
- good at conflict resolution
- good at troubleshooting
- sees needs of the moment and meets them

### Preceptor Limitations
- may be too easy indiscipline
- may lack persistence and be too governed by love of a good time

### Strategies
### ESTP

**Preceptor Strengths**
- good troubleshooter
- friendly
- adaptive, realistic
- looks for a satisfying solution
- unprejudiced, tolerant, good at resolving conflicts
- sees and meets needs of the moment
- technically skilled
- can be tough when it’s called for

**Preceptor Limitations**
- may lack persistence
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**Strategies**

* Please enter strategies here.*

### ESTJ

**Preceptor Strengths**
- organized
- logical
- objectively critical
- practical, realistic
- likes to sets goals and give orders (could be a limitation too)
- good at getting things done

**Preceptor Limitations**
- focuses on the job more than the people
- focuses on rules
- likes immediate, tangible, visible results
- may decide too quickly
- may tend not to elicit the viewpoints of others
- may not appreciate others

**Strategies**

* Please enter strategies here.*
3. Adult Learning

Situation: Taking a history from an elderly patient.

Cognitive Component:

* Knowing common health problems of the elderly;
* Knowing normal historical findings for the elderly and findings indicative of health problems;
* Knowing procedure and forms or other documentation systems to be used;
* Selecting information for documentation;
* Recording in an organized fashion.
Affective Component:
* Respecting the patient;
* Treating the patient as a competent adult, not a child;
* Showing sensitivity toward and accommodating special needs of the patient; e.g., assess patient’s cognitive, auditory, visual, mobility status and give appropriate consideration to these factors during history taking.

Psychomotor Component:
* Arranging physical environment for comfort and convenience;
* Assembling needed materials and using them without fumbling;
* Recording information efficiently.

Situation: Examining a woman who is a victim of domestic violence.

Cognitive Component:
* Knowing frequent physical findings in domestic abuse;
* Knowing patient’s previous history, if available.

Affective Component:
* Showing respect and consideration for the patient;
* Maintaining a nonjudgmental approach;
* Creating an atmosphere that encourages the patient to talk.

Psychomotor Component:
* Assembling the proper equipment and using it efficiently and correctly;
* Identifying and using landmarks as appropriate to the physical examination.
Situation: Obtaining a history and performing a physical examination of an ill child accompanied by his mother, who is very nervous.

Cognitive Component:
* Recognizing appropriate questions to be asked, examination to be performed, and diagnostic procedures to be carried out in relation to history of present illness, presenting signs and symptoms.
* Giving relevant and accurate information to mother and child (as is age appropriate).
* Knowing “normal” age-related developmental indicators for child.

Affective Component:
* Acknowledging mother’s concern, treating her with respect, offering appropriate and realistic reassuring information.
* Using age-appropriate and calming communication with child.

Psychomotor Component:
* Creating a comfortable and calming environment as feasible;
* Choosing and assembling proper equipment;
* Performing examination skillfully.

Situation: Performing an annual physical examination for an irate patient who has waited to see the APN for a longer time than she expected.

Cognitive Component:
* Knowing the requirements of the annual physical examination;
* Knowing patient’s previous history if available.

Affective Component:
* Acknowledging patient’s anger;
* Communicating respect for the patient’s time, offering an explanation (though not an excuse) for the delay if appropriate;
* Showing respect for the patient.

**Psychomotor Component:**

* Carrying out the physical examination skillfully and efficiently;
* Completing thorough examination, i.e., not being careless due to time pressure.

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**JULIE, THE APN STUDENT**

1. Which of the AIR categories of adult learning principles predominate in Julie’s situation?

✔️ Relevance and motivation. Julie is giving priority to her job because of financial and professional needs.

✔️ Active involvement and individual differences categories are also evident. She prefers the active learning in the clinic to the more passive learning situation in class and in studying on her own.

2. What actions will you take?

✔️ Clarify expectations with Julie. She cannot be excused from preparation for clinical practice because of her job. She needs to accept that she must have baseline knowledge in order to benefit from clinical practice. Require her to gain the information she lacked and report it to you or demonstrate it for you the next time.

✔️ If the pattern persists, share your observation with the faculty member.

✔️ Ask Julie to identify ways to create study time in her schedule. She is the only one who can do this, but she first must accept the need to create time to study. Who can help her? What can she delegate? What can she do differently or not at all for the duration of the course?

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4. **Assessing**
STUDENT ASSESSMENT: MARY ANN

**Person**
- **Data:** Rapid speech and lots of detail-oriented questions; arrived early; brought lots of books.

- **What else I need to know:** Is she overly anxious about this experience?
- **How I will find out:** Ask what concerns she has about this rotation.

**Learning Style**
- **Data:** Wants to learn by observing; brought lots of books.

- **What else I need to know:** What other learning preferences does she have? Will she be willing to get actively involved after initial observation?
- **How I will find out:** Ask Mary Ann how she has learned best in the past.

**Knowledge**
- **Data:** 3 years staff RN experience in CHF clinic; passed Advanced Health Assessment course.

- **What else I need to know:** What did she actually do in her position?
- **How I will find out:** Ask Mary Ann some specific open-ended questions.

**Attitude**
- **Data:** Appears to have positive attitude toward learning.

- **What else I need to know:** What is her attitude toward patients and colleagues?
- **How I will find out:** Ask her to tell me about the patients she saw in clinic. Ask her about her work situation and interdisciplinary interactions in clinic.

**Skill**
- **Data:** From course work should be able to perform physical exam and write SOAP notes. CHF Clinic Staff RN skills.

- **What else I need to know:** What is her actual skill level?
- **How I will find out:** Observe her performing physical exam; review her SOAP notes; ask her which skills she feels very comfortable with and which she thinks she needs to practice more.
5. Planning

Obtain a social history in a manner that helps the patient feel comfortable and encourages frank disclosure.

**PLAN: Katie**

☑ Acknowledge with Katie that her previous experience in the fast-paced ER and with the Spanish-speaking clinic clientele didn’t offer much opportunity for her to practice ways to encourage patients to express themselves.

☑ Ask her what questions she plans to ask to obtain certain pieces of information, particularly sensitive pieces of information. Give her feedback on her plans.

☑ Observe her interviewing a patient. Give her feedback.

☑ Review and critique her notes. Give her feedback.

6. Teaching

**WHICH COACHING TECHNIQUE(S) WOULD YOU USE IN THESE SITUATIONS?**

1. When the student performs well
   - ☑ Encourage the student by recognizing good performance and giving positive feedback
   - ☑ Sponsor if there are opportunities to showcase the student

2. When the student does not meet expectations and you do not know the reason
   - ☑ Confront the student with his/her deficiencies regarding expectations; ask for feedback
   - ☑ Depending upon reasons for failure to meet expectations, educating or counseling may be appropriate.
3. When the student fails to try or tries to fail

Note: As you gather more information about the student’s failure to perform, you may discover that one recommended technique is more appropriate than another is. For example, simply giving information or instruction (educate) may be all that the student needs to succeed. However, if the failure is due to more than a simple lack of information, some counseling approaches to explore reasons for failure, or some confronting approaches may be most effect.

Whenever the student's performance fails to meet standards, make sure that the student understands that his or her performance does not meet the standard and specifically what improvements are needed in order to meet expectations.

<table>
<thead>
<tr>
<th>Possible Reason</th>
<th>Possible Coaching Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student is unclear about performance expectations</td>
<td>Educate</td>
</tr>
<tr>
<td>Student's perception that performance expected is not really important</td>
<td>Educate, Encourage, Counsel</td>
</tr>
<tr>
<td>Student lacks skill</td>
<td>Confront</td>
</tr>
<tr>
<td>Student lacks desire or motivation to perform at expected level</td>
<td>Confront, Counsel</td>
</tr>
<tr>
<td>Real or imagined barriers interfere with performance</td>
<td>Sponsor</td>
</tr>
<tr>
<td>Student may receive more reward (e.g., attention) for poor performance than for good performance</td>
<td>Confront</td>
</tr>
<tr>
<td>Student has not received adequate performance feedback</td>
<td>Confront</td>
</tr>
<tr>
<td>Student does not perceive positive outcomes (or rewards) for good performance</td>
<td>Confront, Counsel, Encourage</td>
</tr>
</tbody>
</table>

[Arleen, this question from Chapter Six doesn’t not match up with the question listed in the answer key in Chapter12, which is: “Student is unclear about performance standards. Answer: Educate” WHICH ONE SHOULD I USE?]
The Case of the Painful Ear

**Context:** A bright Advanced Practice Nursing student presents this case to her preceptor in the ambulatory clinic.

**ONE ALTERNATIVE STRATEGY**

**Preceptor:** “What do you think is going on?”

**Student:** “I think he has an upper respiratory infection, probably otitis media.”

**Preceptor:** “What led you to that conclusion?”

**Student:** “He has a history of repeated otitis media and currently has a fever, a painful right ear and a runny nose.”

**Preceptor:** “What would you like to do for him?”

**Student:** “First, I would like you to confirm my findings on the right ear. If you concur about otitis media, then we should give him some antibiotics. Since he doesn’t have any allergies to medication, I think amoxicillin is a reasonable choice.”

**Preceptor:** “You did a good job of putting the history and physical exam findings together into a coherent whole. It does sound as if otitis media is the most likely problem. There is great variability in ear problems. The key features of otitis media that I look for in the physical exam are the appearance and mobility of the ear drum, landmarks, opacity of the drum, and mucus discharge, and in the history are prior upper respiratory infections and past problems with the ears. This child would seem to fit these criteria. With the lack of allergies, amoxicillin is a logical choice for an antibiotic. I’ll be glad to confirm your exam findings. Let’s go and see the patient.”

As you read this alternative response, were you thinking, “But my student doesn’t respond like the student in this ideal situation”? The preceptor-student relationship is indeed a relationship—you can’t conduct it effectively all by yourself. One of the things students needs to learn is how to learn successfully in a preceptorship. Give students some examples of the kind of responses you expect from them.
How would you handle the following problems?

1. The student who “knows it all.”
   - Validate the student’s competencies yourself.
   - Point out differences between the student’s previous experiences and expectations of the Advanced Practice role.

2. The student who blames learning deficits on past classes, “I had a really bad pharm' teacher.”
   - Emphasize that whatever the reason for gaps in her knowledge base, she needs to find ways to supplement her knowledge base.
   - Focus on resources and approaches available for her to learn.
   - Consult with faculty regarding additional resources.

3. The student who is stressed out over personal circumstances.
   - Acknowledge that personal situations do need to take priority at times. But, if there is an ongoing pattern of distraction, learning is jeopardized.
   - Do not get intimately involved in solving the student's problems or take on the problems.
   - Keep the focus on the clinical experience and whatever problems are arising because of preoccupation or absences. Ask the student what different arrangements she could make to allow her to concentrate more fully on the business at hand when in clinical.
   - Consult with faculty if necessary.

4. The student who wants to solve all the patient's problems RIGHT NOW. E.g., the female patient who is a victim of domestic violence and is seeking care regarding diabetes mellitus and family planning.
   - Direct the student to elicit feedback from the patient so that the student can gauge how much information the patient is taking in and what the patient will act on.
   - Assist the student to map out a realistic plan for following up on the patient’s problems and concerns.

5. The student who is performing a pelvic exam ignores the patient's discomfort and doggedly continues.
   - Model the behavior you would expect of the student; e.g., inquire of the patient about how she is doing. Ask if she’d like the student to pause for a minute. Reassure the patient that the procedure is almost over (if true). Tell the patient what sensations she can expect to experience.
   - After the procedure is completed, give the student feedback in private. Remind the student that she will be able to perform the procedure more effectively when the patient is relaxed.

6. The student who fumbles repeatedly during a physical examination.
   - Encourage the student to practice with a fellow student or other willing person.
   - Suggest that the student practice particular subskills repetitively until she masters each subskill rather than practicing the entire examination procedure.
   - Remind the student that patients’ confidence in her will be negatively affected unless she develops more smooth technique.

7. The student who cannot interpret the findings of her physical examination.
   - Identify the reason by asking the student to think out loud through the process of attempting to interpret. Focus on the part of the process that is problematic.
   - Role model for the student; think out loud through the interpretation process.
   - Give the student some findings to interpret for practice from patient records or from books, articles, or other resources Ask the student to obtain practice materials from the faculty.
   - Breakdown the process into component parts that the student can practice.
7. Evaluating

In the boxes, you will find some “right” answers to open communication with the student about the issue. There are other perfectly appropriate ways to apply the principles of feedback and I-messages.

1. You have a bad attitude!

I heard you telling Mrs. Lane that you “have no idea” how she might handle the problems she has been having with our billing and her insurance company. It sounded to me as though you didn’t care about helping her . . .

2. You should be more careful!

When I notice that you’ve omitted this part of the history and physical from your charting again, I’m concerned . . .

3. You’re always late!

I’ve seen you come in 15 minutes late three times now . . .

(Follow up with: How will you prevent this from happening again? OR How will you make sure you are on time from now on?)
4. You should get your work done early like Sam does!

I notice that you seem to have a half hour’s worth of paperwork left at the time you’re scheduled to leave . . .

(Follow up with: How will you plan differently to finish on time?)

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

(Take one issue at a time. Complete one before you bring up the other.)

When I heard you make that remark about “fat people,” I felt badly that our secretary Jane overheard it because she really struggles with her weight. I was embarrassed.

(After student’s response, clarify the expectation.)

6. Your documentation was a real mess last week!

When I read this note, I get confused because you skip from one problem to another and then come back to the first . . .

(After the student’s response, clarify the expectation. Then give guidelines and principles for revising and instruct the student to rewrite the entry.)

7. Why did you talk to the secretary that way this morning! (Angry tone)

When I overheard your complaints to the secretary this morning, I thought you insulted her . . .
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.

After you left yesterday, I discovered that you left those physical exam reports incomplete. We agreed that you would do them before leaving . . .

9. You always want things your way!

When we reorganized the schedule you had set up, I got the impression you were angry . . .

10. You’re so disorganized!

After you began the procedure with Mrs. Gale, I noticed that you had to interrupt the procedure because you hadn’t brought in all the specimen slides you needed. I remember that same thing happened yesterday with Mrs. Harris . . .

(Follow up with: How can you be sure that you’ve brought in everything you need?)
Mary is a 26-year-old APN student who has been a nurse in the oncology division of a major medical center for the past five years. She is currently enrolled in the Adult Nurse Practitioner program and you are her preceptor for the next ten weeks. Her past experience has primarily been focused on administering chemotherapy in an inpatient setting. She is unsure of her future career goals but wanted to attend graduate school at this point in her life.

Today, Ms. Smith comes to the clinic complaining of vaginal discharge for the past seven days. Mary is excited to care for her and goes into the room to perform the history. She presents the following information to you:

“Ms. Smith, a 56-year-old woman, has vaginal discharge for seven days. She also has itching and feels there is a bad odor. She had something like this before and she bought some cream at the drug store, which she used now, but it hasn’t helped. She does not smoke, drink, or use drugs. She is married. I have asked her to get undressed and will do a speculum exam to see if she has yeast.”

You ask Mary, “What about Ms. Smith’s sexual activity and number of partners? Expand your differential.”

Mary replies, “Well, she is married and I don’t know if she had other partners before that. I doubt this is a sexually transmitted disease.”
situation #2

elie is a 40-year-old graduate student who is doing her primary care rotation with you. She has a vast amount of nursing experience and comes to clinical confident, but nervous.

Ms. Jones, a 19-year-old woman presents to the clinic with c/o sore throat, fever, aches, and nausea for two days. She also complains of right ear pain. She woke up on Tuesday with a fever and her throat hurt. She has no cough. She went to work but left early because she felt so hot.

Meds: Orthocylen 7/7/7
NKDA
Social: no tobacco, ETOH, drugs
PMH: non contributory

Nellie performs the exam and presents the following to you, her preceptor:

“On clinical exam she has enlarged tonsils, red and white patchy stuff on them. Her eyes are clear. Her ears are clear, so I don’t know why they hurt her. She has a few lumps on the side of her neck. I think they might be lymph nodes, but I’m not sure. I’d like you to recheck that. Her lungs are CTA bilaterally. It looks to me like pharyngitis. I would like to treat her with Penicillin for ten days.”
You go into the room to confirm the findings and on further questioning, the patient tells you that she also had some discharge from her right ear. On physical findings, the right canal has some exudate with ruptured TM and she has tragus tenderness. You ask Nellie to reexamine the ears and describe what she sees. Nellie fumbles and the patient pulls away during the otoscope exam. Nellie says, “Oh yeah, the right doesn’t look like the left.”

After Ms. Jones leaves, you ask Nellie how comfortable she is with the otoscope exam. She responds in a defensive tone by saying, “I feel O.K. with it, but to be honest, my physical assessment teacher was terrible and I didn’t learn anything. Plus, if the patient had told me she had drainage from her ear, I would have known it was an ear infection.”

1. Nellie may be responding defensively to feeling like a novice after having reached an expert level of practice in her “real job.” How can you determine if this is the case? If this is the problem, how will you guide Nellie?
2. How will you respond to Nellie’s complaint about her previous learning experience?
3. What will you recommend to Nellie to help her strengthen her skills with the otoscope exam?

Situation #3

You are precepting two students. You practice at a health center in a large private university where the population is primarily students from the undergraduate and graduate schools. In addition, you have some patients who are employees of the university or the hospital.

One of your students, Hilda, has a vast amount of experience and has worked in the Peace Corps for 3 years in Asia. Tricia, your other student, worked as a staff nurse in general medicine at a community hospital.

A 22-year-old graduate student, Ms. Will, presents for her annual exam. Tricia jumps up and says, “I’ll take her, I love doing Paps.” You know Tricia has already done three Paps today. In addition, you are noticing a pattern has established in which Hilda is somewhat distant and never
takes the initiative to see a patient. You suggest since Tricia has a few more notes to write, Hilda could see the patient.

Hilda sees Ms. Will and presents a thorough history. Hilda then tells you she will do the physical, but she wants help with the Pap. After three attempts, she successfully inserts the speculum. She tells the patient, “Hold on. I’ve almost got it.” Then she collects the specimens and removes the speculum in the open position. Ms. Wills pulls back and says, “Ouch!” Hilda turns red-faced and proceeds with the bimanual exam. While performing the bimanual, Ms. Will becomes very teary-eyed, but Hilda does not notice. You touch Hilda’s arm and quietly gesture toward Ms. Will’s face. Ms. Will’s eyes are tightly closed and she is grimacing.

1. You think you need to repeat the bimanual to assure that Ms. Will’s response is related to Hilda’s technique and not a physical problem with Ms. Will. How are you going to handle this?

2. From this situation and remarks that you have overheard, you are getting the impression that Hilda regards the well-educated population of this clinic with disdain and would prefer to work with Asian immigrants. How will you validate this impression? If you are accurate, how will you approach the situation?

3. How will you address Hilda’s ignoring of the patient’s responses?

Situation #4

Mr. Clinton, a professor of law, has been feeling stressed lately and came in for his blood pressure check-up. Your student, Tricia, obtains his history and reports the following to you:

“Mr. Clinton is a 55-year-old law professor who is well-known to you. He has been on HCTZ 25 mg. and Monopril 20 both of which he takes every day. He has no complaints
except for some afternoon headaches for the past few weeks. He is experiencing a
great deal of stress in his professional and his private life."

To your surprise, Tricia continues on with a full history and a full physical exam, which included
neuron, musculo-skeletal and genital exam. His blood pressure is 142/94 X 2. She gives you a
thorough assessment of his blood pressure and all his health maintenance needs. In addition, she
has a comprehensive plan that is appropriate.

You wonder how she was able to do all of this. Slowly, you realize you have been busy with
Hilda, and you have had two no-shows, so no one has been waiting for the rooms.

When you go in to see Mr. Clinton, he is annoyed because of the length and comprehensiveness
of the exam. He does not want to hear all that Tricia has to do today. He is happy to see you, but
wants to return to his office. You redirect Tricia to address his blood pressure. She does and Mr.
Clinton goes on his way.

After he leaves, Tricia tells you she was annoyed that Mr. Clinton did not want to take care of
everything that day. When you discuss a focus visit with Tricia, she is confused and says, “As APNs,
I thought we were more thorough than physicians. I wouldn’t feel safe letting a patient leave without
checking everything. What if he had something more serious going on? If he did, I would have found
it!"

1. How will you respond to Hilda’s statement?

2. What cues did you expect Hilda to pick up on? How will you help her identify those upon
   reflection about Mr. Clinton’s visit?

3. What questions can you ask Tricia to help her clarify appropriate care for a particular patient in
   advance of a visit?