

Progressive Preceptorship for IENs

# Toolkit and Guide

A Resource for Clinical Placements

February 2015



Internationally Educated Nurses Series

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Many thanks to all for enabling the development of positive and stimulating learning relationships!





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## Using this Toolkit and Guide

You are invited to adapt this Progressive Preceptorship Model and the supporting materials to meet the needs of your organization. This Model was designed for Internationally Educated Nurses (IENs) however; it could be transferable to other undergraduate health care programs. We ask that you cite our work if you use or adapt it.

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## Sources Cited in this Document

All sources of information and data, whether quoted directly or paraphrased, are cited in this document. Any errors and omissions called to our attention will be corrected in future printings.

## More Information

For further information, visit the George Brown College School of Continuing Education website at <http://coned.georgebrown.ca/nursing/ien-toolkits> or contact the George Brown College Continuing Education Nursing department.

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# Introduction

Ontario's nursing workforce is aging and beginning to retire (Health Force Ontario, 2014), and the province "does not educate sufficient nurses to avoid a serious shortage in the future" (Blythe & Baumann, 2008, p. 5). In order to meet the ongoing demand for nursing care and employ a workforce that mirrors the diversity of our population, governments and health sectors have adopted resource strategies that recognize *Internationally Educated Nurses (IENs)* are an important source of workforce renewal. The resulting programs, to maximize the IEN resource, have made it easier for IENs in Canada to re-enter their profession (Baumann & Blythe, 2013). Half of all IENs in Canada are employed in Ontario (Walton-Roberts & Hennebry, 2012) where their diverse knowledge, skills and experiences are highly valued (Ontario Hospital Association, 2011).

At the same time, it is well documented that IENs' integration into the Canadian health setting is known to involve many challenges. These challenges include communication barriers, financial and emotional costs, discrimination, differences in the culture and the context of health care delivery, lack of recognition of their credentials and the subsequent delayed licensure and deskilling process (Newton, Pillay, & Higginbottom, 2012). The culture shock of their migration to Canada adds to the reality shock that all new nurses face when they transition "from the academic ideal to the clinical reality of nursing practice" (Valdez as cited in Owens, 2013, p. 2). The result is that "new immigrant nurses may need considerable support in transitioning into a new social and health care environment" (Newton et al., 2012, p. 535).

## Factors that Contribute to Successful IEN Integration

One highly successful strategy to support IEN integration has been the provision of bridging programs to address gaps and/or differences in education and competencies. "Nursing Bridging Programs are ... effective tools not only for preparing IENs for licensure process, but also positioning IENs for workplace success as a practicing nurse" (Walton-Roberts, Guo, Williams, & Hennebry, 2014, p. 20).

These bridging programs provide IENs with classroom and clinical experience to address their gaps and/or differences in competencies, including differences in nursing roles, the use of technology and resources, communication, and the culture and interprofessional context of a rapidly changing health care system. The impact of the programs' success is so significant that bridging programs are now considered critical for the successful integration of IEN learners into the workforce (Atack, Cruz, Maher, & Murphy, 2012), and, in fact, other nations look to Canada as an example (Xu & He, 2012).

The *Academic Pathway for Nurses Graduate Certificate* offered by George Brown College is one such IEN bridging program.

## Introduction to George Brown College's Progressive Preceptorship Model

As part of its ongoing commitment to continually enhance its bridge programming for IENs, George Brown College, with financial support from the Ontario Ministry of Citizenship, Immigration and International Trade, created this *Progressive Preceptorship Model* (see description box below) to further support the learning and socialization of IENs into clinical practice. Clinical practice is a vital component of nursing programs, and the literature identifies that innovative approaches, including preceptorship, can “maximize opportunities for development of confidence and professional socialization, and knowledge and skill acquisition for students and preceptors” (Sedgwick & Harris, 2012, p. 2).

George Brown College worked collaboratively with two Toronto health care facilities: Bridgepoint Active Healthcare (Bridgepoint) and University Health Network: Toronto Rehabilitation Institute (UHN:TRI), to pilot the Model in the Fall of 2014.

### ***Progressive Preceptorship Model***

*The term progressive is used to describe the characteristic of the Preceptorship Model, which incrementally builds on the knowledge and experience of the participants throughout the course of the preceptorship placement.*

## Purpose of this Resource

This Toolkit and Guide describes George Brown College's Progressive Preceptorship Model and is intended to assist anyone interested in implementing preceptorship for groups of IENs enrolled in a consolidation clinical placement. It is hoped that sharing the Pilot Preceptorship Model's evidence-based design will build capacity of IENs to integrate into the workplace.

The Toolkit and Guide is divided into two sections. The first part (text chapters) takes a look at the need for an IEN bridging program, describes the Progressive Preceptorship Model, provides quotes from preceptees and preceptors about their experience with the Pilot, and offers a glossary and reference/resource list. The second part (appendices) contains the 200-hour Clinical Preceptorship Course Outline, a description of key partners and their roles, the preceptorship workshop, the Personal Learning Plan, various evaluation instruments, and sample materials that will assist in implementing preceptorship in a new organization. The course outline reflects the competencies indicated in the College of Nurses of Ontario *Competencies for Entry-Level Registered Nurse Practice* and *Entry-to-Practice Competencies for Ontario Registered Practical Nurses* (CNO, 2014a, 2014b).

You are invited to adapt the Progressive Preceptorship Model and the supporting materials to meet the needs of your organization. Although this was designed for IENs, it could be transferable to other under-graduate health care programs.



## What is Nursing Preceptorship?

Preceptorship is a method of focused education that is common in many health sciences, one that “has received widespread acceptance as a clinical teaching model” (Horton, DePaoli, Hertach, & Bower, 2012, p. E1). Rather than work in a practice setting with a small group of students who are supervised by a single clinical instructor, IEN learners in their final consolidation semester are assigned to an experienced staff nurse (the preceptor) in a practice setting. The preceptor is “a proficient or expert practitioner who enters into a one-to-one relationship with a learner [the preceptee] for a set period of time to provide on-site supervision along with clinical teaching and instruction” (CNO, 2009, p. 4). As the semester progresses and competency grows, the learner assumes a more comprehensive assignment until she/he is capable of managing a nursing assignment equivalent to that of a novice staff nurse.

In the Pilot Preceptorship Model, the preceptors were staff nurses at the partner agencies, UHN:TRI and Bridgepoint, and preceptees were IEN learners in the George Brown College, *Academic Pathway for Nurses Graduate Certificate*.

## What are the Benefits of Preceptorship?

The preceptorship model of nursing education has many well-documented benefits for all stakeholders:

- ▶ **Learners (Students)** benefit from “immersion” in the role of the nurse, reporting personal growth, increased confidence, improved ability to apply theory in practice and think critically, and reduced “reality shock” on entry to the profession (McClure & Black, 2013; Murphy, 2008);
- ▶ **IEN Learners** who have experienced the preceptorship model of clinical practice have shown to be better able to bridge their practice in Canada as it provides these learners with an opportunity to consolidate their understanding of the scope and nature of Canadian practice (Atack et al., 2012). Socialization to professional roles, development of clinical and workplace competencies and “cultural fluency” are seen as key strategies for the successful integration of IENs in the interprofessional Canadian workplace (Blythe, Baumann, Rhéaume, & McIntosh, 2009; Cruz, 2011; Lowe et al., 2012; Kolawole, 2009);

*“I felt like I was already working as a real nurse.”*

*~IEN Learner*

*“Nurses have the privilege of taking care of those who can’t advocate for themselves. We can advocate for the patients by collaborating with the interprofessional team, suggesting or asserting our judgments about what works best for the interests of the patient.”*

*~IEN Learner*

- ▶ **Preceptors** report personal satisfaction, opportunity to acquire new teaching skills, and professional growth derived from keeping up to date and stimulated in their profession (DeWolfe, Laschinger, & Perkin, 2010; Omansky, 2010; Raines, 2012);
- ▶ **Health care facilities** recognize the role of education in the development of high quality patient care and recognize that the continuing education of staff preceptors helps develop teaching skills that can readily transfer to patient teaching situations as well as the orientation of new staff; and
- ▶ **Educators** recognize that the clinical learning environment is “central to nursing education” (McClure & Black, 2013, p. 335) and value the ability to provide learners with an enhanced opportunity to apply theory in practice and deal with “real world” interprofessional complexity.

*“IENs are not quite familiar with the team work—she was afraid to talk to other team members at first. The first patient rounds she was shy. But by the second time I noticed she was more confident.”*

*~Preceptor*

## What are the Challenges of Preceptorship?

The preceptorship model is also known to have challenges and robust literature exists that reports the need to support nurses who serve as preceptors. Identified challenges include:

- ▶ **Lack of clarity about roles and responsibilities.** Lack of clarity has been known to create anxiety, role ambiguity and role stress in all participants in a preceptorship relationship (Luhanga, Dickieson, & Mossey, 2010; McClure & Black, 2013; Mitchell & Kennedy, 2013; Murphy, 2008; Omansky, 2010; Raines, 2012; Staykova, Huson, & Pennington, 2013). Role ambiguity may be especially heightened in this case because preceptors may not be familiar with IEN learners and IENs themselves have less experience with a learning culture in this context.
- ▶ **Preceptor role overload.** Stress caused by balancing patient care needs with the need to contribute to the education of IEN learners creates a need for workload adjustments and organizational planning so preceptors have time to support learners (CNO, 2009; DeWolfe et al., 2010; Omansky, 2010; Raines, 2012).
- ▶ **Lack of knowledge related to teaching and learning techniques.** Though clinically proficient or expert practitioners, many preceptors may not have experience or training in a teaching role, a fact that can impact both the preceptees’ learning experience and the preceptors’ confidence and satisfaction with the role (McClure & Black, 2013; Myrick, Luhanga, Billay, Foley, & Yonge, 2012; Staykova et al., 2013).

## Key Elements of the Progressive Preceptorship Model

George Brown College's Progressive Preceptorship Model was developed and piloted to address the previously-mentioned challenges, and encompass best practice recommendations in its design.

Its main elements include:

- ▶ a foundational three-way relationship between preceptee, preceptor, and faculty advisor (a representative from the educational facility)—triad relationship known as the Learning Partnership;
- ▶ careful delineation of roles and responsibilities of each member of the Learning Partnership;
- ▶ identification of, and response to, the unique needs of IEN learners;
- ▶ provision of an introductory workshop on teaching and learning strategies attended together by both preceptees and preceptors; and
- ▶ ongoing support and reflective activities for both preceptees and preceptors.

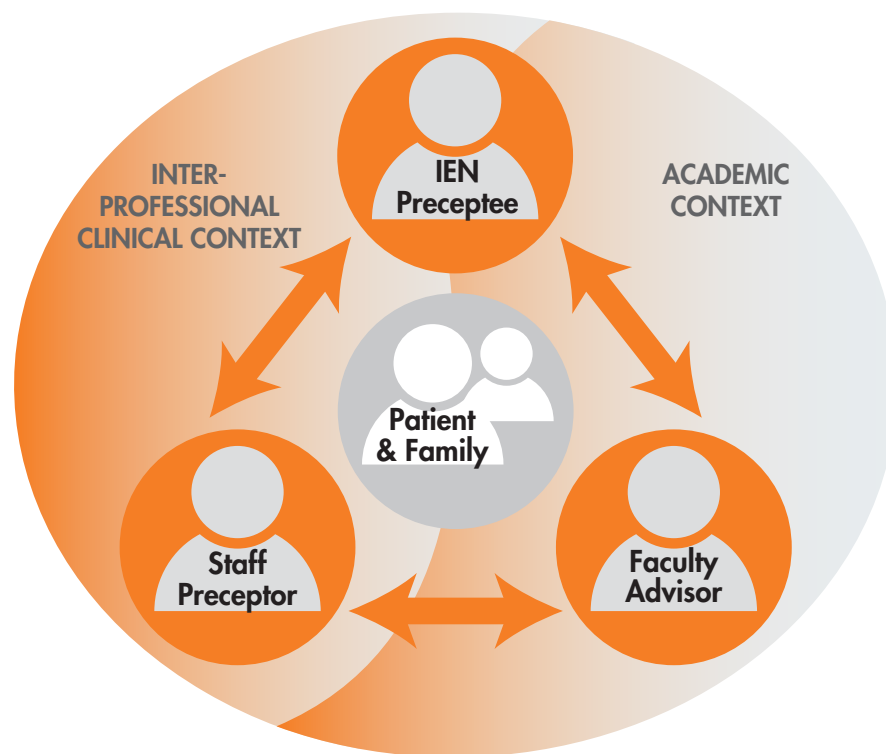


# The Learning Partnership

The Learning Partnership is a collaborative relationship between three key participants: IEN preceptee, staff preceptor, and faculty advisor (see Figure 1). This triad relationship exists within the context of both an interprofessional clinical setting and an academic institution. The patient/family is at the centre of this relationship, as their health and safety is a primary concern. The stakeholders, preceptee, preceptor, faculty advisor, clinical facility and academic institution need to share mutual trust and respect and are expected to make a strong commitment to a positive learning experience.

*"I've seen students in preceptorships from other programs but they didn't have their faculty advisor to lean on. Having the faculty advisor, it's very well balanced. There's a kind of relationship of the three of you. You have your responsibility in your clinical practice but you also have responsibility in your school."*

*~IEN Learner*



**Figure 1: The collaborative relationship between preceptee, preceptor and faculty advisor.**

Source: George Brown College, 2014.

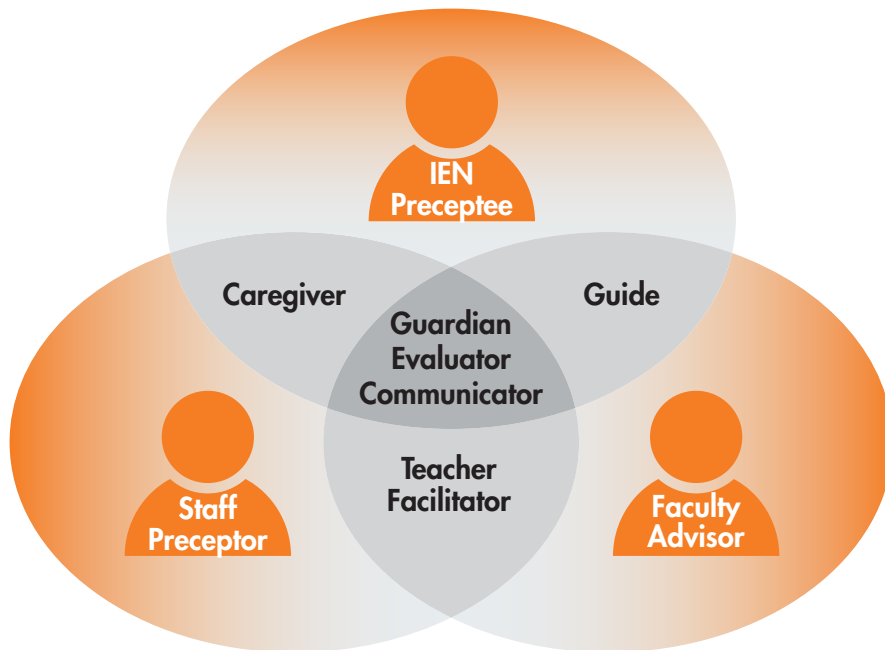


## The Learning Partnership: Roles and Responsibilities

Each member of the Learning Partnership plays various roles and has important responsibilities. *Figure 2* illustrates the individual and overlapping roles. Each is further described on the next pages.

*"I had a good relationship with the faculty advisor and the preceptee. [We] had open communication and collaboration. We met on a regular basis in person, by email and in groups. She was approachable and valued my feedback."*

*~Preceptor*



**Figure 2: Roles of learning partnership participants.**

Source: George Brown College, 2014.

**All partners** in the Learning Partnership share the roles of Guardian, Evaluator and Communicator:

**Guardian**

- Shares a responsibility to protect the health and safety of patients and promotes a healthy work and learning environment.
- Understands and complies with professional and organizational standards.

**Evaluator**

- The preceptee self-evaluates competence and progress, adjusting her/his Personal Learning Plan accordingly; recognizes limitations and scope of practice.
- The preceptor provides constructive daily feedback to the preceptee as well as input to the faculty advisor at designated intervals; evaluates and documents the preceptee's competence and progress using tools provided by the faculty advisor.
- The faculty advisor provides timely and constructive feedback to partners; monitors and evaluates preceptee's performance and progress providing formal formative and summative evaluation, and assigning a grade for achievement of learning outcomes based on input from the preceptor and preceptee.

**Communicator**

- Shares a responsibility to listen well and communicates respectfully, openly and effectively, promoting trust and fostering a spirit of inquiry.

Additionally ... the **IEN Preceptee** is a Caregiver and Learning Guide:

**Caregiver**

- Prepares for, plans, and provides comprehensive care to assigned patients under the direction of a preceptor in accordance with the expected level of knowledge, skill, and scope of practice.
- Works collaboratively with partners and interprofessional team members to plan and provide quality patient-centred care.

**Learning Guide**

- Works collaboratively with both partners to engage in self-reflection, and identify learning needs.
- Takes initiative to direct own learning, seeking out and using resources to enhance learning.
- Develops a Personal Learning Plan in consultation with partners.
- Shows interest and willingness to learn, asks questions, and responds constructively to feedback.
- Completes written and oral assignments as per the course outline.

The **Faculty Advisor** is also a Teacher and Guide/Facilitator:

**Teacher**

- Works collaboratively with both partners to identify the preceptee’s learning needs and Personal Learning Plan; ensures the assignments are appropriate for the goals and objectives of the educational experience.
- Works collaboratively with both partners to promote learning that fosters clinical reasoning and the development of independence.

**Guide/Facilitator**

- Guides the preceptee’s clinical learning through reflection, assignments and case review.
- Communicates expectations and standards and provides resources to support the needs of the preceptor and preceptee.
- Meets regularly with both partners and is available for partners’ questions or concerns.

The **Staff Preceptor** is also a Caregiver, Teacher, and Facilitator:

**Caregiver**

- Shares patient assignment with the preceptee, providing supervision and coaching as needed in the preceptee’s patient care-giving activities; provides direct supervision of the learner and notifies the faculty advisor in the case of an unsafe learner.

**Teacher**

- Acts as a role model exemplar of clinical expertise, judgment, professionalism and interprofessional practice.
- Contributes to the identification of the preceptee’s learning needs and development of a Personal Learning Plan.
- Is aware of the preceptee’s educational curriculum and competency expectations.
- Promotes the development of learning by providing individually designed paced learning experiences, and using strategies such as effective questioning to foster clinical reasoning and the development of independence.
- Ensures that sufficient time is provided for feedback and activities that facilitate learning.

**Facilitator**

- Orients and socializes the preceptee to the unit’s culture, collaborative processes and interprofessional relationships, fostering integration into the clinical role.
- Recommends and facilitates a supportive learning environment.

## What Makes a Successful Preceptor Partnership?

The literature shows that there are several key components that foster a successful preceptor partnership (McClure & Black, 2013; Murphy, 2008; Myrick et al., 2012; Payne, Heye, & Farrell, 2014; Raines, 2012; Staykova et al., 2013):

- ▶ Respectful listening and open lines of communication that contribute to a climate of trust where questions are encouraged;
- ▶ Adequate time to support and engage in the learning process;
- ▶ Preparatory training and ongoing reflection on educational strategies to facilitate learning;
- ▶ Clearly conveyed competency expectations and role responsibilities;
- ▶ Ability to provide and respond constructively to feedback;
- ▶ Prompt identification of competency issues;
- ▶ Ability to self-reflect on performance, take initiative to identify learning needs, and co-create constructive plans to address needs;
- ▶ Recognition and support from faculty, management and peers; and
- ▶ Enthusiasm for nursing and ongoing learning.

Personal characteristics of empathy, warmth, flexibility, fairness, dependability and consistency are also reported in the literature to be highly valued by all partners.

Research shows that preceptors who volunteer for the position are able to create a more positive learning experience, so they should be recruited and selected by the clinical facility on the basis of clinical expertise and interest. Preceptees are selected on the basis of their successful completion of prerequisite courses and willingness to engage

*"It takes patience to be a good preceptor. I know it is a big responsibility and I know it takes time—something that I could do in a half hour takes one hour or even an hour and a half with a student. But I have been a student too and I know being patient makes a difference. I know what it feels like to be out of my comfort zone so I want to do what I can to help a student be comfortable."*

*~Preceptor*

as active adult learners. Both the educational institution and the clinical facility agree to engage in orientation so that all participants are familiar with the others' policies, procedures and expectations.

The careful selection of clinical placement areas is also important. "Learning environments that welcome and support novices and provide opportunities for active participation in patient care have been identified by graduates as an important contributor to their learning" (Newton, Jolly, Ockerby, & Cross, 2010, p. 1372).





# Leading and Coordinating Preceptorship for IENs

## Preceptorship Goals

The goal of George Brown College's Progressive Preceptorship Model is to create a framework for learning that suits the needs of IEN learners and enables them to meet the clinical Course Outcomes and Entry-to-Practice Competencies of the College of Nurses of Ontario (CNO, 2014a, 2014b). The Learning Outcomes for the experience are specified in the Clinical Preceptorship Course Outline (*see Appendix A*) and listed below.

Upon successful completion of this course the IEN preceptee will have reliably demonstrated the ability to:

1. Engage in reflection and self-assessment to identify areas of strength and areas requiring improvement in nursing practice;
2. Implement a comprehensive plan for personal professional learning to advance the quality of one's nursing practice;
3. Use relational skills to establish patient-centred collaborative relationships with clients/patients and the interprofessional health care team;
4. Integrate systematic inquiry into practice by applying theoretical and practical nursing knowledge to conduct comprehensive assessments and respond with competent therapeutic interventions; and
5. Use written, verbal, non-verbal and emerging technology methods to communicate, measure, record and retrieve health care data and plan collaborative care.

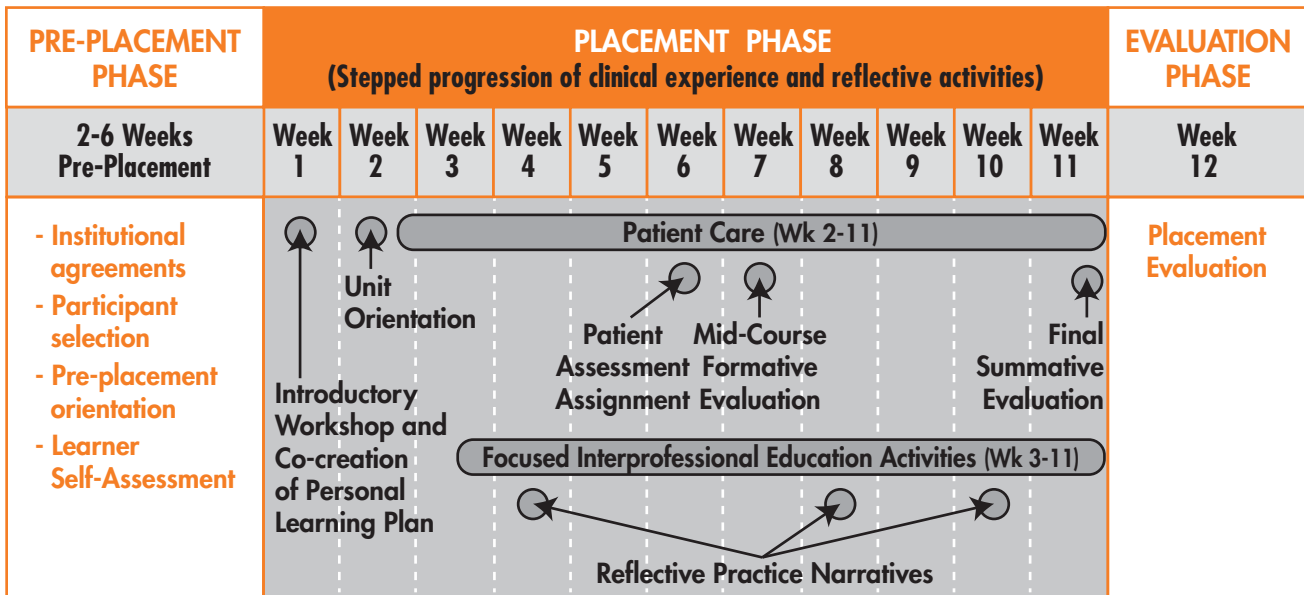
As identified earlier in this Toolkit and Guide, the literature on the subject of *preceptorship* underscores three key needs for a successful preceptorship model; while the literature on the subject of *integration of IENs* adds a fourth:

- ▶ Preceptors want and need preparation for their role as educators;
- ▶ All partners need mutual understanding of role expectations;
- ▶ Effective and open lines of communication are essential; and
- ▶ IENs require socialization to both the culture of the profession and the culture of collaborative education. Without this, they may be reluctant to ask questions or have the confidence to engage actively in the learning process.

*"Preceptorship for me is an opportunity. It's a step toward the real world in nursing ... an opportunity for an IEN to know her weaknesses and strengths and know how she can handle the work load in a setting that's different compared to the one back home."*

*~IEN Learner*

The Preceptorship Model addresses these needs in several ways. The progress of the Preceptorship Model is divided into three phases as illustrated in *Figure 3*, and described on the next pages.



*Figure 3: The three-phase timeline of the progressive preceptorship model.*

Source: George Brown College, 2014.

## 1. Pre-placement Phase

### 1.1 Agreement Between Facility and Academic Institution

Agreement is reached on the number of preceptors and preceptees to be accommodated, clinical placement sites, preceptor schedules, orientation requirements and start/end dates. A 1:1 ratio of preceptees to preceptors is desired, as pairing IEN learners with two or more preceptors has been shown to create discontinuity that causes role confusion and limits the learning. Madhavanpraphakaran, Shukri, and Balachandran (2014) noted “Most preceptors identified factors that facilitate preceptorship as students’ commitment to direct patient care and consistent shift duty with the assigned preceptor during the entire clinical rotation” (p. 28).

The need to schedule preceptor time off for the introductory workshop and educational activities, and create a mechanism for preceptor support and recognition should be identified and agreed upon. Planning of this nature ideally should take place up to six weeks prior to the preceptor’s placement.

## 1.2 Recruitment and Selection of Preceptors, Preceptees and Faculty Advisor

The literature underscores the need for preceptors to be volunteers who willingly engage in the relationship. They should possess good communication ability, clinical expertise, flexibility, and interest in the professional growth of IEN learners. To this end, it is recommended that preceptors apply for the position and complete a registration form that identifies their interests. IEN learners who are selected for preceptorship should possess similar qualities, be willing to take responsibility, and engage as active adult learners. Learners should also be required to complete a registration form prior to their enrolment (see [Appendix B: Sample Preceptorship Information](#)). Faculty advisors who are chosen for the experience should have scheduling flexibility, sufficient expertise to provide educational supervision to both preceptees and preceptors, and be familiar with both the clinical and educational institution's expectations.

## 1.3 Learner's Self-Assessment and Orientation to Preceptorship and Clinical Facility

Learners are anxious about preceptorship and recognize that it is a high stakes experience, but it is new to them, so meeting with the faculty advisor approximately two weeks prior to the placement is essential to allay anxiety and inform them of expectations. This is particularly the case for IENs who may have experienced a different educational culture in their initial nursing education. In addition, most clinical facilities have mandatory pre-practice requirements that learners

*"If I have a student, I want to teach them well, so it's good to learn about things like conflict management, clinical reasoning and how to ask questions."*

*~Preceptor*

need to engage in—either online or in person—in order to orient themselves to that facility's processes, such as electronic charting, and policies and procedures related to ethics, privacy, infection control, fire and violence in the workplace.

Learners are also asked to complete a Self-Assessment that identifies their past experience and comfort level with entry-to-practice competencies. They are asked to bring this Self-Assessment to the introductory workshop (see [Appendix 1A: Formative Self-Assessment Tools](#)).

*"At first I think my heart was racing—there is so much to learn! And I was scared—what will happen to me I wondered?! But now I feel I can do it."*

*~IEN Learner*

*"The best thing about being a preceptor was when she embraced the things I taught her, communication-wise. IEN students tend to be quiet and sometimes they are awkward to talk with patients. But by the end she communicates well, and family members of other patients even commented that she's good at that."*

*~Preceptor*

## 2. Placement Phase

### 2.1 Introductory Workshop and Creation of Personal Learning Plan

There is a one-day introductory workshop that all members of the Learning Partnership attend together. Many preceptorship development models offer introductory workshops, but the fact that the dyads attend together is unique. This provides all partners with an unhurried opportunity to learn what is expected from them, learn about each other and begin to develop both a relationship and a Personal Learning Plan for the experience. Preceptors and faculty advisors need detailed information about the learner's past experience and competencies, and learner preceptees need detailed information about both the clinical setting where they will be placed and the collaborative nature of the learning environment.

Using their completed Self-Assessment as a starting point, learners develop a draft Personal Learning Plan in consultation with their preceptor

*"It's so helpful to be able to have time to talk about student needs. That way you both know about each other, have a chance to develop some rapport."*

*~IEN Learner*

*"This is the first time I've had a chance to meet a student before the semester starts. It's great! There is no anxiousness when the student comes on the unit the first time."*

*~Preceptor*

and faculty advisor. The Personal Learning Plan is intended to be refined in the first two weeks of the clinical placement and used as a tool throughout the semester; revised as the preceptee's learning needs change. It also serves, in essence, as the learning contract, and at the completion of the workshop, a Preceptorship Agreement detailing logistics of this contract should be signed by all parties. Refer to [3: Evaluation Phase](#) for additional details of this evaluation process, as well as [Appendix A2: Personal Learning Plan](#) and [Appendix D: Preceptorship Agreement](#).

*"Preceptorship is a learning experience. You're actually having the full working experience. You're working alongside a nurse, but you are actually responsible for your own patients and by the end of the preceptorship, you're carrying a full case load."*

*~IEN Learner*

**Workshop Design:** The introductory workshop is a combination of didactic and interactive approaches, designed to apply the research on best teaching practices for adult learning and preceptor preparation. Working from the premise that learners actively build confidence and enhance the transfer of learning, it assumes a constructivist stance, incorporating four main aspects of constructivist learning:

Learners construct their own meaning; new learning builds on prior knowledge; learning is enhanced by social interaction; and meaningful learning develops through authentic tasks (Finn & Chesser-Smyth, 2013, p. 312).

This constructivist approach compliments the research of Myrick et al. (2012) regarding the “transformation” of preceptors through **engagement** (with each other and with the subject), **enrichment** (acquisition of new knowledge), and **critical reflection** (to build awareness of self as well as understanding of the workshop content). Participants of the workshop are thus given an opportunity to acquire knowledge and then apply it, by engaging with each other as they address realistic scenarios from the practice environment.

**Workshop Content:** Discussion related to the creation of a Personal Learning Plan includes the principles of adult learning, learning styles, and information to build understanding of IEN learners. Roles/responsibilities and characteristics of a positive learning environment are identified and discussed. Learning strategies, such as providing constructive feedback, using questioning as a learning tool, and approaches for building clinical reasoning are explored and practised. Guidelines are also provided and discussed to prepare participants for potentially negative occurrences such as coping with conflict, critical incidents, illness or the need to deal with a IEN learner who is struggling. (Refer to *Appendix C: Workshop Agenda*).

All workshop participants receive a copy of the Course Outline and a binder of handouts related to the workshop content. The introductory day represents, for some participants, a considerable amount of new learning. Participants have commented that they appreciate having something to refer back to as the semester evolves.

## 2.2 Stepped Progression of the Clinical Experience

In the first week of the placement experience, the learner shadows a preceptor and is oriented and socialized to the unit and its patients’ needs. Learning needs are identified and refined, and plans are made to meet these needs. As the semester progresses and the learner’s competency grows, she/he assumes a more comprehensive assignment until capable of managing a nursing assignment equivalent to that of a novice staff nurse. As this is the IEN learner’s final clinical experience, it is expected that at the completion of the semester, the learner will be able to meet the entry-to-practice competencies at a Self-Directed (SD) level.

**NOTE:** The definition of Self-Directed in this case means a learner “demonstrates understanding of the competency, working mostly independently, seeking information and consultation only when required” (see *Appendix A: Clinical Preceptorship Course Outline*).

*“After doing this preceptorship I feel really ready to work as a nurse.”*  
~IEN Learner

*“The first day, it’s just like shadowing. She said, “you come with me, learn with me, but on the second day, I will let you do it by yourself, but if you are not sure, you must approach me”. On the second day, I had one patient and she asked me, “how do you feel?” I said, “fine, give me more”. So on my third day, I had two patients. And then additional after that.”*  
~IEN Learner



The literature identifies that regular on-site visits by the faculty advisor are an important element of the preceptorship model's success in order to provide support, keep lines of communication open, and ensure that the needs of preceptees and preceptors are being met. It is suggested that on-site faculty visits occur weekly at the outset, then bi-weekly once a relationship is established and it is clear that learning needs are being met.

*"The main thing I really learned from this preceptorship is how to communicate—with patients, staff, family and other professionals. I was very nervous at first—I did not know if my English would be good enough."*  
~IEN Learner

## 2.3 Provision of Ongoing Reflective Opportunities and Peer Support

Two group seminars (on the topics of Conflict and Collaboration) are facilitated during the semester to address the interprofessional competencies of the curriculum, clarify the evaluation process, and provide an opportunity for preceptees and preceptors to gather informally with their peers.

IEN learners are required to complete three Reflective Practice Narratives, a written and oral Patient Assessment and participate in

interprofessional activities (see Appendix A: *Clinical Preceptorship Course Outline for details*).

The written patient assessment, as well as the oral patient presentation is received by both the preceptor and faculty advisor in order for the IEN learner to build communication skills and interprofessional competencies. Reflective Practice Narratives are marked by and discussed with the faculty advisor.

## 3. Evaluation Phase

This third phase, Evaluation, is described in detail in the next chapter.



# IEN Clinical Practice and Pilot Evaluation

## Clinical Practice Evaluation

“Evaluation is the process of determining merit, worth, or significance; an evaluation is a product of that process” (Scriven, n.d.). The evaluation of the performance of clinical competencies is categorized as *formative* and *summative* evaluation.

*Formative evaluation* is the process of seeking ongoing feedback on performance. The purpose is to identify areas of performance that meet the entry-to-practice competencies at a Self-Directed (SD) level and those that require remediation by sharing observations and perceptions with the learner, and offering corrective suggestions. Formative results assist the preceptor and/or faculty advisor to plan learning activities that are suited to the IEN learner’s needs. Unsafe or questionable practices are addressed immediately with the learner.

The formative evaluation is based on the learner’s documentation, including: charting/progress notes, patient care plans, process recording, Reflective Practice Narratives (*see Appendix A3*) and the observations by the preceptor during clinical scenarios and case studies, as well as any other learning activities. The literature indicates that learners may have good knowledge and practical skills but lack clinical reasoning skills. These clinical reasoning skills can be strengthened through regular case review discussions and formal mid-course evaluation, which provide the learner with opportunities to review progress and identify strengths and weaknesses.

If weaknesses are identified, a prescription for progress is developed and the learner modifies her/his Personal Learning Plan (*see Appendix A2*). All assignments are marked by the faculty advisor based on the Rubrics appended to the Course Outline.

**Summative evaluation** is the process of assigning a Pass (P) | Not Pass (NP) grade in the course, based on overall performance. Learners are required to pass all competencies as stated in the Clinical Practice Evaluation Rubric (*see Appendix A5: Clinical Practice Evaluation Rubric*) and complete all assignments in order to successfully complete the course.

Preceptors are invited to share their thoughts about their learner’s progress with the faculty advisor during evaluation activities, however they are not required to grade the learner.

### NOTES:

*Appendix A5: Clinical Practice Evaluation Rubric* addresses all the competencies of the clinical component as set by the College of Nurses of Ontario (CNO, 2014a, 2014b).

Precepted learners are expected to perform at a Self-Directed (SD) level on the competency indicators.

## Instructions

- ▶ The learner must complete the Formative Self-Assessment Tools (see [Appendix A1](#)), and develop a Personal Learning Plan (see [Appendix A2](#)).
- ▶ The learner is required to self-evaluate her/his clinical performance for the Mid-Course Evaluation using the Clinical Practice Evaluation Rubric (see [Appendix A5](#)) and update her/his Personal Learning Plan. These documents must be submitted to the preceptor and the faculty advisor one week prior to the formal meeting or at a date prescribed by the preceptor/faculty advisor to allow some time for careful reflection on the learner's performance.
- ▶ The learner's Self-Assessment is discussed in conference with the preceptor and the faculty advisor, and the learner's Personal Learning Plan is modified as needed. The three parties must sign off on the Clinical Practice Evaluation Form (see [Appendix A5](#)).
- ▶ Similarly, the learner will complete the Clinical Practice Evaluation Form (see [Appendix A5](#)) one week prior to the Final Evaluation and a three-way conference will be scheduled to reflect on the learner's knowledge, skills and attitudes.
- ▶ The learner, preceptor and faculty advisor will reconvene to determine if the learner can perform at the Self-Directed (SD) level on competency indicators. Based on the data collected, the faculty advisor will complete a Summative Record of Clinical Practice (see [Appendix A6](#)) and assign a Pass (P) | Not Pass (NP) grade. The learner and faculty advisor must sign off on this form.

The clinical practice evaluation process is depicted in [Figure 4](#) (next page).

## Pilot Evaluation

### **Preceptee Perceptions of the IEN Clinical Experience**

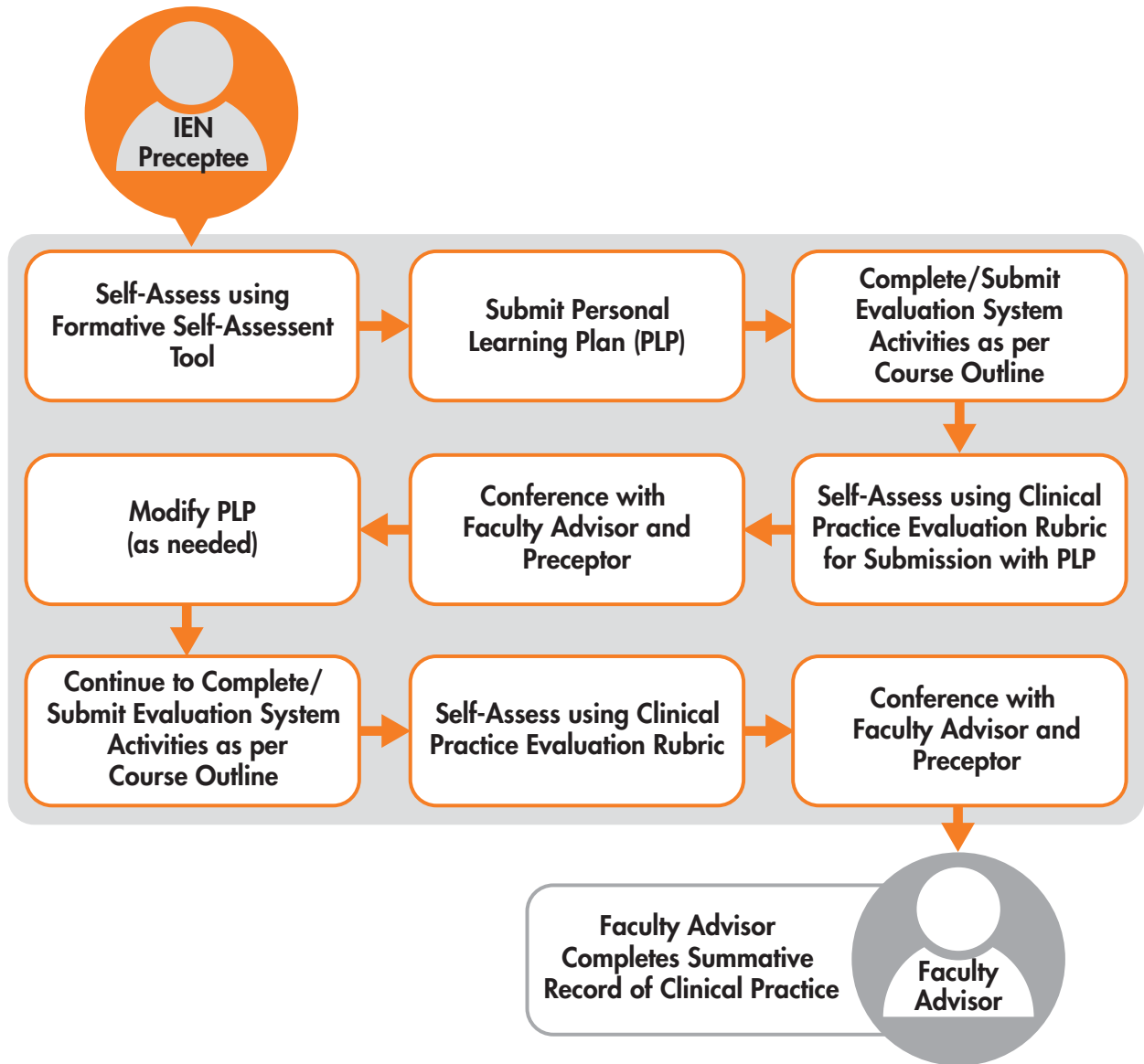
"Clinical placements ... are pivotal in providing opportunities for skill development, professional socialization and integrating learning across the parallel universes of academia and the workplace" (Newton et al., 2010). To determine what impact the Progressive Preceptorship Model had on IEN learners' perceptions of their clinical learning environments, they are asked to complete a survey (see [Appendix E: Preceptee Survey of IEN Clinical Experience](#)). In addition, the IENs are asked to participate in Focus Groups following their clinical experience.

### **Preceptor Perceptions of the IEN Clinical Experience**

"Nurse preceptors remain the key providers of individualized, experiential learning opportunities for students in professional practice courses" (Madhavanpraphakaran et al., 2014, p. 28). To explore the preceptors' perceptions of the teaching and learning process of IEN learners in the Progressive Preceptorship Model, they are asked to complete a survey (see [Appendix F: Preceptor Survey of IEN Clinical Experience](#)). In addition, preceptors are asked to participate in Focus Groups.

### **Faculty Perceptions of the IEN Clinical Experience**

"Faculty support and guidance are crucial ... when critical decisions regarding student competence and ultimate preparation for registration are in question" (Luhanga, Irene, Yonge, & Myrick, 2014, p. 85). To determine the faculty advisor role and responsibilities in preceptorship, they are asked to participate in a Focus Group session.



**Figure 4: Flow diagram of clinical practice evaluation.**

Source: George Brown College, 2014.





# Glossary

**Clinical Instructor (CI):** A representative from an educational facility who provides supervision, support and clinical instruction to students. In a precepted clinical, the clinical instructor is replaced by a faculty advisor.

**Faculty Advisor:** A representative from the educational facility who directs and supports the preceptorship model. The Faculty Advisor communicates expectations, provides resources as needed, works collaboratively with the preceptors and learners to foster clinical reasoning and development of independence, provides timely and constructive feedback to all partners, and assigns a grade for achievement of learning outcomes.

**Formative Evaluation:** The process of seeking ongoing feedback on performance to determine what is going well and what requires remediation, sharing observations and perceptions, and offering corrective suggestions.

**Internationally Educated Nurse (IEN):** A nurse who has received nursing education outside of Canada. IENs often have considerable past experience, but may experience a gap and/or difference in their competencies compared to nurses who received their training in Canada. They may experience differences in: nursing roles, the use of technology and resources, communication, the workplace culture, and the interprofessional context of a rapidly changing health care system.

**Learning Partnership:** A collaborative relationship between three key participants of the Progressive Preceptorship Model: IEN preceptee, staff preceptor, and faculty advisor.

This triad relationship exists within the context of both an interprofessional clinical setting and an academic institution. All members need to share mutual trust and respect and are expected to make a strong commitment to a positive learning experience.

**Preceptee:** A learner who is chosen to participate in a preceptorship education experience. In this Progressive Preceptorship Model, the learner is an IEN. Preceptees must not be hesitant to ask questions and seek direction; they must take initiative to identify their strengths and learning needs, seek out resources to prepare for their clinical experience, and respond constructively to feedback.

**Preceptor:** A staff nurse at a health care facility who is “a proficient or expert practitioner who enters into a one-to-one relationship with a learner [the preceptee] for a set period of time to provide on-site supervision along with clinical teaching and instruction” (CNO, 2009, p. 4).

**Self-Directed (SD):** A minimum performance level set by the College of Nurses of Ontario. A preceptee is deemed able to perform at a Self-Directed (SD) level on competency indicators if she/he understands the competency, is able to work mostly independently, seeks information, and consults only when required.

**Summative Evaluation:** Summative evaluation is the process of assigning a Pass (P) | Not Pass (NP) grade in the course, based on the data acquired during the formative evaluation phase.



# References

- Atack, L., Cruz, E.V., Maher, J., & Murphy, S. (2012). Internationally educated nurses' experience with an integrated bridge program. *Journal of Continuing Education in Nursing, 43*(8), 370-378.
- Baumann, A. & Blythe, J. (2013). *Hamilton Health Sciences, Internationally Educated Nurse (IEN) and English as a Second Language (ESL) Nurse integration project, 2012-2015: Series Report 37: Interim report*. Nursing Health Services Research Unit: McMaster University. Retrieved from [http://nhsru.com/wp-content/uploads/2013-Series-37-HHS\\_IEN\\_ESL\\_UpdatedMay5final.pdf](http://nhsru.com/wp-content/uploads/2013-Series-37-HHS_IEN_ESL_UpdatedMay5final.pdf)
- Blythe, J. & Baumann, A. (2008). *Supply of Internationally Educated Nurses in Ontario: Recent developments and future scenarios*. Health Human Resources, Series No. 9. Nursing Health Services Research Unit: McMaster University. Retrieved from <http://www.nhsru.com/wp-content/uploads/2010/11/Series-9-Internationally-Educated-Nurses-in-Ontario-03-24-081.pdf>
- Blythe, J., Baumann, A., Rhéaume, A., & McIntosh, K. (2009). Nurse migration to Canada: Pathways and pitfalls to workforce integration. *Journal of Transcultural Nursing, 20*(2), 202-210.
- College of Nurses of Ontario (CNO). (2009). *Practice guideline: Supporting learners*. Toronto, ON: Author. Retrieved from [http://www.cno.org/Global/docs/prac/44034\\_SupportLearners.pdf](http://www.cno.org/Global/docs/prac/44034_SupportLearners.pdf)
- College of Nurses of Ontario (CNO). (2014b). *Competencies for entry-level Registered Nurse practice*. Retrieved from [http://www.cno.org/Global/docs/reg/41037\\_EntryToPractic\\_final.pdf](http://www.cno.org/Global/docs/reg/41037_EntryToPractic_final.pdf)
- College of Nurses of Ontario (CNO). (2014a). *Entry-to-practice competencies for Ontario Registered Practical Nurses*. Retrieved from [http://www.cno.org/Global/docs/reg/41042\\_EntryPracRPN.pdf](http://www.cno.org/Global/docs/reg/41042_EntryPracRPN.pdf)
- Cruz, E.V. (2011). *The experience of quality of life for internationally educated nurses becoming Registered Nurses in Ontario*. A thesis submitted to the Faculty of Graduate Studies in partial fulfillment of the requirements for the degree of Master of Science in Nursing, York University, Toronto.
- DeWolfe, J.A., Laschinger, S., & Perkin, C. (2010). Preceptors' perspectives on recruitment, support and retention of preceptors. *Journal of Nursing Education, 49*(4), 198-206.
- Finn, F.L. & Chesser-Smyth, P. (2013). Promoting learning transfer in preceptor preparation. *Journal for Nurses in Professional Development, 29*(6), 309-315.
- Health Force Ontario. (2014). *Working as a nurse*. Retrieved from [http://www.healthforceontario.ca/en/Home/Students/Working\\_as\\_a\\_Health\\_Care\\_Professional/Nurse](http://www.healthforceontario.ca/en/Home/Students/Working_as_a_Health_Care_Professional/Nurse)
- Horton, C.D., DePaoli, S., Hertach, M., & Bower, M. (2012). Enhancing effectiveness of nurse preceptors. *Journal for Nurses in Staff Development, 28*(4), E1-E7.
- Kolawole, B. (2009). *Understanding the barriers confronting internationally educated nurses in integrating in the Ontario healthcare system using postcolonial theory*. Paper presented to 2009 Ethnic Immigration and Pluralism Graduate Student Conference. University of Toronto. Lawrence S. Bloomberg Faculty of Nursing.

- Lowe, M., Paulenko, T., Jardine, J., Marten-Daniel, P., Summers, S., Demeris, H., & Freedman, J. (2012). *Interprofessional education for internationally educated nurses: A resource to support group clinical placement program planning, implementation and evaluations*. Toronto Rehab and George Brown College: Toronto, Ontario.
- Luhanga, F.L., Dickieson, P., & Mossey, S.D. (2010). Preceptor preparation: An investment in the future generation of nurses. *International Journal of Nursing Education Scholarship*, 7(1), article 38-18, doi: 10.2202/1548-923X.1940.
- Luhanga, F.L., Irene, K., Yonge, O., & Myrick, F. (2014). The role of faculty advisors in preceptorship: From a faculty point of view. *Journal of Nursing Education and Practice*, 5(1), 85-94.
- Madhavanpraphakaran, G.K., Shukri, R.K., & Balachandran, S. (2014). Preceptors' perceptions of clinical nursing education. *Journal of Continuing Education in Nursing*, 45(1), 28-34. doi:10.3928/00220124-20131223-04.
- McClure, E. & Black, L. (2013). The role of the clinical preceptor: An integrative literature review. *Journal of Nursing Education*, 52(6), 335-341.
- Mitchell, D. & Kennedy, M. (2013). *The experience of undergraduate nursing students, preceptors and academic staff members in clinical practice: An exploration of this triadic relationship*. New Zealand: Nelson Marlborough Institute of Technology. Retrieved from <http://www.nmit.ac.nz/assets/Uploads/About-NMIT/pdfs/Research/Preceptorship-report-Mitchell-Jan13.pdf>
- Murphy, B. (2008). Positive precepting: Preparation can reduce the stress. *MedSurg Nursing*, 17(3), 183-188.
- Myrick, F., Luhanga, F. Billay, D., Foley, V., & Yonge, O. (2012). Putting the evidence into preceptor preparation. *Nursing Research and Practice*, 2012, 1-7.
- Newton, J. M., Jolly, B. C., Ockerby, C. M., & Cross, W. M. (2010). Clinical learning environment inventory: Factor analysis. *Journal of Advanced Nursing*, 66(6), 1371-1381. doi: 10.1111/j.1365-2648.2010.05303.x
- Newton, S., Pillay, J., & Higginbottom, G. (2012). The migration and transitioning experiences of internationally educated nurses: A global perspective. *Journal of Nursing Management*, 20(4), 534-550.
- Omansky, G.L. (2010). Staff nurses' experiences as preceptors and mentors: an integrative review. *Journal of Nursing Management*, 18, 697-703.
- Ontario Hospital Association. (2011). To provide quality care, our health workforce profile should mirror the diverse Canadian population. Retrieved from <http://ien.oha.com/hiringiens/Pages/default.aspx>
- Owens, N.G. (2013) New graduate nurse preceptor program: A collaborative approach with academia. *Journal of Nursing Education and Practice*, 3(12).
- Payne, C., Heye, M.L., & Farrell, K. (2014). Securing preceptors for advanced practice students. *Journal of Nursing Education and Practice*, 4(3), 167-179.
- Raines, D.A. (2012). Nurse preceptor's views of precepting undergraduate nursing students. *Nursing Education Perspectives*, March-April, 33(2), 76-9.

- Scriven, M. (n.d.). *The logic of evaluation*. Retrieved from <http://scholar.uwindsor.ca/cgi/viewcontent.cgi?article=1390&context=ossaarchive>
- Sedgwick, M. & Harris, S. (2012). A critique of the undergraduate nursing preceptorship model. *Nursing Research and Practice*, Article ID 248356, 6 pages, doi: 10.1155/2012/248356.
- Staykova, M.O., Huson, C., & Pemnington, D. (2013). Empowering nursing preceptors to mentoring undergraduate senior students in acute care settings. *Journal of Professional Nursing*, 29(5), e32-e36.
- Walton-Roberts, M., Guo, J., Williams, K., & Hennebry, J. International Migration Research Center (2014). *Immigration policy changes and entry to practice, routes for Internationally Educated Nurses (IENs): A skills development knowledge synthesis grant funded by the Social Sciences and Humanities Research Council (SSHRC)*. Retrieved from [http://limrc.ca/wp-content/uploads/2013/09/SSHRC-FINAL-mar-14-2014typeset3\\_1.pdf](http://limrc.ca/wp-content/uploads/2013/09/SSHRC-FINAL-mar-14-2014typeset3_1.pdf)
- Walton-Roberts, M. & Hennebry, J. (2012). *Indirect Pathways into Practice: A Comparative examination of Indian and Philippine Internationally Educated Nurses and their entry into Ontario's nursing profession*. Toronto, ON: CERIS - The Ontario Metropolis Centre.
- Xu, Y. & He, F. (2012). Transition programs for internationally educated nurses: What can the United States learn from the United Kingdom, Australia and Canada? *Nursing Economics*, 30(4), 215-239.







# Appendices

Appendix	Item	Primary Audience
A	Clinical Preceptorship Course Outline	Information for: Learner, Faculty Advisor and Preceptor
A1	Formative Self-Assessment Tools: ~ Part 1: Formative Self-Assessment Form ~ Part 2: Formative Self-Assessment Summary	Completed by: Learner Submitted to: Faculty Advisor and Preceptor
A2	Personal Learning Plan ~ Personal Learning Plan Template ~ Example of Personal Learning Plan and Feedback	Completed by: Learner Submitted to: Faculty Advisor and Preceptor
A3	Reflective Practice Narrative Rubric	Completed by: Learner Submitted to: Faculty Advisor
A4	Patient Assessment Assignment Guidelines	Completed by: Learner Submitted to: Faculty Advisor and Preceptor
A5	Clinical Practice Evaluation Rubric ~ Clinical Practice Evaluation Form	Completed by: Learner Submitted to: Faculty Advisor and Preceptor
A6	Summative Record of Clinical Practice	Completed by: Faculty Advisor
A7	Clinical Reasoning	Information for: Learner and Preceptor
B	Sample Preceptorship Information ~ Information Flyer for Preceptee ~ Registration Form for Preceptee ~ Recruitment Flyer for Preceptor	Information for: Educational and Health Care Partners and Learners
C	Workshop Agenda	Information for: Educational and Health Care Partners and Learners
D	Preceptorship Agreement ~ Attendance and Comment Log ~ Roles and Responsibilities	Information for: Learner, Faculty Advisor and Preceptor
E	Preceptee Survey of IEN Clinical Experience	Completed by: Learner Submitted to: George Brown College for Placement Evaluation
F	Preceptor Survey of IEN Clinical Experience	Completed by: Preceptor Submitted to: George Brown College for Placement Evaluation

## Adapting the Content

The Appendices for *Progressive Preceptorship for IENs Toolkit and Guide. A Resource for Clinical Placements* contain a clinical course outline, templates, forms, evaluation instruments and sample information materials to support the preceptorship placement. You are invited to adapt this Progressive Preceptorship Model and the supporting materials to meet the needs of your organization. This Model was designed for Internationally Educated Nurses (IENs), however, it could be transferable to other undergraduate health care programs.



# Appendix A: Clinical Preceptorship Course Outline

**Course Name:** Clinical Practice Consolidation [Precepted]

**Course Code:** NURS 1066

**Credit Hours:** 200 hours

**Prerequisites:** Completion of all Theory Components, Clinical Pre-Placement Health Form, CPR for Health Care Providers, a clear Police Check, and Mask Fit Testing

**Corequisites:**

**PLAR Eligible:** Yes (X) No ( )

**Effective Date:**

<b>Faculty:</b>	<b>Name:</b>	<b>Office #:</b>
	<b>Phone:</b>	<b>Email:</b>

<b>FOR OFFICE USE ONLY</b>	Date of Revision:
Originator:	Date:
Chair: Patricia Marten-Daniel	Date:

**NOTE TO STUDENTS:** Academic Departments at George Brown College will NOT retain historical copies of Course Outlines. We urge you to retain this Course Outline for your future reference.

**EQUITY STATEMENT:** George Brown College values the talents and contributions of its students, staff and community partners and seeks to create a welcoming environment where equity, diversity and safety of all groups are fundamental. Language or activities that are inconsistent with this philosophy violate the College policy on the Prevention of Discrimination and Harassment, and will not be tolerated. The commitment and cooperation of all students and staff are required to maintain this environment. Information and assistance are available through your Chair, Student Affairs, the Student Association or the Human Rights Advisor.

George Brown College is dedicated to providing equal access to students with disabilities. If you require academic accommodations, visit the Disability Services Office or the Deaf and Hard of Hearing Services Office on your campus.

**STUDENT RESPONSIBILITIES:** Students should refer to the Continuing Education website at [coned.georgebrown.ca](http://coned.georgebrown.ca) for additional information regarding the grading system, withdrawals, exemptions, class assignments, missed tests and exams, supplemental privileges, and academic dishonesty. Students are required to apply themselves diligently to the course of study, and to prepare class and homework assignments as given. Past student performance shows a strong relationship between regular attendance and success.

## Course Description

This hospital-based course provides an opportunity to synthesize prior learning and apply this to the care of patients and families experiencing acute and chronic illness across the adult life span.

The course uses an integrated Interprofessional Education (IPE) immersion approach to develop communication and collaboration skills. An emphasis on reflective practice promotes critical thinking and the advancement of competencies required for safe and ethical nursing practice that prepares IEN learners to meet Entry-to-Practice requirements for Ontario RNs and RPNs.

## Essential Employability Skills

As mandated by the Ministry of Training, Colleges and Universities essential employability skills (EES) will be addressed throughout all programs of study. Students will have the opportunity to learn (L) specific skills, to practise (P) these skills, and/or be evaluated (E) on the EES outcomes in a variety of courses. The EES include communication, numeracy, critical thinking and problem solving, information management, and interpersonal and personal skills. The faculty for this course has indicated which of the EES are **Learned (L)**, **Practised (P)** or **Evaluated (E)** in this course:

Skill	L	P	E	Skill	L	P	E
1. Communicate clearly, concisely and correctly in the written, spoken and visual form that fulfills the purpose and meets the needs of the audience.	X	X	X	7. Locate, select, organize and document information using appropriate technology and information sources.	X	X	X
2. Respond to written, spoken or visual messages in a manner that ensures effective communication.	X	X	X	8. Show respect for the diverse opinions, values, belief systems, and contributions of others.		X	X
3. Execute mathematical operations accurately.		X	X	9. Interact with others in groups or teams in ways that contribute to effective working relationships and the achievement of goals.	X	X	X
4. Apply a systematic approach to solve problems.	X	X	X	10. Manage the use of time and other resources to complete projects.	X	X	X
5. Use a variety of thinking skills to anticipate and solve problems.	X	X	X	11. Take responsibility for one's own actions, decisions and consequences.	X	X	X
6. Analyze, evaluate and apply relevant information from a variety of sources.	X	X	X				

## Course Outcomes

Upon successful completion of this course the learner will have reliably demonstrated the ability to:

1. Engage in reflection and self-evaluation to identify areas of strength and areas requiring improvement in nursing practice.
2. Implement a comprehensive plan for personal professional learning to advance the quality of one's nursing practice.
3. Use relational skills to establish patient-centred collaborative relationships with clients/patients and the health care team.
4. Integrate systematic inquiry into practice by applying theoretical and practical nursing knowledge to conduct comprehensive assessments and respond with competent therapeutic interventions.
5. Use written, verbal, non-verbal and emerging technology methods to communicate, measure, record and retrieve health care data and plan collaborative patient care.

## Delivery Methods/Learning Activities

- Case studies
- Learner presentation/demonstration
- Interactive/cooperative learning activities
- Peer feedback
- Assignments
- Collective problem solving
- Small group discussions
- Role playing
- Focused Interprofessional Education (IPE) activities
- Independent reading and review
- Critical self-evaluation
- Reflection
- Guided clinical practice

## Required Textbooks and Resources

- College of Nurses of Ontario (CNO) documents: <http://cno.org>
- Registered Nurses Association of Ontario (RNAO) Best Practice Guidelines: <http://rnao.org>
- Nursing textbooks (the learner's choice) and Internet resources, as required, to prepare for the provision of comprehensive care to patients in the clinical setting within the scope of practice. This includes but is not limited to the literature related to interprofessional teamwork, pharmacology, health assessment, pathophysiology, communication, critical thinking, and nursing care of patients experiencing acute and chronic illness.

## Grading System

The grading system for this course is: Pass (P) | Not Pass (NP). The passing grade for this course is: Pass (P). Learners are required to complete all evaluation elements and achieve a grade of Pass (P) on all competency indicators in the Final Clinical Practice (Summative) Evaluation in order to receive a grade of Pass (P) in the course. Learners in NURS 1066 (*Clinical Practice Consolidation*) are expected to perform at a Self-Directed (SD) level on competency indicators (see [Appendix A5: Clinical Practice Evaluation Rubric](#)).

**NOTE:** Clinical Practice (NURS 1066) is a compulsory course for the *Interprofessional Collaborative Care Certificate*.

## Activities and Evaluation

Activity <sup>1</sup>	Description <sup>2</sup>	Due Date <sup>3</sup>
Initial Self-Assessment <sup>4</sup>	Complete an initial 'Self-Assessment' as the first step in creating your Personal Learning Plan. Reflect on prior experience; identify strengths, areas for development and your learning style using the Formative Self-Assessment Tools (Appendix A1).	Pre-placement
Introductory Workshop	Attend a workshop and meet your assigned preceptor; begin developing your 'Personal Learning Plan' (bring your completed 'Self-Assessment'); learn about strategies for constructive learning.	Week 1
Personal Learning Plan	Complete and submit your 'Personal Learning Plan' using the Personal Learning Plan Template (Appendix A2).	Week 1 and ongoing
Patient Care	Meet competencies as identified in the Clinical Practice Evaluation Rubric (Appendix A5).	Week 2 and ongoing
Reflective Practice Narrative (written)	Complete and submit written 'Reflective Narrative (#1)' on patient care you have given. Use the Reflective Practice Narrative Rubric (Appendix A3).	Week 4
Focused Interprofessional Education (IPE) Activities	Participate in Meet & Greet Session; Interprofessional (IP) Team Member Shadowing; Focused IP Reflection Seminars.	Weeks 3 to 11
Patient Assessment (written and oral)	Complete and submit written 'Patient Assessment' of a patient's situation and needs. Use the Patient Assessment Assignment Guidelines (Appendix A4). Be prepared to present an Oral Report without notice.	Week 6
Mid-Course Clinical Practice (Formative) Evaluation	Complete and submit mid-course 'Clinical Practice Evaluation' based on a self-evaluation using the Clinical Practice Evaluation Form (Appendix A5); submit revised Personal Learning Plan. Conference with Faculty Advisor and preceptor to discuss progress and plan next steps.	Week 7
Reflective Practice Narrative (written)	Complete and submit written 'Reflective Narrative (#2)' on actions you have taken to collaborate in an interprofessional team. Use the Reflective Practice Narrative Rubric (Appendix A3).	Week 8
Reflective Practice Narrative (written)	Complete and submit written 'Reflective Narrative (#3)' on patient care you have given. Use the Reflective Practice Narrative Rubric (Appendix A3).	Week 10
Final Clinical Practice (Summative) Evaluation	Submit final 'Clinical Practice Evaluation' based on a self-evaluation using the Clinical Practice Evaluation Form (Appendix A5). Conference with faculty advisor and preceptor to determine the level of performance. George Brown College faculty assigns Pass (P)   Not Pass (NP) grade.	Week 11 and 12
Summative Record of Clinical Practice	Sign the 'Summative Record of Clinical Practice' completed by George Brown College faculty (Appendix A6).	Week 12

<sup>1</sup> These Activities can be found in Appendices A1-A7. George Brown College faculty (or faculty advisor) will provide copies.

<sup>2</sup> A complete description of each evaluation component is included in the Course Outline.

<sup>3</sup> Due dates may vary. George Brown College faculty (or faculty advisor) will provide session-specific dates at the start of each semester.

<sup>4</sup> Learners are reminded to provide evidence of clinical reasoning in all assignments and clinical activities.



## Expectations Regarding Patient Safety

This course provides an opportunity for learners to synthesize their knowledge that they gained from prior experience and apply it to patient care. This is a complex and challenging process that carries significant responsibility and professional accountability. Learners are therefore expected at all times to engage in behaviour that promotes patient safety and improves patient outcomes. This includes, though is not limited to the following learner actions.

Learners:

- ▶ are expected at all times to meet the standards and policies of the College of Nurses of Ontario and the clinical facility in which they are working;
- ▶ must arrive prepared and ready to practise safely each clinical day, which means they must:
  - think actively about what information they need in order to make sound clinical decisions;
  - take initiative to identify their own knowledge gaps and then take initiative to fill these gaps;
  - research evidence to become familiar with their patients' conditions and required nursing interventions as needed.

**Learners who are not adequately prepared or are unable to provide safe nursing care for their assigned patients will not be permitted to provide care.**

The preparation and administration of medication and the completion of any Controlled Acts<sup>5</sup> must be carried out under the direct supervision of a preceptor or her/his designate until such time as the preceptor has stated that the learner has developed sufficient skill to perform these acts safely without direct supervision.

Since competent professional nursing practice requires not only psychomotor skills but also complex thinking skills, learners are expected to engage actively in the process of clinical reasoning. Clinical reasoning is the ability of the nurse to filter clinical data as the patient's situation changes over time; (re)prioritizing planned interventions as needed. See *Appendix A7: Clinical Reasoning* for questions to guide clinical reasoning and a list of resources for further learning.

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<sup>5</sup> Controlled Acts are those defined by the Regulated Health Professions Act and described in: College of Nurses of Ontario. (2014). Legislation and Regulation - RHPA: Scope of Practice, Controlled Acts Model. Available from [http://www.cno.org/Global/docs/policy/41052\\_RHPAscope.pdf](http://www.cno.org/Global/docs/policy/41052_RHPAscope.pdf)

## Personal Learning Plan

### Purpose of Assignment

Creating a Personal Learning Plan provides the learner and the preceptor and faculty advisor with an opportunity to co-develop a meaningful and relevant personal plan that is tailored to each learner's prior experience, strengths, areas for development and personal learning style. The assignment recognizes that IEN learners are adults who are entering the course with considerable past experience and therefore are expected to be self-regulated professionals. As such, they need to actively participate in self-assessing their learning needs and identifying the most relevant strategies for meeting those needs.

The Personal Learning Plan also forms a learning contract between the learner and faculty. Each member of this Learning Partnership is making a commitment to work toward the stated objectives.

### Instructions for Creating and Using a Personal Learning Plan

A Personal Learning Plan is defined as “a structured and supported process undertaken by an individual to reflect upon their own learning, performance and/or achievement and to plan for their personal, educational and career development” (The Higher Education Academy, 2014, p. 6).

The plan should be developed during Weeks 1 and 2, and referred to throughout the learner's clinical practice. It is intended to be an evolving document that is used and modified throughout the semester as learning needs change.

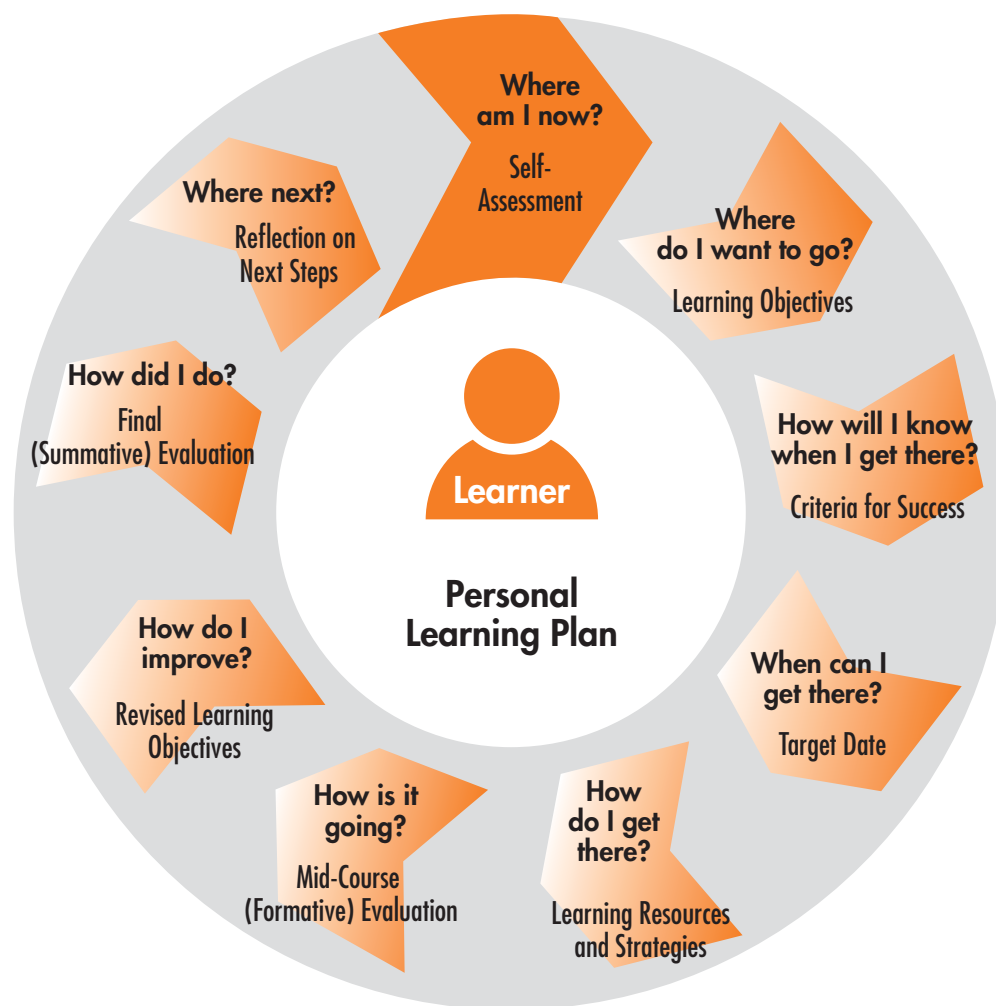
### Steps in Developing a Personal Learning Plan

As illustrated in *Figure A1* (next page), there are several steps in developing and using a Personal Learning Plan. The process starts at the top of the wheel with “Where am I now?” and goes clockwise until “Where next?”; then the cycle starts again. The wheel depicts the life-long nature of learning and self-assessment. Each step of the Personal Learning Plan is described on the next pages.

#### *Perform a Self-Assessment*

##### **Where am I now?**

- ▶ Use Part 1 of the Formative Self-Assessment Tool (*Appendix A1, Part 1*) to identify your learning needs by reflecting on your past experience and level of competency.
- ▶ Use Part 2 of the Formative Self-Assessment Tool (*Appendix A1, Part 2*) to summarize your personal and professional strengths; identify three areas you believe need development to enhance your practice; and identify your learning style.
- ▶ **NOTE:** Information in these Self-Assessment Tools will not be used to determine Pass (P) | Not Pass (NP) status in the course. In other words there are no marks assigned for “not knowing” or “not having had an experience”.
- ▶ Submit the completed Formative Self-Assessment Tools to the preceptor and faculty advisor at the end of Week 1.



**Figure A1: Steps to developing a personal learning plan.**

Source: George Brown College, 2014 (adapted from "Skills for Life Improvement Programme: Guidance for Assessment and Learning: Individual Learning Plans" by The Quality Improvement Agency for Lifelong Learning, 2008).

### *Develop a Personal Learning Plan*

**Where do I want to go? How will I know when I get there? When can I get there? How do I get there?**

- ▶ Use the Personal Learning Plan Template (*Appendix A2*) to identify the following:
  - "Where do I want to go?"** Identify your "Learning Objectives" after reflecting on your skills and knowledge, and the things you need to learn, and the areas on which you need to focus. The objectives you set should address what you want to achieve in the coming

semester and be written using the SMART principle (see next page).

#### **"How will I know when I get there?"**

Define your "Criteria for Success" by identifying what competencies you are now able to perform.

**"When can I get there?"** Identify a "Target Date".

**"How do I get there?"** Identify the available "Learning Resources and Strategies" that will assist you in achieving your objectives.

- ▶ Submit your Personal Learning Plan to your preceptor and faculty advisor.

- ▶ Conference with your preceptor and faculty advisor to review your Personal Learning Plan and revise as needed.

### *Complete Mid-Course (Formative) Evaluation*

#### **How is it going?**

- ▶ Review your progress toward meeting your objectives in collaboration with your faculty advisor and preceptor. **NOTE:** This step must be done formally at mid-course, but should also be done on an informal basis continually as needed.
- ▶ Identify your strengths and areas for development.

### *Revise your Learning Objectives*

#### **How do I improve?**

- ▶ Reflect on your clinical performance related to strengths and areas for development.
- ▶ Revise your Personal Learning Plan on the basis of your findings.

### *Complete Final (Summative) Evaluation*

#### **How did I do?**

- ▶ Review whether you have met your learning objectives with the faculty advisor and preceptor.
- ▶ Collaboratively decide how you would rate your competency level.

### *Reflect on Next Steps*

#### **Where next?**

- ▶ Reflect on how your learning during this semester has changed your nursing practice and decide where you will go from here. You are now back to the top of the circle where you can begin again next time; learning is an ongoing life process!

### *SMART Principle*

Completing your Personal Learning Plan in a way that reflects the SMART principle will ensure that your learning objectives are specific, measurable, achievable, realistic and timely as follows:

- Specific:** Identify in detail what you want to know/be able to do as well as identify the context, requirements and purpose of accomplishing this objective (*see the example provided in Appendix A2*).
- Measurable:** Establish concrete "Criteria for Success", which you can use to measure progress toward the attainment of each objective. To determine if your goal is measurable, ask: How much? How many? What can I do now?
- Achievable:** Ensure that you can accomplish your objective, or risk becoming frustrated and damage your self-esteem.
- Realistic:** Create an objective that is achievable with available resources, on which you are both willing and able to work.
- Timely:** Ground the objective in a time frame. This is your "Target Date".

# Reflective Practice Narratives

## Purpose of the Assignment

Reflection is a central tenet of professional practice—an important part of maintaining and developing competence. Reflective Practice Narratives are intended to help learners explore a clinical experience in order to build insight about themselves and evaluate their nursing practice. Analyzing an experience enhances problem solving and creates an opportunity to turn that experience into learning. Creating an 'Action Plan' translates this learning into a workable plan that can be used to refine and improve practice going forward.

## Instructions for Completing Reflective Practice Narratives

You are required to complete and submit three Reflective Practice Narratives as described below. You will discuss them with your faculty advisor and preceptor.

- ▶ Reflective Narratives #1 and #3 (due Weeks 4 and 10, respectively) can be reflections on any aspect of nursing care you have given.
- ▶ Reflective Narrative #2, (due Week 8), is a reflection on actions you have taken to collaborate with the interprofessional team.

The faculty advisor may co-construct guidelines with you for additional Reflective Narratives based on your learning needs.

## Format

- ▶ Each Reflective Narrative should be approximately two pages long, double-spaced.
- ▶ Add appropriate labels such as name, week number and topic.
- ▶ It is NOT a scholarly paper: Point form is acceptable. APA formatting is not required, although if literature is referred to, the source should be cited. There are no marks for spelling or grammar, but clarity of message is important, so following English language writing conventions for grammar and spelling is recommended.

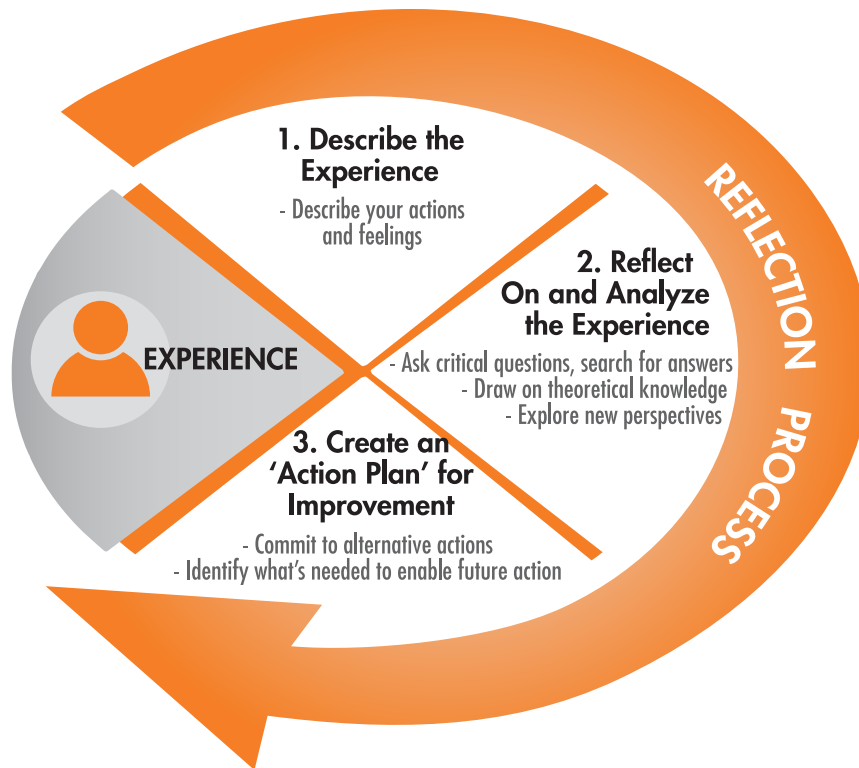
## Content

Use the rubric of evaluation found in [Appendix A3: Reflective Practice Narrative Rubric](#). Structure your Reflective Narrative using the three-part framework that is illustrated in [Figure A2](#) (next page) and further described below. Answer the questions identified in each part of the framework (Asselin, 2011; Kim, Lauzon Clabo, Burbank, Leveillee, & Martins, 2010; Koole, Dorna, Aper, Scherpbier, Valcke, Cohen-Schotanus, 2011).

### 1. Describe the Experience

Start by selecting a significant experience on which to reflect. The experience can be positive, negative or a combination of both. For example, perhaps it is a situation you found challenging, or a situation where you felt uncomfortable or unprepared. Perhaps things did not go as well as you had hoped, or perhaps things went exceedingly well.

- ▶ Describe the experience. What were your actions, who was involved?
- ▶ Describe your thoughts and feelings. How did the experience make you feel?



**Figure A2: Self-reflection process.**

Source: George Brown College, 2014 (adapted from "Factors Confounding the Assessment of Reflection: A Critical Review" by Koole et al., 2011, BMC Medical Education, 11, p. 104).

## 2. Reflect On and Analyze the Experience

This part of the reflection process is where you identify and analyse what worked well/not so well and explore why this was the case. Think critically and openly about your decision-making process and actions when describing the experience. Use your clinical reasoning skills to explore the reasons for, and impact of, your actions by asking yourself:

- ▶ What were the outcomes of my actions?
- ▶ Did the outcomes match my intentions?
- ▶ What guided my actions (or inactions)?
- ▶ Did I possess the knowledge and skills required for the situation?
- ▶ Were my actions the most appropriate or successful in this situation?
- ▶ Did anything get in the way of doing a better job?
- ▶ Would alternative actions have achieved an improved outcome?

Integrate theory with practice by drawing on your knowledge from external resources as needed to help you analyze and evaluate your actions. External resources could include: Best Practice Guidelines, Standards of Practice, course textbooks and related literature.

## 3. Create an 'Action Plan' for Improvement

This part of the reflective process focuses on changes that need to be made in your nursing practice and asks you to commit to alternative actions. Use your new understanding to formulate an Action Plan for the future by asking yourself:

- ▶ What will I do going forward? What additional knowledge, skills or attitudes do I need in order to handle a similar situation in the future?
- ▶ What resources and strengths do I possess that could help me with this Action Plan?



## Focused Interprofessional Education Activities

### Purpose of Activities

While the concept of Interprofessional Collaboration (IPC) is integrated in all course elements and it is expected that all learners will incorporate IPC in their patient care, the activities listed here provide direct focus on the IPC core competencies of communication, conflict management and collaboration. The intent is that learners will use these immersion activities to apply their existing theoretical knowledge about IPC and “practise” their IP competencies in a safe environment, honing their skills to a stage where they are “practice ready”.

### Learning Outcomes

These activities address Course Outcomes 1, 3 and 5. Specifically, upon completion of activities, learners will be able to:

- ▶ Describe IP team dynamics, identifying roles and responsibilities of IP team members and factors that serve as barriers and facilitators to IPC.
- ▶ Reflect on their ability to develop relationships and collaborate with IP team members, identifying strengths and areas requiring improvement in nursing practice.
- ▶ Communicate to promote effective decision-making, working collaboratively with others to plan and deliver collaborative care.
- ▶ Describe core values and ethics of IPC and its functions.

### Explanation of IP Activities

**NOTE:** An asterisk (\*) indicates mandatory requirements for completion of the *Interprofessional Collaborative Care Certificate*.

Activity and Timing	Description
<b>IP Meeting Participation</b> [Weeks 3 to 11]	Examples of meetings might include IP patient rounds, family meetings, discharge planning meetings, or any consultation between two or more professionals. For a first experience, the learner may opt to observe a meeting, but the expectation is that all learners will be able to participate actively and contribute effectively to team decision making by the end of the semester.
<b>Meet &amp; Greet *</b> [Week 3]	IP team members describe their role in this care setting, share understanding of how they practise collaboration, and explore issues they experience. In the absence of an organized “Meet & Greet” session, learners can collect this information on their own through conversations with team members. After the “Meet & Greet” discussions, answer the following questions: <ul style="list-style-type: none"> <li>• How is collaboration practised on this unit?</li> <li>• How do nurses contribute to effective decision making here?</li> <li>• What factors facilitate or hinder IPC?</li> <li>• What values underscore the ability of nurses and other team members to collaborate (e.g., accountability, respect, trust, confidentiality, integrity)?</li> </ul>
<b>IP Team Member Shadowing *</b> [Week 7 onward]	After shadowing an IP member, each learner gives an oral report to the faculty advisor by providing a summary of that professional’s role in the unit setting, and answering the following questions: <ul style="list-style-type: none"> <li>• How does that professional’s role overlap with other IP team members’ roles?</li> <li>• What does a nurse need to do to collaborate optimally with that individual?</li> <li>• Who does that professional collaborate with most often?</li> </ul>

Activity and Timing	Description
<p><b>Dialogue and Case-Based Seminars *</b></p> <p>[Weeks 6 &amp; 10]</p>	<p>Case-Based Seminars are intended to be interactive in-depth dialogues between learners and professionals revolving around actual “real life” unit-specific scenarios. Underlying values and ethics of IPC are integrated in each activity. When possible, seminars will be co-facilitated by both the faculty advisor and another health care professional.</p> <p><b>1. Communication (Week 1-3):</b> This content is covered through dialogue between the faculty advisor and learner. As learners become oriented to the unit in Weeks 1-3, they should share information about the unit’s communication norms and systems, asking questions such as:</p> <ul style="list-style-type: none"> <li>• How do team members on this unit communicate with each other?</li> <li>• What jargon is used?</li> <li>• What is the impact of jargon use on IP communication and collaboration?</li> </ul> <p>After participating in IP team meetings, learners report back to their faculty advisor, and answer the following questions:</p> <ul style="list-style-type: none"> <li>• What communication skills do you see being practised that contribute to IPC? For example, how do IP team members listen ‘actively’?</li> <li>• What communication tools does the team use in this unit?</li> <li>• What hinders or facilitates IP communication in this setting?</li> <li>• How does the group function to achieve its goals, e.g., is there a designated leader?</li> <li>• How do team members behave, communicate, make decisions, give and respond to feedback?</li> <li>• How are the patient’s ‘voice’ and goals addressed?</li> <li>• What preparation did the nurse undertake prior to the IP team meeting?</li> <li>• What information was expected from the learner and what information did the learner receive?</li> </ul> <p><b>2. Conflict Seminar (Week 6):</b> This seminar is based on a scenario of conflict that learners have experienced during this semester. Learners analyze the conflict and answer the following questions:</p> <ul style="list-style-type: none"> <li>• What factors contribute to this conflict?</li> <li>• What facilitates or hinders the resolution of this conflict?</li> <li>• What could you (as a nurse in this situation) say or do to facilitate resolution?</li> </ul> <p><b>3. Collaboration Seminar (Week 10):</b> This seminar requires learners to review examples of collaboration from the unit and their own collaborative efforts in the preceding weeks, answering the following questions:</p> <ul style="list-style-type: none"> <li>• How are the core values (discussed earlier in the semester e.g., accountability, respect, trust, confidentiality, integrity) translated into action on this unit?</li> <li>• How does this reality compare with what I was expecting?</li> <li>• How do nurses contribute to effective decision making here?</li> <li>• What facilitates or hinders IPC on this unit?</li> <li>• What is the impact of collaborative care on patient outcomes?</li> <li>• How has my own practice changed in relation to the IP team? What do I do differently now that I didn’t do before?</li> </ul> <p>Learners should share the ‘Action Plans’ they developed as part of their Reflective Practice Narrative #2 Assignment.</p>
<p><b>Other IP Activities</b></p>	<p>Other IP activities might include participation in a facility’s in-service or ‘Lunch and Learn’ sessions.</p>

# Patient Assessment Assignment

## Purpose of Assignment

A systematic, comprehensive and organized nursing assessment is the starting point of clinical reasoning and judgment. Processing and interpreting assessment data is the process by which nurses distinguish "normal" from "abnormal", make inferences, diagnose patient problems, and plan and implement appropriate interventions. Being able to verbally communicate one's assessment findings and recommendations is a vital competency of interprofessional collaboration (IP).

## Instructions for Completing the Patient Assessment Assignment

You will complete a two-part Patient Assessment Assignment as follows:

### 1. Written Component (Due Week 6)

Complete and submit a written Patient Assessment based on the guidelines found in [Appendix A4: Patient Assessment Assignment Guidelines](#). Use information from your assessment of a patient you have cared for so far this semester. Your faculty advisor will provide written feedback on your Patient Assessment submission.

- ▶ DO NOT identify personal patient identification information such as patient name or initials, room number, dates of care, or hospital name.
- ▶ DO NOT photocopy hospital documents. It is, however, acceptable to transcribe data, for example results of blood work and other diagnostic tests.

### 2. Oral Component (Latter Part of Semester)

You are required to give at least one oral report to the faculty advisor at some point during the latter part of your clinical placement. Oral reports will be on an *ad hoc* basis and you will not be informed ahead of time other than be told the timing of your report on the day it is to be given. It is expected that you will be prepared to give an oral report on your patients at any time.

You will give a verbal summary of the assessment findings of a patient for whom you are caring that day, and identify patient problems and recommendations as if you were presenting this patient to the IP team in Patient Rounds. Members of the IP team may join this oral report, as available.

Your preceptor and faculty advisor will provide verbal feedback on your patient summary and oral report. (See SBAR Communication Framework, next page).

### *SBAR Communication Framework*

Use the SBAR Communication Framework (**S**ituation | **B**ackground | **A**ssessment | **R**ecommendation) to organize a decisive and concise verbal report. Identify which members of the IP team are involved with your patient, then follow your clinical facility's guidelines for nursing reporting, or use the following criteria as a guideline:

- ▶ Introduce the patient with a brief summary of history and presenting problems.
- ▶ Summarize significant assessment findings, identifying problems/issues (e.g., pain, vital signs instability, safety concerns, physical, psychosocial or learning needs).
- ▶ Identify progress in relation to patient- and unit-specific needs and goals. Examples:
  - If you are assigned to a rehabilitation unit, report progress toward reaching rehabilitation goals such as ambulation or performance of ADLs (Activities of Daily Living).
  - If your patient is on a continence routine, what does the routine consist of and what is the progress?
  - If your patient has a wound, what is the wound management plan and how is the wound healing?
  - If cognition is an issue, what is the patient's judgment/decision-making capacity and how does it impact the progress toward patient goals?
- ▶ Summarize your recommendations for action going forward and identify which members of the IP team you will want to collaborate with to plan interventions.

## Clinical Practice Evaluation

### Purpose of Evaluation

“Evaluation is the process of determining merit, worth, or significance; an evaluation is a product of that process” (Scriven, n.d.). The evaluation of the performance of clinical competencies is categorized as *formative* and *summative* evaluation.

**Formative evaluation** is the process of ongoing feedback on performance. The purposes are to:

- ▶ identify areas of performance that require improvement and to offer feedback to the learner by sharing observations and perceptions, and offering corrective suggestions;
- ▶ assist the faculty advisor and preceptor to plan learning activities that are tailored to the learner’s needs. Unsafe or questionable practices will be addressed immediately with the learner.

The formative evaluation is based on the learner’s documentation, including: charting/progress notes, patient care plans, process recording, and Reflective Practice Narratives (*see Appendix A3*), and the observations by the faculty advisor and preceptor during clinical scenarios and case studies, as well as any other learning activities. The literature indicates that learners may have good knowledge and practical skills but lack clinical reasoning skills.

These clinical reasoning skills can be strengthened through regular case review discussions and formal mid-course evaluation, which provide the learner with opportunities to review progress and identify strengths and weaknesses. If weaknesses are identified, a prescription for progress will be developed and the learner will modify her/his Personal Learning Plan (*see Appendix A2*).

**Summative evaluation** is the process of assigning a Pass (P) | Not Pass (NP) grade in the course, based on overall performance. Learners are required to pass all competencies as stated in the Clinical Practice Evaluation Rubric (*see Appendix A5*) and complete all assignments in order to successfully complete the course.

#### NOTES:

All of the competencies of the clinical component, as set by the College of Nurses of Ontario (CNO, 2014a, 2014b), are addressed in *Appendix A5: Clinical Practice Evaluation Rubric*.

Precepted learners in the *Clinical Practice Consolidation* course are expected to perform at a Self-Directed (SD) level on competency indicators.

## Instructions

You are required to perform a self-evaluation of your clinical performance for the Mid-Course Clinical Practice (Formative) Evaluation and the Final Clinical Practice (Summative) Evaluation using the Clinical Practice Evaluation Rubric (see [Appendix A5](#)) and update your Personal Learning Plan (see [Appendix A2](#)). These documents must be submitted to the preceptor and faculty advisor **one week prior to the formal meeting, or at a prescribed date to allow some time for careful reflection on the learner's performance.**

You will conference with the preceptor and faculty advisor on the Mid-Course Clinical Practice (Formative) Evaluation and Final Clinical Practice (Summative) Evaluation to review your progress and plan next steps.

The preceptor and faculty advisor will consolidate their comments for the formative and summative evaluations. The learner and faculty advisor must sign off on both evaluations.

As a final evaluation step, the faculty advisor completes a Summative Record of Clinical Practice for each learner based on all the data collected and assigns a Pass (P) or Not Pass (NP) grade (see [Appendix A6](#)). The learner and faculty advisor must sign off on this form.

A **Not Pass (NP)** in any competency means failure of the course.



## References

- Asselin, M. E. (2011). Reflective narrative: A tool for learning through practice. *Journal for Nurses in Staff Development*, 27(1), 2-6.
- College of Nurses of Ontario (CNO). (2014a). *Competencies for entry-level Registered Nurse practice*. Retrieved from [http://www.cno.org/Global/docs/reg/41037\\_EntryToPractic\\_final.pdf](http://www.cno.org/Global/docs/reg/41037_EntryToPractic_final.pdf)
- College of Nurses of Ontario (CNO). (2014b). *Entry-to-practice competencies for Ontario Registered Practical Nurses*. Retrieved from [http://www.cno.org/Global/docs/reg/41042\\_EntryPracRPN.pdf](http://www.cno.org/Global/docs/reg/41042_EntryPracRPN.pdf)
- College of Nurses of Ontario (CNO). (2014c). *Legislation and Regulation - RHPA: Scope of Practice, Controlled Acts Model*. Retrieved from [http://www.cno.org/Global/docs/policy/41052\\_RHPAscope.pdf](http://www.cno.org/Global/docs/policy/41052_RHPAscope.pdf)
- Kim, H. S., Lauzon Clabo, L. M., Burbank, P., Leveillee, M., & Martins, D. (2010). Application of critical reflective inquiry in nursing education. In N. Lyons (Ed.), *Handbook of reflection and reflective inquiry: Mapping a way of knowing for professional reflective inquiry*. (pp. 159-173). New York, NY: Springer.
- Koole, S., Dorna, T., Aper, L., Scherpbier, A., Valcke, M., & Cohen-Schotanus, J. (2011). Factors confounding the assessment of reflection: A critical review. *BMC Medical Education*, 11(104).
- Levett-Jones T, Hoffman K, Dempsey Y et al. The 'five rights' of clinical reasoning: an educational model to enhance nursing students' ability to identify and manage clinically 'at risk' patients. 2009. *Nurse Education Today* doi:10.1016/j.nedt.2009.10.020.
- Scriven, M. (n.d.). The logic of evaluation. Retrieved from <http://scholar.uwindsor.ca/cgi/viewcontent.cgi?article=1390&context=ossaarchive>
- The Higher Education Academy. (2014). *PDP - Personal development planning*. Retrieved from [https://www.heacademy.ac.uk/sites/default/files/ESECT\\_PDP.pdf](https://www.heacademy.ac.uk/sites/default/files/ESECT_PDP.pdf)
- The Quality Improvement Agency for Lifelong Learning. (2008). *Skills for life improvement programme: Guidance for assessment and learning: Individual learning plans*. Retrieved from [http://sflip.excellencegateway.org.uk/pdf/4.2sflguidance\\_5.pdf](http://sflip.excellencegateway.org.uk/pdf/4.2sflguidance_5.pdf)



# Appendix A1: Formative Self-Assessment Tools

## Instructions for Learner

There are two parts to this assignment; a Self-Assessment Form and a Self-Assessment Summary. Please indicate the level that best describes your performance based on the Rating Scale, by placing an "X" in the column against each indicator. Provide comments and answer questions where prompted.

**NOTE:** Information recorded in these forms will not be used to determine Pass (P) | Not Pass (NP) status in the course.

## Rating Scale

**Self-Directed (SD):** Demonstrates understanding of the competency, working mostly independently, seeking information and consultation only when required.

**Meets Expectations (ME):** Demonstrates understanding of the competency most of the time, requiring occasional direction and information.

**Unable to Meet Expectations (UE):** Unable to meet competency, requires frequent clarification, direction and information.

**No Opportunity (NO):** There is no opportunity.

Name of Learner:		Date [yyyy/mm/dd]:	
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### Part 1: Formative Self-Assessment Form

Competency Indicator #1: Professional Responsibility and Accountability	Score			
	SD	ME	UE	NO
I demonstrate a "professional presence" – am punctual, professionally groomed, respectful.				
I accept responsibility for my own actions.				
I understand my scope of practice and am willing to seek support and assistance as necessary.				
I have initiative, confidence and self-awareness.				
I proactively seek information and knowledge about best practices.				
I am able to identify priorities and organize my workload.				
In my past experience (both as a learner and as a working nurse), I have carried a patient assignment that consists of _____ patients as follows:				

Competency Indicator #2: Knowledge-Based Practice	Score			
	SD	ME	UE	NO
I have a strong knowledge base in sciences, such as anatomy, physiology and pathophysiology.				
I understand theoretical concepts related to communication, leadership, conflict resolution, cultural safety and interprofessional collaboration.				
I use communication skills such as listening, questioning, empathy and reflection to develop a therapeutic relationship with patients.				
I am comfortable communicating and collaborating with members of the nursing team.				

I am comfortable communicating and collaborating with other interprofessional health care team members.				
My past experience working with other professionals in the care of my patients is as follows:				
I am able to conduct a comprehensive physical assessment of my patients.				
I am able to understand and integrate the findings of diagnostic tests and laboratory data.				
I am able to conduct a comprehensive emotional or psychosocial assessment of my patients.				
I am able to conduct a comprehensive cognitive assessment of my patients.				
I am able to assess my patients' learning needs.				
I am able to assess and maintain my patients' physical safety.				
I am culturally aware and am able to assess the influence of culture on a patient's well-being, incorporating this in culturally safe care.				
I am able to develop a comprehensive plan of care based on a patient's need.				
I involve the patient in planning and delivering health care.				
I support a safe environment (e.g., through use of hand hygiene, personal protective equipment, falls prevention strategies and disposal of hazardous materials).				
I would recognize rapidly changing patient conditions and seek assistance immediately.				
I am knowledgeable about pharmacology and able to safely and competently manage medication administration via:				
oral or sublingual route				
rectal route				
inhaled route				
topical or transdermal route				
parenteral route: subcutaneous, intramuscular				
G/J tube				
eye, nose or ear drops				
I am able to perform the following therapeutic interventions:				
electronic vital signs				
oxygenation (nasal cannula, face mask)				
suctioning (oral and trach)				
tracheostomy care				
fluid balance				
G/J tube care and management				
IV care and management				
urinary catheterization				
bladder scanning				
catheter care and management				
colostomy care				

Therapeutic interventions [continued]:				
lift devices (e.g., Hoyer)				
range of motion exercises				
antiembolism stockings				
personal hygiene care				
oral hygiene				
skin assessment (Braden scale)				
sterile asepsis				
wound management				
pain assessment, prevention and management				
My other skills or specialized areas of knowledge include:				
I use health promotion strategies to prevent illness and support healthy lifestyle choices.				
I critically evaluate the effectiveness of my care, modifying care as needed.				
I am able to give a thorough, clear and concise verbal end-of-shift report.				
I am able to clearly and comprehensively document <u>in writing</u> patient status, interventions and evaluation.				
I am able to clearly and comprehensively document <u>electronically</u> patient status, interventions and evaluation.				

Competency Indicator #3: Ethical Practice	Score			
	SD	ME	UE	NO
I am able to identify the effect of my own values, beliefs and experiences on relationships with patients and health care providers.				
I understand and maintain appropriate professional boundaries.				
I support patients in making informed decisions.				
I understand my ethical and legal obligations in relation to privacy, consent, confidentiality and security.				

Competency Indicator #4: Service to the Public	Score			
	SD	ME	UE	NO
I am able to demonstrate leadership by advocating for and facilitating client care.				
I promote interprofessional collaboration.				
I am able to provide and respond constructively to feedback.				

Competency Indicator #5: Self Regulation	Score			
	SD	ME	UE	NO
I am able to critically reflect on my practice and identify my learning needs.				
I am able to develop, implement and evaluate my Personal Learning Plan.				

## Part 2: Formative Self-Assessment Summary

### Personal Strengths

Identify a minimum of three **personal strengths** and identify how you can use each strength to continue learning. Draw from your values and experience that will assist you in achieving your learning objectives.

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### Professional Strengths

Identify a minimum of three **professional strengths**, and identify how you can use each strength to continue learning. Draw from your knowledge, skills, and abilities that you consistently do well and can build on.

--

### Areas for Development

Identify a minimum of three areas that you believe need development to enhance your practice.

--

### Learning Style

Identify how you learn best.

--

<b>Signature</b>	<b>Date [yyyy/mm/dd]</b>
<b>Learner:</b>	
<b>Faculty Advisor:</b>	
<b>Preceptor:</b>	



## Appendix A2: Personal Learning Plan

### i) Personal Learning Plan Template

#### Instructions for Learner

Identify three learning objectives for your Personal Learning Plan and complete one copy of the template per objective. Ensure that you label each template properly. Submit a signed copy. Refer to *II) Example of Personal Learning Plan and Feedback* on next page.

#### Instructions for Faculty Advisor and Preceptor

Record feedback in the column provided and assign a grade to the learner based on the following Rating Scale: Pass (P), Needs Development (ND), Not Pass (NP).

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Personal Learning Plan Template			
Name of Learner:			
Learning Objective #:	___ of 3	Clinical Semester:	
	COMPLETED BY LEARNER		FEEDBACK
Course Outcome Referenced:	Indicate which of the five course outcomes this objective relates to (refer to Course Outline).		
Learning Objective:	Date of writing: Where do I want to go? State your "SMART" learning objective.		Date of writing:
Criteria for Success:	What will I know/be able to do when I have met the learning objective?		
Target Date:	When can I get there? When do I want to achieve this learning objective? (Must be completed by end of clinical semester).		
Learning Resources and Strategies:	How do I get there? What people and things will help me meet the learning objective?		
Formative Mid-Course Evaluation and Next Steps:	Date of writing: How is it going? Review progress toward meeting this learning objective and reflect on how to improve.		Date of writing:
Summative Final Evaluation:	How did I do? Reflect on your learning during this semester and how it has changed your practice.		Date of writing:
Next:	Decide on your next steps using your understanding of your own learning style. Learning is an ongoing life process!		
Mid-Course Rating:			P   ND   NP
End of Course Grade:			P   NP

	Mid Course		End of Course	
	Signature	Date [yyyy/mm/dd]	Signature	Date [yyyy/mm/dd]
Learner:				
Faculty Advisor:				
Preceptor:				

## ii) Example of Personal Learning Plan and Feedback

**NOTE:** Learners cannot submit the following example as part of their Personal Learning Plan.

<b>Learning Objective #:</b>	1 of 3	<b>Clinical Semester:</b>	Fall 2014
<b>Course Outcome Referenced:</b>	<ul style="list-style-type: none"> <li>Use relational skills to establish patient-centred collaborative relationships with clients/patients and the health care team.</li> </ul>		
<b>Learning Objective:</b>	<p>Sept. 29, 2014:</p> <ul style="list-style-type: none"> <li>I will be able to give a comprehensive verbal report about my patients to other nurses covering on breaks, or starting a shift.</li> </ul>	<p>Oct. 1, 2014:</p> <ul style="list-style-type: none"> <li>Your Personal Learning Plan contains all the required elements and a logical outgrowth of your identified strengths and weaknesses. You have indicated a number of very good strategies to help you meet your goal.</li> </ul>	
<b>Criteria for Success:</b>	<ul style="list-style-type: none"> <li>I will give a verbal report to nurses detailing relevant aspects of my plan of care, my assessment, interventions completed/not yet completed and the effectiveness of interventions to date so that other nurses will have a clear understanding of the above.</li> </ul>		
<b>Target Date:</b>	<ul style="list-style-type: none"> <li>Daily after the onset of patient care (end of week 2).</li> </ul>		
<b>Learning Resources and Strategies:</b>	<ul style="list-style-type: none"> <li>Before giving a report I will make a note of what needs to be said to make sure it is complete and concise.</li> <li>I will use the College of Nurses of Ontario Practice Standards for Documentation (2009) to report relevant aspects of my nursing process (relevant areas of assessment, planning, implementation and evaluation).</li> <li>I will use the hospital's guidelines for change of shift report.</li> <li>I will observe what other staff nurses do.</li> <li>I will ask my preceptor and the staff nurse I'm reporting to for feedback to ensure I am reporting everything correctly.</li> </ul>		
<b>Formative Mid-Course Evaluation and Next Steps:</b>	<p>Oct. 25, 2014:</p> <ul style="list-style-type: none"> <li>I feel I have met this objective and am now confident and comprehensive when I am giving a report to other nurses. I think what I need to work on now is extending this ability to include members of the interprofessional team as well.</li> </ul>	<p>Oct. 27, 2014:</p> <ul style="list-style-type: none"> <li>I agree with your self-assessment that you have made good progress and have met this objective.</li> <li>You update staff nurses in a timely manner; your reports are organized, concise and include all pertinent information; they are delivered with good volume and tone.</li> <li>I also agree with your proposed next step. Can you identify what would help you meet your revised objective? For example, what do you need to know and do, in order to communicate comprehensively with the IP team?</li> </ul>	

## Appendix A3: Reflective Practice Narrative Rubric

### Instructions for Learner

Consult this rubric when completing and submitting your Reflective Practice Narratives.

### Instructions for Faculty Advisor

Use the following rubric to assign a grade for the learner's Reflective Practice Narratives. Complete one rubric per learner per narrative.

FOR INTERNAL USE				
Date of Completion:				
Name of Learner:				
Narrative:	<input type="checkbox"/> #1, Due Wk4	<input type="checkbox"/> #2, Due Wk8	<input type="checkbox"/> #3, Due Wk10	<input type="checkbox"/> Other
Topic:	Any aspect of nursing care given.	Actions taken to collaborate with interprofessional team.	Any aspect of nursing care given.	Specify:

### Reflective Practice Narrative Rubric

Indicator	Grade	
	Satisfactory (S)	Unsatisfactory (U)
<b>1. Describes the experience</b>	Describes the events and feelings related to the experience in well-focused detail.	Describes the elements of experience but the description is vague and/or fails to identify feelings.
<b>2. Reflects/analyzes the experience</b>	Evaluates the outcome of actions, indicating what has been successful/unsuccessful, meaningful or disappointing.  Affirms or challenges prior experiences, assumptions and knowledge.  Uses multiple resources to analyze performance and explore alternative actions.	Evaluates the outcome of actions but vaguely describes what has been successful/unsuccessful.  Provides some identification of what has been meaningful or disappointing.  Demonstrates little or no integration of resources with analysis.
<b>3. Commits to improvement</b>	Links knowledge achieved from critical reflection and evaluation of the nursing experience.  Develops specific plans for improvement, identifying resources/strategies required to meet plans.	Links insufficient knowledge achieved from critical reflection and evaluation of the nursing experience.  Develops plans for improvement without consulting resources.
<b>Assignment Score:</b>	<b>S</b>	<b>U</b>

Signature	Date [yyyy/mm/dd]
Faculty Advisor:	

A3



## Appendix A4: Patient Assessment Assignment Guidelines

### Instructions for Learner

Prepare and submit a two-page written assessment of a patient you have cared for this semester, based on the guidelines below.

### Instructions for Faculty Advisor and Preceptor

Indicate if all sections of the written Patient Assessment are completed thoroughly, and the learner has incorporated subjective and objective data. Nursing diagnoses should be concise, and should consider all relevant assessment data.

### Patient Assessment Assignment Guidelines

<b>Introductory Summary</b>	<ul style="list-style-type: none"> <li>Identifying information: Patient initials [pseudonym], gender, age, code status, admission date.</li> <li>Presenting signs/symptoms: What brought this patient to hospital?</li> <li>Admitting/primary diagnosis and secondary diagnoses that impact this admission.</li> <li>Health history: Include length of time patient has had disease processes, social issues.</li> <li>Substance use, allergies/reactions, religious preference, primary language, marital status, occupation.</li> </ul>
<b>Current Medications</b>	<ul style="list-style-type: none"> <li>List medications.</li> </ul>
<b>Physical Assessment</b>	<ul style="list-style-type: none"> <li>Vital signs range: Pain.</li> <li>Systems review: e.g., HEENT; Neurological; Cardiovascular; Respiratory; Gastrointestinal; Genitourinary/Gynaecological; Musculoskeletal; Integumentary.</li> </ul>
<b>Functional Status</b>	<ul style="list-style-type: none"> <li>Ability to perform ADLs (Activities of Daily Living).</li> </ul>
<b>Cognitive Status</b>	<ul style="list-style-type: none"> <li>Judgment, insight, decision-making capacity, etc.</li> </ul>
<b>Safety Issues</b>	<ul style="list-style-type: none"> <li>Risk for falls, infection, skin breakdown, etc.</li> </ul>
<b>Patient Learning Needs/Health Promotion Issues</b>	<ul style="list-style-type: none"> <li>What are the Patient's learning needs or health promotion issues?</li> </ul>
<b>Laboratory Findings and Diagnostic Tests</b>	<ul style="list-style-type: none"> <li>List all that are relevant, including significant trends, and indicate if they are within normal range.</li> </ul>
<b>Psychosocial Assessment</b>	<ul style="list-style-type: none"> <li>Response to illness and life experience: What concerns does the patient have and how is she/he dealing with them? What is the patient and family's perception of the illness?</li> <li>Support system: Does patient perceive family/significant others to be supportive? What supportive behaviours from family/significant others are evident?</li> <li>Culture: Provide details of cultural assessment relevant to the patient's perception of illness and/or relationship with the health care team.</li> <li>Spirituality: What spiritual practices related to health and hospitalization need to be considered?</li> </ul>
<b>Nursing Diagnoses/ Significant Issues</b>	<ul style="list-style-type: none"> <li>List priority nursing diagnoses (actual and/or potential) phrased as a two-part statement that identifies both the problem and its contributing causes. For example, "High risk of falls due to reduced muscle tone and blood pressure medication."</li> <li>Indicate with an asterisk (*) which diagnoses the patient identifies as issues.</li> </ul>
<b>Interprofessional Team Involvement</b>	<ul style="list-style-type: none"> <li>List who else on the team is working with this patient and their goals/actions.</li> </ul>

A4





## Appendix A5: Clinical Practice Evaluation Rubric

### Instructions for Learner, Faculty Advisor and Preceptor

It is expected that the faculty advisor and preceptor will work in consultation with the learner to complete the following evaluation. Please indicate the level that best describes the learner's performance based on the Rating Scale, by placing an "X" in the column against each indicator. Provide comments where prompted and include examples of how the learner has/has not demonstrated competency.

**NOTE:** The performance expectations upon which this clinical evaluation is based, are taken directly from the College of Nurses of Ontario *Competencies for Entry-Level Registered Nurse Practice* (2014a) and *Entry-to-Practice Competencies for Ontario Registered Practical Nurses* (2014b).

### Rating Scale

**Self-Directed (SD):** Demonstrates understanding of the competency, working mostly independently, seeking information and consultation only when required.

**Meets Expectations (ME):** Demonstrates understanding of the competency most of the time, requiring occasional direction and information.

**Unable to Meet Expectations (UE):** Unable to meet competency, requires frequent clarification, direction and information.

**No Opportunity (NO):** There is no opportunity.

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### Clinical Practice Evaluation Form

Name of Learner:			
Date of Evaluation:		Mid-Course/Final Evaluation:	
Clinical Site:		Clinical Dates:	

Competency Indicator #1: Professional Responsibility and Accountability	Score			
	SD	ME	UE	NO
a) Demonstrates professional presence by adhering to policies and standards of the clinical facility, George Brown College and the College of Nurses of Ontario.				
b) Demonstrates accountability for own actions and decisions.				
c) Recognizes own competence within legislated scope of practice, seeking support and assistance when necessary.				
d) Displays initiative, confidence and self-awareness to encourage collaborative interactions within the nursing and health care team.				
e) Responds to own learning needs through critical inquiry, proactively seeking information, knowledge and best practice.				
f) Organizes own workload using time-management skills.				
Comments and Rationale:				

Competency Indicator #2: Knowledge-Based Practice	Score			
	SD	ME	UE	NO
a) Demonstrates knowledge in health, nursing and social sciences, including anatomy, physiology, pathophysiology, pharmacology, nutrition, communication, learning, leadership, conflict resolution, health care issues, and cultural safety.				
b) Uses relational skills such as listening, questioning, empathy and reflection to promote development of relationships with patients and health care providers.				
c) Conducts a comprehensive assessment of physical, emotional, spiritual, cognitive, social and learning needs in collaboration with the patient.				
d) Interprets assessment data to draw conclusions about patient health status.				
e) Facilitates patient involvement in planning and implementation of the health care plan.				
f) Collaborates with health team members to develop and deliver comprehensive care.				
g) Provides comprehensive nursing care to multiple patients within scope of practice based on critical inquiry and evidence-informed decision making.				
h) Recognizes the need for immediate assistance in rapidly changing patient conditions.				
i) Performs therapeutic interventions safely within scope of practice.				
j) Implements evidence-informed medication practices.				
k) Applies principles of health promotion to prevent illness, assisting patients to understand and support healthy lifestyle choices.				
l) Implements preventive and therapeutic strategies to ensure the safety of patients, self and colleagues.				
m) Uses critical inquiry to evaluate effectiveness of care and modifies care as needed.				
n) Records assessment data, nursing care, and its evaluation as per the policies of the clinical facility and nursing Standards of Practice.				
Comments and Rationale:				

Competency Indicator #3: Ethical Practice	Score			
	SD	ME	UE	NO
a) Identifies the effect of own values, beliefs and experiences in relationships with patients and health care providers.				
b) Maintains professional boundaries.				
c) Supports patients in making informed decisions.				
d) Ensures that informed consent is provided.				
e) Demonstrates ethical responsibilities and legal obligations related to maintaining patient privacy, confidentiality and security in all forms of communication.				
Comments and Rationale:				

Competency Indicator #4: Service to the Public	Score			
	SD	ME	UE	NO
a) Demonstrates leadership in the coordination of health care by advocating for and facilitating patient care.				
b) Contributes to nursing and health care team development by promoting interprofessional collaboration and providing and encouraging constructive feedback.				
Comments and Rationale:				

Competency Indicator #5: Self Regulation	Score			
	SD	ME	UE	NO
a) Practices within defined scope of nursing practice.				
b) Reflects critically on own practice and competence to identify learning needs.				
c) Implements a Personal Learning Plan to maintain and enhance competence.				
Comments and Rationale:				

Summary of Strengths and Areas for Development
Comments:

<b>Final Course Mark:</b>	Pass (P)	Not Pass (NP)
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Signature	Date [yyyy/mm/dd]
Learner:	
Faculty Advisor:	
Preceptor (optional):	



## Appendix A6: Summative Record of Clinical Practice

### Instructions for Faculty Advisor

Complete one Summative Record of Clinical Practice for each learner. Conference with the learner, and discuss the evaluation of her/his clinical practice.

**NOTE:** Activities marked with an asterisk (\*) are mandatory for completion of the Interprofessional Collaborative Care Certificate.

Summative Record of Clinical Practice			
Name of Learner:			
Facility Name and Description of Practice Setting:			
Maximum Number of Patients Cared for:		Total Term Absences:	

Activity/Evaluation Strategy	Week	Details and Dates	Comments
Personal Learning Plan	Weeks 1 and ongoing	Initial Formative Self-Assessment and Personal Learning Plan	
		Updated (mid course)	
Reflective Practice Narrative	Week 4	Written Reflective Narrative #1	
Focused Interprofessional Education (IPE) Activities  [Indicate the completion date of activities and if session was co-facilitated with another professional]	Weeks 3 to 11	Meet & Greet *	
		Communication Dialogue *	
		Conflict Seminar *	
		Collaboration Seminar *	
		IP Team Member Shadowing* [specify]	
		IP Team Meetings *	
		Other IP Activities * [specify]	
Patient Assessment Assignment	Week 6, 7+	Written Patient Assessment	
		Oral Patient Presentation	
Mid-course (Formative) Clinical Practice Evaluation	Week 7		
Reflective Practice Narrative *	Week 8	Written Reflective Narrative #2	
Reflective Practice Narrative	Week 10	Written Reflective Narrative #3	
Final (Summative) Clinical Practice Evaluation *	Week 11 and 12		
Other Learning Activities		[Specify]	

Signature	Date [yyyy/mm/dd]
Learner:	
Faculty Advisor:	





## Appendix A7: Clinical Reasoning

Clinical reasoning is the ability of the nurse to:

- think while providing care (filter clinical data); and
- reflect on the patient's situation as it changes over time.

Nurses will ask a different set of sequential questions BEFORE and AFTER the patient is seen.

### *Before Patient is Seen*

Review and note the following information BEFORE seeing the patient for the first time and providing care. This is when you review the patient's chart, obtain reports, and collect your data, etc. You must answer these questions in order to SAFELY assume care:

- What is the primary problem and what is the underlying cause/pathophysiology of this problem?
- What clinical data from the chart is RELEVANT and needs to be trended because it is clinically significant?
- What nursing priority captures the "essence" of your patient's current status and will guide your plan of care?
- What nursing interventions will you initiate based on this priority and what are the desired outcomes?
- What body system(s) and key assessments will you focus on based on your patient's primary problem or nursing care priority?
- What is the worst possible/most likely complication(s) to anticipate based on the primary problem?
- What nursing assessments will identify this complication EARLY if it develops?
- What nursing interventions will you initiate if this complication develops?

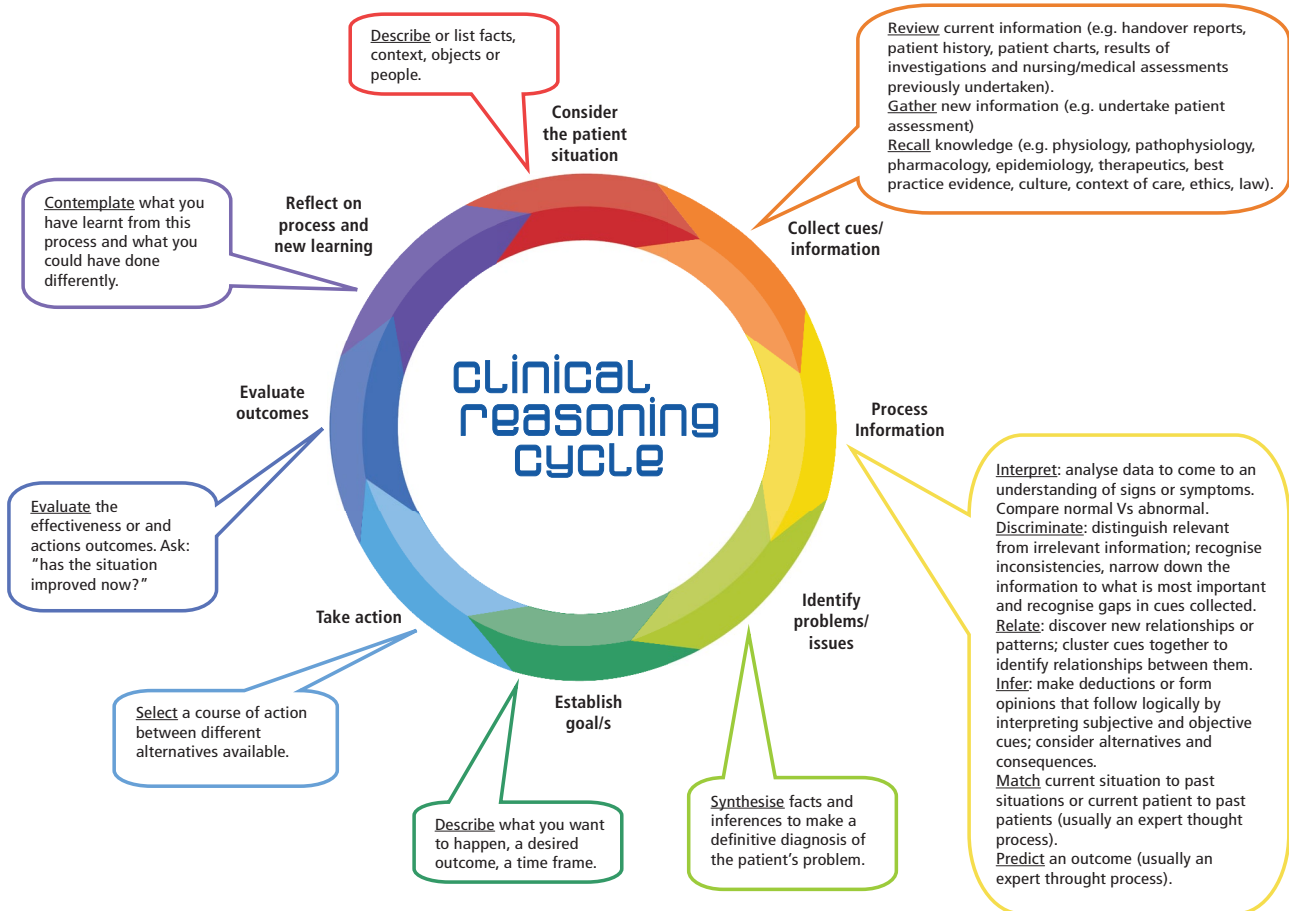
### *After Patient is Seen*

These questions guide your thinking AFTER the patient has been seen. Review and note the following information WHILE providing care after your initial patient assessment:

- What clinical assessment data did you just collect that is RELEVANT and needs to be TRENDED because it is clinically significant to detect a change in status?
- Does your nursing priority or plan of care need to be modified in any way after assessing your patient?
- After reviewing the primary care provider's note, what is the rationale for making any new orders or changes?
- What educational priorities have you identified and how will you address them?

## Clinical Reasoning Cycle

Clinical reasoning is not a linear process but rather it is a dynamic, cyclical process. Nurses can combine steps, and move back and forth between them, as situations require (see *Figure A3* below).



**Figure A3: Clinical reasoning process with descriptors.**

Source: Adapted from "The 'Five Rights' of Clinical Reasoning: An Educational Model to Enhance Nursing Students' Ability to Identify and Manage Clinically 'At Risk' Patients" by Levett-Jones et al., 2009. Nurse Education Today.

# Appendix B: Sample Preceptorship Information

## i) Information Flyer for Preceptee



### WHAT IS THE PILOT PRECEPTORSHIP MODEL?

This is a new clinical placement opportunity developed by George Brown College in partnership with Bridgepoint Active Healthcare and University Health Network (UHN): Toronto Rehabilitation Institute.

Precepting is a model of nursing education where, instead of being placed in a group of students with a clinical instructor, a student works with a “Preceptor”, a proficient staff nurse who enters into a one-to-one relationship with the student “Preceptee”, to provide on-site supervision and clinical teaching as the student provides care. Working with a preceptor is a common model of learning for health sciences students in their final consolidation semester. Student preceptees report that this “real world immersion” experience enriches learning, making it easier to transition to work.

Preceptors in this pilot have volunteered for this position based on an interest in sharing their clinical expertise and working as partners with Internationally Educated Nurses (IENs).

### WHAT MAKES PRECEPTORSHIP SUCCESSFUL?

A successful learning partnership between the preceptee, preceptor and faculty advisor begins with respect and open communication. Learning goals are individualized for each student. This kind of learning is well suited to students who are prepared to be “active learners”. Ideal preceptees are not hesitant to ask questions and seek direction; they take initiative to identify their strengths and learning needs, seek out resources to prepare for their clinical experience, and respond constructively to feedback.

Funded by:



### HOW WILL THE PRECEPTORSHIP PILOT WORK?

Working in partnership with a Bridgepoint or UHN staff nurse preceptor as well as a George Brown College faculty advisor, student preceptees will be assigned to work two designated days a week, working the same day or evening shift that their staff nurse preceptor is working. In addition, preceptees will attend an introductory workshop and educational sessions that address strategies to promote independent clinical judgment.

Student preceptees in the Preceptor Pilot must complete the same number of hours (two full shifts per week) and are expected to meet the same College of Nurses of Ontario (CNO) competencies as students in the regular clinical program. The cost of the preceptorship pilot is the same as the regular clinical program.

### WHEN IS THIS HAPPENING?

The preceptorship placement starts [date] and will run two days a week for the semester.

### WHO WILL PARTICIPATE?

Since this is a small pilot project with a limited number of positions, participants will be selected from RN/RPN students who are registered for the [semester] consolidation clinical semester.

### WHAT DO I NEED TO DO?

Complete the Registration Form. To ensure everyone has an equal opportunity to participate, all students in the consolidation clinical semester must complete this form. Return the completed form by email to: [name] [email address]. Completed forms must be received by [date].

## ii) Registration Form for Preceptee

### Instructions for Learner

Please complete the Registration Form and email to [address]. The Form must be received by [date].

### NOTES:

Participants will be expected to provide feedback on their experience.

Student identification information identified with an asterisk (\*) is collected in this Form so we can contact you if you are selected for this Pilot Preceptorship opportunity.

Preceptee Registration Form			
Name of Learner:			
Primary Email Address:			
Student Number*:		Phone*:	

1. For a preceptor partnership to be successful, it is important that the preceptee agrees to follow standards of practice and professional behaviour and take responsibility to engage actively in the learning process with their learning partners (their preceptor and faculty advisor). If selected, do you agree to:			Yes	No
– Communicate openly with preceptor and faculty advisor, asking questions if you need direction or do not understand?				
– Work with preceptor and faculty advisor to develop a Personal Learning Plan and complete learning activities as required?				
– Take initiative to identify your learning needs and prepare for clinical experience?				
– Work collaboratively with preceptor and faculty advisor to evaluate your progress and respond constructively to feedback?				
– Follow the CNO Standards of Practice, George Brown College Code of Conduct, and the Policies and Procedures of the clinical facility where you are placed?				
2. Do you understand that if you are selected for this Pilot Preceptorship opportunity, your clinical work hours will include a combination of day and evening shifts on your designated days of practice?				
3. Have you participated in a preceptorship experience before?				
If 'Yes', please describe the experience:				
Comments (optional):				

### iii) Recruitment Flyer for Preceptor



# PILOT PRECEPTORSHIP OPPORTUNITY

Develop professionally by becoming a preceptor to an internationally educated George Brown College nursing student

Do you have a passion for nursing? Are you excited by the idea of becoming a role model and sharing your experience and knowledge?

Join a learning partnership with the School of Continuing Education at George Brown College by applying to be a staff preceptor for the [year semester].

This unique pilot preceptor opportunity was developed by George Brown College in partnership with Bridgepoint Active Healthcare and University Health Network: Toronto Rehabilitation Institute (UHN:TRI). In this pilot, students are placed in a partnership with UHN and Bridgepoint staff nurse preceptors. These students are Internationally Educated Nurses (IENs) who have worked as nurses in other countries and are now training to become nurses in Ontario by completing their *Academic Pathway for Nurses Graduate Certificate*.

Funded by:



#### GET PAID TO LEARN

With funding through the Ontario Ministry of Citizenship and Immigration and International Trade, staff preceptors will be reimbursed for time spent in educational workshops and ongoing pilot support activities.

#### PARTICIPATE IN PROFESSIONAL DEVELOPMENT WORKSHOPS

There will be a full-day introductory workshop and three additional educational sessions throughout the fall semester. Sessions will explore teaching and learning strategies like providing effective feedback, creating a learning plan and role modeling to promote independent clinical judgment.

#### RECEIVE ONGOING SUPPORT FROM A GEORGE BROWN COLLEGE FACULTY ADVISOR

Each staff preceptor will be partnered with a George Brown College faculty advisor.

#### RECEIVE A CERTIFICATE OF COMPLETION IN PROGRESSIVE PRECEPTORSHIP EDUCATION

Each staff preceptor will receive a certificate of completion from George Brown College.

The pilot starts [date] and will run approximately two days a week for the semester, which ends in [month]. During this time, IEN student preceptees will join with staff preceptors to work on the same day or evening shift that the staff nurse is working.

**HOW TO APPLY:** Preceptors can be either RPNs or RNs working at UHN or Bridgepoint. This is a small pilot with only a limited number of positions available. For more information and to apply, please contact [name].

**Applications are due by [date].**

[Name]  
[Organization]  
[Email]  
[Phone]





# Appendix C: Workshop Agenda



<b>Time</b>	<b>Activity</b>
0800-0830	Icebreaker
0830-0900	Introduction to the Learning Partnership <ul style="list-style-type: none"> <li>– Why precepting? Why a workshop?</li> <li>– Roles and responsibilities of all partners</li> </ul>
0900-1030	Personal Learning Plans <ul style="list-style-type: none"> <li>– Introduction: Why do we need a Personal Learning Plan? What information do we need to build on?</li> <li>– Understanding the learner and the context</li> <li>– Develop a draft Personal Learning Plan</li> <li>– Create a draft schedule for the experience</li> </ul>
1030-1045	Break
1045-1215	“Feeling Tall Feeling Small” Strategies to build a positive learning environment and clinical reasoning <ul style="list-style-type: none"> <li>– Role modeling</li> <li>– Clinical Reasoning: What is it and how do we build it?</li> </ul>
1215-1300	Lunch
1300-1415	More strategies ... <ul style="list-style-type: none"> <li>– Effective questioning (using questioning as a learning tool)</li> <li>– Constructive feedback</li> <li>– Evaluation strategies</li> <li>– The “Five-Minute Preceptor”</li> <li>– Precepting on busy days</li> </ul>
1415-1430	Break
1430-1530	What to do if things go wrong: <ul style="list-style-type: none"> <li>– Illness</li> <li>– Critical incident</li> <li>– Learner who is struggling or at risk of failure</li> <li>– Dealing with conflict</li> </ul>
1530-1545	Recap and ‘take-aways’
1545-1600	Evaluation of the day





## ii) Roles and Responsibilities

All members of the Learning Partnership agree to engage thoughtfully in the roles as outlined below.

### All Participants

**Communicator:** Share a responsibility to listen well and communicate respectfully, openly and effectively, promoting trust and fostering a spirit of inquiry.

**Guardian:** Share a responsibility to protect the health and safety of patients and promote a healthy work and learning environment. It is expected that all participants understand and comply with professional and organizational standards.

**Evaluator:** The preceptee self-evaluates competence and progress, adjusting her/his Personal Learning Plan accordingly; recognizes limitations and scope of practice. The preceptor provides constructive daily feedback to the preceptee as well as input to the faculty advisor at designated intervals; evaluates and documents the preceptee's competence and progress using tools provided by the faculty advisor. The faculty advisor provides timely and constructive feedback to partners; monitors and evaluates preceptee's performance and progress providing formal formative and summative evaluation, and assigning a grade for achievement of learning outcomes based on input from the preceptor and preceptee.

### Preceptee

**Caregiver:** Prepares for, plans, and provides comprehensive care to assigned patients under the direction of the preceptor in accordance with the expected level of knowledge, skill, and scope of practice; works collaboratively with partners and interprofessional team member to plan and provide quality patient-centred care.

**Learning Guide:** Works collaboratively with both partners to engage in self-reflection and identify learning needs; takes initiative to direct own learning seeking out and using resources to enhance learning; develops Personal Learning Plan in consultation with partners; shows interest and willingness to learn; asks questions and responds constructively to feedback; completes written/verbal assignments as per course outline.

### Faculty Advisor

**Teacher:** Works collaboratively with both partners to identify the preceptee's learning needs and Personal Learning Plan; ensures the assignments are appropriate for the goals and objectives of the educational experience; works collaboratively with both partners to promote learning that fosters critical reasoning and the development of independence.

**Guide/Facilitator:** Guides the preceptee's clinical learning through reflection, assignments and case review; communicates expectations and standards and provides resources to support the needs of the preceptor and preceptee; meets regularly with both partners and is available at all times for partners' questions or concerns.

### Staff Preceptor

**Caregiver:** Shares patient assignment with preceptee, providing supervision and coaching as needed in the preceptee's patient care-giving activities.

**Teacher:** Acts as a role model exemplar of clinical expertise, judgment, professionalism and interprofessional practice; contributes to identification of the preceptee's learning needs and development of a Personal Learning Plan; is aware of the preceptee's educational curriculum and competency expectations; promotes the development of learning by providing individually designed, paced learning experiences and uses strategies such as effective questioning to foster clinical reasoning and development of independence; ensures that sufficient time is provided for feedback and activities that facilitate learning.

**Facilitator:** Orients and socializes the preceptee to unit's culture, collaborative processes and interprofessional relationships, fostering integration into the clinical role; recommends and facilitates a supportive learning environment.

# Appendix E: Preceptee Survey of IEN Clinical Experience

The Nursing department of George Brown College’s School of Continuing Education is interested in understanding the preceptee’s perceptions of the clinical learning experience. We would like to ask your opinion about your experience during the clinical placement. Your responses will help us to provide the best possible training. Your participation will be kept anonymous and confidential.

### *Instructions for Learner*

Place an "X" in the rating of your choice, where: 1 = Very unsatisfactory; 2 = Unsatisfactory; 3 = Neutral (Neither Satisfactory nor Unsatisfactory); 4 = Satisfactory; 5 = Very satisfactory.

Preceptee Survey					
	1	2	3	4	5
The Preceptor:					
1. Considered my feelings					
2. Provided constructive feedback					
3. Helped develop my clinical reasoning skills					
4. Was aware of my learning needs					
5. Helped develop my critical thinking skills					
6. Involved me in decision making					
7. Encouraged me to assume increasing responsibility during the clinical placement					
8. Related my didactic knowledge to my clinical practice					
9. Provided immediate and specific feedback					
10. Adjusted teaching to my needs					
11. Asked questions to promote learning					
12. Asked me to establish goals and to self-evaluate during the experience					
13. Challenged my knowledge					
14. Provided encouragement					
15. Demonstrated trust and confidence in my ability					
16. How would you assess the quality of your relationship with the faculty advisor (i.e., frequency of communication, ability to resolve problems, etc.)?					
17. Any additional comments?					





# Appendix F: Preceptor Survey of IEN Clinical Experience

The Nursing department of George Brown College’s School of Continuing Education is interested in understanding the preceptors’ perceptions of the clinical teaching-learning process of clinical experience. We ask your opinion about your experience during the clinical placement. Your responses will help us to provide the best possible training. Your participation will be kept anonymous and confidential.

## *Instructions for Preceptor*

Place an “X” in the rating of your choice, where: 1 = Very unsatisfactory; 2 = Unsatisfactory; 3 = Neutral (Neither Satisfactory nor Unsatisfactory); 4 = Satisfactory; 5 = Very satisfactory.

Preceptor Survey	1	2	3	4	5
1. The faculty advisor oriented me to the role as preceptor.					
2. I was able to provide learning experiences to meet the competencies stated in the Clinical Course Outline.					
3. The faculty advisor maintained communication and supported me throughout the clinical experience.					
4. The preceptee and faculty advisor treated me respectfully throughout the clinical experience.					
5. The preceptee was enthusiastic about learning and self-directed about seeking learning opportunities.					
6. This experience was beneficial and rewarding.					
7. I would participate again in future offerings.					
8. How would you assess the quality of your relationship with the faculty advisor (i.e., frequency of communication, ability to resolve problems, etc.)?					
9. Any additional comments?					









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