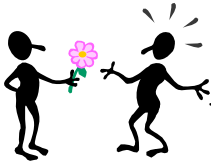


# Tips for Teaching Adults

## Tips for Teaching Adults

Teaching adults presents unique challenges and rewards. Here are several important features of adult education:

1. **Mutual trust and respect:** Be patient, receptive and approachable. Be a student advocate. Provide all the information the student will need. Help make the student feel secure in the new environment. Prepare them for unit routines and expectations.
2. **Individualized learning:** Base content on the perceived needs of the student. Allow the student to set the pace of learning. Engage the student in mutual goal setting. Students learn well from watching others, participating in care, and developing her/his own learning plan. Allow the student to make choices and be self-directed.
3. **Shared learning and reciprocity:** Work as a team and relate as colleagues. A preceptor who views her/his role as a facilitator of learning helps make adult learners feel more comfortable.
4. **Safe, supportive and friendly environment:** Adults need to feel they will not be embarrassed, made to feel inadequate or intimidated in any way. Provide frequent positive reinforcement. Watch without taking over, be non-judgmental, and plan for success. Because learning can be mentally and physically exhausting, allow the student some free time when the occasion arises as a reward for hard work and good performance.
5. **Active learning:** Encourage learners to participate actively in the learning process. Engage students in dialogue about care and procedures. Reaffirm the student's knowledge and skills by explaining why certain actions are taken as well as how. Show the student available resources, such as procedural manuals and reference texts.
6. **Prior learning:** Make use of the student's prior experience and knowledge by finding out what they already know and what experiences they have had, and then anchoring new learning in these past experiences. Valuing the student's skills and knowledge recognizes past accomplishments and helps ease this difficult and often humbling transition in adult education. Even if the previous experiences are not care related, there may be a transfer of skills. For example, link past experience in waitressing and time management or multitasking.
7. **Feedback:** Give frequent, clear feedback so the student knows how s/he is progressing towards her/his goals.
8. **Organization and repetition:** Repeat content over time and sequence it in a logical fashion. Use a variety of teaching methods if possible. For example, reading about a procedure, watching a procedure, assisting with a procedure and actually doing the procedure are all different ways of teaching and can be used in combination with each other.



Sources: Baltimore, 2004; Clay et al., 1999; Trevitt, Grealish & Reaby, 2001; Rush, Peel & McCracken, 2004; Hohler, 2003

# Safety Guidelines

## Safety Guidelines

Patient safety is always our primary concern. Unsafe situations in which patients are put in compromising positions should be avoided.



The preceptorship situation presents a unique challenge: Students need a safe space to learn nursing practice, which means teachers must keep their distance, yet remain close enough to protect the patient and student while ensuring students learn to figure out on their own the issues of safety in providing patient care.

Safety guidelines build upon these principles:

1. Do not put **patients** at risk.
2. Do not put **students** at risk.
3. Ensure **safety precautions** are taken prior to gaining independence.
4. **Assess** for safe practice.

As preceptors and clinical supervisors we often need to remember that students actually *want* to be safe and are generally more careful than we think.



Sources: Diekelmann & Scheckel, 2004; Baltimore, 2004; Hrobsky & Kersbergen, 2002.

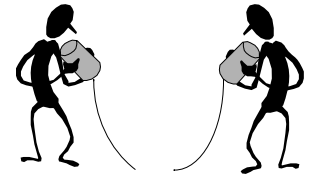
# Sources of Friction

## Sources of Friction



**Expectations:** What a preceptor expects the student to accomplish and learn may be different from the student's expectations or even beyond the student's capabilities. Expectations and discrepancies need to be communicated clearly between preceptor and student.

**Communication Styles:** A quiet, reflective member of the relationship may have trouble relating to a direct, confrontational member. Myers-Briggs Type Indicator (MBTI) divides styles into four perspectives: *Extroversion and introversion; sensing and intuitive; thinking and feeling; and judging and perceiving.* Awareness of one's own style assists people to gain insights into themselves and their way of relating to students. Remember, the sincerity of your intentions does not guarantee the purity of your practice!



**Preceptor Absences:** Sometime a preceptor is absent due to prior commitments or illness. Students may find it hard to adjust to a different preceptor and anxieties and uncertainties arise. This is particularly true when the preceptor-student relationship is a strong, mutually rewarding one. If possible, prearrange a back-up preceptor.

**Student Performance:** When students struggle in clinical, preceptors can become frustrated. Sometimes they wonder what they are doing wrong. The student who is having performance problems is often anxious about her/his poor performance. Safety, competence and failure to progress are three areas that require faculty involvement to draft a learning contract to guide student improvement.



**Evaluation:** Evaluation can be a source of role conflict for the preceptor, who is required to function as both confidante and assessor. Evaluation is also a source of anxiety for the student, particularly for those in danger of failing. Evaluation is necessary to the learning process and guides student progress towards meeting course objectives. The faculty advisor facilitates formal evaluations and guides discussions in terms of constructive feedback to aid student performance.

**Workplace Stress:** Heavy caseloads and balancing the needs of patients with the learning needs of the student can be a source of stress for the preceptor, who may in turn transfer this stress to the student. Bring any concerns you have about your workload to the staff supervisor.



Sources: Myrick & Yonge, 2005; O'Mara, 1997.

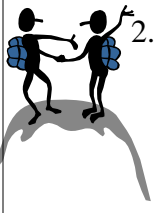
# Student Progress

## Student Progress

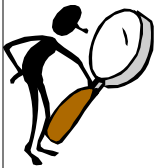
Managing student progress is both challenging and rewarding. The expected progression of the student in the preceptored relationship is as follows:



**1. Student observes preceptor** carrying out her/his daily work. Before beginning a task, question the student to find out how much s/he knows and to help her/him understand associated responsibilities. After finishing the task, prompt the student to reflect on the experience. For example, a preceptor may ask how the student might have handled the task differently.



**2. Student assists preceptor** by allowing the student to perform a small portion of each new procedure assigned. Before a student carries out a new procedure, s/he must demonstrate and explain all the actions and her/his rationale. If necessary, let the student practice to ensure a proper and safe procedure. Watching procedures, in addition to performing assigned duties, as a valuable combination.



**3. Preceptor observes student** completing specific tasks. Direct observation is important in establishing a learning climate, reinforcing skills, and stimulating independent performance. After the student completes a task, reinforce appropriate behavior and constructively criticize inappropriate behavior. As s/he becomes proficient and comfortable in skill development, add to the assigned duties. Be sure students know what parts of care s/he can perform. Give opportunity for repetition of skills and practice. The skills are the same and routines similar but the differences occur with each patient's needs. Repeating skills helps student begin to feel comfortable.



An important responsibility of preceptors is determining when a student is ready to make and implement independent decisions. In deciding when to “let go”, take into consideration:

1. Both student and preceptor are **comfortable** with the student making decisions.
2. The student has **demonstrated** that s/he could perform without making mistakes, accurately present important patient findings, transfer learning to new situations, recognize the limits of their knowledge, and adapt to schedule changes.
3. The student **asks** for more challenging experiences.



**4. Student performs independently** and provides regular reports of her/his actions to the preceptor. Evaluate the student's performance at this stage by reviewing outcomes of his/her actions. For example, evaluate charting or interview patients or staff about their interactions with the student.

Sources: Hohler, 2003; Gates & Cutts, 1995.

# Giving Feedback

## Giving Feedback

One fundamental aspect to the preceptor-student relationship is giving regular feedback. Students are generally accustomed to and interested in receiving feedback regarding their performance. Students require both positive and constructive feedback. Preceptors should provide frequent, specific feedback on students' knowledge, skills, and abilities and identify their strengths and weaknesses so students will know what they can do to improve. Feedback is intended to strengthen the student's clinical practice. Giving excessive, insufficient or negative feedback can result in conflict between you and the student, and can have a negative effect on learning. Remind the student that giving feedback in both strong and weak areas is part of the teaching role. Effective preceptors are honest and direct with students about their performance, notice when they performed well, and provide specific suggestions for improvement. Good, effective and safe student performance must be validated and encouraged.

### Helpful tips for giving feedback:

1. **Daily** feedback in a private location generally helps the student to feel secure.
2. Give feedback in a **private** place. Adhere to the adage, "praise in public, correct in private." If it is necessary to correct a preceptee in front of other staff to protect a patient, do it in a tactful way.
3. Ask students to **evaluate themselves** after tasks are performed by asking, "How did you feel you did?" and "What could you do differently next time?" This initiates performance evaluation in a non-threatening manner.
4. Feedback should be **objective** in nature. Use "I" statements, such as, "I noticed that..." Avoid judgmental statements, such as "You should have known better..."
5. To know what specific **performance** items need to be evaluated, review the indicators in the evaluation tool.
6. Private **weekly** evaluations work well to track student progress towards course and personal objectives. This is the time to say, "You are doing well." Point out what the student has learned and how much knowledge and skill proficiency has been acquired, and what problems need to be addressed.
7. Phrase feedback in a **positive** fashion, such as "This is what I want you work on."
8. Encourage students by pointing out their strengths **often** and in an **honest** manner. Celebrate successes. Seeing your obvious pleasure in their success is a wonderful reward for a student.



Preceptors should also welcome ongoing feedback regarding the preceptorship process. Asking "How am I doing?" opens communication up so the student can share their needs and experiences. It is also a good opportunity for the preceptor to model appropriate behaviour when receiving constructive criticism.

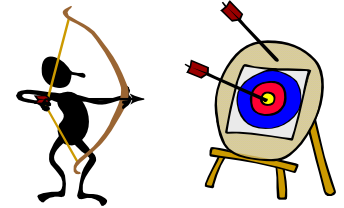
Sources: Baltimore, 2004; Clay et al., 1999; Trevitt, Grealish & Reaby, 2001; Myrick & Yonge, 2005; Gates & Cutts, 1995; Hohler, 2003.

# Strategies for Success

## Strategies for Success

### Before you start the day:

- Review the expectations for the day.
- Address student concerns and questions.
- Clarify any areas regarding patient care that are unclear.
- Ask the student how s/he plans to proceed with the patient assignment.

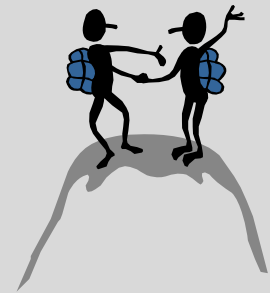


### During the day:

- Address student concerns and questions.
- Clarify any areas regarding care that are unclear.
- Be a resource and guide for the student.
- Observe student performance.

Analyze the student's performance problem and develop strategies with the student.

- Maintain a climate of mutual trust and respect.
- Maintain a safe and supportive learning environment.
- Give feedback in private.
- Be honest and direct.
- Exhibit good interpersonal skills.
- Invite student's perception of needs.
- Be non-judgmental. Use "I" statements (as in "*I noticed that...*").
- Offer specific feedback related to behaviours.
- Initiate mutual brainstorming.
- Engage the student as an active participant in developing goals.
- Make specific suggestions for improvement.
- Discuss rather than lecture to establish and outline a variety of strategies.
- Create and pursue opportunities for learners to practice.



### At the end of the day:

- Ask the student how s/he felt s/he did today.
- Elicit achievements of the day and highlight the positive aspects of performance.
- Gently but clearly review areas of performance that require improvement.
- Address student concerns and questions.

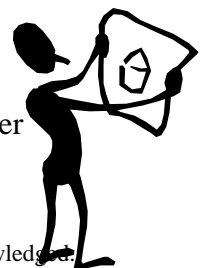


### Self-directed learning activities:

- Have the student research a patient, procedure or condition relevant to the patient assignment.
- Assist the student to work on specific weak areas. *For example, if the student is struggling with intravenous therapy, have the student review the theory and practice the skills.*

### Special learning opportunities:

- Encourage the student to attend in-services and workshops.
- If appropriate, encourage the student to observe assessments and treatments by other disciplines.



# Student Failure

## Student Failure

At some time every preceptor has a student s/he believes will not be successful. Ideally, this determination should be made well before the preceptorship ends. Contact the faculty advisor early on to help resolve this situation and find solutions. Remedial measures and counselling by the faculty advisor should be documented to indicate that the student was aware of the problems, and efforts were made to help her/him resolve those problems.

Judging student performance is a challenging responsibility. Sometimes preceptors doubt their observations of the student or lack confidence to act on observations. Role conflict may exist when preceptors cannot sort out students' well-being from that of the patients'. The preceptor's caring attitude can also interfere in her/his objective evaluation of clinical performance. Preceptors may be anxious knowing the student may fail if they report their observations, rather than uphold a concern for patient safety. **If you feel unsure of your role as assessor and evaluator, or have concerns about a student, please contact the faculty advisor, who will be glad to meet with you, support you, and find strategies for success.**



Some **warning signs** that a student is not doing well are:

- The student does not ask questions.
- The student displays an unenthusiastic attitude towards being a nurse or caring for people.
- The student demonstrates unsatisfactory skill performance, especially in the area of safety.
- The student does not consistently demonstrate professionalism.

Students fail to meet course objectives for a number of **reasons**:

1. Competing priorities outside of school inhibit the ability to focus on the clinical experience, and sometimes prevent promptness and attendance.
2. Lack of self-directedness misplaces the locus of control for success on the preceptor, facility, or faculty.
3. Inability to grasp the basic competencies and requirements such as safety, professionalism, and the ability to multitask; and an inability to provide safe, appropriate, and competent care in an efficient and timely manner in accordance with individualized care plans.



If a student continues to be unsafe or unprofessional despite remedial measures, a learning contract may be implemented. Persistent unsafe and/or unprofessional behaviour may lead to failure of the practicum, regardless of accumulative grades or success in other clinical competencies.

Occasionally, a student will find that being a nurse is not what s/he expected and choose to leave. Recognize that people have different strengths and priorities and wish her/him well.

Sources: Hohler, 2003; Hrobsky & Kersbergen, 2002.

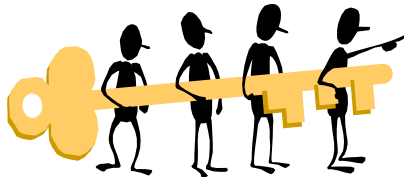
Developed by Em M. Pijl Zieber RN, BSN © 2005 - University of Lethbridge  
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# Managing the Assignment



**Organization:** Solid organizational skills will help students cope with the many unexpected occurrences and competing responsibilities inherent in daily clinical practice. Help the student develop an organized approach to patient care assignments. Insist the student formulate a daily routine and plan. Encourage the student to observe other coworkers' methods of organization and then formulate their own. When students use a different organization method than yours, determine if it is merely different or if it is ineffective.

**Prioritization:** Help the student learn how to juggle multiple responsibilities for multiple patients. Without the ability to prioritize, students tend to handle whatever issues arise in the order that they arise. This can result in delayed interventions on urgent patient care matters. Help students categorize duties based on their urgency, the level of skill required to complete the tasks, and the consequences of delay or inaction.



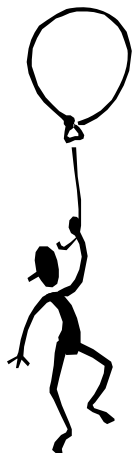
**Asking for Help:** Help the student understand that s/he cannot do everything alone. Help the student become comfortable with seeking assistance from coworkers when needed.

**Confidence Building:** Preceptors who act as resources and encouragers can help



students develop confidence and self-assurance. Confidence is built slowly over time as skills are successfully performed and appropriate decisions are made. It can easily be damaged by unsolicited advice, inappropriately challenging learning experiences, and hypervigilance. As students develop their own practice habits and manner of organizing and accomplishing their work, guidance and advice can become increasingly unwelcome. Preceptors need to remember that their way is not the only way and to be accepting of

other methods as long as they meet safety and practice standards. Students have an increasing need for independence as their skills increase. Assignments should gradually increase in complexity with highly challenging patients reserved until the latter part of preceptorship.



**Guided Independence:** Preceptors need to refrain from hypervigilance and the tendency to take control of problems and issues as they arise. Except for situations where a patient's safety is in jeopardy, preceptors are not helping the students by rescuing them from difficult decisions or situations. Preceptors need to coach students through the decision-making process by stimulating the students' thinking and problem-solving skills. Students will not develop independent problem-solving skills if they are continually "saved" by the preceptor.

Sources: Baltimore, 2004; Myrick & Yonge, 2005.

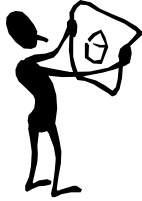


# Student Orientation

## Student Orientation

Students need to be orientated to the unit at the start of the preceptorship. Here are some helpful tips:

### Physical Layout:

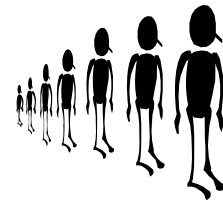


- Nursing station
- Report room
- Washrooms
- Nurse's lounge
- Locker room
- Smoking area
- Medication room

- Student parking
- Phones
- Tub room
- Clean and soiled utility
- Cafeteria
- Supply rooms
- Patient rooms

### Staff:

- Nursing colleagues
- Unit supervisor
- Allied health and activity staff
- Interdisciplinary staff



### Policies and Procedures:

- Location of policy and procedure resources
- Intranet resources
- Break schedule
- Confidentiality
- Universal precautions
- Emergency procedures
- Fire procedures
- Fall prevention
- Patient identification
- Beginning and end of shift procedures
- Restraint policy



### Patient Care:



- Introduction to preceptor's caseload and a typical shift
- Location of charts and NISS binder
- List of diagnoses, conditions, treatments and medications to review
- Patient assignments
- CARNA Standards of Practice, Code of Ethics

### Unwritten Rules:

Unique items such as etiquette, unit culture and staff expectations.

