

University of Nevada Las Vegas

School of Nursing



**Part Time Instructor,
Graduate Assistant and Preceptor
Orientation Handbook
2013-2014**

TABLE OF CONTENTS

1. Overview of UNLV School of Nursing	
A. SON Academic Affairs Office and Contact Information	3
B. Welcome from the Dean and BSN Coordinator	4
C. Vision Statement	5
D. Mission Statement	5
E. Goals	5
F. BSN Philosophy	5
2. BSN Curriculum Framework	
A. Level and Program Outcomes	7
B. Curriculum Framework	10
C. QSEN Competencies	11
D. Nursing Standards	12
E. Sequence of BSN Courses	13
3. Preceptorship	
A. Preceptorship	15
B. Criteria for selecting a preceptor	15
C. Benefits of being a preceptor	15
D. UNLV clinical faculty responsibilities	16
E. Preceptor responsibilities	16
F. Student responsibilities	16
G. Frequently asked questions about preceptoring	17
4. Teaching Tips	
A. Adult learning styles	18
B. Giving effective feedback	19
C. Answering and asking students questions	20
5. References with Edited Abstracts	21

1. Overview of UNLV School of Nursing

School of Nursing Academic Affairs Office and Contact Information

School of Nursing
Bigelow Health Sciences Building (BHS)
4505 Maryland Parkway, Box 453018
Las Vegas, Nevada 89154-3018
Voice: (702) 895-3360
Fax: (702) 895-4807

Associate Dean for Academic Affairs

Dr. Tish Smyer
tish.smyer@unlv.edu
895-5952

BSN Coordinator

Ms. Dianne Cyrkiel
dianne.cyrkiel@unlv.edu
895-3792

MSN Coordinator

Dr. Michelle Giddings
michelle.giddings@unlv.edu
895-5952

DNP Coordinator

Dr. Carolyn Sabo
carolyn.sabo@unlv.edu
895-342

PhD Coordinator

Dr. Michele Clark
michele.clark@unlv.edu
895-5978

Administrative Staff:

Mary Murray, Administrative Assistant III
mary.murray
895-4254

Elizabeth Gardner, Program Officer I
elizabeth.gardner@unlv.edu
895-5923



Welcome and Thank you from the Dean

I wish to thank you for serving as a preceptor with the University of Nevada Las Vegas School of Nursing. This reflects your collegiality and professional commitment to the nursing profession.

The motto of the School of Nursing is “Shaping the future of nursing today”. You are contributing to the future of the nursing profession as you provide day to day instruction, mentoring and role modeling as a registered nurse in a clinical environment.

Please take time to read this *Preceptor Orientation Handbook*. The faculty and I appreciate your efforts.

Carolyn Yucha

Carolyn Yucha, PhD, RN
Dean, School of Nursing



Welcome from the BSN Coordinator

The role of the preceptor is an integral part of our students’ educational experience. You serve as the bridge to “real world” assisting our students to gain the critical thinking and skills they will need in their future nursing practice.

The faculty and I wish to thank you for your willingness to serve as preceptors and to participate in this important mentoring process. Although it is a challenging role, it is professionally and personally rewarding. Please feel free to contact me at anytime if I can be of service to you in your role as preceptor.

Dianne Cyrkiel MSN, RN, CPNP
BSN Coordinator, School of Nursing

SCHOOL OF NURSING VISION, MISSION & PHILOSOPHY

VISION, MISSION & GOALS

Vision Statement: Shaping the Future of Nursing Education, Research, and Practice.

The overarching goal of the School of Nursing is to help shape the future of nursing education, research, and practice. To that end, the faculty have accepted “Shaping the future of nursing today” as the school’s motto.

Mission Statement: The mission of the School of Nursing is to educate nurses at the undergraduate and graduate levels to meet health care needs in Nevada and beyond. The School of Nursing promotes, improves, and sustains human health through evidence-based education and advances in research and practice.

Goals:

1. To expand undergraduate and graduate programs while assuring high quality student-centered educational programs.
2. To increase nursing research to advance the science of nursing and to support UNLV's movement toward research-extensive status.
3. To insure culturally-competent evidence-based nursing (EBP) practice.
4. To develop partnerships to improve community health outcomes through teaching, research, and service activities.
5. To increase community presence and enhance the financial resources of the SON.

BSN PHILOSOPHY & CORE CONCEPTS

BSN Philosophy:

We value the needs of learners, health care consumers, and stakeholders in the development and revision of programs and initiatives.

The program fosters interprofessional practice and professional development in response to the changing health care needs of the community.

The primary responsibility for acquiring nursing knowledge, skills, and attitudes belongs with the learner. The teacher acts as a facilitator and resource by creating, organizing and maintaining a supportive learning environment.

As the first level of professional nursing practice, the baccalaureate graduate embraces a leadership role through advocacy and professional development. Advocacy begins at the bedside and extends to organizational and community settings. The development of leadership skills calls for nurses who can embrace and deliver change processes while honoring the best traditions and practices that already exist. BSN graduates will also exhibit professional leadership through

continued lifelong learning and sharing knowledge and expertise as a means of developing others.

In order to prepare competent nurse leaders, faculty embrace behaviors such as role modeling and mentoring to develop an environment of learning that respects diversity, life experience, and individual attributes and abilities. Students and faculty have a mutual responsibility to create and foster an environment which is intellectually stimulating and respectful. Students are responsible for learning and faculty are responsible for delivering an innovative program that is aimed at assisting students to achieve program outcomes.

2. BSN Curriculum Framework

UNLV SON BSN Curriculum Program Objectives	Level I Outcomes	Level II Outcomes	Level III Outcomes	Level IV Outcomes
1. Technology and Information Management	Demonstrate understanding of basic technology and information systems necessary to support safe, legal and ethical nursing practice.	Recognize the role of information technology in improving patient care outcomes and creating a safe care environment.	Evaluate data derived from various information technologies for the delivery of safe and effective patient care.	Use emerging patient care technologies and information systems to support safe and effective nursing practice
2. Organizational/Systems Leadership	Articulate a beginning awareness of the complex organizational system that supports a culture of safety and caring.	Demonstrate individual accountability for decision making in patient care delivery.	Appraise personal and peer performance related to leadership concepts, skills and decision making in patient care delivery.	Integrate leadership concepts, skills and decision making in the provision of high quality nursing care delivery in a variety of settings.
3. Policy/Finance	Explore legislative and regulatory processes relevant to the provision of health care.	Examine the impact of socio-cultural, economic, legal and political factors, influencing health care delivery and practice.	Interpret the effect of healthcare policy on issues of access, equity, affordability, and social justice in healthcare delivery.	Apply knowledge of healthcare policy, finance and regulatory environments, including local, state, national and global healthcare trends in nursing practice.

UNLV SON BSN Curriculum Program Objectives	Level I Outcomes	Level II Outcomes	Level III Outcomes	Level IV Outcomes
4. Professionalism	Demonstrate professionalism with attention to appearance, demeanor, and respect for self, patients, families, and caregivers.	Employ the professional standards of moral, ethical, and legal conduct.	Demonstrate accountability for professional practice in patient care management and decision making.	Integrate professional values, attitudes, knowledge, and behaviors into nursing practice.
5. Evidence Based Practice	Define evidence-based practice in terms of evidence, expertise, practice environment, and patients' cultural values.	Demonstrate the ability to search the primary nursing literature as the first step in knowledge transformation process of the current paradigm for evidence-based practice.	Critically appraise primary research reports, systematic reviews, and clinical practice guidelines, as well as recognize and differentiate evidence ratings when reading the health care literature.	Demonstrate sound clinical judgment in the planning, provision, and evaluation of evidence-based nursing care at the individual, group, and community levels.
6. Safety	Identify fundamental principles of safety in the provision of nursing care in health care environments.	Demonstrate safe nursing care behaviors that protect self, individual, groups, and community.	Analyze the factors that create a culture of safety within the practice setting.	Apply principles that enhance safety for patients and health care providers through both individual performance and system effectiveness.
7. Communication	Identify appropriate intra-professional and patient communication techniques.	Employ effective inter- and intra-professional communication skills.	Incorporate effective communication techniques, including negotiation and conflict resolution to produce positive professional working	Demonstrate effective inter- and intra-professional communication and collaboration for improving patient outcomes.

UNLV SON BSN Curriculum Program Objectives	Level I Outcomes	Level II Outcomes	Level III Outcomes	Level IV Outcomes
			relationships.	
8. Clinical Prevention and Population Health	Identify clinical prevention measures to promote wellness and prevent escalation of disease across the life span.	Participate in clinical prevention and population focused interventions with attention to effectiveness, efficiency, cost-effectiveness, and equity.	Evaluate the effectiveness of health promotion/clinical prevention/health restoration strategies with patients and families.	Use clinical prevention strategies to promote health and prevent disease across the life span at the individual and population levels.



Quality and Safety Education in Nursing (QSEN) Competencies:

Preparing future nurses with the knowledge, skills and attitudes (KSAs) necessary to continuously improve the quality and safety of the healthcare system.

1. Patient-centered care
2. Teamwork and Collaboration
3. Evidenced-based practice
4. Quality Improvement
5. Informatics
6. Safety

BSN PROGRAM OUTCOMES WITH QSEN COMPETENCIES

PROGRAM OUTCOMES	QSEN Competencies
1. Use emerging patient care technologies and information systems to support safe and effective nursing practice.	Evidenced Based Practice Informatics Safety
2. Integrate leadership concepts, skills and decision making in the provision of high quality nursing care delivery in a variety of settings.	Quality Improvement Safety Teamwork and Collaboration
3. Apply knowledge of healthcare policy, finance and regulatory environments, including local, state, national and global healthcare trends in nursing practice.	Patient Centered Care Safety
4. Integrate professional values, attitudes, knowledge, and behaviors into nursing practice.	Patient Centered Care Teamwork and Collaboration
5. Demonstrate sound clinical judgment in the planning, provision, and evaluation of evidence-based nursing care at the individual, group, and community levels.	Evidenced-Based Practice Patient Centered Care
6. Apply principles that enhance safety for patients and health care providers through both individual performance and system effectiveness.	Patient Centered Care Quality Improvement Safety
7. Demonstrate effective inter- and intra-professional communication and collaboration for improving patient outcomes.	Patient Centered Care Quality Improvement Safety
8. Use clinical prevention strategies to promote health and prevent disease across the life span at the individual and population levels.	Evidenced-Based Practice Patient Centered Care

NURSING STANDARDS

The American Nurse's Association has defined standards and codes by which all nurses practice. As a professional program it is expected that students will demonstrate behaviors that reflect the defined standards of nursing throughout their academic experience.

American Nurse's Association Standards of Nursing Practice:

1. The collection of data about the health status of the client/patient is systematic and continuous. These data are accessible, communicated, and recorded.
2. Nursing diagnoses are derived from health status data.
3. The plan of nursing care includes goals derived from the nursing diagnoses.
4. The plan of nursing care includes priorities and the prescribed nursing approaches or measures to achieve the goals derived from the nursing diagnosis.
5. Nursing actions provide for client/patient participation in health promotion, maintenance and restoration.
6. Nursing actions assist the client/patient to maximize his health capabilities.
7. The client's/patient's progress or lack of progress toward goal achievement is determined by the client/patient and the nurses.
8. The client's/patient's progress or lack of progress toward goal achievement directs reassessment, reordering of priorities, new goal setting and revision of the plan of nursing care.

American Nurse's Association Code of Ethics:

The baccalaureate program subscribes to the tenets identified in The Code for Nurses published by the American Nurse's Association as revised in 2001.

1. The nurse in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse's primary commitment is to the patient, whether an individual, family, group or community.
3. The nurse promotes, advocates for, and strives to protect the health, safety and rights of the patient.
4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.
5. The nurse owes the same duties to self as others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
6. The nurse participates in establishing, maintaining, and improving health care

environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

7. The nurse participates in the advancement of the profession through contribution to practice, education, administration and knowledge development.
8. The nurse collaborates with other health professionals and the public in promoting community, national and international efforts to meet health needs.
9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

Sequence of BSN Courses

First semester:	Credits
NURS 305: Patient Centered Care: Basic Principles	6
NURS 306: Foundations in Pharmacology and Pathophysiology	3
NURS 307: Health Assessment of Diverse Populations	3
NURS 329: Physical Assessment Skills	1
NURS 342: Fundamentals of Nursing Lab	1
TOTAL	14

Second semester:	Credits
NURS 313: Nursing Care of Adult Medical-Surgical Patient	7
NURS 320: Pharmacology and Pathophysiology Across the Lifespan	2
NURS 325: Professional Communication in Diverse Health Care Settings	2
NURS 350: Population-Focused Nursing in the Community	4
TOTAL	15

Third semester:	Credits
NURS 401: Nursing Care of Older Adults	6
NURS 405: Nursing Care of Women and Childbearing Families	3
NURS 406: Nursing Care of Childrearing Families	4
NURS 420: Evidenced-Based Practice and Research in Nursing	3
TOTAL	16

Fourth semester:	Credits
NURS 419: Care of Individuals and Their Family Experiencing Emotional or Mental Health Disruptions	4
NURS 425: Managing Complex Nursing Care in Diverse Populations	7
NURS 427: Nursing Leadership & Transition into Practice	4
TOTAL	15

The total program is 122 credits. Of that total 60 credits are in nursing and 62 credits are outside of the School. Of the 60 credits in nursing, 20.5 are allotted to clinical practice. For each clinical

practice credit, the student will be in the clinical area for a total of 45 hours per semester. Thus for 3 credit clinical experience, the student will devote 135 hours per semester. For a 4 credit clinical class, the student will devote 180 hours per semester.

3. Preceptorship

Thank-you for agreeing to be a preceptor for UNLV nursing students! In serving as a preceptor you have the unique opportunity to make a profound impact. Your advanced knowledge, your skills and attitude provide an important component to the developing competency in the professional nurse under your guidance.

Being a preceptor establishes a one-to-one relationship between a clinically skilled individual and a novice. The most important characteristics of being a preceptor include the willingness to share your knowledge and skills and allowing someone to experience nursing through your eyes and mind. The preceptor challenges, guides, directs and supports the student. Fundamental to the process is the preceptor's willingness to share professional values, beliefs and skills while incorporating professional standards of practice. As a role model, socializer and educator, the preceptor assists the student in acquisition of professional skills in a time-limited relationship.

As a preceptor, you are allowing the student to work directly with you in the planning, providing, and evaluation of care under your supervision. No UNLV faculty member will be with you or on-site on a continual basis. You and the student will decide what specific learning experiences need to take place to meet the student's goals and the learning outcomes of the specific course. A UNLV clinical faculty member will make scheduled visits with you and the student; you may call the faculty member at any time you have questions or concerns to address.

Criteria for selecting preceptors

- Hold a Nevada RN license that is in good standing
- Demonstrate a broad range of clinical experiences (as verified by nurse manager)
- Demonstrated ability to be a role model (as verified by nurse manager)
- Express a willingness to be a preceptor
- Be readily available during the learning experiences
- Agree to participate in evaluation conferences with faculty and student

Benefits of being a preceptor

- Professional stimulation
- Ability to demonstrate clinical experiences and expertise as well as teaching and leadership skills
- For MSN prepared preceptors earn "adjunct faculty " status after serving as a preceptor for 2 semesters (see Appendix C). Adjunct faculty earn a non-tenure-track appointment within the university system. Benefits of being an adjunct faculty member include:
 - obtain a UNLV Rebel Card
 - access to UNLV libraries
 - attendance at all SON ceremonies, invited speakers, and Scholarship Day

UNLV Clinical Faculty responsibilities

- Identify and reach agreement with selected clinical and managerial preceptors. (Only one student to a clinical preceptor per clinical day in the acute care setting. Two students may be assigned to a managerial preceptor).
- Disseminate to all preceptors the course syllabus and objectives, and Preceptor Handbook.
- Meet with the preceptors individually to provide information on roles and function of preceptor/student/faculty. Orient preceptors and plan how communication will occur.
- Identify preceptor's responsibility in the outcome of the student evaluation (final responsibility for course evaluation rests with the faculty member).
- Make regular clinical site visits.
- Convene clinical conferences.
- Grade any assignment associated with the experience.
- Meet periodically with the preceptor to discuss student progress.
- Guide students in the resolution/investigation of clinical concerns/problems.
- Obtain Preceptor Agreement form once signed by the clinical preceptor

Preceptor responsibilities

- Maintain a consistent work schedule, same days of week. If unforeseen events occur, notify the student of absence and reschedule precepted experience.
- Provide an orientation to the clinical unit during the student's first week.
- Review policies, operational procedures, and protocols specific to the clinical unit.
- Initially serve as a supervisor, then as a resource person as the semester progresses.
- Be available to the student at all times when the student is providing nursing services to patients.
- Ensure interactions and interventions provided by the student are consistent with standards and provide timely feedback.
- Review the student's documentation and make constructive suggestions for improvement, if required.
- Propose hypothetical clinical situations and provide feedback to increase student's critical thinking and decision making.
- Participate in final evaluation meeting with student and clinical faculty member.

Student responsibilities

- Prepare and self-evaluate personal growth objectives.
- Demonstrate motivation and the necessary cognitive preparedness.
- Demonstrate professional behaviors.
- Demonstrate competent clinical performance: role expectations include assessment, formulation of nursing care plan and conceptual map, implementation of the plan of care, accurate documentation and evaluation of the plan of care.
- Demonstrate accountability for thoroughness and timeliness in completing assigned responsibilities.
- Respect the confidential nature of all information obtained during the clinical experience.
- Engage in collaborative activities.
- Maintain ongoing communication with preceptor and faculty member.
- Contact faculty by telephone, pager or email if faculty assistance is necessary.

Frequently Asked Questions about Preceptoring

Are students assigned only one preceptor?

The key for a successful preceptorship experience is one preceptor per student in an agency. However, due to scheduling issues, a second preceptor may be required.

How are clinical experiences chosen?

Clinical experiences are based on the course objectives and a student's abilities. Experiences are negotiable within the constraints of the course objectives, learning needs of each student, and preceptor availability.

How much time will be required of the preceptor?

Time requirements vary and faculty will provide this specific information. However, minimal time is required of the preceptor outside of their normal working hours.

Is the preceptor responsible for being with the student every minute of their clinical experience?

The preceptor is responsible for being with the student during their clinical rotation, or to assure that the student is under the supervision of another qualified preceptor. Students may function independently after the preceptor has ascertained that the student can safely and competently provide care.

What sort of support will the School of Nursing provide the preceptor?

Faculty will provide an orientation to preceptors at the beginning of the semester. All training materials and evaluation forms will be provided to the preceptors by faculty. Faculty are available to preceptors either in person, by phone, and/or electronically.

Will there be a faculty member on-site during each clinical day?

No. Faculty will be available by phone, and/or electronically. Faculty members will be present in the agency by request, and will visit routinely.

How should the preceptor deal with a student who is unprepared and/or unprofessional?

Notify the faculty member immediately. The student may be verbally reprimanded and/or removed from the clinical site by the faculty member.

4. Teaching Tips

Adult Learning Styles

Research has consistently shown that there are considerable differences between adult and child/adolescent learning styles. Adults vary tremendously in how they acquire knowledge and no one theory on adult learning styles can adequately address the diversity of each learner. A synthesis of the research findings on adult learning is illustrated below:

Structure of Learning Experiences

1. Adults learn better when learning is individualized.
2. Adults prefer face-to-face learning rather than learning through the use of video or audio communications.
3. Adults derive benefits from interactional activities with others who differ in age, level of experience, and professional preparation.

Learning Climate

1. Adult learners seem to learn better if there is an atmosphere of mutual helpfulness and peer support.
2. Since adult learners are reluctant to take risks, the climate should be characterized by a sense of trust and acceptance.
3. Adult learners appreciate the invitation to express their views and are open to the views of others.
4. Adult learners bring clear expectations to the learning environment and expect instructors to accommodate these expectations.

Focus of Learning

1. Adult learners derive the greatest benefit from instructional methods that assist them in processing their experience through reflection, analysis, and critical examination.
2. Adult learners value teaching methods that increase their autonomy.
3. Adult learners are motivated by practical how-to learning.

Keys to success:

Adult students need to be active participants in their learning. As a Preceptor you need to encourage students to find the solutions or answers to the questions and problems they put to you. It is important to let the students know that as a life-long learner you actively seek the most current information to guide your practice and you expect the same from the student.

Giving Effective Feedback

One very important responsibility of the preceptor is the evaluation of student performance. The provision of **timely** feedback is crucial to student learning and plays a large role in student's improvement. Effective feedback can include both positive and negative comments.

Components of **effective** feedback:

- Specific rather than general
- Factual rather than your opinion
- Focuses on the behavior rather than the student
- Well-timed – given at the earliest opportunity after the behavior
- Descriptive not judgmental
- Shares information rather than gives advice
- Own the feedback (emphasize the use of 'I' statements)
- Builds a plan for improvement

A structured approach helps you make your feedback fair and effective. There are two common models for giving feedback.

1. Constructive Critique

The aim is to encourage self-assessment and reflection:

- Ask what the student thinks went well
- Say what you think went well
- Ask the student what they believe could be improved
- Provide your comments
- Discuss how the improvements could be made

2. The 'Feedback Sandwich'

1. First strengths are identified (praise)
2. Weaknesses (development needs!) are identified
3. Options for improvement are explored. End on a positive note!!

Keys to success:

It is important to tell students exactly what is wrong in a way that lets them feel secure and see the opportunity for improvement. Do not just give them the bad points as this can be disheartening and de-motivating.

Positive feedback is also vital, and should reinforce the student's actual performance with the preset standards that guide patient care activities. Positive feedback is essential to help students to build their self confidence and clinical competence.

Answering and asking students' questions

The art of asking questions is one of the basic skills of good teaching. Through the art of thoughtful questioning you can extract not only factual information, but aid students in: connecting concepts, making inferences, increasing awareness, aiding critical thinking processes, and generally helping them explore deeper levels of knowing, thinking, and understanding.

When a student asks a question – what are some things that you can do to promote their learning ?

- **Repeat the question, paraphrasing it.** This lets the student check your understanding of his or her question. When you have *not* completely understood, often the student will rephrase or elaborate upon the question. In doing so the student is often "thinking out loud" and may come to his or her own conclusions without further help.
- **Ask *probing* questions.** You might respond to the student's question by directing his or her attention to a particular aspect of the issue they have raised. The intent of probing questions is to draw the student's attention to things that may be only implied in their answer, and so help them answer.
- **Directly answer the question.** In general, it is not recommend to answer a student's question directly if you wish to foster thinking or problem-solving skills. However, in a time sensitive matter, you may have no choice. After responding check to see if you have really answered the question by saying something like: "Does that answer your question?" or "Was that what you were asking?"
- **Admit when you do not know an answer.** If you do not know the answer to a student's question, say so and direct the student to resources where the answer may be found.

Asking questions is also required of preceptors.

- **Phrase questions clearly and specifically.**
- **Avoid vague and ambiguous questions.**
- **Adapt questions to the level of the student's abilities.**
- **Ask questions logically and sequentially.**
- **Follow up on a student's responses.**
- **Ask open-ended, not just close-ended questions.** A close-ended question structures the response to one word answer, often "yes" or "no", or by a very brief phrase. An open-ended question leaves the form of the answer up to the student and elicits much more thinking and information.
- **Wait, give the students time to think.** The basic reason for pausing after asking a question is to give the students time to think about possible answers. If the question is worthwhile (and more than rhetorical), even at the memory level, it deserves a wait. Questions at higher levels require considerable time-minutes-for students to think before they can adequately answer.

Keys to success:

Closed-ended questions (yes/no) are most appropriate when you want to check whether the student has learned or remembered specific information, or to get or keep their attention. If you wish to encourage greater student involvement, open-ended questions are preferable because they require a more complex student response.

7. References with Edited Abstracts

- Burns, C., Beauchesne, M., Ryan-Krause, P., & Sawin, K. (2006). Mastering the preceptor role: challenges of clinical teaching. *Journal of Pediatric Healthcare, 20*, 172-183.
This purpose of this article is to help both experienced and new preceptors become more effective teachers while maintaining their clinical workloads. A variety of strategies are provided to increase teaching effectiveness and decrease stress for the busy preceptor who juggles the roles of teacher and clinician. The article discusses role expectations and role strain factors for student, faculty, and preceptor. Principles of clinical teaching will be identified, followed by some strategies for teaching on busy days and concluding with suggestions for dealing with difficult students.
- Byrd, C. Y., Hood, L., & Youtsey, N. (1997). Student and preceptor perceptions of factors in a successful learning partnership. *Journal of Professional Nursing, 13*, 344-351.
Registered nurse preceptors and senior undergraduate nursing students completed a survey ranking factors related to both participants in the clinical learning partnership. Results showed significant differences in the ranking of four factors that contribute to successful learning partnerships: A) the ability to give and receive criticism; B) knowledge of the preceptoring process; C) clinical competence; D) and compatibility. Nursing faculty, clinical instructors, and preceptors should acknowledge these perceptual differences to promote a positive teaching and learning partnership.
- Carson, E., Wann-Hansson, C., & Pilhammar, E. (2009). Teaching during clinical practice: strategies and techniques used by preceptors in nursing education. *Nurse Education Today, 5*, 521-526.
Studies have shown that preceptors' pedagogical competence is significant for facilitating learning during clinical practice. However, studies describing pedagogical competence, especially in terms of teaching strategies, seem to be scarce. The aim of this study was to describe which strategies and techniques preceptors use to teach undergraduate nursing students during clinical practice. Findings illustrate how preceptors use different strategies and techniques in a continuous process of adjusting, performing and evaluating precepting. Increased knowledge on how the preceptors actually teach student nurses during clinical practice will help facilitate educational programs for preceptors, which will enhance their pedagogical skills and competences.
- Glover, P. A. (2000). Feedback. I listened, reflected and utilized: third-year nursing students' perceptions and use of feedback in the clinical setting. *International Journal of Nursing Practice, 6*, 247-252.
The aim of this study was to identify nursing students' perceptions and use of feedback in the clinical area. Findings suggested that RNs provide significant feedback mostly in the hallway or at the bedside. Positive feedback and the 'feedback sandwich' were the most useful to the student's learning. Finally, feedback had the ability to enhance the student's performance and make them feel confident and competent in their role, especially when the feedback was immediate.
- Hill, N., Wolf, K. N., Bossetti, B., & Saddam, A. (1999). Preceptor appraisals of rewards and student preparedness in the clinical setting. *Journal of Allied Health, 28*, 86-90.
The purposes of this study were to determine preceptors' expectations of students and identify rewarding and discouraging experiences in preceptoring. Results indicated that observing student growth was the most rewarding aspect of the preceptor role. Frustrating experiences included low student motivation and poor personal and professional behavior. Lastly, preceptors expected students entering the clinical experience to have appropriate technical and communication skills.
- Luhanga, F., Yonge, O. J., Myrick, F. (2008). Failure to assign failing grades: issues with grading the unsafe student. *International Journal of Nursing Education Scholarship, 5*, 1-14.
In a grounded theory study examining the process of precepting an unsafe student, it was found that preceptors assigned passing grades to students who in fact should not have passed. Although preceptors perceived their role as gatekeepers for the profession, by not assigning failing grades to students who

should not have passed a course, essentially they were abdicating their responsibility. Indeed, the simple act of assuming responsibility for precepting a student implies professional as well as pedagogical accountability.

Myrick, F., & Yonge, O. J. (2002). Preceptor behaviors integral to the promotion of student critical thinking. *Journal for Nurses in Staff Development*, 18, 127-133.

In the practice setting, preceptors not only contribute to the relational aspect of the preceptorship experience but, through their behaviors, they also effectively promote the critical thinking ability of students. Through the use of a grounded theory method in a recent study, four specific preceptor-generated behaviors were identified as integral to the promotion of the critical thinking ability of basic baccalaureate nursing students in the practice setting: role modeling, facilitation, guidance, and prioritization. In this article, the description and meaning of these four behaviors are explored and their significance to preceptors and nurse educators who wish to ensure that the critical thinking ability of nursing students is fostered in the practice setting is discussed.

Myrick, F., & Yonge, O. J. (2001). Creating a climate for critical thinking in the preceptor experience. *Nurse Education Today*, 21, 461-467.

The purpose of this paper was to: A) identify key factors in the preceptorship experience that contribute to the creation of a climate that is conducive to critical thinking; B) provide important insights into the role of the preceptor and the staff within that context; and C) discuss how nursing faculty can more actively contribute to ensuring that such a learning climate is achieved in the preceptorship experience.

Russell, S. S. (2006). An overview of the adult-learning processes. *Urologic Nursing*, 26, 349-352, 370.

The purpose of this article was to review principles of adult learning. Adult learners have different learning styles which must be assessed prior to initiating any educational session. Preceptors can maximize teaching moments by incorporating specific adult-learning principles and learning styles into their teaching strategies.

Yonge, O., Myrick, F., & Haase, M. (2002). Student nurse stress in the preceptor experience. *Nurse Educator*, 27, 84-88.

Using a hypothetical case, the authors discuss the importance of student assessment, close communication between faculty and preceptors, and quick responses to student stress as a means by which to circumvent the serious potential of student burnout in the practice setting.