Module Five:

Evaluator

Module 5 – Evaluator Role

Goal Statement – The goal of this module is to utilize techniques in formative and summative evaluation processes.

Behavioral Objectives – At the completion of this area of content, the participant will be able to:

1. Apply conflict management skills.
2. Define formative and summative evaluation.
3. Recognize the impact of non-verbal communication.
4. Demonstrate constructive feedback and coaching skills.
5. Implement the evaluation process.
6. Develop an individual preceptee program.

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PowerPoint presentation preceptor program

Updated References 2015

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Conflict is:

- _____When what you have and what you want are different.
- _____A pattern of energy.
- _____Nature's primary motivation for change.

Conflict Myths:

Myth #1: "Conflict is Negative"

Conflict is natural, neither positive nor negative, it just is. It is the outcome of conflict that can be good or bad. In nature, friction between elements (wind, sand, and water) acts as its primary motivator for change, creating beaches and canyons, mountains, and pearls. It is not the situation that causes upset and bad feelings, but how we handle it. A disagreement between friends can lead to an end of the friendship or a chance to gain a better understanding of how the other person views things.

Myth #2: "Conflict is a Contest"

Conflict is not a contest. Conflict just is. We choose whether to make it a contest, a game in which there are winners and loses. There doesn't always have to be a winner and a loser. That's great for a game, which we decide to play that way, but to be a loser at work or in your family or community doesn't feel great for anyone. The ideal is to create solutions in which everyone's needs are met and we're all winners. Resolving conflict is rarely about who is right. It is about acknowledgement and appreciation of differences.

Myth #3: "The Presence of Conflict is a Sign of Poor Management"

An effective leader anticipates conflict when possible, deals with conflict when it arises and enjoys its absence when possible. Conflict, in itself will not affect the way other people feel about you. If however, you choose to ignore the conflict and allow it to continue, your employees will see you as a less-than-effective leader. On the other hand, if you address the conflict and motivate the staff, you will win their support and respect. You may avoid future conflicts as well.

Myth #4: "Conflict, if Left Alone, Will Take Care of Itself"

This is a half-truth. You can avoid conflict – it is a valid coping strategy, but not the only strategy. The intensity of the conflict varies. Left unchecked, conflict can escalate as easily as dissipate.

Myth #5: "Conflict Must be Resolved"

This myth stifles creativity, causing the leader to become solution-oriented. Some conflict is best managed by endurance, while other events require multiple solutions. Quick movement toward resolution can limit success.

Exercise 5.1

Conflicts in the Workplace

1. What conflict exists for the preceptee?

2. What conflict exists for the preceptor?

3. What conflict exists for the staff in the area or field?

4. What conflict exists for the manager?

Exercise 5.2

Managing Conflict

Instructor will give directions for this exercise.

Exercise 5.3

Handout 5.2

Complete Thomas-Kilmann Conflict Mode Instrument following instructor's directions**Conflict-Handling Modes**

Thomas-Kilmann

- Competing
- Accommodating
- Avoiding
- Collaborating
- Compromising

Competing:

- Assertive and uncooperative
- Power-oriented
- Useful for:
  - Standing up for rights
  - Defending an important position
  - Trying to win

Accommodating:

- Unassertive and cooperative
- Involves self-sacrifice
- Useful for:
  - Charitable causes/generosity
  - Obeying orders
  - Yielding to another point of view

Avoiding:

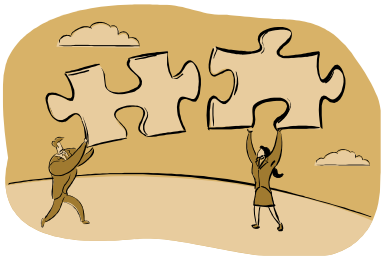
- Unassertive and uncooperative
- Does not address the conflict
- Useful for:
  - Diplomatic sidestepping
  - Avoiding until a better time
  - Withdrawing from a threatening situation

Collaborating:

- Assertive and cooperative
- Seeks to satisfy both sides
- Useful for:
  - Gaining additional insights
  - Avoiding negative competition for resources
  - Solving interpersonal problems

Compromising:

- Somewhat assertive and somewhat cooperative
- Solutions are mutually satisfying; acceptable to all
- Middle ground mode
- Useful for:
  - Splitting the difference
  - Making concessions
  - Finding a quick middle-ground position



Handout 5.3

Preparation for Conflict Management Encounter
Self-Reflection Questions

1. What I sense about the issue/situation?
- See
- Hear
- Taste
- Touch
- Smell

2. What I perceive was happening?
   - Conclusions
   - Interpretations
   - Assumptions
   - Beliefs
   - Attitudes/Biases

3. What I feel?
   - Sad/Happy
   - Confused
   - Angry
   - Disappointed
   - Threatened
   - Cautious
   - Jealous
   - Content
   - Other

4. What I want?
   - For myself
   - For the other person
   - For the situation
   - For others affected

5. Do I need more information?
   - About the situation
   - About the other person's perception
   - About the other person's feelings

6. What are the actions?
   - What did I do

- What am I doing now?
- What am I going to do?

Handout 5.4

Ground Rules for Conflict Resolution

1. Listen, Listen, Listen

2. Stick to the Point
   a. Do not change the subject
   b. Stick to only one topic at a time
   c. It is our tendency to shift into territory that is comfortable rather than addressing the issue

3. No bringing up the Past

4. No physical or verbal abuse
   a. No attacks on the other person's intelligence, character, health,etc.
   b. No non-affectionate touching
   c. No verbal putdowns

5. Avoid Sarcasm

6. Recognize anger/escalating emotions
   a. Verbalize emotions and agree to a cool down period
   b. Anger is usually a result of
      (1) Frustration
      (2) Hurt
      (3) Fear

7. Anyone has the right to walk away from a situation without being chased.

8. If you walk away, you take the obligation to come back to the subject.

Handout 5.5

Definitions Related to Evaluation

Evaluation

A person needs to evaluate observable and measurable behavior, because learning cannot be directly observed. Learning is inferred on the basis of **a change in behavior.** Unless the evaluator has some basis for comparison of the behavior, the behavior cannot be judged as acceptable or not.

Learning objectives and criteria should be written so that the **standard** for satisfactory performance is evident. Without consistent standards for evaluation of performance, each preceptor might judge performances differently because each could be using different standards to rate the performance.

Formative evaluation

The first phase of evaluation measures intermediate outcomes. Goals and competency checklists are reviewed on a regular basis (weekly/biweekly). Constructive feedback regarding progress and action planning on unmet goals at this level promotes a satisfactory **summative** evaluation.

Summative evaluation

The last phase measures the **final outcome(s)** and emphasizes the total experience, the effectiveness of the whole, as well as each part of the experience.

Handout 3.18

LEARNING PROGRESS TRACKING TOOL

Preceptee: _____

Preceptor(s): _____

Date: _____ Week#:_____ Patient Load:_____

Preceptee's Goals for the Week:

Goal	Met	Not Met	Evaluation

Progress on competency/equipment checklist(s):

Learning needs identified:

Comments:

Performance Evaluation

This type of evaluation is considered to be a participative form of assessment aimed at increasing the autonomy of the learner in his/her own learning process. The effectiveness of a preceptor's evaluation during a preceptorship experience depends upon the following characteristics:

- Recognizes the individual difference and competencies of each preceptee.
- Plans specific patient assignments and learning activities that develop the identified learning gaps.
- Gradually increases the workload and patient responsibilities depending upon the specific documentation of progress.
- Remains available to assist and evaluate the preceptee's ability to care for patients and make clinical judgments.
- Meets with the preceptee throughout the day to answer questions and assesses the progress.
- Holds debriefing sessions at the end of the day denoting progress or the need to progress.

I. Using goals to improve the preceptoring experience.

A. Meet with preceptee each week to set goals and review achievement from previous week
B. .Encourage preceptee to come prepared with a list and self-evaluation.
C. Limit number of goals.
D. Do not duplicate competency lists.
E. Share ideas regarding how goals can be met.
F. If a goal was not achieved, reevaluate to see why and try again.
Was the goal realistic? relevant?
G. Role model goal setting by setting goals for yourself as a preceptor.

II. Goal setting principles for long-term goals

A. Each goal should describe a specific end result.
B. A goal should make you stretch but still be attainable.
C. Identify why you want to accomplish this goal.
D. Remember goals can be changed.
E. You create most of your obstacles.
F. Goals should require you to do more of something or do it better or differently.
G. If the goals are attainable, this reinforces self-esteem and keeps us motivated.
H. Visualize what you will be when you reach your goal

NON_ VERBAL COMMUNICATION

Communication is both verbal and non-verbal.
Perceptions may or may not give the true picture.
Perceptions need to be validated.
Unvalidated perceptions can lead to misunderstandings.

Body Language Signals		
Nonassertive	**Assertive**	**Aggressive**
Posture		
Slumped Shoulders forward Shifting often Chin down Sitting: legs entwined	Erect, but relaxed Shoulders straight Few shifts, comfortable Head straight or slight tilt Sitting: legs together or crossed	Erect, tense, rigid Shoulders back Jerky shifts or planted in place Chin up or thrust forward Sitting: heels on desk, hands behind head or tensely leaning forward
Gestures		
Fluttering hands Twisting motions Shoulder shrugs Frequent head nodding	Casual hand movements Relaxed hands Hands open, palms out Occasional head nodding	Chopping or jabbing with hands Clenched hands or pointing Sweeping arms Sharp, quick nods
Facial Expression		
Lifted eyebrows, pleading look, wide-eyed, rapid blinking Nervous or guilty smile Chewing lower lip Shows anger with averted eyes, blushing, guilty look	Relaxed, thoughtful, caring or concerned look few blinks Genuine smile Relaxed mouth Shows anger with flashing eyes, serous look, slight flush of color	Furrowed blow, tight jaw, tense look, unblinking glare Patronizing or sarcastic smile Tight lips Shows anger with disapproving scowl, very firm mouth or bared teeth, extreme flush
Voice		
Quiet, soft, higher pitch Uhs, ahs, hesitations Stopping in “midstream” Nervous laughter Statements sound like questions with voice tone rising at the end	Resonant, firm, pleasant Smooth, even-flowing Comfortable delivery Laughter only with humor Voice tones stay even when making statement	Steely quiet or loud, harsh “biting off” words, precise measured delivery Sarcastic laughter Statements sound like orders or pronouncements

Handout 5.8

"I – MESSAGE"

Purpose:

The primary purpose of an "I-Message" is to state a personal concern or discomfort in a descriptive manner, not a judgmental one, so that it is possible for the listener to hear and understand the problem that his/her behavior is causing for the speaker.

The intent is the have the other person modify his/her behavior, to preserve the person's self-esteem, and to maintain a functional relationship.

Benefits:

1. It provides a format for expressing the effects of a person's behavior on you.
2. All parties retain responsibility for their own behavior.
3. It increases the chance of the user getting his/her needs met.
4. Change can take place out of a sincere concern for others.
5. This method minimizes the potential for resistance and a perception of "high treat" interaction.

Model:

- I feel/think *(feeling, emotion)*
- When *(non-blameful description of other's behavior)*
- Because *(concrete, tangible effect on me now or into the future)*
- Therefore I need *(request for what you would like to have happen)*

Example:

"I feel angry when staff members are late for meetings, because I feel my time is not being valued therefore, I would request that we begin all meetings on time.

Things to avoid:

Using "I – Messages" to express dissatisfaction with recurring behavior.
Using the "I – Message" to punish or get revenge.
Failure to recognize the depth of one's own feelings.
Unrealistic expectations about the outcome.

Ineffective words:

You should, always, never, I can't, why.

Exercise 5.4

Changing the "Message":

- **"I"** messages ("I think," "I feel that") are more effective than "you" messages ("you should," "You are wrong") because they minimize the other person's defensiveness and resistance to further communication.
- Give two examples of recent communication in which an "I" message would have been more helpful than a "you" message.

Handout

Coaching the Preceptee

Definition
Coaching is a conversation wherein one person (the coach) instructs, counsels and tutors another (the coachee/preceptee) in how to improve performance. Effective coaching yields more than improved performance; it also increases personal satisfaction, inspires a commitment to excellence and fosters the preceptee's development as a leader.

Coaching Conversations

Coaching conversations occur in a variety of situations:

- before a challenging event, in the midst of action
- after a triumph or defeat
- during the pause between assignments

There are three general types of coaching conversations:

- feedback
- problem-solving
- developmental

Type	Coaching Conversations: Purpose
Feedback	To reinforce or change a specific pattern of behavior.
Problem-Solving	To figure out the best approach for solving a problem, pursuing an opportunity or producing a specific result.
Developmental	To define the preceptee's professional or personal aspirations and explore alternative pathways for realizing those aspirations.

Constructive Feedback

1. Provides information to improve performance.
2. Is a vehicle to promote constructive relationships.
3. Promotes an environment of openness and mutual respect.
4. Provides a way to monitor how things are going.
5. Creates a way for issues to come to the forefront before they become major problems.
6. Keeps lines of communication open.
7. Assists staff in owning problems and creating solutions.

Coaching Conversations

1. Use Active Listening
2. Use 'open-ended' questions and avoid 'yes' and 'no' questions
3. Avoid 'leading' questions such as "You are going to that meeting, aren't you?"

Handout 5.10

4 E's of Constructive Feedback

Engage: Set the stage to convey your positive intent in the spirit of mutual respect and learning.

- Preparation:
  - Think about the positive outcome you want to achieve. Even if you are giving feedback "on the spot," frame it in terms of what behavior, issue, and situation you want to improve. Don't give feedback unless there is a constructive outcome you wish to achieve. Have that outcome in mind when you give the feedback.
- Link Feedback to Common Goals:
  - How will the feedback improve processes, meet deadlines, enhance the work environment.
- State What You Want to Discuss
  - "I have a concern about…"
  - "We need to talk about…"
  - "I have some thought on…"

Empathize: Determine the best time and place to convey the message. Focus on facts and feelings, utilize active listening.

- Environment and Timing
  - Think about distractions, other people that may be around, or whether or not the person is upset.
  - Address feelings that may emerge to enable you to move on to the point of the discussion.
  - If "on the spot" feedback is necessary, move to a private area.

Educate: Describe observation and impact of behavior; focus on the situation, issue or behavior, not the person.

- Descriptive Observation
  - State the facts and avoid judgment, evaluation or interpretation.
  - Be specific and to the point.
  - Convey respect and support
  - Stay focused on the issue at hand; avoid past or unrelated situations.
  - Don't let issues go unaddressed or you run the risk of unleashing stored up concerns.
- Impact of behavior
  - Describing the impact of the behavior helps to keep the discussion objective and will help minimize defensive responses.
  - Link behavior to business goals or challenges:
    - Improved patient care
    - Customer satisfaction
    - Better access to patient information
    - Improved work environment
  - Point out one or two of the most significant consequences
- Remain objective
  - Avoid getting caught up in your own emotions.
  - If this may be a "hot button" issue for you, practice ahead of time – role-play with a colleague.

Enlist: Set the stage for the person to respond; focus the discussion on solutions and promotes open discussion.

- Elicit the Person's Response
  - Use feedback as a tool to ascertain what the person thinks.
  - Use questions to probe, such as:
    - "What are your thoughts about…?"
    - "How do you think we can improve this situation?"
    - "What do you suggest can be done?"
  - Listen and summarize what you heard. This will let you validate what you heard and demonstrate that you are interested in what the person has to say.
  - Proceed based on the person's response.
- Guide Toward a Solution
  - Move the discussion toward a solution based on standard practice and/or your expectations. Avoid tell the person exactly what to do.

- Guide and assist the person in development of solutions to promote their ownership of the problem and creating a solution.

Exercise 5.5

Preceptee Scenarios

Each of the following descriptions represents a preceptee that you might encounter. With your partner, discuss some ways of responding to these situations.

1. A preceptee whose work is disorganized and slow, for example the preceptor may:

2. A preceptee who performs unfamiliar skills without seeking the preceptor's supervision.

3. A "know-it-all" preceptee who ignores the preceptor's direction.

4. A preceptee who has been shown repeatedly how to perform the same skill, but who continues to do it incorrectly.

5. A preceptee who continually remarks that a former place of employment had higher and better standards of nursing care.

6. A preceptee who expects to be spoon-fed and resents having to assume any responsibility for learning.

7. A preceptee who cries when you critique his or her performance.

8. A preceptee who shows no concern after making a serious medication error.

9. A preceptee who complains about the preceptor's poor clinical skills.

10. A preceptee who is hesitant and flusters easily, fearing he or she may m Exercise 5.5

Preceptee Scenarios—answers

1. A preceptee whose work is disorganized and slow, for example the preceptor may:

- Review the target date specified on the learning contract.
- Solicit the orientee's impressions regarding reasons for slow progress.
- Ask how he or she determines the order in which assignments are.
- Ask how he or she determines the priority of work activities.
- Share your observations.
- Reach consensus on ways to facilitate completion.

2. A preceptee who performs unfamiliar skills without seeking the preceptor's supervision.

- Identify one or two concrete examples of situations in which capabilities were overestimated.
- Solicit the preceptee's opinions regarding his or her readiness to manage the situations.
- Perhaps review the orientation checklist items to distinguish between items that may be independently
- And those that might require supervision or assistance.

1. A "know-it-all" preceptee who ignores the preceptor's direction.

- Openly acknowledge and commend orientees for areas where they have demonstrated excellent performance.
- Minimize any perceived threats to their professional integrity by maintaining a colleague-to-colleague relationship, rather than teacher-to-student relationship.

2. A preceptee who has been shown repeatedly how to perform the same skill, but who continues to do it incorrectly.

- There may be a lack of knowledge about what needs to be done, how to so what needs to be done, and/or lack of motivation to perform the skill correctly.
- Analyzing this performance problem entails investigation and attempting to resolve each potential cause.

3. A preceptee who continually remarks that a former place of employment had higher and better standards of nursing care.

- This may be similar to #3 above.
- Attempt to channel orientee's valid and constructive input by suggesting they keep a record of areas where improvements seem needed; make plans for you and the oreientee to mutually present these proposals at a future staff meeting.

4. A preceptee who expects to be spoon-fed and resents having to assume any responsibility for learning.

    - Ensure that the interviewer, in the hiring process, relates the employer's expectations regarding the orientee's responsibility to complete the orientation; ensure that the unit manager reinforces this expectation.
    - Monitor the orientee's completion of their responsibility on a regular basis.
    - If necessary, counsel the orientee regarding the observations.

5. A preceptee who cries when you critique his or her performance.

    - Share your observations related to the orientee's responses to critique of his or her performance and attempt to elicit the cause(s) of those responses.
    - Make every attempt to defuse unwarranted emotional responses by avoiding the use of negative feedback, emphasizing accomplishments, conveying confidence in the orientee's ability to successfully complete all requirements; care use of humor.

6. A preceptee who shows no concern after making a serious medication error.

    - Similar to #4 above; in addition a potentially serious situation.
    - Orientees may not comprehend the nature of their error, and may have little or no appreciation for its potential consequences.
    - Counseling these orientees will involve more instruction than admonishment.
    - Rarely, when orientees fully comprehend their error and its consequence and still display no apparent concern, the preceptor may request clarification of this problem, explain the necessary follow-up activities and their likely outcomes.
    - Although potentially dangerous errors cannot be concealed, over-reacting is not in proportion to the situation and also needs to be avoided.

7. A preceptee who complains about the preceptor's poor clinical skills,

    - The preceptor should arrange for a private meeting location to share what has been communicated and to request clarification of the nature and extent of the perceived problems.
    - Make every attempt to avoid becoming reactive or defensive to these complaints. Try to work with the orientee to clarify areas of misunderstanding and to identify ways in which the preceptor can more effectively work with the orientee.

8. A preceptee who is hesitant and flusters easily, fearing he or she may make a mistake.

    - This orientee may benefit from a more extended instructional practice time in a quiet, simulated setting where fewer variables exist to increase their fears and anxieties.

- May benefit from a more self-directed approach to instruction, such as viewing videotapes and practice by themselves before a preceptor observes their performance.

Exercise

Constructive Feedback Scenarios

1. The doctor orders digoxin (Lanoxin) to be given IV push. The orientee volunteers to do it, but says, "I've never done this before." The preceptor raises her eyebrows and states, "You've never done that before?" The preceptor has had an extremely busy morning with no break and is trying to get away for lunch.

Questions: If you were the preceptor, how would you feel? Identify your feelings.

If you were the orientee, how would you feel? Identify your feelings.

How would you change this situation? List the steps:

Constructive Feedback Scenarios

2. The orientee has received an a.m. admission scheduled for surgery at 11:00 a.m. It is now 9:30 a.m. and the orientee comes to the preceptor three times within 30 minutes on how to fill out the preoperative checklist. It is discovered that the patient has not taken his cardiac medications prior to admission. The orientee again comes to the preceptor and asks whether to give the cardiac medications. This is the orientee's 5th patient that has not been sent to surgery in a timely fashion.

The orientee has the following characteristics:

- _____Trouble with priority setting.
- _____Frequent overtime.
- _____Repeatedly asks the same basic questions, especially in hectic situations.
- _____Tested well on the orientation examinations.
- _____Has excellent communication and psychosocial skills.
- _____Is very insecure about her technical skills, which are limited
- _____Is in her third week of orientation.

Questions:

How are you, as a preceptor, feeling?

Given the above characteristics, how do you think that the orientee is feeling?

How would you approach the situation regarding the cardiac medications?

What goals would you set with the orientee for future situations?

Constructive Feedback Scenarios

3. The patient has not voided since surgery 8 hours ago; her intake has consisted of 1000cc IV and p.o. After notifying the surgeon, he orders a foley catheter to be inserted. Even though the orientee is an experienced RN, the preceptor accompanies the orientee to validate proficiency and sign off the generic skills check list. The orientee tells the preceptor that she has inserted many foley catheters at other institutions and verbally reviews the steps generally followed.

   Upon entering the room, the preceptor introduces herself and the orientee and tells the patient what will be done. She then tells the orientee to wash her hands, screen the patient, and arrange the linen to protect modesty, and open the foley tray. As the orientee begins to open the foley try, the preceptor tells the orientee to put on the sterile gloves, open the soap and the lubricant packs, and to check the foley balloon before she begins.

   This instruction continues throughout the procedure and with each direction given, the orientee responds, “Yes, I know that.”

   After the procedure the preceptor and orientee return to the nurses station. The orientee says to the preceptor, “I told you before we went in there that I knew how to insert a foley,” and walks away.

Questions:

If you were the orientee, how would you feel as you walked out of the patient’s room?

If you were the preceptor, how would you feel about the orientee’s comment to you?

If you were the preceptor, how would you respond to the orientee’s comment?

How could the situation be changed?

Constructive Feedback Scenarios

4. You meet your orientee for the first time, and according to her checklists and what she tells you, she is fairly experienced. However, when she has the opportunity to perform clinically she is either unable and/or unwilling to carry out nursing procedures, e.g. starting IVs.

   When you attempt to instruct the orientee on a specific procedure, she is impatient and displays expressions of boredom. When you advise her to call for pre-op laboratory results, which should have been drawn an hour ago, she says, "I put it in the computer and sent the requisition, so I've done my part."

   When you go on a break with her, she tells you that her general orientation was a waste of time and no one showed her how things were to be done.

Questions:

What action might you take at this point?

What things might be causing the orientee to behave in this way?

5. You sit in on a meeting with the instructor and your supervisor to discuss the orientee's progress. The meeting has been called because the orientee told the instructor that she has not been receiving a good orientation because her preceptor was too busy to show her anything.

Questions:

What would your recommendations be for dealing with this orientee?

What issues require attention?

If this scenario involved a male orientee, how might your reaction differ?

Handout 5.11

Evaluation Strategies

There are many ways to evaluate performance. The preceptor in consultation with the manager will decide which strategies are most useful. Discuss the list of strategies and which ones would be appropriate for different performance situations. Give examples.

1. Testing
2. Skills Checklists
3. Goal Setting/achievements
4. Case Studies/ Critical Thinking Exercises
5. Documentation
6. Journals
7. Direct Observation
8. Maps/Care Plans
9. Group work
10. Projects/Presentations
11. Self-Evaluation
12. Anecdotal Notes

CATEGORIES FOR EVALUATING PERFORMANCE

The Performance Evaluation tool is designed to measure preceptee's performance in relation to the objectives of the preceptorship experience. Each category has several performance levels identified.

The preceptee should strive to demonstrate a satisfactory rating on all critical performance behaviors by the end of the preceptorship experience. **Preceptees may receive a rating of less than satisfactory during the preceptorship, but must improve to a satisfactory level by the end of the preceptorship experience.**

The preceptee is evaluated by preceptor on an **on-going** basis (formative). The preceptee is assisted to assess his/her performance and to identify learning needs. A **written** evaluation is reviewed with the preceptee at the **beginning, mid-way, and at the end** of the preceptorship. Written documentation must accompany ratings below the satisfactory level of performance.

Any preceptee who is unable to show consistency in preparation for clinical performance or who places a patient in physical or psychological jeopardy may jeopardize the continuance of the preceptorship experience.

There are three categories to evaluate the preceptee's performance.

Consistently demonstrates behavior is satisfactory progress. A satisfactory evaluation is the performance standard to indicate the level of expertise that orientee/students much achieve by the end of the preceptorship experience.

Demonstrates behavior with **minimal prompting** denotes that there is a need to improve performance in identified areas. These areas should be documented by way of Anecdotal Notes, Progress Report describing actions in which the orientee/student may improve in their performance.

Demonstrates behavior with **repeated prompting** is a serious potential of an unsatisfactory evaluation of clinical performance evaluation. This assessment is derived when an orientee/student continues to not show improvement after verbal warnings or Progress Reports of a identified areas that need improvement. The orientee/student does not show evidence of continued progress in improving in their clinical performance. As a result, the continuance of their preceptorship may be in jeopardy.

Handout 5.13

Implementing Performance Evaluation

FORMATIVE EVALUATION

- Ongoing process and documentation
- Weekly updates with preceptee
- Multiple preceptors must communicate
- Written goals and follow-up
- No surprises at end of orientation

SUMMATIVE EVALUATION

- Collaboration with Manager
  - Meet with manager before preceptorship begins
  - Work with manager to refine questions to be answered by the evaluation
  - Decide what data must be collected to answer evaluation questions
  - Develop methods to collect the data, including instruments and time frames
  - Ongoing formative evaluation

- Final Evaluation
  - Manager's responsibility
  - Clarify preceptor responsibility
  - Analyze and interpret data
  - Write final report
  - Share with preceptee

Handout 5.14

Competency Remediation Plan

Date of Remediation Plan Meeting:
Name of Orientee:
Name of Preceptor:
Primary Supervisor/Advisor:
Names of All Persons Present at the Meeting:
All Additional Pertinent Supervisors/Faculty:
Date for Follow-up Meeting(s):

Circle all competency domains in which the orientee's performance does not meet the benchmark:

Foundational Competencies: Professionalism, Reflective Practice/Self-Assessment/Self-care, Scientific Knowledge and Methods, Relationships, Individual and Cultural Diversity, Ethical Legal Standards and Policy, Interdisciplinary Systems

Functional Competencies: Assessment, Intervention, Consultation, Research/evaluation, Supervision, Teaching, Management-Administration, Advocacy

Description of the problem(s) in each competency domain circled above:

Date(s) the problem(s) was brought to the trainee's attention and by whom:

Steps already taken by the trainee to rectify the problem(s) that was identified:

Steps already taken by the supervisor(s)/faculty to address the problem(s):

Competency Remediation Plan

Competency Domain/ Essential Components	**Problem Behaviors**	**Expectations for Acceptable Performance**	**Trainee's Responsibilities/ Actions**	**Supervisors/ Preceptor/Faculty Responsibilities/ Actions**	**Timeframe for Acceptable Performance**	**Assessment Methods**	**Dates of Evaluation**	**Consequences for Unsuccessful Remediation**

I, _____, have reviewed the above competency remediation plan with my primary preceptor and supervisor/advisor. My signature below indicates that I fully understand the above. I agree/disagree with the above decision (please circle one). My comments, if any, are below (*PLEASE NOTE: If orientee disagrees, comments, including a detailed description of the orientee's rationale for disagreement, are REQUIRED).*

All supervisors/ faculty with responsibilities or actions described in the above competency remediation plan agree to participate in the plan as outlined above. Please sign and date below to indicate your agreement with the plan.

_____

Orientee's Signature Date Director/Supervisor Date

_____

Other responsible persons

Trainee's comments (Feel free to use additional pages):

SUMMATIVE EVALUATION OF COMPETENCY REMEDIATION PLAN

Follow-up Meeting(s):
Date (s):
In Attendance:

Competency Domain/ Essential Components	**Expectations for Acceptable Performance**	**Outcomes Related to Expected Benchmarks (met, partially met, not met)**	**Next Steps (e.g., remediation concluded, remediation continued and plan modified, next stage in Due Process Procedures)**	**Next Evaluation Date (if needed)**

I, _____, have reviewed the above summative evaluation of my competency remediation plan with my primary supervisor(s)/faculty, any additional supervisors/faculty, and the director of training. My signature below indicates that I fully understand the above. I agree/disagree with the above outcome assessments and next steps (please circle one). My comments, if any, are below. (*PLEASE NOTE: If orientee disagrees with the outcomes and next steps, comments, including a detailed description of the orientee's rationale for disagreement, are REQUIRED).*

_____ _____

Orientee's Signature Date Supervisor/Director Date

Orientee's comments (Use additional page)

Handout 5.16

Performance Evaluation Tool

Orientee/Student_____

Direction to the preceptor: This form is intended to summarize the ability of the orientee/student at the end of the formal preceptorship experience and to provide direction for further development. Please evaluate the orientee/student on each of the listed behaviors.

	Consistently demonstrates behavior	Demonstrates behavior with minimal prompting	Demonstrates behavior with repeated prompting
Professionalism			
Identifies self-learning needs			
Develops a plan to meet self-learning needs			
Orients to preceptor and staff			
Orients to layout of unit, medication, charts, utility rooms, supplies			
Locates the crash cart, IV's meds, defibrillator, and intubations supplies and reviews appropriate application of leads/defrillation pads			
Reviews charts fro new orders frequently			
Demonstrates personal and professional accountability			
Maintains patient confidentiality			
Acts as a patient advocate			
Performs within ethical, legal, and regulatory frameworks of nursing and standards of professional nursing practice			
COMMENTS:			
Critical Thinking			
Identifies changes in patient status and reports to health care provider			
Makes decisions about the administration of specific medications based on assessed findings			
Supports learning needs and available resources to the patient's clinical presentation			
Intervene safely for patients synthesizing knowledge of underlying principles to perform therapeutic nursing interventions			
COMMENTS:			
Outcome Identification and Care Planning			
Identifies expected outcomes individualized to the patients			
Develops a plan of care (Map) that prescribes interventions to attain expected outcomes			
Identifies appropriate interventions and modifies Map as needed			
Establishes reasonable priorities			
Communicates plan appropriately to patient and other health team members			
COMMENTS:			

Communication			
Documents patient care problems and interventions in the medical record			
Utilizes organizational strategies to assist in planning and organizing patient care (worksheets, report sheets, colored markers, etc.)	Consistently demonstrates behavior	Demonstrates behavior with minimal prompting	Demonstrates behavior with repeated prompting
Takes report on patient care assignment from off going RN			
Organizes end of shift report with preceptors input			
Gives end of shift report with preceptor guidance			
Participates in MD's rounds on patients			
Communicates with RN regarding patient care needs			
Initiates communication with MD regarding patient care needs			
Takes a telephone or verbal order from MD with preceptor support (listening)			
Implements new orders from MD's in a timely fashion throughout shift			
COMMENTS:			
Leadership			
Evaluates the patient's progress toward outcomes			
Delegates specific instructions to CNA's/PCA's to assist the RN in caring for and monitoring patients			
Follows up with CNA's/PCA's on the aspects of patient care that were delegated to them			
Follow up and reprioritizes with the aspects of patient care that were delegated to them			
Supervises and evaluates the activities of or other assistive personnel			
Informs and educates patient and family			
COMMENTS:			

Focus for Further Development:

_____ _____

Orientee Date Educator Date

Reviewed (date):

_____

Preceptor Date Orientee_____

Handout 5.17

Preceptorship Progress Report

Performance Evaluation

Oreintee/Student:_____ Date:_____

Preceptor:_____ Unit:_____

PROBLEM AND INFORMATION:

ACTIONS TAKEN:

Signed:_____ Date:_____
(Orientee/Student)

Signed:_____ Date:_____

ANECDOTAL NOTE

Performance Evaluation

Date:_____ Orientee/Student:_____

Unit:_____ Preceptor:_____

RN Orientation Tool
Acute Care Services – Medical/Surgical Unit
Outcomes and Objectives

Outcome/Objectives for:	Target Date	Completion Date	Signature
1. Outcome: New team member is acquainted with the unit			
Objectives:			
1. States that he/she feels a level of comfort with the location of critical rooms and equipment (see List "A")			
2. Correctly using telecommunications equipment (see List "B")			
3. Demonstrates knowledge of work-hour requirements.			
2. Outcome: New team member is acquainted with the unit's computer systems (see List "C")			
Objectives:			
1. Demonstrates the ability to order laboratory tests and retrieve results.			
2. Correctly uses telemetry system.			
3. Outcome: New team member is familiar with unit-specific policies and procedures.			
Objectives (reviews):			
1. Conscious sedation			
2. Wound Care/Decubitus Care			
3. TPN/PPN			
4. Patient acuity			
5. Safety manual			
6. Restraint			
4. Outcome: New team member is familiar with unit recording and reporting forms.			
Objectives			
1. Correctly locates and completes essential forms.			
2. States correct disposition of each form.			
3. Assembles and dismantles a patient chart.			
5. Outcome: The new team member achieves a level of competence in identified areas of the skills checklist.			
Objectives:			
1. Discusses past educational and work experiences with the preceptor.			
2. Completes the skills checklist assessment-identifying areas for which the preceptee has no experience (score of "0") or minimal experience (score of "1").			
3. Devises (with the assistance of the preceptor) an individual plan to attain skills identified on the skills checklist assessment.			
4. Works in concert with the preceptor to allow for observation of work performance and response to patient needs.			

Exercise 5.7

Pass the Problem

This is a collaborative problem solving activity. In this activity, you will have an opportunity to get and give advice about a problem or concern. When you are answering or suggesting ideas to a problem you will not have much time so keep this in mind:

- Partial ideas or suggestions are great.
- Your first thoughts are usually your best.
- If you cannot think of a solution, write a few words of support or encouragement.

"The Problem"

Write down one problem or concern you are having at work-something you do not mind sharing with others. No names please. When finished, pass this problem to the person on your left.

1. Read **"The Problem"** above and give your advice on how to solve it.

_____

_____

_____

(Pass the paper to your left.)

2. Read **"The Problem"** above and give your advice on how to solve it.

_____

_____

_____

(Pass the paper to your left.)

3. Read **"The Problem"** above and give your advice on how to solve it.

_____

_____

_____

(Return the paper to the original writer.)

Read the suggestions and advice you got on how to solve your problem.

How did you feel about getting this advice?

How did you feel about giving advice?

How do you think this activity helped you with your problem?

Handout 5.19

Conducting the Program

The following provides a guide to executing your preceptorship program. Each preceptee is different and you will use your judgment to modify the program.

Week 1

This week consists of hospital, nursing and department orientation.

Week 2

FOCUS

1. *Structure and Routine*
   This allows the preceptee to adapt to the new environment. The preceptee learns the structure of the department as well as develop a routine to organize themselves. A solid foundation is needed to build skills.

2. *Socialization to the Unit and Staff*
   Giving the preceptee and staff an opportunity to bond can make a big difference in making this a pleasurable experience that enhances the work environment and aids in employee retention.

DAILY TASKS

1. On the first day your preceptee will follow you throughout the day and become familiar with your daily routine. You will be primarily role modeling. Routines may be altered due to unexpected events. This is a good opportunity to demonstrate how we need to remain flexible, prioritize and adapt to change.

2. The second and third day the preceptor will guide the preceptee through the daily routine. You will guide the preceptee through assessments, labs, medications, procedures and charting. The preceptee should not be expected to handle the full load. It is strongly recommended that you avoid giving the preceptee a partial assignment while you care for some patients. A preceptor cannot be two places at once. You and your preceptee should be together at all times.

3. When an opportunity arises to perform a procedure you will want to demonstrate the procedure. The next time you will guide the preceptee through it. When the preceptee demonstrates competence he/she may perform it independently.

4. Review all documentation daily. If you have an IP (interim permit) preceptee, you will need to co-sign all documentation.

5. Introduce the preceptee to the staff, physicians and ancillary staff.

FORMATIVE EVALUATION

1. Discuss the preceptee's development of routines and organization.
2. Evaluate last week's goals.
3. Identify daily and weekly goals.
4. Document competencies attained.

Week 3

FOCUS

1. *Prioritizing Skills*
   As we continue to build on our foundation, we start to develop the ability to assess changing situations and prioritize their order. This is a very important skill that is crucial to the preceptee's success.

2. *Critical Thinking*
   What makes a highly skilled staff stand out is their ability to assess and problem solve quickly. We call this critical thinking. Challenge your preceptor daily to develop these skills. This is at the heart of a preceptor program, to bring tasks together with the ability to think critically.

DAILY TASKS

1. The preceptee will assume care of the whole assignment for routine care under the constant guidance of the preceptor. The preceptee will start to tackle more challenging clinical situation including calling the physician to report changes in condition and receive orders.

2. After shift report discuss how the preceptee will prioritize their assessments and the rationale involved.

3. When the day becomes hectic, have the preceptee stop and describe what needs to be done, how they are prioritizing and why. This will give him/her a few minutes to clear their head and focus.

4. To begin the development of critical thinking skills, discuss the assessments findings and state why the patient may display these signs and symptoms. You may use the same process to discuss disease processes and medications. Please assist the preceptee in these discussions rather than questioning him/her. We do not want the preceptee to feel like they are being interrogated (see Principles of Adult Learning).

5. Continue to review documentation.

FORMATIVE EVALUATION

1. Discuss the development of prioritizing and critical thinking skills.
2. Participate in progress meetings as assigned.
3. Evaluate last week's goals.
4. Identify daily and weekly goals.
5. Document competencies attained.

Week 4

FOCUS

1. *Decision Making Skills*
   This skill is an extension of the critical thinking skill. Making a decision based on the critical thinking process is a big step for the preceptee. He/she needs assistance and support in developing this skill and becoming confident in its use.

2. *Delegation*
   This is the beginning of building leadership skills. The preceptee will learn how to be more effective in their role by delegating to his/her aide. What to delegate and how to delegate are the skills to be developed.

DAILY TASKS

1. Assist the preceptee in adapting his/her routine to working with and delegating to other members of the health care team, especially the aide.

2. Observe and guide the preceptee with the communication and process of delegation.

3. Assist the preceptee in assessing his/her decision-making skills by having the preceptee conducting the critique of clinical situations.

4. The preceptee should be gaining some independence while you still maintain guidance and support.

5. Pursue the discussions of clinical situations to develop more complex critical thinking skills.

6. Continue to review documentation.

FORMATIVE EVALUATION

1. Discuss decision-making skills.
2. Discuss team leading and delegation skills.
3. Continue with daily evaluations and progress meetings.
4. Evaluate last week's goals, identify next week's goals.
5. Document competencies attained,

Weeks 5 - 10

FOCUS

1. *Socialization to new shift* and staff (if hired for the night shift)
   For the night shift preceptee, the move to the night shift represents another change to adapt to and adds a level of stress. Be prepared to support the preceptee in this time of transition.

2. *Continue to develop skills - prioritization, critical thinking and team leading*
   The preceptee should be gaining in their confidence and competence. Continue to challenge the preceptee to new heights. The early successes should pay off here where you will start to see the preceptee blossom.

3. *Independence*
   The "letting go" process has its beginnings here. The preceptee is now gaining independence and is eager to show you how well they are doing. **Remember** you must still guide, support and oversee their work. This is a gradual process, which may be difficult for both the preceptee and preceptor. The preceptor may have a sense of a loss of control and may find it difficult to resist the impulse to step in and help. The preceptee may feel insecure about gaining independence and feel like they are losing their security net. This is an important transition for the preceptee as they enter the real world of nursing.

4. *Self - Confidence*
   As they preceptee gains independence his/her confidence level should also rise. This is important to their function as a professional. If this is stunted alert your manager/educator right away. A part of developing confidence is to trust one's instincts and judgments. As the preceptee approaches the end of the program and for the next 6 to 9 months, this will be a focus of growth.

DAILY TASKS

1. Orient the preceptee to the new shift's routines and tasks.

2. Introduce the preceptee to the new staff.

3. The competencies (documentation) communicate preceptee's progress.

4. Preceptee manages entire assignment with preceptor serving as safety net and teaching advanced clinical concepts.

5. Identify competencies not accomplished and plan for their coverage.

FORMATIVE EVALUATION

1. Discuss progress of all skills learned in previous weeks.
2. Discuss progress of independence and confidence.
3. Continue with daily evaluations and weekly progress meetings.
4. Evaluate the previous week's goals and identify the next week's goals.
5. Document competencies attained.

Preceptorship Contract/Conferences

Name: _____ Date of Hire: _____
License:_____ Date of Expiration:_____

I, _____have been oriented to the Nursing Preceptorship Program for _____and agree to act as a preceptor for

_____ during the _____
(Name) (Date)

Preceptor: _____ Date: _____

Beginning Conference
Date
Initials

Mid Conference
Date
Initials

Final Conference
Date
Initials

Handout 5.21

PRECEPTEE'S PREASSESSMENT NEEDS

Submit this to your preceptor on your first clinical day. Submit a copy to preceptor on the first meeting.

Orientee/Student: _____
Date: _____

Preceptor: _____
Hospital: _____

Skills Never Completed:

Skills Needing Mastery:

Time Management:

PRECEPTORSHIP CALENDAR

Orientee/Student:_____Preceptor_____

Phone:_____Unit:_____

Hospital:_____ Phone_____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Sunday

Please date this calendar. A calendar indicating shifts and days assigned to work must be developed, reviewed, and adhered to each month during the Preceptorship. Provide a copy of this calendar for yourself as well as your Preceptor.

Supporting the Preceptor

1. **Ideas for recognition, incentives, rewards**
2. **Resources for preceptors**
3. **Support Groups**
4. **Advanced training**
5. **Evaluation of program**

Handout 5.24

Beyond Preceptoring

Letting Go

Part of the purpose of the preceptorship process is to assist the preceptee in making the transition to staff personnel. They must begin to stand-alone and function as a coworker. The process of letting go and allowing the preceptor to function more independently is sometimes difficult. We encourage you to let the preceptee take on responsibilities that they express comfort with and to let them handle their workload during slow and hectic times. It is counterproductive to clean up a situation that they might well be able to solve and complete. We also encourage you to refer the other team members to the preceptee regarding questions or problems in patient care. As you let go, always remember that you are functioning as the preceptee's safety net when it comes to patient care and other disciplines.

How long does it take a new employee to make it through the 4 phases of reality shock and become an effective team member? It can take up to a year - at least 6 months on the average. Adjust your expectations and those of the other team members to the true realities of the "orientation" process as you guide and support the new employee to excellence.

The Mentor Relationship

After completion of the preceptorship, the new staff person ideally enters a mentoring relationship. The mentor may be the preceptor however any qualified staff may become a mentor. The purpose of this program is to always have a lifeline to the new staff. Completing the preceptorship is only the beginning and we do not want the new staff to think that they are "cut free" and on their own to sink or swim.

The mentorship is meant to serve as a support system. The mentor is not responsible for the new staff's performance. This is an informal relationship that allows the new staff to have someone to go to in confidence to review challenging clinical situations or other work related issues they may be having difficulties with. The mentoring relationship may continue as long as needed to assist in supporting the new staff through the transition from preceptee to experienced staff.

Participant Evaluation Form

Course Name: _____

Date: _____

Participant Name: _____

Please list below 3 concepts from this course that were new to you.

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

Describe how you will incorporate one concept into your current practice.

_____

_____

_____

COURSE EVALUATION FORM

Program Title___PRECEPTOR WORKSHOP_____

Date_____

Using the scale below, circle the number you feel applies:

1	2	3	4	5
Poor	Fair	Undecided	Good	Excellent

1. Program relevant to your needs and interests 1 2 3 4 5
2. Program's stated objectives were met 1 2 3 4 5
3. Speaker's effectiveness in presenting material

_____ 1 2 3 4 5

_____ 1 2 3 4 5

4. Quality of handouts 1 2 3 4 5
5. Use of Audiovisuals 1 2 3 4 5
6. Length of presentation 1 2 3 4 5
7. Room environment 1 2 3 4 5
8. Overall program rating 1 2 3 4 5

Comments: