



Linfield College

Linfield-Good Samaritan School of Nursing

Clinical Teaching Associate (Preceptor) Manual

2016-2017

Table of Contents

Chapter I: Roles, Responsibilities, and Selection of the Clinical Teaching Associate (Preceptor)

Student/Clinical Teaching Associate (Preceptor's) Working Relationship.....	1
Clinical Teaching Associate (Preceptor), Student, and Faculty Roles and Responsibilities	1
Clinical Teaching Associate (Preceptor) Selection Process	4
Clinical Teaching Associate (Preceptor) Selection Criteria	5

Chapter II: Curriculum: Overview and Outcomes

Overview of the Linfield-Good Samaritan School of Nursing Program	6
Linfield-Good Samaritan School of Nursing Program Outcomes	7
Linfield-Good Samaritan School of Nursing Theoretical Model for Community-Based Nursing Education	8
Linfield-Good Samaritan School of Nursing Curricular Themes, Modes of Inquiry, and Curriculum Conceptual Organization	9
Linfield-Good Samaritan School of Nursing Student Technical Skills Preparation	10

Chapter III: Teaching Resources

Seven Ways to Help a Student Nurse	14
Linfield-Good Samaritan School of Nursing Clinical Reasoning Model	15
Linfield-Good Samaritan School of Nursing Clinical Reasoning Model Definition And Terms	16
Novice to Expert Competency Framework.....	20
Student Readiness for Increased Clinical Responsibilities.....	21
Constructive Feedback.....	23
Conflict Resolution	24

Chapter I: Roles, Responsibilities, and Selection of the Clinical Teaching Associate (Preceptor)

As partners in clinical education, both Clinical Teaching Associates (preceptors) and faculty are instrumental in facilitating the professional development of students. Preceptorships are valuable in preparing students for clinical practice. Positive outcomes for students include enhanced socialization into the nursing profession, refinement of critical thinking ability and interpersonal communication skills in practice, improved clinical skill and knowledge development, increased self-confidence, and reduced anxiety and stress during clinical experiences.

Student/Clinical Teaching Associate (Preceptor's) Working Relationship

- The student is not working under the Clinical Teaching Associate's (Preceptor's) license. No one works on another's license.
- Students have the right by law to practice as a part of the learning process. The standard of care must be the same as that rendered by a registered nurse. Everyone has the right to expect competent nursing care, even if rendered by a student as part of clinical training. The standard is measured against conduct of other reasonably prudent RN's with similar knowledge and experience under the same circumstances.
- The Clinical Teaching Associate (Preceptor) has the responsibility to delegate according to the subordinate's abilities and to supply adequate supervision.
- A Clinical Teaching Associate (Preceptor) could be seen as negligent for ignoring that the student is not competent, and not supervising a procedure if the student is inexperienced or requires close supervision in carrying out a function.
- The student is liable for carrying out a function beyond his/her capabilities, or for not refusing to perform the function without supervision.

Clinical Teaching Associate (Preceptor), Student, and Faculty Roles and Responsibilities

Clinical Teaching Associate (Preceptor)

1. Provides faculty and the student with a copy of the Clinical Teaching Associate's (Preceptor's) work schedule to assist in scheduling the student's clinical days.
2. Coordinates the student's orientation to the facility, including staff roles and client expectations.
3. Ensures the student is identified as a student while in the clinical area and is not regarded as staff for the clinical site.

4. Fosters the student's integration into the workplace culture and the health care team by involving the student in meetings related to client care and other appropriate professional matters.
5. Arranges for a substitute Clinical Teaching Associate (Preceptor) when absent.
6. Facilitates learner centered education through collaborative identification of the student's learning needs, open communication, informing the student about learning resources, and mutual assessment of the student's learning outcomes.
7. Serves as a role model for the student, demonstrating professional values and behaviors such as caring, integrity, effective interpersonal communication, critical thinking, and conflict management.
8. Provides appropriate support and encouragement to assist the student to cope with stress and reduce anxiety associated with clinical practice.
9. Assists the student in learning the process of prioritization that ensures safe and effective nursing care.
10. Discusses, facilitates and supervises student learning activities and outcomes.
11. Monitors the student's provision of nursing care to ensure client safety, and provides a safe learning environment for the student.
12. Recommends appropriate clients for the student to provide nursing care, and assists with accessing agency information.
13. Provides instruction to the student concerning the realities of the professional world of nursing practice.
14. Stimulates development of the student's clinical judgment and critical thinking ability through reflective practice and the application of evidence based practice.
15. Provides regular constructive feedback to the student regarding progress toward meeting clinical outcomes.
16. Collaborates with faculty to determine the student's readiness to perform skills independently.
17. Consults with faculty regularly regarding the student's progress toward meeting the clinical outcomes, including suggestions, problems, and concerns.
18. Completes a written clinical performance evaluation of the student assessing the attainment of clinical outcomes (as requested).

Student

1. Negotiates with the Clinical Teaching Associate (Preceptor) and faculty to schedule clinical days.
2. Participates in orientation per agency policy/ Clinical Teaching Associate (Preceptor) instructions, and complies with agency policies, standards, procedures, rules and regulations.
3. Notifies Clinical Teaching Associate (Preceptor) and faculty of absences per course syllabus and negotiates makeup hours.
4. Provides written learning outcomes to the Clinical Teaching Associate (Preceptor) and faculty, and discusses strategies for meeting clinical outcomes.
5. Demonstrates motivation, initiative, and a willingness to learn in the clinical setting.
6. Assumes responsibility for learning by asking pertinent questions and being prepared for clinical experiences.

7. Demonstrates stewardship by acting with integrity in an accountable and responsible way to ensure professional nursing care is provided to clients.
8. Keeps faculty informed about clinical experiences, including any concerns regarding the student's role, client or student safety, or standards of conduct, performance and ethics.
9. Requests appropriate assistance when doing a new skill or if uncertain about how to perform a skill.
10. Only provides nursing care to the level taught and determined competent by the Clinical Teaching Associate (Preceptor) and faculty.
11. When administering medications, the student reviews information about the drugs and knows the contraindications, actions, interactions, side effects, and age specific considerations of the drugs. The student knows why the clients are receiving the medications, and performs any indicated assessment.
12. Assesses own progress toward meeting clinical outcomes, and communicates learning needs to faculty and the Clinical Teaching Associate (Preceptor).
13. Is open to constructive criticism from faculty and the Clinical Teaching Associate (Preceptor), and uses feedback to improve nursing practice.
14. Meets clinical outcomes as stated in the course syllabus.
15. Completes a written clinical performance self-evaluation assessing the attainment of clinical outcomes.

Faculty

1. Notifies the student of the Clinical Teaching Associate's (Preceptor's) name and phone number, and facilitates scheduling of the student's clinical days.
2. Orients the student to the course; including clinical outcomes and requirements of the course, as well as role expectations of the student, faculty, and the Clinical Teaching Associate (Preceptor).
3. Orients the Clinical Teaching Associate (Preceptor) to the nursing curriculum; the course, including clinical outcomes, requirements of the course, and evaluation methods; and role expectations of the Clinical Teaching Associate (Preceptor), faculty and the student.
4. Ensures the student has completed the School of Nursing Health Passport requirements and additional clinical site requirements.
5. Complies with agency policies, standards, procedures, rules and regulations.
6. If the student is employed by the clinical agency, faculty coaches the student about the differences between the student's role as employee and as student. Faculty ensures that the student wears the student name badge. The Clinical Teaching Associate (Preceptor) must not have any line of authority to the student related to the student's employment.
7. Communicates weekly with the student on an individual basis or in group praxis seminars to monitor progress toward meeting clinical outcomes.
8. Demonstrates commitment to the partnership between faculty and the Clinical Teaching Associate (Preceptor) in facilitating the student's application of theoretical knowledge to practice and socialization into nursing practice.
9. Maintains ongoing communication with the Clinical Teaching Associate (Preceptor) in the clinical area or by telephone/email contact for information about student progress in meeting clinical outcomes, and provide guidance to the Clinical Teaching Associate (Preceptor) with regard to teaching and evaluating the student.

10. Provides constructive feedback to Clinical Teaching Associate (Preceptor) to facilitate development of the Clinical Teaching Associate's (Preceptor's) teaching and evaluation skills with students.
11. Available by telephone/email to the student and the Clinical Teaching Associate (Preceptor) for problem solving or other relevant matters during all clinical hours.
12. Assists the student and the Clinical Teaching Associate (Preceptor) with the evaluation process; and is responsible for the final clinical evaluation of the student.

Clinical Teaching Associate (Preceptor) Selection Process

In the NURS 475 *Integrated Experiential Learning IV* course, where a preceptorship clinical teaching model is used, Clinical Teaching Associates (Preceptors) will be selected according to the school's Clinical Teaching Associate (Preceptor) Selection Criteria.

Purpose

To provide guidelines for coordinating the Clinical Teaching Associate (Preceptor) partnership with the supervising faculty in teaching and evaluating students.

Definition of a Clinical Teaching Associate

A Clinical Teaching Associate (Preceptor) is a registered nurse who has undergone specific education/training to serve as a role model, resource and coach for nursing students. The Clinical Teaching Associate (Preceptor) functions under the direction of the nurse educator or Nurse Educator Associate (adjunct faculty). (From Oregon State Board of Nursing, Oregon Administrative Rules, Division 21 Standards for the Approval of Education Programs in Nursing Preparing Candidates for Licensure as Practical or Registered Nurses, 2010.)

The NURS 475 *Integrated Experiential Learning IV* course, which requires the use of Clinical Teaching Associates (Preceptors) will follow procedures developed by faculty:

1. The Nurse Manager/Designee of the unit/agency will recommend appropriate Clinical Teaching Associates (Preceptors) for students placed in that unit/agency based on the Clinical Teaching Associate (Preceptor) selection criteria.
2. The supervising faculty will discuss with the Clinical Teaching Associate (Preceptor) the Clinical Teaching Associate (Preceptor) selection criteria and the roles of the Clinical Teaching Associate (Preceptor), student and supervising faculty.
3. The supervising faculty will return the signed Clinical Teaching Associate (Preceptor) Selection Criteria form in the Clinical Teaching Associate (Preceptor) Manual to the School of Nursing Clinical Facilities Administrator for filing and inclusion in the Clinical Teaching Associate (Preceptor) database.
4. The Integrated Experiential Learning Coordinator will provide a copy of the course syllabus and the Linfield-Good Samaritan School of Nursing Clinical Teaching Associate (Preceptor) Manual to the Clinical Teaching Associate (Preceptor).

Clinical Teaching Associate (Preceptor) Selection Criteria

Approved: 08/25/03; Last Revised: 11/12/12

Clinical Teaching Associate (Preceptor) selection will be based on the recommendation of the Nurse Manager/Designee regarding professionalism and organizational/leadership skills based on competencies listed below:

1. Current unencumbered registered nurse license in the state where the clinical agency is located.
2. Has the equivalent of at least two years of full-time experience as a registered nurse.
3. Bachelor's Degree in Nursing preferred.
4. Demonstrates knowledge and expertise in providing nursing care to diverse populations, implementing standards of conduct, performance and ethics.
5. Demonstrates effective communication skills in written and verbal forms, and is comfortable delivering constructive feedback.
6. Demonstrates an interest in sharing knowledge with students and staff through role modeling and teaching. Is proficient in clinical teaching, and provides support without rescuing, finds the "teachable moment," and believes in the individual's potential.
7. Demonstrates effective interpersonal skills and aids in the professional socialization of others.
8. Demonstrates strong organizational skills and ability to prioritize patient care.
9. Demonstrates commitment to own professional development and to the role of preceptor.
10. Demonstrates knowledge of leadership principles such as coaching, reinforcing and encouraging initiative.
11. Demonstrates knowledge of the use of evidence based practice in the clinical area.
12. Demonstrates sensitivity to individuals and teams, and skill in conflict resolution. Perceives and is aware of needs, feelings and concerns of others and reacts appropriately.

Agency

Academic Year

Clinical Teaching Associate (Preceptor)
Signature

Faculty Signature

Print Name

Print Name

Highest Nursing Degree Earned

Number of Years in Clinical Practice

Date

Date

Unit

Course

Chapter II: Curriculum: Overview and Outcomes

Overview of the Linfield-Good Samaritan School of Nursing Program

The School of Nursing provides a quality education derived from a liberal arts foundation and nursing theory and research, supplemented by content from other disciplines. The School prepares graduates to act as providers of care, designers/managers/coordinators of care and members of the nursing profession to meet the health needs of multidimensional individuals and families, groups and communities in a diverse and multicultural society. Analytical, critical, and creative thinking, as well as intuitive processes are developed as a basis for independent and collaborative decision making in the application of clinical judgment, which includes the nursing process. The curriculum is designed to expose the student to a variety of factors that contribute to the development of a professional worldview. Among these factors are an awareness of the historical and legal context of nursing, diverse professional and cultural values, social issues, and ethical concepts. Experiences are selected to motivate students toward understanding the needs of others, making creative and constructive contributions to society, and lifelong learning.

The nursing program uses the following professional nursing standards and guidelines:

- AACN The Essentials of Baccalaureate Education for Professional Nursing Practice, which can be found at the following Web site: <http://www.aacn.nche.edu/Education/bacessn.htm>.
- ANA Code of Ethics for Nurses with Interpretive Statements that describes the ethical obligations and duties of professional nurses and nursing students. It can be found at the following Web site: <http://nursingworld.org/codeofethics>
- ANA Standards of Practice
- OSBN Nurse Practice Act

Further information about the Linfield-Good Samaritan Curriculum can be found at:

<http://www.linfield.edu/portland/admission/nursing/nursing-curriculum/>

Linfield-Good Samaritan School of Nursing Program Outcomes

Approved 5/16/16

Program Outcome 1: Integrates knowledge from liberal arts, sciences and nursing science as a basis for professional practice.

Program Outcome 2: Applies clinical reasoning, reflective practice and evidence-based practice in the provision of safe, quality holistic client-centered care.

Program Outcome 3: Communicates effectively and collaboratively in a professional practice.

Program Outcome 4: Uses information and technology to communicate, manage knowledge, mitigate error, and support decision making to achieve health care outcomes for clients.

Program Outcome 5: Provides effective nursing care that considers diverse values, cultures, perspectives and health practices.

Program Outcome 6: Demonstrates accountability for the delivery of standards-based nursing care that is consistent with moral, altruistic, legal, ethical, regulatory, humanistic and social justice principles.

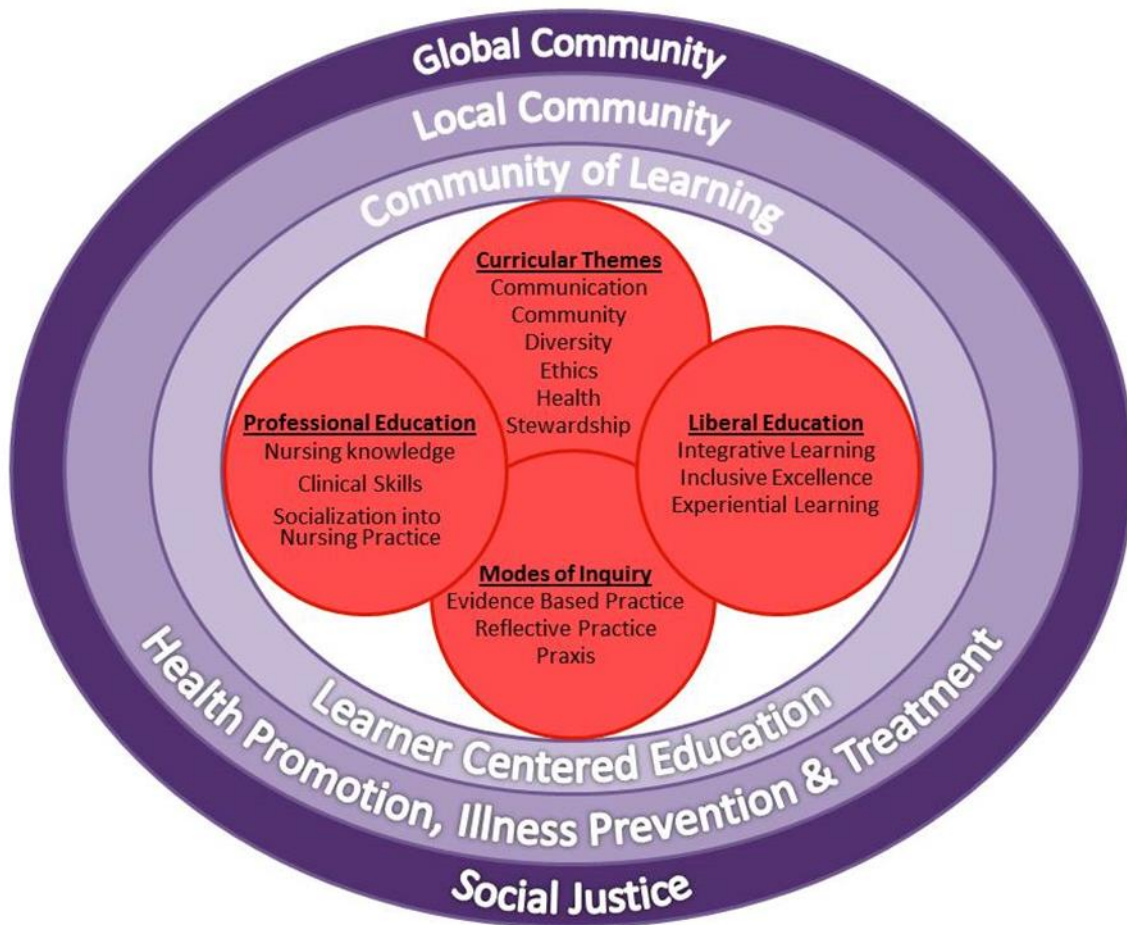
Program Outcome 7: Uses principles of stewardship and leadership effectively and efficiently to influence the practice environment and improve health outcomes.

Program Outcome 8: Demonstrates awareness of and responsiveness to the larger context of the health care system, and effectively calls on system resources to provide care that is of optimal quality and value.

Program Outcome 9: Demonstrates commitment to the nursing profession through the comportment of professional values and standards.

Linfield-Good Samaritan School of Nursing Theoretical Model for Community-Based Nursing Education

The Linfield-Good Samaritan School of Nursing Theoretical Model for Community-Based Nursing Education provides a visual organizational structure for the curriculum. The model reflects the dynamic relationship between global and local communities and the community of learning. Central to this community of learning is a focus on learner centered education, which engages students in the practice of health promotion, illness prevention and treatment and reflects the value of social justice. The curriculum is grounded in a liberal arts education that includes integrative learning, inclusive excellence, and experiential learning. The curricular themes of communication, community, diversity, ethics, health, and stewardship provide a foundation for the program’s design and are developed throughout the program. Professional education includes nursing knowledge (what the student needs to know), clinical skills (what the student needs to do) and socialization into nursing practice (the student’s “being” as a professional nurse). The ways in which the student engages in a process of inquiry include evidence based practice, praxis, and reflective practice.



Linfield-Good Samaritan School of Nursing Curricular Themes, Modes of Inquiry, and Curriculum Conceptual Organization

Curricular Themes:

Communication
Community
Diversity
Ethics
Health
Stewardship

Modes of Inquiry:

Evidence Based Practice
Reflective Practice
Praxis

Curriculum Conceptual Organization:

Each semester is organized around a central theme:

Semester 1: Foundations for Community-Based Nursing Practice

- Foundations
- Professional Communication
- Evidence Based Nursing
- Integrated Clinical

Semester 2: Chronic Health

- Chronic Conditions, Lifespan
- Pathophysiology & Pharmacology
- Mental health & Illness, Lifespan
- Integrated Clinical

Semester 3: Acute Health

- Acute Conditions, Lifespan
- Transitions in Health & Illness
- Integrated Clinical

Semester 4: Stewardship of Health

- Population Based Nursing
- Nursing Leadership
- Integrated Clinical

Linfield-Good Samaritan School of Nursing Student Technical Skills Preparation

Effective Date: Spring 2016

The following is a list of skills and critical thinking simulations students learn in the experiential learning lab or clinical at various levels of the curriculum. Some of these simulations and skills are tested for competency in performance with a manikin or live actor. Some of the skills are for learning and practice only without testing. Experience level with students' ability to perform these critical thinking or psychomotor skills varies widely among our students. Please clarify the comfort level with individual students and involve faculty as needed to assist students with performing skills on clients.

1st Semester skills:

- Medical asepsis/Infection control
 - Hand washing
 - Universal precautions
 - Personal Protective Equipment/Isolation
- Electronic health records/Documentation (Graded)
- Mobility
 - Range of Motion
 - Positioning
 - Transfers
 - Use of mobility devices/Gait belt
 - Fall Risk assessment
- Hygiene
 - Bed-baths
 - Peri-care (demo in lab, practice in clinical)
 - Changing an occupied bed
- Vital Signs and Pain assessment (Graded simulation)
- Abbreviated Head-Toe assessments (Graded simulation)
- Oxygen delivery devices
- Incentive spirometry
- Medication administration and pharmacokinetics (Graded simulation)
 - Oral, topical, ophthalmic, otic, inhalation, nasal, rectal
 - Injections: intramuscular, subcutaneous, intradermal, z-track
 - Blood glucose monitoring and insulin administration
- Sterile technique: (Graded Simulation)
 - Establishing and maintaining a sterile field
 - Urinary catheterization – straight and indwelling (sterile procedure)
- Communication
 - SBARR reports
 - Telephone orders
- Wound Assessment (8 wounds) and Dressing Changes (clean)

- Simulations: High Impact Learning Simulations
 - Teaching a patient one of the following: MDI, IS, nebulizer treatment to child, peak flow meter
 - Patient with asthma that is wheezing: respiratory focused assessment
 - Patient with pneumonia: focused respiratory assessment
 - Patient with increasing respiratory distress and use of oxygen
 - Patient EOL to give compassion care
 - Therapeutic Communication: getting consent form for surgery signed but the client is confused
 - Therapeutic Communication: EOL spiritual and cultural care
 - Four patients with different medication errors
 - Patient with DVT: wound assessment
 - Patient with Right sided abdominal pain: Assessment
 - Patient with COPD who is breathless: respiratory assessment and use of oxygen
- Online Medication Dosage Calculation Program (Graded)
- Online Shadow Health Assessment and Focused Assessment Simulations with 6 different clients across the lifespan. (Graded)

2nd Semester skills:

- Mental health assessment (MHA)(Graded)
- Medications
 - NG placement
 - Enteral feeding and medication administration
 - Medication reconciliation (Graded)
 - Medication simulation: medication errors (Graded)
- Oxygen management
 - Peak flow (learned in chronic illness NUR 355)
 - Tracheostomy suctioning and care (sterile procedure)
- Simulations:
 - Asthma
 - Home health chronic condition
 - Clinic UTI: straight cath
 - Trach suctioning review
 - Medication reconciliation
 - Conducting a mental status exam (live actor simulations and clinical) (Graded)
 - Communicating with a client who is experiencing mania (live actor simulations) (Graded)
 - Communicating with a client who is at high risk for suicide (live actor simulations) (Graded)
 - Communicating with a client experiencing hallucinations (live actor simulations) (Graded)

3rd Semester skills:

- IV management (Graded)
 - Volume infusion: priming and timing
 - IV piggy-back medication administration
 - Exemplar used in skills performance sign-off: Clindamycin
 - IV push medication administration
 - Exemplar used in skills performance sign-off: Morphine
 - Carpuject and diluted drug administration taught (faculty consensus has been that carpuject education is not necessary for Spring and onward)
 - IV site assessment
- Fluid Drainage Systems
 - Overview of the following drainage systems: Jackson-Pratt, Penrose, nasogastric tubes, hemovac, ostomies, mic-key g-tubes, suprapubic urostomies, wall suction
 - Faculty consensus that more focused education with regard to nursing management of these fluid drainage systems is warranted in Spring.
- Intrapartum assessment
 - Electronic fetal heart monitoring
- Postpartum assessment (Graded)
- Newborn assessment (Graded)
- Pediatric assessment (Graded)
 - Pediatric weight-based dosage calculations
 - Mandatory reporting laws for child abuse and neglect
- Orientation to code/resuscitation cart
- TBSA estimation and fluid resuscitation calculations in acute burn management
- Introduction to ESI triage
- EKG rhythm strip analysis
- Decision-making and management of high-flow and low-flow oxygen delivery devices
- Simulations
 - Focused Acute Assessments (neuro, CV, resp, abd, post-op)
 - IV fluid management
 - Foley catheter placement
 - Sterile UA collection
 - Infection Control, PPE: meningitis, GBS+, sepsis
 - Newborn Thermoregulation
 - Electronic Fetal Monitoring (EFM)
 - Gestational Diabetes
 - Postpartum Hemorrhage
 - Preeclampsia management – Eclampsia with seizure
 - Acute Myocardial Infarction
 - Hyper/Hypoglycemia management in adult, ped, and newborn scenarios
 - Pain assessment and management
 - Chest Tube management; acute tension pneumothorax
 - Management of blood product administration; transfusion reaction
 - DNR advocacy
 - Pediatric abuse scenario, patient advocacy

- End of life care – lung cancer, failure to thrive, infection
- Medication administration, documentation, education
- Prioritization, Critical thinking/problem solving
- Utilization of the Rapid Response Team (RRT)
- Therapeutic communication, communication with PCP

4th Semester skills:

- IV starts
- Simulation (with 2 clients)
 - Simulation #1
 - ✓ Prioritization
 - ✓ Time management
 - Simulation #2
 - ✓ Prioritization
 - ✓ Time management
 - ✓ Delegation

Chapter III: Teaching Resources

Seven Ways to Help a Student Nurse

By: Christine C. Grulke, RN, MS

Passing along what you've learned can give a novice nurse the edge on doing the job right.

You may not realize it, but you're a role model, mentor, and resource to nursing students—even if they aren't assigned to you. The way you talk to them, listen to them, and work with them plays a part in how they'll make decisions and handle many kinds of situations.

If you think you could never leave your mark on posterity in such a short time, think again. Here are seven simple but important ways you can help students during their clinical rotations.

Share your personal experiences.

Every nurse has moments of panic, fear, and – when tense situations resolve – relief. Recognizing these emotions and showing the students how you deal effectively with them teaches them that such feelings are normal. The students learn by your example how to channel these feelings into positive growth and adaptation. And when they realize it's okay for them to be human, they'll be able to personalize the care they give others.

Tell it like it should be said.

Students are listening to you – to how you talk with other nurses, physicians, patients. They learn how and what can be said. They learn how to deal with ethical issues, such as patient confidentiality, and everyday situations that can turn ugly if mishandled. For example, several students overheard a staff member helping a frustrated family member; the staff member's tone was calm, her words were polite and straightforward, and she offered help where she could. The students said later that hearing this interaction made them less afraid of meeting a similar situation.

Listen and talk to the students during their report. As their mentor, you'll be giving importance to what they have to say, and they'll think twice about making quick, inconclusive statements. Comments such as "Yeah, he's okay" don't promote the exchange of professional clinical assessments.

Understand the student's position.

We were all nursing students once and remember the "good" and "bad" nurses. Each of us is privileged to play a role in molding the student into a caring professional. Don't be impatient. Be a role model, a mentor, and enjoy the challenge of nurturing a future nurse.

Document clearly.

Legible, descriptive, and time-sequenced charting gives the student a model to guide her future documentation. She learns the "flow" of documenting clinical data and how to group body systems logically. At the beginning of her shift, she can review each patient's condition and become familiar with the appropriate signs and symptoms to look for during rounds. She can also read what was important to assess – especially after an emergency – and what helped that particular patient. This helps her set the course of her clinical day and lays the groundwork for understanding the legal issues surrounding documentation.

Evaluate the student's performance.

Positive and negative feedback communicated to the student, instructor, or both encourages growth and learning. Concise, descriptive comments help the student see what areas were well done and what areas need development. Remarks such as "The way you talked that patient through the procedure helped calm him" validate the performance and carry great weight.

Notice your nonverbal communication.

Your words may say "talk to me" but your body language may say "I'm too tired to listen." Take time to stop and listen. Find a private area to talk, maintain eye contact, smile, nod – these things signal that what the student is saying is important to you.

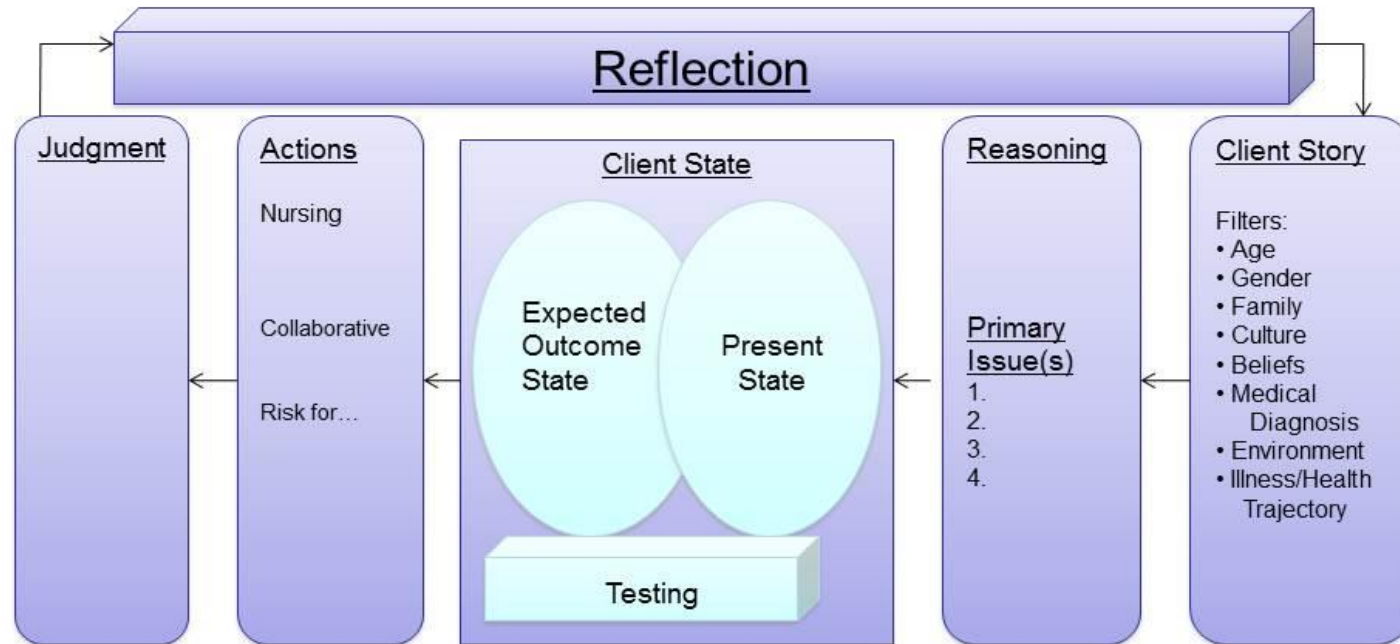
Take time to recruit.

The staff nurse/student interaction, in a sense, is practice for future employment. Staff professionalism, level of enthusiasm, camaraderie, and patient feedback on nursing care are all sources of information. Students are shopping for postgraduate employment each clinical day, so be a good advertisement for your unit and your hospital.

Educating the student for clinical competence is challenging. As a staff nurse, you're a valuable part of the process. Your interaction with any student goes far beyond that clinical day – it becomes a permanent part of a future nurse. □

Reference: Nurse Staff Development Insider (1993). Seven ways to help a student nurse. *American Journal of Nursing*, 2(2), 24

Clinical Reasoning Model



Adapted from: Outcome Present State Test (OPT) Model; © Pesut & Herman, 1999)

Linfield-Good Samaritan School of Nursing Clinical Reasoning Model

Definition And Terms

Approved: 05/21/12

Client Story

In this section, the student should jot down the relevant facts of the story. This is the opportunity to describe the uniqueness of the person; it will include some details of the medical condition and the nursing care needs that can be determined from an analysis of that condition. It should give the reader a vivid picture of the client and his/her current situation.

This is the starting point for the clinical reasoning process. It gathers the subjective and objective data that will be used in all the other steps. Data are collected from a variety of sources besides from the client, such as client records, lab reports, x-rays, or nursing notes. In calling it a story it humanizes the process beyond “data collection” and emphasizes that the client is a unique human being.

Filters (age, gender, family, culture, beliefs, medical diagnosis, environment, illness/health trajectory): The filters are specific known areas that impact how a student thinks about the client story. By filtering the story through these different aspects the student begins to group the data into categories or by criteria that helps to streamline the student’s thinking about that client. For example, if the client story is a person with a broken femur, the student begins to think about that client situation differently if the client is a 2-year old, 8-year old, 25-year old, or an 85-year old person with a broken femur. The student may think about child abuse in the case of a 2-year old with a fractured femur, a motor vehicle/bicycle accident as the cause for a broken femur in an 8-year old, or a fall in the 85-year old with a fractured femur. Another example would be that the client is someone who is a diabetic. What the student thinks about the needs of the client may be different if the client is a newly diagnosed diabetic or a DM Type 2 that is not being managed well on oral agents and now needs insulin, or someone with an insulin pump.

Reasoning

Here is where the student simplifies the complex client story into primary issues. The student needs to cluster the data in the client story into meaningful groups or patterns. The student does not list each individual piece of data. The idea of clustering data is to help the student see the big picture of the data and how the data relate to one another in a group and how that group of information relates to another group of data.

Using nursing diagnostic statements for each cluster of data helps to focus on the nursing needs of the client and will later drive the outcome and actions the student takes to help clients. The student is encouraged to use a NANDA format when formulating the nursing diagnostic statements. The NANDA format includes: (1) problem statement; (2) what the problem is related to; and (3) the evidence that leads to determine the problem.

Clinical Reasoning Web: This is a visual way to represent the issues specific to the client. It is a pictorial representation of the functional relationships among the clusters of data. Start with the clusters and then show the relationship between the clusters with arrows. As the student draws the lines, the student reflects to himself/herself the reasons for connecting these clusters. The cluster with the most arrows is the primary issue with the highest priority for care. Determine the top three primary issues confronting the client and note them utilizing a nursing diagnosis format.

It is often helpful to place the client in the center of the Clinical Reasoning Web. This picture will help guide the student to think about different aspects of the whole client in a health context. It may be easier to put the medical diagnosis in the middle with the client as that is usually the initial focus for coming into contact with client.

Primary Issues: The number one primary issue is the issue that if and when solved will affect many of the other issues confronting the client. It should be stated in a nursing diagnostic statement in the NANDA format. Most nurses do not only focus on the number one primary issue but think about several issues simultaneously.

Client State

Present State: These are succinct statements that outline the major evidence that contributes to the primary issue of the client. For each statement of evidence in the present state there needs to be a corresponding expected outcome statement.

Expected Outcome State: For each primary present state, there should be an outcome statement. The outcome statement needs to be stated positively and in measurable terms. This is to be the end result of the student's nursing care. Where do the student and the client want the client to be if the student's interventions are successful? Examples include:

1. Body temperature will decline at least one degree within the next eight hours (note specific date and time).
2. Client will verbalize increased satisfaction with rest and sleep pattern within one week (note specific date).
3. Client will report increase in energy level within next three days (note specific date).
4. Intake will equal output within the next twenty-four hours (note specific date and time).
5. No evidence of postural hypotension during ambulation.
6. Client will report pain at two out of a scale of ten which is the client's acceptable level.
7. Client will report waking up less frequently during the night in the next week.
8. Client will report an increased appetite and eat at least three-fourths of his meals within one week (note specific date).
9. Client will drink at least 1500 ml of fluid over the next eight hours (note specific date).

Testing: A test is the process of juxtaposing the present state and the expected outcome state. During testing the nurse determines how well this gap between present state and outcome state has been filled. This is the application of comparative analysis. The evidence you gather is the test. A test must be something that provides a measure. At times a test may also be the intervention. For example: Daily weights and calorie count fit the definition of a test and also intervention. An intervention is a planned activity done by a nurse to achieve an expected and predictable outcome. So a calorie count is something we might choose to do as an intervention for our client. The resulting value of the calorie count is the test, because it provides the evidence that filled the gap between present state and the outcome state.

Actions

An intervention is a planned activity conducted by the student to achieve an expected and predictable outcome. This is the selection of interventions and actions that move the client from the present state to the outcome state. This must be client specific and should not be stated in general terms. For example, providing distraction is an intervention, but the specific intervention is to have a family member assist the client off the unit for a wheelchair ride to the hospital coffee shop.

Nursing Actions: Are autonomous interventions that the student implements in his/her practice that are knowledge based, evidence based, and theory driven.

Collaborative Actions: Are interventions that the student initiates in conjunction with an advanced health care provider (physician, nurse practitioner, or physician's assistant) in response to specific client needs.

Risk For . . . : Are specific conditions that clients are at high risk for occurrence based on the client story and other data. Therefore, the student implements plans of action to monitor for the risk concern or to decrease the likelihood the condition will occur for this client.

Judgment

The student evaluates the client's progress towards the expected outcome(s) in this step of the clinical reasoning model. The student asks himself/herself a series of questions:

- Is the outcome met, partially met or not met?
- Is the change in the client an improvement or is the client better?
- Is the client worse?
- Is the client the same as before the interventions?
- Is the client improving quickly enough for this situation?
- Are these the correct interventions for this problem?
- Are other interventions needed to help the client improve faster?
- Who do I need to notify of the change in the client status?
- Do I need to seek additional help? If so, who and when?
- If the outcome has been met or the client is improving, when do I need to enter this thought process about this client again?

Reflection

Reflection occurs on several different levels of thinking. The student should be a reflective practitioner. Therefore, the student hones the ability to reflect or compare what is currently happening with the client and what should be happening based on what is known about similar clients the student has cared for. This type of reflective thinking allows the student to change his/her conceptual thinking and clinical reasoning about a client in the moment that results in a different action and is called reflection-in-action. It takes much skill and experience for the student to reflect-in-action. To build a high level of reflective thinking to a competent or expert level, a nurse practices reflective thinking by reflection-on-action. Using the evaluation questions in the above judgment section, the student purposively thinks about or reflects on the client's expected outcomes. If at any point in time the expected outcome is not being met or not being met quickly enough, the student re-enters the client story to see what has changed in the story, what data might have been missed in the story or think about the client differently.

Later Reflection: Is a time to reflect and think back on this specific case and begin to cluster it into the student's personal library of clients that appear similar to this one:

- What was learned from this case?
- What was missed in this case?
- What was similar or different from the similar cases?

This type of reflection will expand the student's growth and knowledge base of signs and symptoms as he/she experiences more and more clinical encounters. The student will add to his/her bank of interventions as the student applies theoretical knowledge to actual client situations and as the student interacts with expert nurses.

Novice to Expert Competency Framework

	NOVICE	ADVANCED BEGINNER	COMPETENT	PROFICIENT	EXPERT
A S S E S S	<ul style="list-style-type: none"> Explains correct assessment technique/procedure. Identifies resources for unfamiliar content. 	<ul style="list-style-type: none"> Demonstrates correct assessment technique. 	<ul style="list-style-type: none"> Identifies abnormal assessment findings. Applies experience and judgment in assessing various patient situations. 	<ul style="list-style-type: none"> Interprets assessment findings and suggests interventions. Anticipates situations and makes revisions in plan of care. 	<ul style="list-style-type: none"> Anticipates complications and intervenes with these client situations.
P E R F O R M	<ul style="list-style-type: none"> No previous clinical experience. Cannot anticipate all client situations. Needs assistance in setting priorities. Experiences unfocused anxiety in the clinical setting. Attempts to act like a nurse. 	<ul style="list-style-type: none"> Performs nursing care in an acceptable manner. Needs assistance in setting priorities and in determining essential interventions in complex clinical situations. Experiences anxiety related to consequences of own knowledge and skill for client outcomes. Begins to develop a sense of identity as a nurse. 	<ul style="list-style-type: none"> Sets priorities in terms of long-range client goals. Functions in efficient, organized manner. Manages most complex clinical situations. 	<ul style="list-style-type: none"> Manages all clinical situations effectively. Practices efficiently: identifies and addresses problems with speed and flexibility. 	<ul style="list-style-type: none"> Has an intuitive grasp of clinical situations and is masterful in solving problems.
S U P E R V I S E	<ul style="list-style-type: none"> Requires close supervision in the clinical setting. 	<ul style="list-style-type: none"> Requires mentoring support to use recently gained clinical knowledge and skills. Needs frequent assistance from more experienced colleagues to respond to ethical concerns. 	<ul style="list-style-type: none"> Needs mentoring to make nursing practice more client centered. 	<ul style="list-style-type: none"> Acts as a mentor and supervises other nurses. 	<ul style="list-style-type: none"> Trains other nurses to be mentors.

From: Benner, P., Tanner, C., & Chesla, C. (2009). *Expertise in nursing practice: Caring, clinical judgment, and ethics*. New York, NY: Springer Publishing Company

Student Readiness for Increased Clinical Responsibilities

The Clinical Teaching associate (preceptor) must develop a balance between providing the student with adequate “hands on” experience and not pressing the student into doing things too soon.

1. Strategies to assist students to learn in the clinical setting:

Create an environment to decrease anxiety and enhance learning (*e.g.*, give positive feedback to the student; reassure the student that the Clinical Teaching Associate (preceptor) is ultimately responsible for the client’s care, reinforce the student’s sense of competency by reminding the student of his/her nursing experience to date.

Role model for the students (*e.g.*, demonstrate components of a physical exam, engage in joining discharge planning with a patient).

Use charting to teach.

Use pre- and post-conferences as appropriate

Assign readings for specialty areas

Use detailed, guided questions with the student that help him/her focus and provides rationales for actions taken.

2. Indicators of student readiness for increased clinical responsibilities:

There is a mutual increase in comfort, almost intuitive.

Trust is built between the Clinical Teaching Associate (preceptor) and the student; that helps the student to not get in over his/her head, and to be responsible for his/her own actions and decisions.

The student proves he/she will not miss anything important.

There is no longer a need for the student to review every detail with the Clinical Teaching Associate (preceptor)

The student has demonstrated physical assessment skills.

The student gives accurate clinical presentation of significant positives and negatives.

Data presented by the student proves that he/she covered all bases with the patient.

The student shows the ability to tie-in past experience with new skills and apply them to new scenarios.

The student recognizes limits of knowledge and admits to weaknesses.

The student asks appropriate questions.

The student becomes a self-starter and can cope with an unstructured setting or a change in schedule.

The student asks for more challenging experiences and exhibits confidence.

Excerpts from:

Davis, M., Sawin, K., & Dunn, M. (1993). Teaching strategies used by expert nurse practitioner preceptors: A qualitative study. *Journal of American Academy of Nurse Practitioners*, 5(1), 27-33.

Constructive Feedback

Constructive feedback from the Clinical Teaching Associate (Preceptor) is crucial to the student's professional development, satisfaction in the preceptor/student relationship, and motivation to improve clinical performance.

Constructive feedback can be given using the following steps:

1. State the topic to be discussed with the student and why it is important. Provide the specifics of what you personally observed. Avoid “need to” or “yes, but” phrases. With positive feedback, express appreciation. With negative feedback, express concern. Provide a balance between the amount of positive and negative feedback you give the student.
2. Describe observations of the student's clinical performance and not interpretations, assumptions or judgments. When describing observations, note when and where the clinical incident happened, who was involved, and the positive or negative consequences. Note your reaction to the incident. Avoid terms like “right or wrong” or “good or bad”. Focus on the student's behavior and not the personal qualities of the student.
3. Give constructive feedback to the student as close as possible to when the clinical performance incident occurred. Feedback needs to be given to the student on a frequent basis. Avoid feedback overload by focusing on two or three points at a time.
4. Give the student an opportunity to respond to the constructive feedback. If the student is hesitant, ask an open ended question or statement to elicit a response (*e.g.*, Tell me what you are thinking.).
5. Offer specific suggestions to assist the student to improve clinical performance.
6. Summarize the discussion. If positive feedback was given to the student, emphasize the significant points you wanted to convey. If negative feedback was given, stress the main things the student could do differently. The summary should convey your desire to help the student be successful in improving his/her clinical performance.

Source:

Brounstein, Giving Constructive Feedback, 2012; Boston University Enrollment Services Staff Development and the Work Study Office, Giving Constructive Feedback, 2012.

Conflict Resolution

When potential conflict is resolved between the Clinical Teaching Associate (Preceptor) and the student, personal and professional growth can result. Conflict resolution leads to goal achievement, increased mutual respect, and enhanced ability to work together.

Conflicts can be resolved using the following steps:

1. Remain calm and try to build mutual respect by being courteous and engaging in positive feedback with the student. Listen to the student with empathy and understanding. Use “I” and “we” messages instead of “you” messages. Clarify feelings expressed by the student. If helpful, allow the student to vent his/her feelings to relieve frustration and encourage problem solving.
2. Listen carefully to the student, and accurately identify the issues clearly and concisely from both of your viewpoints. Understand how the student’s motivation and goals have resulted in him/her adopting a particular position. Recognize how the conflict is affecting the work relationship between you and the student. Express respect for the student’s opinion and the need for his/her cooperation to solve the problem.
3. Separate the problem from the personhood of the student so that real issues can be discussed without damaging the working relationship. Listen to where the student is coming from. Identify the root cause of the problem using neutral words, and analyze the opportunity for improvement. Discuss the situation in a non-confrontational way until both of you agree as to what the problem is.
4. Explore solutions to resolve the problem. Allow the student a fair amount of input in generating solutions. Be open to all ideas, including ones not considered before. Arrive at a workable solution and action plan that is acceptable to both you and the student.
5. Implement the action plan and determine its effectiveness in resolving the conflict. Provide feedback to one another.

Source: Manktelow and Carlson, Conflict Resolution: Resolving Conflict Rationally and Effectively, 2012