Jordanian Nursing Council

Preceptor Training Program
Training Manual

1. Table of Contents:

Preceptor Training Manual

2.   Introduction:

Clinical teaching is a purposeful facilitation of learning in the clinical setting that includes the identification of learning needs, the establishment of curricular outcomes, arranging and planning learning opportunities, planning and delivering learning experiences, in addition to assessment, feedback and evaluation.

One of the current efficient models of clinical teaching is Preceptorship. The value of Preceptorship is acknowledged by the Jordanian Nursing Council. Preceptorship is one of three core elements within the nursing and midwifery professional development.

Preceptorship is a period of structured transition for the newly registered practitioner during which he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, values and behaviors and to continue on their journey of life-long learning, and it's a method to bridge the gap between the classroom (theoretical part) and the (practice) in clinical areas in different clinical settings where the students practice their training in order to achieve the objectives of each clinical course to prepare them for the role of graduate registered nurse.

The manual for preceptor training program was developed in response to the Jordanian Nursing Councils' strategy to enhance the competence of nursing graduate as well as novice nurses by adopting the Preceptorship concept within the teaching and health setting which promotes success of the nursing students and novice nurses in the clinical placement through enhancing learning outcomes and creating a more supportive learning environment.

The Council started a national training preceptorship programs since 2006, and now will continue this effort through re-conducting this training periodically to registered nurses from different hospitals sectors. Enthusiastic and committed nurses will be chosen to participate in this training, and they will be responsible to complete all the requirements for successful completion of this training.

By conducting this training, Jordanian nursing Council hopes to build a national base of well qualified preceptors, which will contribute significantly in developing new competent and confident nurses.

3.   Manual Description:

A. overview

The manual of Preceptorship program is designed to prepare the registered nurses for their role as preceptors. The program provides the participants with knowledge and skills regarding the basic concepts of Preceptorship, teaching principles, the strategies to enhance the clinical teaching, and evaluation methods which assist the preceptor to be effective in transitioning nurse students or new staff members into a new job role.

Also, the program includes a clinical application of the Preceptorship program in the participants' working institutions in order to combine the theoretical and clinical parts of Preceptorship process.

B. Purpose of the Preceptorship program

The purpose of the training manual is to prepare the registered nurse to assume the responsibility of a preceptor. An effective preceptor demonstrates a high level of knowledge, clinical proficiency professionalism and serves as a clinical instructor to novice nurses and nurse students in the clinical setting.

C. Specific Objectives

At the completion of the course, the participants are expected to be able to:
1. Describe the roles and responsibilities of a preceptor.
2. Demonstrate best practices in communication skills with a preceptee, staff, and patients.
3. Develop and implement a learning plan with a preceptee based on his or her needs and goals.
4. Demonstrate understanding of critical thinking skills as supported by current protocols, evidence-based research and best practices.
5. Provide constructive feedback and evaluation to the preceptee.

D. Listing of modules

- Module 1: Foundation of Preceptorship
- Module 2: Principles of teaching:
- Module 3: Clinical teaching:
- Module 4: Evaluation Process
- Preceptorship Clinical Project Application

E. Criteria of Participants

1. A registered nurse
2. Have a minimum of two years of clinical experience
3. Demonstrates enthusiasm and interest in preceptoring
4. Have good communication skills
5. Very good in English(Speak and Written)

F. Prerequisites of participation

➢ The participants will be provided by the manual and additional readings at the registration time of the training (1 week prior to the training course)
➢ The participants should read the submitted materials before joining the training

G. Evaluation method :
➢ Pretest: 20%
➢ Posttest: 40%
➢ Clinical Project: 40% (instructors field visit)

H. Program Schedule:

First Day	➢ Course Orientation ➢ Pretest ➢ Module One
Second Day	➢ Module Two
Third Day	➢ Module Three
Fourth Day	➢ Module Four ➢ Clinical Project Application guidelines
Preceptorship clinical project Application for 8-12 weeks	
One day (Arranged later)	➢ Presentation of clinical project ➢ Post test

Module One

Foundation of Preceptorship

"Can I be a preceptor?"

Module 1 – Foundation of Preceptorship

Goal: The goal of this module is to introduce the participant to the roles and responsibilities of the preceptor and preceptee.

Learning Objectives:

At the completion of this module, the participant will be able to:

1. Discuss the overall program goal and objectives
2. Define the terms related to preceptor and preceptee
3. Identify the Roles and Responsibilities of Preceptor, Preceptee, and Faculty
4. Discuss the benefit of Preceptorship program
5. Discuss required competencies for successful preceptor

	Content Outline	*Learning Activities*
1.	*Introduction*	1. *Icebreaking Ex.1.1* 2. *Personal Objectives from the program Ex. 1.2*
2.	*Revision of definitions*	1. *Review definitions* 2. *Lecture/ Discussion*
3.	*Roles & Responsibilities of preceptor and preceptee*	1. *Role Play Ex. 1.3* 2. *Lecture /Discussion*
4.	*Benefits of Preceptorship*	1. *Sharks & Dolphins Ex. 1.4.* 2. *Lecture/ Discussion*
5.	*Competencies of Preceptor*	1. *Lecture /discussion*

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1. Introduction

Exercise 1.1: Icebreaker True/False

Part 1: On this sheet, please list four facts about yourself.

1.
_____
2.
_____
3.
_____
4.
_____

Exercise 1.2: Personal Objectives

Identify your personal objectives for this program:
As a result of attending this program, I will be able to:

1.
_____
2.
_____
3.
_____
4.
_____

2. Definitions

Nursing: "Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations." (The ANA's Nursing's Social Policy Statement (2003) and Nursing Scope and Standards of Practice (2004))

Preceptorship is "a frequently employed teaching and learning method using nurses as clinical role model. It is a formal, one-to-one relationship of pre-determined length, between an experienced nurse(preceptor) and a novice (preceptee) designed to assist the novice in successfully adjusting to and performing a new role" (Canadian Nurses Association (CNA), 1995, p. 3).

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A preceptor is an experienced nurse, who is formally assigned for a fixed period of time to provide transitional support to a new nurse, students, and a nurse in new role or setting and has an instructor's qualities (teaches, supervises, and role modeling).

A preceptee is a new nurse, a student, and a nurse in new role or setting who engaged in the learning role of the nurse from experienced preceptors (Kaviani and Stillwell, 2000).

Mentoring "involves a voluntary, mutually beneficial and usually long-term professional relationship. In this relationship, one person is an experienced and knowledgeable leader (mentor),who supports the maturation of a less-experienced person with leadership potential (mentee)" (CAN, 1995, p. 5).
Mentoring is dynamic, non-competitive, nurturing relationship that promotes independence, autonomy, and self-actualization (Taylor, 2004).

Competency: is an expected level of performance that results from an integration of knowledge, skills, abilities, and judgment. The integration of knowledge, skills, abilities, and judgment occurs in formal, informal, and reflective learning experiences (ANA, 2007).

Nursing professionalism: Barber (1965) defined four properties for a professional manner: High degree of systematic and public knowledge, awareness about the interests of society rather than the personal interests, a high degree of self-control in behavior through moral codes, and existence of a reward system as a sign for success. Also, nursing professionalization consists of behaviors including commitment, encouragement of the colleagues, peer assessments, and support from collective nature of profession
Consequently, nursing professionalization is a multi-dimensional concept that encompasses cognitive, attitudinal, and psychomotor dimensions. (Ghadirian, et al. 2014).

3.Roles and Responsibilities

Exercise 1.3: Role play Exercise
Participants is divided into two groups: Preceptor group &Preceptee Group
-List the role of the Preceptor / the preceptee according to your group:

Role of …………………………………………:
 1.
 _____
 2.
 _____
 3.
 _____
 4.

5.
_____

6.
_____

7.
_____

8.
_____

9.
_____

10.
_____

11.
_____

12.

Roles and Responsibilities of Preceptor &Preceptee:

As listed in "Preceptorship Framework for Nursing, Midwifery and Specialist community/ Public Health Nursing in Northern Ireland, 2013)

❖ **Preceptor**

The role and responsibility of the preceptor is to facilitate the Preceptorship process by:
- demonstrating an adherence to codes of professional practice
- supporting orientation and induction to the workplace
- providing an overview of the Preceptorship process and documentation
- monitoring and provide feedback to support the preceptee in the completion of his/her Preceptorship portfolio
- supporting learning and development in line with requirements of the role and, where relevant, KSF post outline and the development of an action plan to meet learning needs, including teaching/coaching/experiential learning sessions
- using models of reflection to promote self-development
- at specific review points during the Preceptorship period, reflect with the preceptee on his/her progress, noting any concerns and provide feedback to the line manager
- acting as a role model for the preceptee
- Completing the Preceptorship process documentation as per the organization's policies.
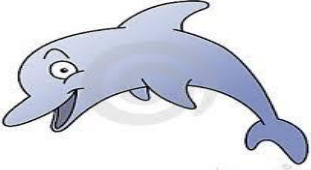
❖ **Preceptee**

The role and responsibility of the preceptee is to participate actively in the preceptorship process and:
- demonstrate adherence to codes of professional practice

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- take ownership of the preceptorship process and be proactive in completion of the objectives
- liaise with the line manager to ensure that working arrangements (off duty)
- facilitate the preceptee and preceptor to meet regularly, to review progress and identify development needs
- attend and actively engage in agreed meetings
- reflect with the preceptor on his/her progress at review meetings, including discussing any concerns about progress through the preceptorship process
- maintain and update all relevant documentation including preceptorship portfolio
- ensure that relevant preceptorship process documents are forwarded to line
- manager and that a copy is retained for personal records
- raise any areas of concern about the process with line manager or other relevant person

4. Benefits of Preceptorship

Exercise 1.4: Sharks &Dolphins :Take a few minutes and list the positive (dolphin) and negative (shark) experiences you have had with preceptor(s):

Sharks	Dolphins

Benefits of Preceptorship

The institution, preceptor and preceptee, and the profession are all benefit from the Preceptorship program. A summary of the program outcome is listed below (CNA, 2004):

Profession	Institution
- Improved support for new graduates - Competencies required for safe practice - Programs to assist nurses to maintain competence and to acquire new competencies - Increased number of nurses with leadership and teaching skills - Improved retention of nurses - Reduced need to recruit and educate nurses	- Decreased cost of care - Increased recruitment of new nurses - Increased retention of those already in the workforce - Improved outcomes for patients - Increasing institutional loyalty - Increase productivity
Preceptor	**Preceptee**
- Increased job satisfaction - Less burnout - Improve self-esteem - Increase self-awareness of being role model	- Enhanced job satisfaction - Decreased stress - Significant personal growth - Increased confidence - Attainment of new attitude, knowledge and skills (competencies)

5. Preceptor Competencies

- Collaborates with preceptee, manager, partners, colleagues, other preceptors, and other health care team members
- Demonstrates enthusiasm and interest in preceptoring
- Has effective communication, effective conflict resolution skills
- Has effective skills of: Leadership, critical thinking, decision making and problem solving
- Fosters a positive learning environment
- Adapts to change and integrates preceptee into the social culture of the institution

- Practices autonomously and consistently in accordance with the relevant nursing standards established by appropriate regulatory body or the *Code of Ethics*
- Works toward meeting the current national/international standards of practice
- Is knowledgeable of the basic content of the institution (mission, vision, philosophy, physical environment, policies and procedures, forms, documents, learning resources).
- Demonstrates the role of the nurse within the multidisciplinary team
- Has Ability to supervise and evaluate
- Displays commitment to nurses and to the nursing profession
- Demonstrates strong knowledge, judgment, skill and caring in their domain of practice
- Actively expands knowledge base using research evidence and remains current with latest thinking and best practices in area of expertise
- Uses an ethical framework to guide professional practice and interpersonal relationships

6. *Reading and Resources*

1. Billay, D., Myrick. F. (2008). Preceptorship: An integrative review of the literature. Nursing Education in Practice, 8, 258–266
2. Hodgson,A., Scanlan J. (2013). A concept analysis of mentoring in nursing leadership, Open Journal of Nursing, , 3, 389-394
3. Lombarts, KM, Plochg T, Thompson CA, Arah OA. (2014). Measuring Professionalism in Medicine and Nursing: Results of a European Survey. PLOS ONE, 9(5) e97069
4. Alspach, J. (2000) From Staff Nurse to Preceptor: A Preceptor Development Program.2nd edition. American Association of Critical-Care Nurses.

Module Two

Principles of Teaching

"Adult learning Approach: to Be an active learner rather than a Passive"

Module 2- Principles of Teaching

Goal: the goal of this model is to provide participantswith knowledge, skills, andattitude thatare essential in creating and maintaining a learning environment most conducive to meeting precepteeneeds.

Learning objectives:
At the completion of this module, the participant will be able to:
1. Explain adult learning principles
2. List and analyze adults learning principles
3. Distinguish between cognitive and behavioral theory
4. Describe the characteristic of four learning style according to David Kolb
5. Identify the three types of educational objectives.
6. Describe the components of learning objectives.
7. Formulate learning objective according to objectives categories.
8. Describe the characteristics of effective teaching method
9. Discuss factors to be considered when selecting teaching method
10. Describe the advantages and disadvantages of teaching method

	Content Outline	*Learning Activities*
1.	*Adult learning principles*	1. *Lecture* 2. *Group discussion: How can I use adult learning principles*
2.	*Learning theories:* - *Behaviorism* - *Cognitivism*	1. *Lecture* 2. *Group discussion*
3.	*Learning Style (Kolb 's model)*	1. *Identify your own learning style with reference to Kolb model Ex. 2.1* 2. *Group discussion*
4.	*Objectives: definitions, categories, types, components and formulation of objectives*	1. *Brainstorm the definition of learning objectives* 2. *Writing objectives Ex. 2.2*
5.	*Teaching techniques &Teaching methods*	1. *Discussion* 2. *Group work*

1. Adult learning principles

Knowles identified the six principles of adult learning outlined below.

1. Adults are internally motivated and self-directed
2. Adults bring life experiences and knowledge to learning experiences
3. Adults are goal oriented
4. Adults are relevancy oriented
5. Adults are practical
6. Adult learners like to be respected

Discuss: How can I use adult learning principles to facilitate student learning on placement?

2. Learning theories

❖ **Behaviorism**

The term "behaviorism" was coined by John Watson (1878–1959). Watson believed that theorizing thoughts, intentions or other subjective experiences was unscientific and insisted that psychology must focus on measurable behaviors. For behaviorism, learning is the acquisition of a new behavior through conditioning.

There are two types of conditioning:

1. Classical conditioning, where the behavior becomes a reflex response to stimulus.
2. Operant conditioning, where there is reinforcement of the behavior by a reward or a punishment.

Classical conditioning was noticed by Ivan Pavlov when he saw that if dogs come to associate the delivery of food with a white lab coat or with the ringing of a bell, they will produce saliva, even when there is no sight or smell of food. Classical conditioning regards this form of learning to be the same whether in dogs or in humans. Operant conditioning, or radical behaviorism, reinforces this behavior with a reward or a punishment. A reward increases the likelihood of the behavior recurring, a punishment decreases its likelihood.

Behaviorists view the learning process as a change in behavior, and will arrange the environment to elicit desired responses through such devices as behavioral objectives, Competency-based learning, and skill development and training. Educational approaches such as applied behavior analysis, curriculum-based measurement, and direct instruction have emerged from this model.

❖ **Cognitivism**

Cognitive theories grew out of Gestalt psychology, developed in Germany in the early 1900s and brought to America in the 1920s. The German word gestalt is roughly equivalent to the English configuration or pattern and emphasizes the whole of human experience. Over the years, the Gestalt psychologists provided demonstrations and described principles to explain the way we organize our sensations into perceptions.

Gestalt psychologists criticize behaviorists for being too dependent on overt behavior to explain learning. They propose looking at the patterns rather than isolated events. Gestalt views of learning have been incorporated into what have come to be labeled cognitive theories. Two key assumptions underlie this cognitive approach: that the memory system is an active organized processor of information and that prior knowledge plays an important role in learning. Cognitive theories look beyond behavior to consider how human memory works to promote learning, and an understanding of short term memory and long term memory is important to educators influenced by cognitive theory. They view learning as an internal mental process (including insight, information processing, memory and perception) where the educator focuses on building intelligence and cognitive development. The individual learner is more important than the environment.

Cognitive TheoryBuilding upon previous knowledge

Simple ------------- Complex

Known ------------ Unknown

Concrete ---------- Abstract

3. Learning Styles

Assessment of the learner is the first step in the education process. A useful tool has beendeveloped by Kolb called the "**Learning-Style Inventory**". The Learning-StyleInventory describes the way a person learns and how they deal with ideas and day-to-daysituations in their life.

The Learning-Style Inventory uses 12 sentences with a choice of endings. These endings areranked according to how a person would go about learning something.

Following the completion of the inventory, the learner then inserts the rankings into a "Cycle of Learning" and a "Learning-Style Grid." The results are correlated to four points:

- **Concrete Experience (CE)**
  - Person's strength of preference for learning are things that have personal meaning in their life today
  - Person likes to learn things that are useable in current situations
  - We all use CE at some level

- **Reflective Observation (RO)**
  - Person's strength of preference for wanting some time to reflect and think about the things that they are learning.
  - Person likes to plan things out and take time to make sure that they have it correct
  - We all use RO at some level

- **Abstract Conceptualizations (AC)**
  - Person's strength of preference for learning lots of facts and figures
  - Person likes to learn lots of new concepts and information on about any topic
  - We all use AC at some level

- **Active Experimentation (AE)**
  - Person's strength of preference for applying and practicing what has been learned
  - Person enjoys hands-on activities
  - We all use AE at some level

The profile on the Cycle of Learning gives an indication as to a person's best part in thelearning cycle. Remember, a person is all fourstyles and operate in all four stages of quadrants. However, a person probably has a stage inwhich they do very well and a stage in which they do poorly. We need to learn to takeadvantage of the things we do well and increase in our abilities in the areas of concern.

❖ Assessing the Learning Profile:

Profiles 1 and 2—the Reflector

- Favor perceiving or learning new information through concrete experience (CE) and tend to process or internalize this new learning through reflective observation (RO)
- View situations from many different points of view
- Skilled in situations that generate a variety of ideas and perspectives
- Need to know why it is important to learn a new concept, strategy, idea, technique or method
- Spend time observing others learning rather than taking action quickly
- Need to have a plan before acting

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- Enjoy the personal connection of working together with other students
- Enhance learning, by asking questions that help to understand why it is so important to learn a specific topic and where this new learning will be used.

Profiles 3 and 4—the Theorist

- Favor perceiving or learning new information through abstract conceptualization (AC) and tend to process or internalize this new learning through reflective observation (RO)
- Best at understanding a wide range of information and are able to put it into concise, logical form
- Interested in abstract ideas and concepts and less focused on people
- Prefer that a theory have logical soundness than practical value
- Thorough, industrious, goal-oriented, and prefer principles and procedures to open-ended situations
- Excel in traditional learning situations because the lecture and reading modes suit them.
- Enjoy solitary time, not fond of working in groups
- Enhance learning by asking questions that help gather enough information to understand what you are being asked to learn

Profiles 5 and 6—the Pragmatist

- Favor perception or learning new information through abstract conceptualization (AC) and tend to process or internalize this new learning through active experimentation (AE)
- Take information learned and try it out to see if it works
- Want to know if what is learned makes sense and can use it to make life more effective, productive, and applicable
- Best at finding practical uses for ideas and theories
- Excel in problem-solving and decision-making based on finding solutions to questions
- Prefer technical tasks to social or interpersonal issues
- Good at working with their hands and at lab station.
- Enjoy working mainly alone or with a small group
- Need to know how things work
- Enhance learning by using what is learned and asking questions that help to understand how something works

Profiles 7 and 8—the Activist

- Favor perception or learning new information through concrete experience (CE) and tend to process or internalize this new learning through active experimentation (AE)
- Interested in applying or using what they are learning in their everyday life

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- Learn best from "hands-on" experiences
- Interested in knowing where else this newly learned information can be used
- Take what was learned and find other uses for it
- Enjoy carrying out plans and getting involved in new or challenging experiences
- Risk takers and are at ease with new people and situations
- Often use their intuition to reach conclusions to logical problems
- Good at teaching others what they have learned and helping others see the importance of this new learning
- Enjoy working with others and often have an expansive social circle
- Enhance learning by asking questions that help determine where this information can be used

Profile 9

- This profile could be rotated around all for continuums. Each different profile simply represents a very strong preference for one pole of a continuum over another and a balance between the other poles on a continuum.

Profile 10

- This profile is characterized by a learner who is focused primarily on gathering information. Lots of information! They are more interested in and spend more time gathering information than they need time to process or understand. They are always asking for more information from the instructor or where they can go to find additional information about the subject they are learning.

Profile 11

- This profile is characterized by a learner who is focused more on having time to understand what they have learned and less focused on lots of information. In fact, they often like smaller chunks of information with plenty of time to understand it. Long lectures are extremely difficult for the learner with a profile like this.

Profile 12

- This profile is a fairly well-balanced learner in the learning environment. It probably doesn't matter what the instructor does in the classroom, this learner is very adaptable.
- They generally enjoy school and do well with their work in school.
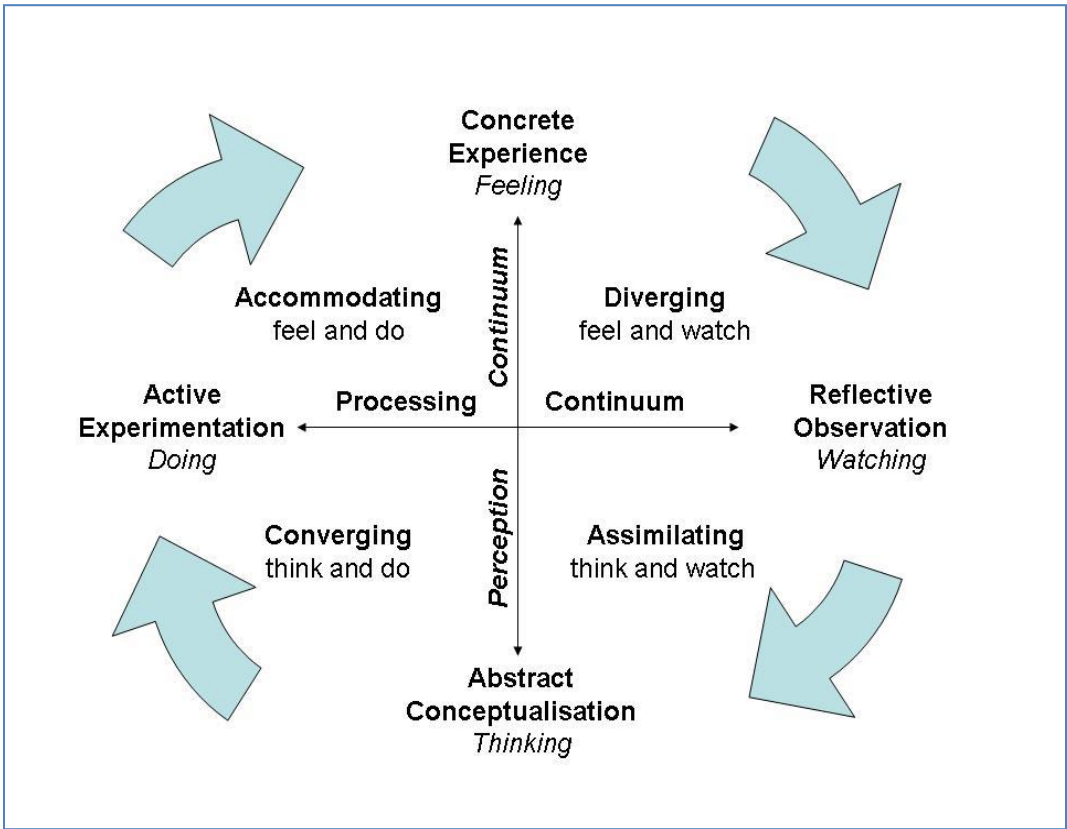
❖ **Exercise 2.1: Identify your own learning style with reference to Kolb model**

4. Developing Learning objective

If you are not certain of where you are going you may very well and up somewhere else and not even know it.

Definition: Learning objectives (often called performance objectives or competencies) are brief, clear, specific statements of what learners will be able to perform at the conclusion of instructional activities.

Usefulness of Learning Objectives

 - Guidelines for choosing course content and training methods
 - Basis of evaluating what participants have learned
 - Guidelines for learners to help organize their own learning

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❖ *Categories of Objectives*

1.	**Cognitive Domain**	It includes objective concerning information or Knowledge, and thinking – *naming, solving, predicting*, and other intellectual aspects of learning.	**Levels of cognitive domain:** 1. Knowledge level 2. Understand level 3. Application level 4. Analysis level 5. Synthesis level 6. Evaluation level
2.	**Psychomotor Domain**	It treats the skills requiring using and coordination of skeletal muscles, as in the physical activities of performing, manipulating ,and constructing	**Levels of psychomotor domain:** 1. Imitation level 2. Control level 3. Automatism level
3.	**Affective Domain**	It involves objectives concerning attitudes, appreciation, values, and emotion –enjoying, conserving, respecting, and so on.	**Levels of affective domain:** 1. Receiving level 2. Responding level 3. Valuing level 4. Organizing level 5. Characterizing by a value

❖ **Qualities of Learning Objectives (SMART)**:
1. **S***pecific*, well explained
2. **M***easurable* and based on observable behaviour, such as results stated in numbers
3. **A***ppropriate*(or adequate) within the capacity of the group, feasible, achievable (resources are there, and obstacles can be overcome)
4. **R***elevant* (or realistic), pertinent, related to the problem and proposed solutions
5. **T***ime bound*, and able to be met within a stated time

❖ **Type of Educational Objectives:**

1. Institutional Objectives
2. Intermediate Objectives
3. Specific Objectives

❖ **Components of a learning objective(ABCCD):**

1. **A**udience (Learner): _who_ is performing the action
2. **B**ehavio**r**(Action verb): what action must occur
3. **C**ontent : describe the content being treated
4. **C**ondition : under what conditions the action must occur
5. **D**egree: the criteria or degree to which the action must occur (accuracy, quality, speed, etc.)**.**

**Learning objective** = action verb+content+condition+criteria (degree of performance)

Example: By the end of this session the participant will be able to explain 6 principles of adult learning with reference to the session handout with an accuracy of 95%.

**Ex2.2: Form small groups to write one objective you might set for your preceptee during the first week in your work setting. Then Review each group's objectives to see if characteristics met and have large group revise as needed.**

5. Teaching Techniques

❖ **Learning Retention**
Learning results from stimulation through the senses. It is estimated that 75% of what isheard is forgotten after 2 days. It has been said that learners remember: (Kolb)
- 10 %of what is read
- 20 %of what is heard
- 30 %of what is seen
- 50 %of what is heard and seen
- 80% of what is heard, seen and done

❖ **Principles of active learning**
1. Participant that have an important role
2. Content should make sense and activate prior knowledge
3. Content should be useful
4. Teaching should be fun, supportive, and engaging

Telling Vs. Teaching

Telling	Teaching
- Does not require active audience - Unidirectional	- Require an active role by learner - Bidirectional

❖ **How to produce Active learning**
- Include content that connects with your preceptee previous knowledge
- Include content activities that are applicable
- Explain content with examples, images, situations, etc.
- Include activities that are useful
- Make learning a fun experience
- Encourage participation
- Answer questions

❖ **Characteristics of effective teaching method**
- Motivate participants
- Appropriate for the trainees as well as appropriate to content (information, skills, attitudes, experiences)
- Process can be applied within the available conditions (time, number of participants, costs, available space)
- Take into consideration the different characteristics of students, such as their knowledge, skills and experience
- Uses exciting audio-visual to enhance training and raise participants' attention and generate their motivation to learn
- Maintain participants' activity

❖ **Factors to be considered when choosing training method**

• Learning activities	• Content
• Trainers	• Participants
• Environment	• Time
• Cost	

❖ **Training methods**
- Brainstorming
- Lecturing / Presentation
- Discussion and questioning
- Group work
- Role play
- Case study
- Games

6. *Reading and Resources:*

1. Benner, P. (1982) From novice to expert. American Journal of Nursing. 82:403-407
2. Bloom, B. (1956) Taxonomy of educational objectives: Book 1: Cognitive Domain. New York:Longman.
3. McGee, C. (2001) "When the golden rule does not apply: starting nurses on the journey to cultural competence." Journal of Nurses in Staff Development. 17:3
4. Regional Health Occupations Resource Center of Orange County. (2001). "Preparing the Preceptor for the Educator Role" The Sixth Annual Health Occupations Education Institute,

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Module Three

Clinical Teaching

(Socialization within the Clinical Environment)

Module 3 –Clinical Teaching (Socialization within the clinical environment)

Goal: The goal of this module is to introduce the participant to strategies that facilitate socialization of preceptee into work environment and foster their competence by different clinical teaching approaches.

LearningObjectives:

At the completion of this module, the participant will be able to:

1. Identify the characteristics of effective clinical learning environment.
2. Identify the skills of Effective preceptor versus the Ineffective preceptor.
3. Discuss the competence learning in the clinical environment.
4. Discuss strategies to maximize the integration of the preceptee into the clinical environment.
5. Utilize a process that encourages critical thinking skills.

	Content Outline	*Learning Activities*
1.	*Characteristics of the learning environment according to:* - *English National Board* - *Jordanian Nursing Council Standards*	*1. Group Discussion*
2.	*Characteristics of effective Preceptor*	*1.Two role Play: Effective Preceptor VS IneffectivePreceptor*
3.	*Competence learning in clinical environment.* - *Definition, Steps of teaching competencies, Levels of competencies,Competence Learning Stages,Indicators that the preceptee is learning in the clinical setting*	*1.Lecture* *2.Discussion*
4.	*strategies to maximize the integration of the preceptee into the clinical environment:* *The Preceptor/Preceptee Relationship, Communication, Conflict Resolution, Decision Making, Critical Thinking, and Reflection*	*1.Group Discussion* *2.Lecture* *3.Article Discussion* *4.Reflection Exercise*

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1. *Characteristics of Effective Clinical Learning Environment.*

Characteristics of the learning environment according to the English National Board "1997"

❖ **Orientation Domain**
- Preceptee are welcomed to the ward and have a named preceptor.
- Included within their orientation program are written details of the ward's mission, policies and procedures.

❖ **The training and learning Domain**
- There is a good relationship between the college and the clinical placement; what is learned in college is relevant to practice.
- Preceptee are well supported and have adequate opportunity to participate in care which incorporates relevant research.

❖ **The staff Domain**
- Placement staff is approachable and supportive, and are well informed and positive about the Preceptorship process.
- Morale of the staff is adequate
- Preceptee is encouraged to work with the ward team, encouraged to ask questions, and given adequate feedback on their performance
- Staff and the preceptee have common understanding of the preceptee role.
- Students have opportunities to negotiate aspects of their placements.

❖ **The Preceptor Domain**
- The preceptee has sustained exposure to a named preceptor.
- The preceptor is supportive, identifies learning opportunities for the preceptee.
- Able to respond to differing learning styles of preceptee.
- The requirements of placement assessment are agreed by the preceptee and the preceptor.
- Progress is regularly reviewed.
- The preceptee succeeds in achieving the agreed learning outcomes.

Jordanian Nursing Council standards for accreditation of Institutions and practice settings for clinical Training (2009)

- ❖ **Standard (1):** Structure and Governance should reflect institutional commitment to maintain quality and enhance clinical learning environment
- ❖ **Standard (2):** The institution offers a healthy environment inductive to learning and provides learning opportunities that facilitate the transmission of knowledge, skills, and attitudes.The institution is accountable for the quality of learning and ensures the accomplishment of the expected outcomes of the programs according to the level of education and identified competencies.
- ❖ **Standard (3):** Assessment of the student experience is central to the program and assures the quality of the students and their ability to practice competently and safely.

2. *Characteristic of Effective Preceptor*

• Organized and focused	• Positive, enthusiastic attitude
• Value preceptor-student interactions	• Provide appropriate, frequent feedback
• Dynamic and enthusiastic	• Show respect for student
• Relate well to students	• Challenge student to perform
• Use an analytical approach	• Question student and promote higher level thinking
• Competent and confident	• Provide appropriate structure
• Model professional behavior	

3. Competence Learning

Competency-based learningrefers to systems of instruction, assessment, grading, and academic reporting that are based on students demonstrating that they have learned the knowledge and skills they are expected to learn as they progress through their education.

The general goal of competency-based learning is to ensure that students are acquiring the knowledge and skills that are deemed to be essential to success in school, higher education, careers, and adult life. If students fail to meet expected learning standards, they typically receive additional instruction, practice time, and academic support to help them achieve competency or meet the expected standards.

❖ **The Four-Step of teaching competency (See the sheets in appendix I)**

Step 1: Prepare	Step 2: Present
How do I prepare myself to give job instruction? 1- Do a training plan. • Who, what, when, where, how... 2- Do a job breakdown (e.g. DACUM) • Main steps • Task statements • Equipment and materials • Safety factors How do I prepare for receiving job instruction? 1- How would I put them at ease? • Ask them something they feel positive about and give a positive response. • Don't overload/overwhelm them. • Let them know you understand a new task can be difficult. • Make eye contact. 2- Why give them the big picture? • People work more effectively and are more motivated when they know why things are done certain ways and where their work fits in the overall picture. 3- What kind of reactions do I look for? • Sudden changes in facial expression • Stiffing in posture • Attentiveness • Do they look at you when they talk? • Do they watch what you do? • Do they ask questions?	1- Tell them about the job. • Give brief overview of entire job. • Start with "Main Steps" column of Job Breakdown. • Give trainee a copy of Job Breakdown. 2- Place them correctly. • In actual place of doing job. • In relationship to equipment/materials used. 3- Show them the job. • Run through the whole process before concentrating on components. • Keep details to a minimum. 4- Demonstrate how to do it. • One step at a time. If it's complex, repeat it a few times. (You might want to demonstrate incorrect method and discuss results/effects). 5- Explain why it's done this way. • Connect proper methods to good results. • Focus on details. • Give it meaning. 6-Emphasize safe work methods. • Point out hazards- where they are, how they're dangerous. • What can happen if precautions aren't taken? What should be done if emergency occurs? 7- Summarize key points. 8- Ask for questions. • Let them know you'll be glad to answer any questions. • It's O.K. to have questions.

Step 3: Tryout	Step 4: Follow-up

1- Have them tell you the main steps.
   • Do they have the general picture?
   • Make corrections when necessary to avoid misunderstandings.
   • Ask questions.
2- Have them instruct you.
   • You follow the directions.
   • Are all the key steps correct?
3- Have them explain how each step is done.
   • Also, explain why it's done this way.
   • Check emergency procedure, if any.
   • Ask if they have any concerns.
4- Let them try.
   • Watch closely.
   • REINFORCE what's done correctly.
   • If they make mistakes, ask them to examine what they did and correct it themselves.
	1- Check their familiarity with the area.
	   • Location of departments, materials, equipment, helpful co-workers.
	2- Check their knowledge of key procedures.
	   • Ask for review of main tasks.
	3- Let them know how to find you.
	   • Encourage this when necessary.
	4- Encourage them to continue asking questions.
	   • Provide answers, or refer them to written procedures.
	5- Model the desired behavior in daily practice.
	   • Reinforce the proper techniques.
	6- Taper off your supervision.
	   • Check frequently at first, and then taper off.
	   • As employee competence improves, direction from you can decrease.
	8- Always tell them how they are doing.
	   • Reinforce desirable learning.
	   • Correct undesirable performance.
	8 -Watch on new assignments
	   • Show how it's done and ask how it differs from old.
	   • Ask how employee would handle this new situation.

❖ **Levels of Competency**

To assess levels of competence, understanding a person's professional growth and development is critical. The Dreyfus Skill Acquisition Model applied to nursing practice describes a progression of skill acquisition:

1. **Novice:**
   - A new graduate nurse with no nursing experience
   - Requires close supervision, assistance and education
   - Needs rules (i.e. policies and procedures) to guide actions

2. **Advanced beginner:**
   - Independent in some aspects of practice, yet not in all situations
   - Needs assistance in setting priorities
   - Needs frequent monitoring and education

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3. **Competent:**
   - Applies experience and judgment to new patient situations
   - Sets priorities to achieve long-term goals
   - Manages most complex situations
   - Decision-making is logical and deliberate
   - Requires ongoing education to remain current

4. **Proficient:**
   - Nursing practice is efficient, flexible
   - Decision-making is less labored
   - Mentors other nurses
   - Manages all situations effectively
   - Requires ongoing education to remain current

5. **Expert:**
   - Has intuitive grasp of patient care situations
   - Masterful at problem-solving
   - Anticipates complications
   - Assists other nurses in becoming mentors
   - Requires ongoing education to remain current

❖ **Learners generally progress through <u>four stages</u> as they gain competence with skills:**

1. <u>**Incompetence**</u>

The learner does not recognize what skills and knowledge they lack. They don't know what they don't know.

Strategy	• Get them to tell you what they plan to do or get them to "rehearse" the skill with you • Help them to set realistic goals • Gently guide them without being negative about what they can and can't do

2. <u>**Conscious Incompetence**</u>

The learner realizes it may not be as easy as they thought. They know what they don't know.

Strategy	• Let them know that you are confident they will eventually be a competent practitioner • If they are hesitant to try new skills, remind them that you will help them succeed • Break down skills into steps and sequences so they will be easier to learn

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3. **Conscious Competence**

They are now competent but may be focused on every step of the procedure. Learners who are consciously competent are often good teachers since they can easily explain the steps and the clinical reasoning behind the skill.

Strategy	• Help them to mentally or physically rehearse skills before doing them • Don't distract them when they are doing a skill unless a mistake is about to be made • Talk with the patient while the preceptee is doing the skill so they can focus on the steps without also trying to engage in conversation • Provide opportunities for independent practice as they become more confident. Encourage self-assessment and be available for support

4. **Unconsciously Competent**

At this stage the learner stops thinking about every step and performs based on extensive experience. They practice without consciously thinking. They may find it difficult to explain the steps in their clinical decision making.

Strategy	• You may need to spend some time remembering the principles and steps of each procedure. You may need to slow down and pay attention to what and how you are doing things • Talk out loud about how you do the skill. As a preceptor you will need to articulate what you are doing, how you are doing it and why you are doing it • If appropriate, give explanations to the patient while you are providing care. This teaches the client and the preceptee at the same time. Additional information that is not appropriate in front of the patient can be given later. Review actions you took and the rationale for those actions • Be in control without being controlling – the preceptee has the right to develop his or her own style of practice as long as it meets the criteria for safe, effective and ethical practice. With practice they will find a method that is comfortable for them • Be a role model but not a show off - it is easy to get carried away showing how easy it is to do a complex task - unfortunately the ease with which you do a complex task may make the learner feel that it is hopeless and that he or she will never develop that ease and confidence

Indicators that the preceptee is learning in the clinical setting	
Behaviors that indicate the preceptee is "getting it"	"Red flag" behaviors
• Presents thorough, focused history and physical • Consistently articulates sound decision making • Develops and implements reasonable plan • Connects with patient interpersonally in caring manner • Is organized, independent, time-efficient • Is self-confident but knows limits; asks for help • Has holistic view of care; includes health promotion and disease prevention • Provides concise charting and oral presentations	• Is hesitant, anxious, defensive, not collegial • Has uneasy rapport with patient and misses cues • Presents less focused history and physical with excessive incomplete data • Performs physical examination poorly, inconsistently • Is unable to explain reasoning for diagnosis • Is unable to prioritize patient problems • Is unable to create plans independently • Misses health education and disease prevention opportunities in plan • Is unsure of tests to order • Is unable to provide clear charting and presentations

4. Strategies of preceptee integration into clinical environment.

❖ The Preceptor/Preceptee Relationship

- Knowing how to build a trusting relationship, how to communicate effectively and how to handle conflict are important to help keep the preceptor/preceptee relationship working smoothly.
- The learner should feel like a partner. This partnership can evolve over time as the learner is permitted to function to the full extent of their skill and knowledge level.
- Build trust by:
  - ➢ Remaining open to new ideas that the preceptee may bring and information that may challenge what we have always done.
  - ➢ Maintaining an environment of respect and acceptance. Give them meaningful tasks to do.
  - ➢ Seeing the preceptee as a valuable addition to your work unit. Don't treat them as if they are a "5th wheel", slowing the work or flow of patients.
  - ➢ Being honest. Don't be afraid to say "I don't know."
  - ➢ Understanding the individual, attending to the little things, keeping promises, clarifying expectations, being consistent, having personal integrity and apologizing if necessary.
  - ➢ Modeling professional and respectful ways of working through conflict.

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❖ Communication:

- Listen first and then respond. Understand before you try to be understood.
- Before you react to a message try to clarify that you correctly understood what the other person was saying. Paraphrase what they said to check if you received the message correctly. "What I heard you say was …Is this correct?"
- Be aware of your non-verbal—make eye contact, and try not to be distracted or focused on other tasks at the same time as you are listening.
- Pay attention to the other person's body language.
- Be generous in providing praise, support and encouragement.
- Be gentle and constructive when offering feedback on the preceptee performance.
- You can never communicate too much or too often. They may forget what you said but they will never forget how you made them feel.

❖ Conflict in Clinical Setting:

Methods of Conflict Resolution (Retrieved from Preceptor Handbook, Columbia University)

- **Denial or Withdrawal**
  Using this approach, the person attempts to get rid of the conflict by denying that it exists. S/he simply refuses to acknowledge it. Usually the conflict does not disappear but will grow to the point where it becomes all but unmanageable. When the issue or the timing is not critical, denial can be a very productive way of dealing with conflict.

- **Suppression or Smoothing Over**
  A person using suppression plays down the differences and does not recognize the positive aspects of handling conflict openly. Again, the source of the conflict rarely goes away. Suppression may be used when it's more important to preserve a relationship that to deal with an insignificant issue through conflict.

- **Power or Dominance**
  Power is often used to settle differences. The source of power may be vested in one's authority or position. Power may take the form of a majority, or of a persuasive minority. Power strategies result in winners and losers, and the loser will not usually support the final decision in the same way winners will. Future meetings of the group may then be marred by the conscious or unconscious renewal of the struggle previously 'settled' by the use of power. In some instances, where other forms of handling conflict are clearly inappropriate, use of power can be effective.

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- *Compromise or Negotiation*

  although often regarded as a virtue, this method has some drawbacks. Bargaining often causes both sides to assume an inflated position, since each is aware that the other is 'going to give a little.' The compromise solution may be watered down or weakened to the point where it will not be effective, and there is often not enough commitment by any of the parties. There are times when compromise makes sense, such as when resources are limited or when it is necessary to avoid a win-lose situation.

- *Integration or Collaboration*

  This approach requires that all parties recognize the abilities and expertise of the others. Each individual's position is well prepared, but the emphasis of the group is in trying to solve the problem at hand, rather than in defending particular positions or factions. All involved expect to modify their original view as the group's work progresses. Ultimately the best of the group's thinking will emerge. The assumption is that the whole of the group effort exceeds the sum of the individual member contributions. If this approach is allowed to become and either/or statement or if because of lack of resources the conflict is resolved by the use of power, the final decision will suffer accordingly.

Managing Conflict Effectively

- Address the problem, situation and behavior in question. Be hard on the problem, not the person.
- Ask questions to understand what is happening. Resist making assumptions and hypotheses.
- Talk about your feelings in a professional manner and express yourself respectfully — even if reciprocated from the person you're talking with.
- Figure out if you may be inadvertently contributing to the problem. If you are, take ownership of your role and explore options that might be more helpful.
- By listening to someone else's perspective you can gain insight into their point of view. See the issue from their perspective — even though you may disagree. You can understand AND disagree!
- Move from a problem-based discussion to figuring out what is needed. It's easy to get stuck in a circular discussion, trying to debate and establish who is "right" and who is "wrong." Instead, direct the conversation to identifying what the underlying need(s) may be and talk about how you can work together to address those needs.
- You may find it helpful to revisit the expectations and original agreements about the learning experience. It's possible that something has changed since that initial contact and discussion. Perhaps the preceptee has some difficulties in their personal life or perhaps you were less available than anticipated. Remember that most of the time, multiple factors come together to create a conflict.

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- If you continue to feel stuck after trying to work it out, talk to the unit educator and consider involving a third party to get input from or facilitate a discussion.
- Keep communicating. Almost every problem in a preceptor/preceptee relationship is related to a lack of communication.

❖ **Clinical Decision Making**

- Clinical decision making may be defined as choosing between alternatives (Thompson &Dowding 2002). Clinical decision making is a process that nurses undertake on a daily basis when they make judgments about the care that they provide to patients and management issues.
- **Models of Clinical decision making**:
  Three available models of clinical decision making:
  ➢ Information-processing model: This model uses a scientific or hypothetico-deductive approach which rooted in medical decision making. Nurses adopted this hypothetico-deductive approach to assist clinical decision making to assess potential outcomes numerically.
  ➢ Intuitive-humanist model: this model focuses in the intuition and the relationship between nursing experiences, the knowledge gained from it and how it enriches the clinical decision-making process as the nurse progresses along the professional trajectory
  ➢ O'Neill's Clinical decision-making model: is a multidimensional model that was developed from the synthesis of findings from research studies in graduate students; qualified and the novice to expert clinical reasoning model.

❖ **Critical Thinking:**

Critical thinking defined as a composite of the attitudes, knowledge, and skills (Watson & Glaser, 1980). A dynamic cognitive process which the nurse makes reasonable decisions about what to believe in what to do (Enis, 1996).

An expert clinician utilizes critical thinking to provide excellent patient care.

Critical thinking can be seen as a two tiered process. The first tier is acquiring or having a set of information and belief generating and processing skills. The second possesses the habit of using those skills to guide behavior.

Critical thinking is self-directed, self-disciplined, self-monitored, and self-corrective thinking (Schriven 2007). The learner new to the clinical setting has not yet had the opportunity to form this habit of using these skills, which may explain why students or the novice nurses are often troubled by observing something new or different from what they have learned or experienced before.

A well cultivated critical thinker will:

➢ Raises vital questions and problems, formulating them clearly and precisely;
➢ Gathers and assesses relevant information, using abstract ideas to interpret it effectively, comes to well-reasoned conclusions and solutions, testing them against relevant criteria and standards;
➢ Thinks open-mindedly within alternative systems of thought, recognizing and assessing, as need be, their assumptions, implications, and practical consequences; and
➢ Communicates effectively with others in figuring out solutions to complex problems.

❖ Reflection:

Reflection on action is defined as: "The retrospective contemplation of practice undertaken in order to uncover the knowledge used in practical situations, by analyzing and interpreting the information recalled" (Fitzgerald, 1994pp67).

Gibbs Framework for Reflection includes six stages:

Stage 1: Description of the event

> Describe in detail the event you are reflecting on.
> Include e.g. where you were; who else was there; why were you there; what were you doing; what were other people doing; what the context of the event was; what happened; what was your part in this; what parts did the other people play; what was the result.

Stage 2: Feelings and Thoughts (Self awareness)

> At this stage, try to recall and explore those things that were going on inside your head. Include:
> * How you were feeling when the event started?
> * What you were thinking about at the time?
> * How did it make you feel?
> * How did other people make you feel?
> * How did you feel about the outcome of the event?
> * What do you think about it now?

Stage 3: Evaluation

> Try to evaluate or make a judgment about what has happened. Consider what was good about the experience and what was bad about the experience or what did or didn't go so well

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Stage 4: Analysis

Break the event down into its component parts so they can be explored separately.
You may need to ask more detailed questions about the answers to the last stage.
Include:

- What went well?
- What did you do well?
- What did others do well?
- What went wrong or did not turn out how it should have done?
- In what way did you or others contribute to this?

Stage 5: Conclusion (Synthesis)

This differs from the evaluation stage in that now you have explored the issue from different angles and have a lot of information to base your judgment. It is here that you are likely to develop insight into you own and other people's behavior in terms of how they contributed to the outcome of the event. Remember the purpose of reflection is to learn from an experience. Without detailed analysis and honest exploration that occurs during all the previous stages, it is unlikely that all aspects of the event will be taken into account and therefore valuable opportunities for learning can be missed. During this stage you should ask yourself what you could have done differently.

Stage 6: Action Plan

During this stage you should think yourself forward into encountering the event again and to plan what you would do – would you act differently or would you be likely to do the same?
Here the cycle is tentatively completed and suggests that should the event occur again it will be the focus of another reflective cycle.

5. *Reading and Resources:*

1. St. Joseph Hospital, Clinical Education Department (2001) "Preceptorship: A creative approach to quality performance (Preceptor Handbook, California.
2. Burns,C., et al. (2006). Mastering the Preceptor Role: Challenges of Clinical Teaching. J Pediatr Health Care. 20, 172-183.
3. Richard Hawkins & Harvey Woolf. Frameworks for Reflection. Retrieved from http://www.communityhealthcarebolton.co.uk/SHA/LLL/resources/reflective/Framework%20for%20Reflection.doc
4. Vivar, C. (2006). Putting conflict management into practice: a nursing case study. Journal of Nursing Management, 14, 201–206

Module Four

Evaluation Process

"The purpose of evaluation is not to prove but to improve"
(Morgan & Irby, 1978)

Module four: Evaluation Process

Goal of this module: to provide participant with the necessary (knowledge, skills and attitudes) related to student evaluation process.

Learning Objectives: By the end of this module, the participant will be able to:
1. Define evaluation in education
2. State purposes of evaluation (why we evaluate?)
3. Identify main types of evaluation (formative, and summative)
4. Describe five basic level of evaluation according to (Roberta StraesselAbrozzese model)
5. Describe the Evaluation Methodologies according to educational objectives and domains
6. Discuss the consequences of evaluation for (student, teacher, program, and institute)

Suggested time frame: 2 hours of instruction

	Content Outline	*Learning Activities*
1.	*Introduction* - *Definition of Evaluation* - *Purposes* - *Main types of Evaluation*	*Group Discussion* *Lecture/Discussion*
2.	*five basic level of evaluation according to (Roberta StraesselAbrozzese model)*	*Lecture/Discussion*
3.	*Evaluation Methodologies according to educational objectives and domains*	*Lecture/Discussion*
4.	*Consequences of evaluation for (student, teacher, program, and institute)*	*Group Discussion* *Lecture/Discussion*

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❖ Definition of evaluation:

Bloom defined evaluation as an organized group of evidence showing whether changes have already taken place on a group of learners to determine the amount or degree of change on student as individual.

Evaluation is a process that implies obtaining good information regarding the abilities of the students (objectives, knowledge, attitudes, skills, behaviours, etc.) and establishing value judgments (acceptable, adequate, good, sufficient, etc.) and taking decisions (admit, pass, recommend, promote, release, validate, etc. …)"

It is therefore a process that provides the foundations for a value judgment that allows better teaching decisions to be made.

❖ The purposes of evaluation are to…

1. Judge the acquisition of essential skills and knowledge
2. Measure progress.
3. Classify the students.
4. Identify the students' difficulties.
5. Measure the efficiency of the teaching methods.
6. Measure the efficiency of the programmes.

❖ Types of evaluation:

1. Formative Evaluation

Is the evaluation that occurs during the educational process, it starts with the beginning of the learning and continues with it, with the aim of organizing and giving it more effective. It is used to change some of the content or methods that provide content.

Formative evaluation provides continuous information regarding the progress of the learning process and allows constant feedback that can be used by instructors to improve their teaching and by students to improve their learning. It also provides relevant information regarding the functioning of the programme and the teaching action. Fundamentally, it allows continuous improvement of all the processes involved.

Characteristics of formative evaluation:

- Throughout the whole learning process
- Offers immediate feedback
    - To the teacher
    - To the student

❖ **Summative Evaluation**

Is the evaluation that being at the end of the training period, which determines if the students achieve the outputs of education, Judgment on the level or performance, and the consequences of this judgment providing certification. Also summative evaluation provides an overall and finalist view of learning achievements, especially with regard to the objectives set by the programme. It also provides information regarding the evaluation of student learning at the end of an instructional unit.

Characteristics of the summative evaluation:

- Used at the end of an educational phase
- Decisions are taken regarding the final qualification of the student
- Traditional system
- Assists in learning to learn
- Educational function:
- Compiles information regarding progress and level of learning

❖ **Characteristics of evaluation**

1. Is time bond.
2. Is systemic and objective.
3. Assess performance and impact.
4. Can focuses on process (organization and management).
5. Can focus on impact (effects on beneficiaries).

❖ **Roberta StraesselAbrozzese model**

A simple evaluation model is exemplified by the Roberta StraesselAbrozzese (RSA), which was developed by Abrozzese for use in conceptualizing evaluations. Below figure represents triangle with simple to complex levels of evaluation, frequent of implementation, and cost factors.
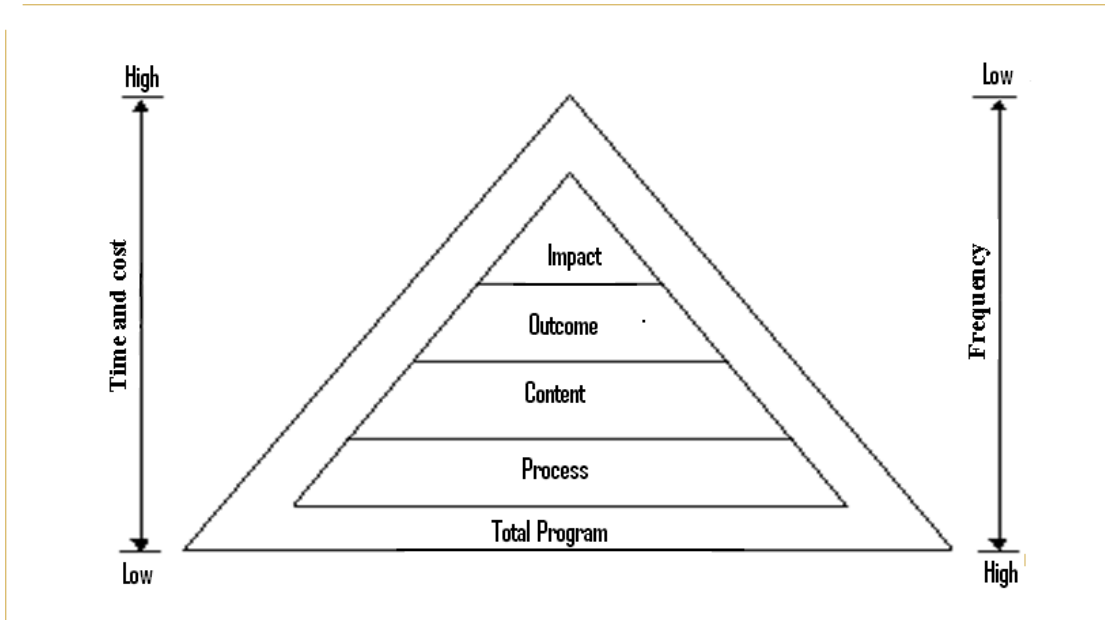
Roberta StraessleAbruzzese Evaluation (RSA) Model

The following are the levels of evaluation according to RSA model which are ranged from the simple (process evaluation) to the complex (impact evaluation).

1.	The	first	level	is	"Process Evaluation".
2.	The	second	level	is	"Content Evaluation".
3.	The	third	level	is	"Outcome Evaluation".
4.	The	fourth	level	is	"Impact Evaluation".

5. The space between the in inside triangle and the outside triangle represent the"Total Program Evaluation".

1. Process (Formative) Evaluation

Process evaluation measures learner satisfaction with the learner experience. American Nurses Association's (ANA's) commission on accreditation specifies the items to be included in process evaluation:

- Learners' achievement of each objective.
- Effectiveness of each educator or learning facilitator.
- Relevance of the content to the stated objectives.
- Effectiveness of teaching and learning methods.
- Appropriateness of physical facilities.
- Learner's achievement of personal objectives.

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The purpose of this evaluation is to make adjustment in an educational activity, whether those adjustments are in personnel, materials, facilities learning objectives, or even attitude. Asking questions such as "What can be done to improve this learning experience?" will elicit suggestions for improvement. The unbiased questions regarding process evaluation can provide learner with an opportunity to express both positive and negative responses.

Adjustments may need to be made after one class or session before the next is taught, so process evaluation occurs more frequently during and throughout every learning experience than any other type.

This on-going evaluation prevents problems before they occur or identify problems as they arise.

2. Content Evaluation

The purpose of content evaluation is to determine whether learners have achieved the objectives (knowledge, skills, affect) of the learning experience. Asking questions such as "To what degree did learners achieve specified objectives?" will provide educator or facilitator with an opportunity to evaluate the objectives achievement.

Common tools used for content evaluation are :

- Self-rating scale.
- Pre-post-test.
- Return demonstration or competency-based assessment.
- Group work exercise.
- Multiple-choice examination

3. Outcome Evaluation

The third level of evaluation is outcome evaluation; this is defined as a measurement of the change of behavior that persists after the learning experience.

The purpose of outcome evaluation is to determine the effects or outcomes of teaching efforts. Its intent is to sum what happened as a result of education .

Outcome evaluation occurs after teaching has been completed or after a program has been carried out, it is focusing on measuring long-term change that persists after the learning experience.

Some tools used to measure outcome are questionnaires to be completed by learner, observation of practice, audits of change in behavior, and learner behavior.

Change in practice on clinical unit following a learning experience; some change might be:
- Integration of new value.
- Habitual use of new skill.
- Creation of a new product.
- Institution of a new process

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4. Impact Evaluation

The fourth level of evaluation is impact evaluation, which measures the effects of education on the institution or the community.
Outcome evaluation focuses on course objective, while impact evaluation focus on course goal.

Institutional results attributable in part of learning experience; some example might be:
- Quality of patient care.
- Cost-benefit or cost effectiveness results.

5. Program Evaluation

The purpose of total program evaluation is to determine the extent to which all activities for an entire program over a specified period of time meet or exceed goals originally established.

Asking questions such as "To what extent did programs undertaken by faculty members of the nursing college academic departments during the year accomplish annual goals established by the departments?" will provide college administrator with an opportunity to evaluate the total program.

It is encompassing all aspects of educational activity (e.g., process, content, outcome, impact) with input from all the participants (e.g., learners, teachers, institutional representatives, community representatives).

Evaluation Methodologies

Methods of evaluation must be selected according to educational objectives and domains to be evaluated.

1. **Cognitive Domain**
Written test
- Objective type (Matching , Multiple choice , True & false , Short answers)
- Subjective type (Long answer , Simulation)
Oral test
Observational rating scale
Questionnaire

2. **Attitude Domain**
- Direct observation
- Rating scale
- Checklist

3. Psychomotor Domain

- Direct observation
- Practical tests
- In real Situation
- In simulation condition

Other types of evaluation:

1. Self-Evaluation
2. Pre-test assessment
3. Process evaluation
4. Peer evaluation
5. Post – test.

Consequences of evaluation

❖ **Consequences for the student**

Apart from certification, accreditation and promotion, which constitute some of the natural consequences of the summative function of evaluation, the evaluation process truly shows its optimising capacity when it is able to revitalise the following aspects:

➢ Feedback regarding each and every one of the decisive moments of the learning process. In this way it collaborates in the improvement of this process and its results and in building the independent learning capacity of the students. Learning to learn is one of the most important goals that need to be reached in order to successfully confront life-long learning, and it has to be the logical consequence deriving from the processes of reflection and self-criticism arising from the in-depth analysis by students and teachers of the results of the assessment.

➢ Becoming aware of their own strong and weak points and the joint involvement of teachers and students in the search for formulas that allow the students to continue the acquisition of the most significant knowledge for their personal, academic and professional development. This facilitates the possibility for them to advance in processes of empowerment as a formula and route in order to obtain gradually the control of their own learning.

❖ **Consequences for the teacher**

Consequences also derive from the assessment results in relationship with the work of the teachers. Analysing how the overall management of the students' learning is developed includes reflecting on the quality of the teaching processes, the goodness of the methodologies

that are being used, the sufficiency and suitability of the teaching resources applied, the teaching action inside and outside the classroom, the quality of the relationship established with the students, the fluidity of communication, etc. In short, everything that constitutes the foundation of the teaching commitment of the teacher towards the student and the university and on which it will be necessary to reflect continuously starting with the analysis of the assessment information.

❖ **Consequences for the programme**

The intervention processes should also be reviewed taking the evaluation into account. It is absolutely necessary to check the appropriateness, functionality and difficulty of these processes continuously. The ambition of the objectives must be analysed in the light of the real capacities of the students and their learning results. The structure of the programme should be an element that favours the teaching process, never an added difficulty. And the contents must be refined and renewed continuously in order to select and insist on those that best favour the personal, academic and professional development of the students. The assessment of learning must be designed and conducted in such a way as to provide substantive information for the improvement of these programmes elements.

❖ **Consequences for the institution**

The quality of learning constitutes, certainly, the most powerful and important indicator to judge and justify the socially entrusted mission of universities. Its analysis, based on the information deriving from the evaluation of the learning assessment processes, must also allow conclusions to be drawn for the institution as a whole. Thus, factors such as the attention to processes of transition from secondary education to university, the functioning of guidance and tutorial services, rates of success and failure, the quality of the general resources, the policies for the training and innovation of teachers, the mechanisms for the review of curricula and programmes, the regulation of assessment systems, etc. must be the object of review based on the results obtained in all the learning assessments.

Step 3: Teach general rules

Preceptorship Clinical Project Application

Preceptorship Clinical Project Application:

❖ **Duration: 8 – 12 weeks**
❖ **Setting: attendee institutions.**
❖ **Requirements:**
    1- Select preceptee according to the criteria
    2- Conduct weekly meeting with preceptee
    3- Apply the Preceptorship process during the assigned period.
    4- Submit written Preceptorship clinical project including the required forms.
    5- Presentation of the Preceptorship clinical project application

❖ **Application Forms:**
    1- Preceptor Preceptee contract (Appendix I)
    2- Clinical Contract (Appendix II)
    3- Preceptorship Weekly Meeting Agenda (Appendix III).
    4- Preceptorship Clinical Competencies Evaluation Form (Appendix IV)
    5- Experience Reflection Log (Appendix V)
    6- Clinical Experience Documentation Form (Appendix VI)

❖ The process of "Preceptorship Clinical Project Application" will be evaluated through field visit of workshop instructors as being arranged with preceptors and their institutions.

Preceptor Training Manual

Clinical Project Map

contract
- Select the Preceptee
- identify the learning objectives of the preceptee

orientation
- Orientation of precptee to clinical area, staff, instituation policy and regualtions

objectives setting
- Set the Training Objectivesby weekly meeting

competency learning
- apply teh competency learning for the preceptee

Evaluation
- provide the preceptee with feed back and evaluation about the competency achievement.

Through Weekly meeting, Preceptor and Preceptee will: review the achievement and Set the objectives and competencies for the coming week.

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Appendix I

Preceptor Preceptee Contract Form

1- For Preceptor :

I…………………………agree to be the preceptor of ………………… of ……………….weeks of practicum and I …………………agree to following .

1. To be prepared to discuss and assist the preceptee in gaining further understanding of the concepts applied in the practicum.
2. To orient the preceptee to my clinical practice setting.
3. To allow the preceptee to participate with me in my daily work activities during the …………….. weeks of practicum.
4. To respect the preceptee as an adult learner.
5. To clarify the students role to colleagues and others in my clinical practice setting.
6. To complete the preceptors evaluation from and evaluate the portfolio for discuss it with him/her and submit the form to the students senior elective course faculty and of hospitals director of nursing.

2- For preceptee :

I…………………………… agrees to ………………………..being my preceprtor for my practicum and I ……………………agree to following:

1. To report to the preceptor every work date for …………….weeks of practicum and the work setting under the guidance of the preceptor.
2. To abide by the policies and procedures of the clinical practice setting.
3. To maintain the confidentiality of all the matters discussed or observed in the clinical practice setting.
4. I will refrain from using names of clients, employees, and students during academic, discussion/written work.
5. To complete the preceptor Evaluation Form.

Preceptee signature: **Preceptors signature**

Date: **Date:**

Appendix II

CLINICAL CONTRACT

Preceptor: …………………………………….. **Date:** …………………………………..
Preceptee: ……………………………………. **Date:** ………………………………….

In preceptorship, the **Preceptee** will:
1. Comply with health and other professional requirements of the nursing program and clinical facility prior to the start of the clinical experience.
2. Establish with preceptor the Clinical Contract and successfully complete the terms established within it.
3. Dress in a professional manner consistent with clinical facility guidelines and be clearly identified as being a student.
4. Maintain open communication with the preceptor and faculty.
5. Maintain accountability for own.
6. Prepare for each clinical experience as needed.
7. Be accountable for own nursing actions while in the clinical setting.
8. Contact faculty by telephone or email if faculty assistance is necessary.
9. Respect the confidential nature of all information obtained during clinical experience.
10. Develop knowledge and skills in the defined area of nursing practice.
11. Use problem solving and critical thinking to adapt scientific knowledge to the clinical learning activities practice area.
12. Seek appropriate learning opportunities throughout the clinical experience.
13. Complete critical self-evaluation.
14. Adhere to agency policies and procedures.
15. Develop collaborative professional relationships with clients, the preceptor, agency personnel, and other health care professionals.
16. Participate in the evaluation of Preceptorship program

Precepteesignature: **Preceptor's signature:**

  Date   Date:

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Appendix III

Preceptorship Weekly Meeting Agenda

Preceptor: …………………………………….. Date: …………………………………..
Preceptee: ……………………………………. Date: ………………………………….

Objectives	Time Frame

Precepteesignature: **Preceptor's signature:**

Date   Date:

Appendix IV

Preceptorship Clinical Competencies Evaluation Form

Preceptor: ………………………………….. Date: …………………………………..
Preceptee: …………………………………. Date: …………………………….

competencies	Date achieved	Achievement Score				
		Didn't achieved	Partially achieved	Fully achieved expected results	Achieved more than expected results	Exceptional achievement

Preceptor Notes and Recommendations:

_____
_____
_____

Preceptee signature: **Preceptor's signature:**

Date   Date:

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Appendix V

Experience Reflection Log

Johns' model of reflection (1994) : The following cues are offered to help nurses to access, make sense of, and learn through experience.

Description

Write a description of the experience

What are the key issues within this description that I need to pay attention to?

Reflection

What was I trying to achieve?

Why did I act as I did?

What are the consequences of my actions?

• For the patient and family

• For myself

• For people I work with

How did I feel about this experience when it was happening?

How did the patient feel about it?

How do I know how the patient felt about it?

Influencing factors

What internal factors influenced my decision-making and actions?

What external factors influenced my decision-making and actions?

What sources of knowledge did or should have influenced my decision making and actions?

Alternative strategies

Could I have dealt better with the situation?

What other choices did I have?

What would be the consequences of these other choices?

Learning

How can I make sense of this experience in light of past experience and future practice?

How do I NOW feel about this experience?

Have I taken effective action to support myself and others as a result of this experience?

How has this experience changed my way of knowing in practice?

Appendix IV

Clinical Experience Documentation Form

In the following table, record the preceptee clinical experience of hours.

Date	Clinical Hours	Preceptor's Signature	preceptee's Name & Signature

I verify that …………………………………………………….. has completed the above clinical experience

hours in………………………………. Department/unit under my supervision.

Preceptor's Name & Signature   **Date**

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