Materials in this book are reproduced under section 40 (1A) of the Copyright Amendment Act 1980 (Cth) for the purposes of student assessment for students enrolled in this unit.

Dear Preceptors,

Congratulations on your decision to actively participate in the teaching and guidance of CDU Child Health students.

As the Theme Leader for Child and Family Health Nursing in the School of Health at Charles Darwin University, I wish to thank you for taking on the role and responsibilities of preceptoring our Child Health students. This booklet is designed to provide you with information about the preceptor role and the links between the role, CDU and their relationship to the CAFHNA National Competency Standards.

Once again, thank you for supporting our CDU Child Health students.

Child Health Theme Leader
School of Health
Charles Darwin University.
**Glossary of Terms**

**Mentor:** Someone who provides an enabling relationship that facilitates another’s personal growth and development. The relationship is dynamic, reciprocal and may become tense. The mentor’s role is to assist with career development and guide the mentee through the organisational, social and political networks. (Morton-Cooper & Palmer 1993). *Mentoring and Preceptorship: a guide to support roles in clinical practice*, published Blackwell Science.

**Preceptee:** A student learning child and family health nursing within a clinical area which may be attached to a primary agency [including child and family health centres, parenting centres and Aboriginal Medical Health Services, unless individually arranged with the Course Coordinator].

**Preceptor:** Registered Nurse with Child Health specialty, prepared for the role of supervision, clinical teaching, assessment and the provision of feedback to students (Heffernan, Heffernan, Brosnan & Brown, 2009).

Contents

SECTION 1. .......................................................................................................................................................... 1

PRECEPTORING CHARLES DARWIN UNIVERSITY (CDU) STUDENTS ............................................................ 1

What are the necessary characteristics for being a CDU preceptor? .............................................................. 2
  Characteristics of a preceptor: ......................................................................................................................... 2
  What are the roles and responsibilities of a CDU preceptor? ......................................................................... 3

SECTION 2: ...................................................................................................................................................... 6

TEACHING AND LEARNING .......................................................................................................................... 6

Characteristics of Adult Learners .................................................................................................................. 6

Teaching and Learning Strategies ................................................................................................................ 7
  General teaching strategies ............................................................................................................................. 7
  For the beginner student: ................................................................................................................................ 7
  Indicators of Learning Progress. ...................................................................................................................... 8
  Red Flag behaviours ........................................................................................................................................ 8

SECTION 3 ......................................................................................................................................................10

ASSESSMENT ................................................................................................................................................10

Giving Feedback ............................................................................................................................................. 11
  How to give feedback. ................................................................................................................................... 11
  Timing ............................................................................................................................................................ 11
  Format ........................................................................................................................................................... 11
  Involving the student in self-assessment ....................................................................................................... 11
  Always allow the student to respond to your feedback. .............................................................................. 11
  Being constructive (some ‘rules of thumb’) ................................................................................................... 12

GUIDELINE FOR ASSESSING CLINICAL COMPETENCY. ..................................................................... 13

SITUATIONS WHERE PRACTICE IS NOT IMPROVING OR IS UNSAFE. .............................................. 14

What happens if you identify problems? ..................................................................................................... 14

FLOWCHART FOR CLINICAL PLACEMENT UNITS ............................................................................. 15

Other useful resources .................................................................................................................................... 16

Web sites of interest ......................................................................................................................................... 17

BRIEF REFLECTION WORKSHEET .......................................................................................................... 18

SECTION 1. ...................................................................................................................................................... 1
PRECEPTORING CHARLES DARWIN UNIVERSITY (CDU) STUDENTS

What are the necessary characteristics for being a CDU preceptor? ......................................................................................................................... 2
Characteristics of a preceptor.................................................................................................................................................................................. 2
What are the roles and responsibilities of a CDU preceptor? ............................................................................................................................... 3

SECTION 2: ................................................................................................................................................................................................. 6

TEACHING AND LEARNING ................................................................................................................................................................. 6

Characteristics of Adult Learners ........................................................................................................................................................................ 6
Teaching and Learning Strategies ....................................................................................................................................................................... 7
General teaching strategies .................................................................................................................................................................................. 7
For the beginner student: ................................................................................................................................................................................. 7
Indicators of Learning Progress ........................................................................................................................................................................ 8
Red Flag behaviours ...................................................................................................................................................................................... 8

SECTION 3 .................................................................................................................................................................................................... 10

ASSESSMENT .................................................................................................................................................................................................. 10
Giving Feedback ................................................................................................................................................................................................. 11
How to give feedback ....................................................................................................................................................................................... 11
Timing ........................................................................................................................................................................................................ 11
Format ..................................................................................................................................................................................................... 11
Involving the student in self-assessment .................................................................................................................................................. 11
Always allow the student to respond to your feedback ................................................................................................................................ 11
Being constructive (some ‘rules of thumb’) .................................................................................................................................................. 12

GUIDELINE FOR ASSESSING CLINICAL COMPETENCY ................................................................................................................... 13

SITUATIONS WHERE PRACTICE IS NOT IMPROVING OR IS UNSAFE ........................................................................................................... 14
What happens if you identify problems? ................................................................................................................................................... 14

FLOWCHART FOR CLINICAL PLACEMENT UNITS ................................................................................................................................. 15

Other useful resources ..................................................................................................................................................................................... 16
Web sites of interest .......................................................................................................................................................................................... 17

APPENDIX A .................................................................................................................................................................................................. 18
SECTION 1.

PRECEPTORING CHARLES DARWIN UNIVERSITY (CDU) STUDENTS

This booklet provides information related to preceptoring Child Health students from Charles Darwin University.

Thank you for choosing to be a CDU preceptor. This is a very important role and one that carries an added responsibility because it embraces the concept of facilitating learning among enthusiastic students as they commence their professional journey in health service delivery and women-centred care. Whilst this process is dynamic and sometimes very unpredictable, the role and responsibility of a preceptor is extremely rewarding.

The preceptor model for teaching students aims to provide a supportive network that enables the preceptor to facilitate the student's professional, social and physical transition to the graduate midwife role in the real world of health care. It is a means to build a supportive teaching and learning environment for students (preceptees).

CDU along with many other universities and regulatory authorities have adopted the preceptor model of clinical supervision because it:

- Empowers students and improves the quality of students' problem solving, learning and reflection in and on clinical practice;
- Assists preceptors to assess students within their Scope of Practice and helps them compare skill development with previous attempts and specified CAFHNA Competency Standards within the real world of clinical practice;
- Assists with role-socialisation processes;
- Provides the opportunity for students to learn time management, organisational skills, and delegation;
- Fosters students' skill acquisition and helps them apply theory to practice;
- Builds students' self-confidence as they are socialised into the role of the Child and Family Health Nurse;
- Enables students to assume increased levels of responsibility under direct supervision and at their own pace and Scope of Practice;
- Reduces the reality shock of the transition of student to Child and Family Health Nurse;
- Acknowledges expertise of skilled Child and Family Health Nurses who are expert role models for professional practice;
- Promotes a teaching and learning culture within organisations through commitment to quality improvement and lifelong learning;
- Helps preceptors to develop a professional portfolio, including preceptor activities in readiness for annual registration.
What are the necessary characteristics for being a CDU preceptor?

To be a successful preceptor you need to be clinically competent but you do not need to be an expert in all areas of your practice area, or have years of experience. You do need some teaching skills and completing a preceptor program is recommended. The Clinical Learning team in the NT offers preceptor programs at least twice per year. It is more important to be confident in your practice, enjoy what you are doing and have a genuine interest in teaching and supporting learners.

Characteristics of a preceptor:

- Shows respect for the learner and by doing so create a safe environment for professional growth;
- Demonstrates expert knowledge and skill and the ability to share these attributes in a way that is useful and interesting to the learner;
- Be able to make judgements about competence/proficiency of CDU students on the same part of the register, and in the same field of practice and be accountable for such decisions;
- Discusses current developments, reveals broad reading, discusses divergent points of view, relates topics to other disciplines, directs students to useful literature in the field, explains the basis for their actions and decisions and answers questions enthusiastically, clearly and precisely;
- Demonstrates enjoyment of child health and/or patient care and enthusiasm for teaching;
- Demonstrates knowledge and a willingness to share time, knowledge and skills;
- Is committed to a high level of evidence-based, quality child health care;
- Has a good understanding of the National CAFHNA Competency Standards for the Registered Nurse;
- Communicates clear goals and expectation while remaining open and respectful to others;
- Recognises that, when appropriate, he or she must relinquish some of the control in the clinical area to the learner;
- Able to assess and give constructive feedback on the students' level of clinical competence, knowledge and professionalism relative to the students' level of experience and knowledge;
- Promotes active involvement of the learner in all aspects of practice.
What are the roles and responsibilities of a CDU preceptor?

Your role as a preceptor is to support students in practice, orient the student to the practice area and assist in the socialization of the student to the practice area. Supporting the student incorporates teaching, supervision, feedback and assessment, both formal and informal. Strength of preceptorship lies in enabling learners to develop their own knowledge and skills in an atmosphere conducive to learning, with colleagues who have experienced for themselves, and who have been prepared for, and understand the challenges confronting the learner.

The role of the Preceptor is to:

- Provide quality women family centred / client care and support and educate the student in the process;
- Orientate students to the clinical area;
- Enhance and reinforce students’ level of clinical knowledge and skill;
- Assist students with meeting their learning objectives and needs; Identify learning needs with each preceptee and topics for further learning;
- Contribute to the students’ organisational skills and prioritising of care;
- Encourage students’ critical thinking and problem solving skills;
- Assess students’ performance and clinical competence;
- Assist in the socialisation of students’ to the professional setting;
- Consult and liaise with the CDU Clinical Unit Coordinator, the Clinical Nurse Manager and the CDU Unit Co-ordinator regarding students’ formative and summative progress.

How can I prepare myself to become a preceptor?

**Step 1.** Make sure you feel comfortable with taking on this role, discuss this with the CNM and / or CDU Supervisor;

**Step 2.** Contact the Clinical Unit Coordinator if you have any queries about the student’s level of clinical skills practice and prior clinical experience.

**Step 3:** First contact with the student

It is important to have a positive start. This occurs best in a supportive, open, and trusting relationship. Start by getting acquainted. This is best done one-on-one; take half an hour or so after handover to meet, share backgrounds and clarify expectations of each other. Other items to address as soon as possible are:

- Goals and objectives
- Skills already acquired
- Skills needed
- Plans for how feedback will occur
- Ways of contacting each other outside the work place (negotiable)
Points to remember

- Beginners can have a difficult time in rapidly changing situations. It is important not to overload them, and take this into account if there are a few tasks not completed at the end of their shift.

- Gradually add a few things, to make learning easier.

- Look for evidence that the student can manage the current "lesson" before adding on more.

- Try to add responsibilities only as fast as the student is able to manage them.

- Pushing students too fast can stifle learning and possibly stall their progress.

- Agree together on readiness to move on or to add on.

Some characteristic behaviours of a new beginner (novice)

- Tend to focus exclusively on the task at hand;
- Neglecting other events occurring at the same time;
- Following rules exactly as directed or learned;
- Refusing to take shortcuts in procedures;
- Faced with practicing a new skill, they focus totally on the skill itself. You will sometimes need to call attention to things that are happening around them.

These are behaviours are in direct contrast to the behaviours of an expert who:

- Anticipates the unexpected
- Doesn't have to think in step-wise inferential manner
- Responds immediately, automatically, and intuitively
- Focuses on the goal and the actions to achieve it

It is important to remember the student is in a new area and depending on her/his background, may take some time to 'acclimatise' and become efficient. Given that CDU Child and Family Health students may already be a Registered Nurse, they will have differing levels of experience and problem solving ability. Patricia Benner (1984) adapted the Dreyfuss (1980) model of skills acquisition and these levels give some idea of where people are at in their level of expertise.

- Novice

Beginners have had no experience of the situations in which they are expected to perform. "Just tell me what I need to do and I'll do it."
• **Advanced beginner**

Advanced beginners are those who can demonstrate marginally acceptable performance, those who have coped with enough real situations to note, or to have pointed out to them by a mentor, the recurring meaningful situational components.

N.B. This is the level at which the BMID student should be on course completion.

• **Competent practitioner**

Competence, typified by the nurse who has been on the job in the same or similar situations two or three years, develops when the nurse begins to see his or her actions in terms of long-range goals or plans of which he or she is consciously aware. The competent person does not yet have enough experience to recognize a situation in terms of an overall picture or in terms of which aspects are most salient, most important.

• **Proficient practitioner**

The proficient performer perceives situations as wholes rather than in terms of chopped up parts or aspects, and performance is guided by maxims.

• **Expert**

The expert performer no longer relies on an analytic principle (rule, guideline, and maxim) to connect her or his understanding of the situation to an appropriate action. The expert nurse (midwife), with an enormous background of experience, now has an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions. The expert operates from a deep understanding of the total situation.

SECTION 2:

TEACHING AND LEARNING

Characteristics of Adult Learners

Adult learning is often described as self-directed or experiential (Knowles, 1973 & 1984; Burns, 2006). Knowles describes five assumptions about adult learning:

1. Adults are independent and self-directing;
2. Adults have a deep life experience which is a rich resource for learning;
3. Learning is valued and integrated into daily life;
4. The orientation to learning changes from subject centered to problem centered;
5. Motivation to learn is driven by internal drivers rather than external ones.

The literature describes several different learning styles and teaching styles. What is most important is that the student and the preceptor are able to work together harmoniously.

Matching the learning stage to the preceptor teaching style

<table>
<thead>
<tr>
<th>Teaching style</th>
<th>Authoritarian</th>
<th>Motivator/Facilitator</th>
<th>Delegator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learner stage or type</td>
<td>Dependant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interested</td>
<td>😊</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-directed</td>
<td></td>
<td>😊</td>
<td>😊</td>
</tr>
</tbody>
</table>

(Adapted from Grow, 1991)

As a general guide a beginner or a dependant student will learn better in the structured environment provided by the authoritarian practitioner. This is not always the case and matching the preceptor with the student can sometimes be tricky. If there is a personality conflict between the student and the preceptor it may be that there is a mismatch between the learning style of the student and the teaching/supervisory style of the preceptor. This is not unresolvable and it is important to identify this situation early and arrange a change that satisfies both parties.
Teaching and Learning Strategies

General teaching strategies

- Proceed from the simple to the complex;

- Build on the known to reach the unknown;

- Teach skills in small chunks that are easy to process cognitively;

- Utilise natural breaks or pauses in job sequence to help identify ‘chunks’ or stages for teaching. **Make the most of any supernumerary time the student has.**

- Role model and demonstrate – perform a skill and talk your way through it, and invite the student to ask questions;

- Answer questions – make students feel free to ask questions and to seek help without fear of loss of confidence or self-esteem. You are an expert, share your knowledge;

- Allow students to challenge you. Keep your knowledge base up to date and be willing to engage in open debate about practice issues. Role modelling is a powerful tool and if you are comfortable being challenged, students will be comfortable in an advocacy role when they need to be for a woman in their care;

- Encourage students to provide a rationale for their actions and provide them with a rationale for your decisions. This is also important when giving feedback on performance;

- Utilise all opportunities for student learning. View all clinical scenarios through a framework of “what can be learnt from this setting?”;

- Offer debriefing to students involved in a critical incident;

- Allow time wherever possible for discussion and reflection on practice. Reflection is an important part of learning and provides an opportunity for the student to explore practice and develop critical thinking skills. Questions from a student like “what made you decide to offer Mary an ARM (artificial rupture of the foetal membranes)?” should not be perceived as a threatening challenge but rather a part of the process of inquiry and clarification that leads to safe and competent clinical decision making;

- Give negative feedback in private. Importantly not in front of women clients or their families and away from other staff.

For the beginner student:
• Try to be patient with the beginner behaviours;

• Encourage the student to ask questions;
  - *What would you do in this situation?*

• Your student doesn't ask questions;
 Try using leading questions, such as:
  - *What questions do you have about ...?*
  - *Where are some places you have considered looking for the answers?*
  - *What do you need to find out about ...?*

• Help with organization and time management;
  - Have your student prepare a workload plan for the day
  - Assist the student to identify their learning needs for the day
  - Assist the student to identify any unplanned activities
  - Assist the student to prioritise their workload and ask the student to justify their priorities

• Expect the student to miss things, they are learning;

• Ask questions such as:
  - *'What will you want to look for?'
  - *'When you ... what should you notice?'*

• Keep the environment as stable as possible.
  This can be a challenge in a busy birth suite but too much external stimulation and change of environment can block the student’s thought processes and delay learning.

**Indicators of Learning Progress.**

Burns and colleagues (2006) describe the following behaviours that indicate the student is ‘getting it’

• Completes client assessments, history taking thoroughly;
• Develops and implements reasonable care plans;
• Can explain rationale behind actions/ care choices;
• Articulates sound decision making;
• Is organised, independent and time efficient;
• Is self-confident but knows limits and asks for help;
• Documentation and charting is on time and concise;
• ‘Connects’ with clients in a caring manner.

---

**Red Flag behaviours**
- Incomplete client assessments, missing data
- Hesitant, anxious, defensive, not collegial
- Uneasy rapport with clients and misses cues
- Is unable to explain reasoning for actions/diagnosis etc.
- Is unable to prioritise workloads
- Unable to create a care plan independently
- Documentation is poor and inconsistent

(Burns et al, 2006, pp. 181).

In an undergraduate course students should be showing some signs of ‘getting it’ at the end of their first year; where the student is already an RN this will occur more quickly. When the student returns for a second year/rotation to an area she/he may be a little hesitant at first, but after a few shifts ‘getting it’ behaviours should accelerate as the student’s confidence returns. At the completion of the course, students should be at the advanced beginner level in Bennett’s levels of expertise. See progression diagram below:

Will Taylor, Chair, Department of Homeopathic Medicine, National College of Natural Medicine, Portland, Oregon, USA, March 2007.

http://www.businessballs.com/consciouscompetencelearningmodel.htm
SECTION 3

ASSESSMENT

The standards used to measure nursing and specifically child health competence are those developed by the Australian Nursing and Midwifery Council (2006) and thus utilised by the National Nursing regulatory authority in all Australian States and Territories [APRHA]. All Australian nurses and midwives are expected to use the relevant national competency standards when performing self-assessment of competence. In the case of child health nurses, this course requires students to use the NSW CAFHNA Competencies (2009) only where their State / Territory has not developed their own child health competencies. This will be revisited once National Child Health Competencies have been developed for Child Health Nurses.

The standards are broad and principles based and are designed to be used at the macro level as a benchmark when developing curricula and evaluation tools. Consequently there is a range of assessment tools which accompany in the student’s clinical portfolio with which to assess competence in practice. The tools have been developed by distilling the micro activities that define essential child health practice from the broad competency standards. They are grounded in the language of the contemporary child health clinician and are applicable across the various clinical settings.

All child health nurses in Australia should be familiar with the CAFHNA National Competency Standards for the Child and Family Health Nurse (2009). Copies in pdf are available for download from the website.

www.cafhna.org.au

All competencies have associated performance criteria (indicators) and, for example, child and family health students are assessed according to the level of a beginning child health nurse. To deem a student as competent means the student is capable of performing the activity efficiently and without any cues from the assessor/instructor. i.e. If you, as a child health nurse/clinician, would feel confident that the student is able to perform the activity/skill safely without direct supervision*. 

*Supervision is the oversight, direction, guidance and/or support provided in the clinical area to a student by a specialist child health nurse.

Direct – when the supervisor is actually present and personally supervises, works with, guides and directs the person being supervised.

Indirect – when the supervisor works in the same facility or organisation as the student, but does not constantly observe their activities. The supervisor must be available for ready access.

If a student is deemed to require further practice at a particular activity it is important that this is not seen as failure in a terminal sense. The aim is to be able to practice without supervision in a safe manner to the level of a beginning practitioner by the end of the course. Assessment itself is a learning process.
Giving Feedback

*Catch the student doing something right and reinforce it!*

Feedback should be regular ongoing and not all given at the end of placement interview. In order to provide the student with feedback you must have knowledge about the student’s performance. You can obtain this knowledge in different ways:

- Observing the student at work
- Asking questions
- Observing the students interactions with others, women/patients and staff.
- Reviewing the students documentation
- Talking to other child health nurses/staff
- Observing the student's time management skills

**How to give feedback.**

Assessment and feedback is relatively easy where progress towards competencies is smooth. Encouragement is much easier to give than criticism, most of us respond better to praise. It is essential however that feedback be given *often*, and *honestly*. Assessment should be a continuous process, with constructive feedback including aspects on which to focus and refine. If it is necessary to adjust students’ techniques, then this is better done *early*.

Some points outlined in Stuart (2003) that may assist you in this are:

**Timing**

Feedback that is *recent*, fair and includes points for improvement or refinement is constructive; students generally respond well to this style of feedback. For feedback to have maximum impact it should take place while it is still relevant and points raised are therefore more meaningful and alive.

**Format**

May be oral or written. Informal feedback ‘on the run’ is inevitably oral. Written feedback can form part of the more formal assessments of the competencies the students are required to achieve.

**Involving the student in self-assessment**

Students should be encouraged to self-assess. In conjunction with their preceptor students should be guided to identify strengths and areas for improvement. Both parties can be guided by the CAFHNA competency standards (2009) as applied to practice.

The brief reflection worksheet at the end of this document may be useful for the student to assist in clarifying thoughts and identifying areas of strength and areas for further development.

**Always allow the student to respond to your feedback.**
To ensure that the student has understood what you are saying, would like further comments from you or if they wish to explain themselves allow them the time to do so. This helps them to clarify what you are saying and to choose whether to take your advice.

**Being constructive (some ‘rules of thumb’)**

- Maintain privacy - not given in front of patients, staff or other students
- Specific – e.g. directed to actual behaviour that has been observed
- Immediate – this makes the feedback more meaningful and practical since the student can relate it to what has actually happened
- Break the feedback information up into small pieces that the student can ‘digest’
- Use evidence from practice to support positive and negative aspects of performance. Avoid generalizations like ‘you did that really well’. The student needs to know what it was that defined the action as ‘really well’. E.g.; “you were very gentle with the baby and protected his head”
- Reinforce the good points; balance the negative and positive ‘the praise sandwich’.

![Positive feedback](image)

- **Top:** Say what was done well (encourage student)
- **Middle:** Say what was not so good or wrong (correct mistakes)
- **Bottom:** Give specific suggestions for the next time (improve performance)

N.B. Students tend to remember only the negative, although it is important that the negative criticism does need become ‘lost’ in between the praise.

- Ensure the student makes a commitment to improve the aspect/s of practice that requires improvement. This should be a brief written plan. There is room for this on the assessment forms.
- Set a date for the next assessment
GUIDELINE FOR ASSESSING CLINICAL COMPETENCY.

The following scales may help you to make a decision about where a student is at in their clinical progress.

<table>
<thead>
<tr>
<th>Level</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2</td>
<td>Independent &amp; excellent performance</td>
</tr>
<tr>
<td>3-4</td>
<td>Infrequently assisted &amp; good performance</td>
</tr>
<tr>
<td>5-6</td>
<td>Assisted &amp; satisfactory performance</td>
</tr>
<tr>
<td>7-8</td>
<td>Frequently assisted &amp; Borderline performance</td>
</tr>
<tr>
<td>9-10</td>
<td>Dependent &amp; Unsatisfactory performance</td>
</tr>
</tbody>
</table>

SECTION 4:

SITUATIONS WHERE PRACTICE IS NOT IMPROVING OR IS UNSAFE.

There are various facets to be considered when dealing with unsatisfactory and/or unsafe clinical performance.

Firstly, unsatisfactory clinical performance must be differentiated from unsafe performance. Although unsafe performance is by its nature unsatisfactory, the reverse is not always the case.

A student is deemed unsatisfactory due to failure to meet the objectives and assessment of a given child and family health practice experience. This may be flagged midway through the first placement if the student appears to be ‘not getting it’. Identifying slow or poor progress early may ensure the student does pass the final assessments.

N.B. This would be after 3 attempts (assessments) at achieving the activity at the level of a beginning practitioner.

What happens if you identify problems?

Step 1. Clearly and objectively identify the problem and readily observable reasons why the student is finding that meeting their clinical objectives is challenging. Doubts over a student’s performance during their placement must be qualified in terms of outcomes and explanation. In general this will be based on the competencies as set out in the student’s Clinical Portfolio. By linking your assessment closely to the CAFHNA Competency Standards you will be able to keep your assessment objective, unambiguous, realistic and measurable.

Step 2. Ask yourself “can I talk to the student about this” (see alternative below).

Step 3. If you can, meet with the student to discuss your concerns. Extensive, constructive feedback is necessary here to help students understand any concerns you may have. It is crucial that problem areas are clearly documented, along with plans for development. It is important to find out if the student is aware of the problem and negotiate strategies for dealing with it.

Step 4. Let the CNM and/or CDU Unit Coordinator know what the identified problem is and what strategies have been put in place. The CDU Unit Coordinator must be advised about what has happened. It is crucial to keep anecdotal records and minutes of the meeting. These should be available to the student and CDU.

Step 5. Evaluate the strategies and provide ongoing feedback to the student. The Clinical Nurse Manage and/or CDU Supervisor/unit co-ordinator must be kept in informed regarding progress. You must record your plan of action and the support provided, as well as input from the student.

OR

Step 2. If you cannot talk to the student then discuss the problem with the CLM and/or CDU Supervisor for advice and strategies on how to deal with the problem.
COMMENCE PLACEMENT

CLINICAL APPRAISAL

Progress determined as **satisfactory** by Agency/Facility clinical supervisors, educators, preceptors and Unit Coordinators

Placement Finished
Clinical Portfolio completed and submitted to appropriate CDU unit co-ordinator within two weeks of completion of clinical placement

All elements graded as **satisfactory** and a grade is recorded

Student **proceeds** to the next level of study or if course complete grade transcript signed and forwarded to Nursing & Midwifery Board of Australia.

Progress determined as **unsatisfactory** by Agency/Facility clinical supervisors, educators, preceptors and Unit Coordinators i.e.
- Not achieved year level standard
- Not achieving scope of practice
- Not demonstrating professional conduct

Feedback provided to student

Assessment elements graded as **unsatisfactory**

One Learning Agreement opportunity for the remainder of placement, or additional placement arranged as per Learning Agreement

Learning Agreement **achieved**

Learning Agreement **NOT** achieved by set date

FAIL recorded for unit

Student to meet with the BM Program Manager/Theme Leader to discuss course progression

UNSAFE PRACTICE reported – student working outside identified scope of practice

Student removed from clinical placement
REFERENCES


Other useful resources


Medical Journal of Australia has published a series of 14 Teaching tips on the run which are available online through the journal and are also available as a published booklet. The series commenced in April 2004 through to August 2006.


**Web sites of interest.**

University of Bournemouth. Practice based learning resources
http://www.practicebasedlearning.org/

Royal Children’s Hospital Melbourne Preceptor site.

Microskills article
http://www.oucom.ohiou.edu/fd/monographs/microskills.htm

University of Western Australia. Resources for teaching & learning.
http://www.catl.uwa.edu.au/resources/tandl/resources
APPENDIX A

BRIEF REFLECTION WORKSHEET

Name:

Date:

Clinical area:

Take a moment to think about your clinical experience today, and then write your responses to the following;

Fill the cloud with words that describe your clinical experience today?

What was the most important thing you learned today/this week?

Are there any unanswered questions in your mind?

How will you seek answers to these questions?