Preceptor focus sheet for pre-graduate nursing students

The 9-week pre-graduate clinical placement is the final experience offered to students before sitting the Nursing Council exam. It is the final opportunity for students to demonstrate their knowledge, skills and professionalism in their preferred practice setting, and to transcend from a student nurse to working at a level best described as an ‘acting staff nurse’.

Students are expected to become a full member of the health team, fulfil the duties that are routine in the agency, including weekend and night shifts. To assist in this transition, the allocated ‘lead preceptor’ needs to ensure that the student receives a thorough orientation to the clinical setting, and the nursing protocols and procedures that are common to the area. Over time, students are expected to be given increasing responsibilities while needing decreasing levels of direct supervision. ‘Growing’ your student means providing space and opportunities to develop personally and professionally while maintaining an appropriate level of support. Within the hospital setting, the aim is for students to accept care responsibilities for four patients by midway through the placement. In other settings explore other ways in which you can ‘grow’ the student with new challenges and/or more complex nursing activities. Being present, working alongside, discussing patients’ needs, quality care issues, and exploring student’s learning needs, are key ingredients of focused-preceptoring. Monitoring nursing practice, ongoing dialogue, and engaging in retrospective evaluation of nursing care provided, is essential for accurate competence assessment.

The section below is divided in 3 distinct blocks of 3 weeks to guide preceptors by providing a sort of timeline, firstly to determine a ‘baseline’ of knowledge and skills, and establish/prioritise learning needs, and secondly to ensure continuous development towards the ‘acting staff nurse’ level.

**Week One:**

Weeks 1 – 3 focus on settling in, adapting to a new environment, and coming to grips with the routines of the agency. For preceptors this is the most crucial assessment time in order to ensure safety for patients and staff, and to determine appropriateness of delegation. The focus in Week One is in particular on **communication skills, interperson/relational skills, baseline knowledge and skills, and adaptation** to new clinical environment.

- Check clinical area knowledge, documentation requirements, and safety protocols;
- Encourage discussions re patients’ health status and needs;
- Discuss and clearly identify key objectives to be achieved during the 9-week clinical experience and document these.
- Work alongside student to get to know the student and to assess capabilities and areas of knowledge/skills needing attention;
- Check student’s understanding of correct report- and referral-formatting, telephone skills, computer skills to access pertinent data i.e. patient records as required;
- Assess the students ability to integrate into the ‘flow’ of their practice setting;
- By the middle of the week start to delegate patient handover reports to your student to encourage interaction with members of the Health Care Team (HCT).

*Evaluate the week together and identify beside the strengths, areas that require more practise, more knowledge, more skills and set goals for the following week to address these.*
Weeks Two and Three:
Consolidate the previous week’s foci and broaden student’s responsibilities by delegating specific nursing interventions. Students need to accept responsibility for particular activities i.e. in a ‘general’ ward environment accept responsibility for the care of 2-3 patients with sufficient direct/indirect supervision to assess and provide constructive detailed feedback. Create opportunities during, and at the conclusion of each shift to engage in dialogue. The following questions are useful as a guide for your ongoing assessment.

- “What risk assessments need to be completed for this patient?”
- “Following on from your patient assessment, what are the nursing considerations?” “What is your plan of care for the day”?
- “If you are unsure at the beginning of your shift what the diagnosis is, or what the plan of care from medical staff mean, what action(s) will you take to remedy the situation?”
- “How do you describe your patient’s condition?”
- “What do you think are the priorities for each of your patients?”, or “What aspect of this patient’s care requires special attention/documentation?” Ask for rationale.
- “Explain to me how your day looks like and give me a bit of a timeline”. The same can be repeated at the end of the shift by evaluating the day in terms of prior predictions.
- “Tell me about the medications your patient is on”
- “Tell me about your handover plan for this patient.”
- “Tell me what might be involved in the discharge for this patient.”
- “What progress have you made with your key objectives, give me some examples please”.

At the conclusion of each week evaluate the week and set goals for the following week. Any concerns, including inability to achieve the goals set in the previous week(s), need to be followed up, and University staff/CTA being informed so appropriate support can be put in place.

Weeks Four to Six:
Having completed the first 3 weeks and feeling increasingly confident and competent, this period is marked by professional growth. Providing opportunities to further encourage higher levels of practice enquiry, the growth of knowledge and advancing skills is a key requirement. The case load needs to reflect this, not necessarily by adding more patients, but by allocating patients who require more complex nursing interventions. Assessment skills, setting priorities, time management, and team member skills are the predominating foci during this period. Students are expected to show initiative and forward planning as well as knowledge about early warning protocols such as ALERT. The following questions suggest activities students can engage in. These questions are also useful to start a dialogue, and/or serve as a guide for competence assessment.

- “You have seen Mr(s) X, tell me what you think of her health condition”. “Compared to yesterday, can you describe her health status today?”, or “How does the patient look to you, what have you noticed?”
- “How do you describe your patient’s demeanour ?”, or mental state, or skin, or wound, or communication, or breathing pattern, or cough” (rather than asking a ‘general’ question re condition, focus on specific aspects requiring more in depth knowledge/insight).
- “What assessment(s) do you suggest we undertake to determine patient’s condition?”
- “At what stage will you consider informing the RN or the Dr?”
- “Tell me what patient information you require in preparation for your meeting with member(s) of the HCT.
- “What will be the focus (or aim) of your discussion when you meet with other members of the HCT or family?”
At the conclusion of each week evaluate the week and set goals for the following week. During week 4 or 5, student need to receive a written interim assessment identifying their strengths as well as areas they need to focus on for improvement.

Weeks Seven to Nine:
These are the last 3 weeks of a 9-week clinical experience and by this time the student needs to demonstrate being an engaging and effective team member. More complex care is delegated to the student while clinical supervision is markedly reduced, especially for the more routine-type activities. Expected activities at this stage include taking part in HCT/ward meetings, contacting health professionals via phone, and writing referrals. Furthermore, time management, involvement in the setting, and being increasingly accountable for own actions are the key foci at this stage. Students are expected to manage a ‘beginning staff nurse’s workload’ without undue stress. Ideally, students are put in lead positions so they can demonstrate their competence in managing routine situations. The following questions suggest activities students can engage in. These questions are also useful to start a dialogue, and/or serve as a guide for competence assessment.

- “How do you feel about Mr(s) X trajectory of care? Highlight any aspects that went well and identify specific areas where we could have done better?”
- “If concerned about a patient’s condition that was not triggering the EWS, what actions would you take?”
- “To whom would you allocate that patient/delegate these nursing interventions and provide your rationale.”
- “Discuss how you have fitted into team and what contributions you have made to benefit the clinical area”.
- “What are the strengths and the weaknesses of the team you have worked with over the past 9 weeks?”
- “Can you identify any areas of nursing care/patient management that require improvement? How would you go about it?”
- “Please discuss with me how, or in what way, you have achieved your key objectives”.

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