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About this Resource

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PART 1: OVERVIEW

PURPOSE

To develop the knowledge and skills needed to be an effective practice-based preceptor for nursing students with a focus on the role of the preceptor, teaching strategies, addressing challenges, and evaluation.

LEARNING OBJECTIVES

Define the role of the nurse preceptor and list characteristics of effective preceptors

Assess student learning needs and apply relevant teaching strategies

Address issues of student anxiety, interpersonal problems, and student misconduct

Provide meaningful feedback and evaluate student performance
INTRODUCTION

One of the most effective mechanisms for teaching undergraduate nursing students is the partnering of students with nurses who are in the role of a clinical preceptor. Since the 1980s it has become a cornerstone of clinical nursing education.

The preceptorship is a formal one-to-one relationship between a student and a nurse that extends over a pre-determined length of time, typically one semester. As a way to bridge theory and practice, and facilitate transition from student to the nurse role in professional practice, the preceptor-student partnership is a vital and esteemed component of the educational system.

Nurses new to the role of preceptor share concerns about taking on the challenge and responsibility of supporting and guiding the education of a student. Understanding the role components and addressing key questions related to agency and school of nursing policies and procedures is critical to role satisfaction and a successful preceptorship.

1) ROLE OF THE PRECEPTOR

Schools of nursing enlist clinical organizations with a commitment to clinical nursing education to teach student nurses via the role the nurse preceptor, a professional nurse employee of the organization.

Being a preceptor can be an extremely rewarding experience (Omansky, 2010):

- Preceptor achievements and expertise are acknowledged.
- Participating in student improvement in critical thinking, problem-solving, clinical judgment and skills, setting priorities, and self-confidence provides a sense of accomplishment.
- Preceptor’s commitment to the future of nursing is validated.
• Preceptorships provide a pathway for professional development.
• Affiliation with an academic institution provides contact with faculty, and often access to library resources, ongoing professional advancement classes, and other resources.

The success of the preceptorship is determined by the strength of the relationship between the student and professional nurse preceptor. Preceptors, in turn, benefit from the support of clinical faculty in the school of nursing and their supervisors at work (Happell, 2009).

GENERAL FUNCTIONS OF THE PRECEPTOR ROLE

Serve as a role model, illustrating the nursing interventions appropriate to the agency.
• Move student from shadowing experiences to taking on increased responsibility for the care of clients, groups and contributing to projects.
• Supervise and validate student actions, observations and decisions.
• Expose student to the “big picture” of the organization and of professional practice in the community of care where the learning opportunity occurs.

Design opportunities for students to become directly involved in client and population care, and agency activities.

• Assist students to define learning goals and structure their clinical experiences.
• Review the competencies of students with the activities of the agency to mold the experience to fit the needs of the students and the health agency.
• Make connections to unique learning opportunities within the agency.
• Guide the student in identifying and locating resources and demonstrate and inquiring attitude and best practice.

Evaluate student learning needs and provide feedback regarding clinical progress.

• Use active listening and verbal skills that build trust and encourage strengths.
• Give feedback in a timely fashion, offering suggestions for the future.

Facilitate the student’s socialization into the role of the nurse.
• Be aware that socialization is an interactive process that produces the attitudes, skills, values and knowledge required to participate effectively in the profession of nursing.

• Lead by example and introduce students to colleagues who inspire you.

• Include the student in activities that highlight the professional role of the nurse, including interprofessional processes.

In a study of 214 students rating clinical teachers, effective teachers received high scores for professional competence, interpersonal relationship, personality characteristics, and teaching ability. Larger differences in scores between ineffective and effective teachers were found in the interpersonal relationship category. These results indicate that teachers’ attitudes toward student may be the crucial variable in a successful teaching-learning experience (Tang, et. al., 2005)

2) STRATEGIES FOR INITIATING LEARNING PARTNERSHIPS WITH STUDENTS

Providing an optimal experience for students and preceptors takes careful planning. Preparation for the clinical placement is shared by the educational facility, the preceptor, and the student. Some agencies with large numbers of preceptors create a coordinator role that includes responsibility for preparing for the entry of students into the agency.
ONE TO TWO WEEKS BEFORE THE STUDENT ARRIVES

1) Receive student and course faculty name(s) and contact information
2) Communicate with student regarding first day expectations (dress, meeting location and time, likely activities, parking, etc.)
3) Review the HIPAA policy of the school in relation to your agency’s policy
4) Inform student of agency-specific requirements (e.g., background check)
5) Receive and review the course syllabus
6) Gain an understanding of the course learning objectives
7) Alert agency director and staff regarding the student role and schedule
8) Identify and enroll other agency staff who are willing to be a resource for students
9) Identify a work space for the student at the agency site, including computer access
10) Plan first-day orientation activities
11) Contact agency preceptor coordinator and/or course instructor with any questions or concerns

FIRST DAY OF THE PRECEPTORSHIP

The first encounter between preceptor and student is a powerful opportunity for setting the course for a rich teaching and learning experience.

1) Warmly welcome the student
2) Ask student for information regarding learning style, previous clinical experiences, and personal learning goals (some schools of nursing will require students to provide a skill inventory, professional profile including work and clinical placement history and/or preferred learning styles)

3) Review with student: learning objectives, assignments, student and preceptor evaluations

4) Clarify schedule and expectations for number of hours required for completion of clinical

5) Share information about the agency’s mission, work, and organizational structure

6) Share your expectations for the student’s role in the agency

7) Introduce student to key staff and other resources; provide “tour” of the agency

8) Provide information on parking, space for coat/equipment, wearing ID, phone and computer policies, expectations for documentation of care, work day expectations including provision for lunch

9) Share expectations for feedback and communication: pre- and/or post-conferences, use of weekly journal or other communication tool, contact between weekly clinical dates, etc.

10) Encourage open, ongoing communication

11) Assure student of the opportunities to achieve course and personal learning objectives within the agency with your support

12) Contact agency preceptor coordinator and/or course instructor with any questions or concerns
3) **KEY QUESTIONS TO ASK BEFORE BEGINNING TO PRECEPT**

What is the best way to contact a student?

- A clear communication system should be set up to ensure a positive overall teaching-learning experience.
- Describe the preferred way to be contacted (email, work phone, cell phone, voicemails, texts) and any guidelines for client confidentiality related to messaging.
- Set clear guidelines and expectations for communication during and between clinical days.
- Students are responsible for timely communication regarding planned and unplanned absences and tardiness.
- Contact course faculty for any concerns regarding student communication or attendance.

What does the student need to do to complete the course?

- Understand course objectives, assignments and grading criteria as provided by the course faculty and seek shared understanding with the student.
- Ask for information about how the course fits into the general undergraduate nursing curriculum, if needed.

Will I be held liable if the student does something wrong?

- Often, liability for student actions while on assignment to agencies for clinical education is the responsibility of the school or larger college or university in which the nursing program exists.
- Schools of nursing have written agreements (or contracts) with agencies providing preceptorships; information about liability if often included in those documents; preceptors may review this agreement.
- If a student does anything in the agency that could possibly result in a liability claim, the supervisor and course faculty should be contacted; document the details of the situation.

What are my responsibilities if a student is injured while at the agency?

- Injuries are uncommon and can result from clinical activities (e.g., needle stick) or personal injury on site (e.g., a fall, car accident while on a home visit).
- Assist the student as needed and contact the agency coordinator/supervisor and the course faculty. Follow agency and school of nursing policies and procedures (provided to you by course faculty).
- Injuries involving blood or body fluid exposure are of particular concern, and prompt support using the agency procedure should be followed.

Is the student HIPAA compliant?

- All students in schools of nursing are required to learn and abide by the Health information privacy requirements of the Health Insurance Portability and Accountability Act (HIPAA).
- If the clinical agency has additional requirements, the student will be required to meet those.
- Contact course faculty for any questions regarding the specific instruction students have received on HIPAA.
Is a criminal background check completed for a student?

- Not all schools of nursing require students to complete a criminal background check.
- If the clinical agency requires this, communication with the course faculty and student is important to clarify the status of the student.

Is the student a mandatory reporter of suspected abuse?

- Most students will have been informed that they are required by law to report suspected abuse.
- Orient the student to agency policies on reporting, clarify their understanding of their responsibilities in the arena, and reinforce the need for the student to inform the preceptor of concerning situations.

Have students had required immunizations and tuberculosis tests?

- Documentation of immune status is typically required by schools of nursing at the time of admission. Documentation of tuberculosis status is often required annually.
- Contact course faculty for specific questions and verification of school policy if you have concerns.

Does the student know CPR?

- Schools of nursing are careful to keep students up-to-date on CPR certification.
- If the agency requires documentation of the date, contact the school and/or ask the student for verification.
Is the student required to wear a uniform?

- Uniform policy varies by school and clinical agency.
- Make expectations clear to students in advance of the first day of clinical, and address any concerns as they arise.
- Special security or identification procedures should be addressed in advance by contacting course faculty and the student.

What is the length the clinical preceptorship?

- Academic calendars vary by institution and clinical courses may or may not follow the traditional semester calendar.
- Clarify with the course faculty or through the syllabus when the first day and last day of clinical instruction occur and any breaks or holidays.
- Keep in mind the number of clinical hours required by the school when altering student schedules.

What is the student expected to do in the event of bad weather or problems with transportation?

- Discuss in advance any agency policies on weather closures.
- Students traveling to clinical sites where public transportation is not available are typically required to provide their own reliable transportation (personal vehicle, rental car, etc.).
- Students are instructed to contact their preceptor or agency when their absence is essential; it is the student’s responsibility to makes arrangements for any missed clinical time.

What support is available to me in precepting students?
• Schools of nursing vary in ways they support preceptors; communicate with the course faculty about specific formal and informal supports and incentives available to you.
• Supports may include: financial reimbursement or non-budgeted appointments, access to campus resources (e.g., library, recreational facilities), journal subscriptions, professional development meetings or courses.
• Course faculty should be available for consultation at all times and for on-site visits when more in-depth information sharing or problem-solving is indicated.

4) SUMMARY POINTS

• Preceptors serve as role models for nursing students for nursing interventions and activities appropriate to clinical course objectives.
• Preceptors assist students in defining learning goals and structuring learning experiences.
• Preceptors help nursing students become socialized to the role of the professional nurse.
• Being a preceptor requires advanced planning and preparation.
• Being a preceptor for nursing students is a rewarding experience.
• Communication and ongoing consultation with clinical course faculty is important to a successful preceptor-student partnership.
5) REFERENCES


LEARNING STYLES & TEACHING STRATEGIES

Students learn best when the teaching strategy employed best matches the personal learning style. Mismatches in teaching strategies and learning styles lead to frustration and disappointment for the student and preceptor. Other consequences may include: student drifts toward disinterest in learning activities, they are less likely to meet course objectives or do well in testing situations, and they express discouragement about the course and their learning.

6) LEARNING STYLES

A learning style is a person's "preferred" way of learning based on environmental and biological influences. No style is worse or better than another, but one style is typically more comfortable for the individual.

Various classification systems exist. Kolb's model (1984), one that nurse educators and researchers have found useful (Rassool, 2007), describes four learning styles.

Whether the student learns best through concrete experience vs. abstract conceptualization and active experimentation vs. reflective observation.
observation is apparent in each style. These styles are dynamic; however, most people exhibit a strong preference for one.

**ACCOMODATORS**

Accomodators or "dynamic learners" are students who prefer hands-on learning and experimentation. They are people-oriented, enjoy challenges and exploration, and often act on their "gut feelings". Accomodators can be viewed as risk-takers and do best learning through:

- Verbal presentations
- Group projects
- Case studies
- Role playing

**DIVERGERS**

Divergers or "innovative learners" prefer to observe, gather information, and formulate insights. They value understanding for the sake of knowledge and need to personalize new information to connecting it to what they already know. They are often described as sensitive, imaginative, and people-oriented. Effective learning activities include:

- Group discussion
- Brainstorming
- Role playing
- Journal writing and reflection
- Group projects

**ASSIMILATORS**

Assimilators or "analytical thinkers" tend to focus on abstract ideas and concepts; they value theory over practical application which may be challenging in a clinical setting. They excel at organizing and
presentations that are logically formatted. Time to reflect is important and they look to teachers as experts and learn best through:

- Lectures
- One-on-one instruction
- Reading textbooks and research articles
- Demonstrations
- Self-directed instruction

CONVERGERS

Convergers or "common sense learners" are practical and like structure, facts, and specific solutions to problems. Technical tasks are preferred over interpersonal work. Learning activities that suit the converger include:

- Demonstrations and return demonstrations
- Handouts, illustrations, diagrams
- Case studies

7) METHODS OF ASSESSING LEARNING STYLE

Preceptors using learner-centered approaches assist students to identify and understand their preferred learning styles. Three methods that can be used for assessing the learning style of a student are: interview, observation, and the formal inventory.

INTERVIEW

Informal learning style inventories including the student's learning history may be provided by the course instructor (see example). Asking your own questions can convey a message of valuing a student's ways of learning and a willingness to apply effective teaching strategies:

- What types of learning activities do you find most useful?
What types of activities feel like a waste of time for you?
Do you learn better by doing or watching?
Do you enjoy working in groups? Why or why not
How do you think you learn best?

**OBSERVATION**

During the first days of precepting a new student, close attention to interpersonal interactions, types of questions being asked, and ability to complete directed work will assist the preceptor in assessing learning styles. For example:

- Does the student listen to your guidance closely and take detailed notes? This suggests an assimilator learning style.
- Does the student actively and thoughtfully participate in groups? Diversers enjoy these opportunities.
- Is the student eager to get involved with active clinical work (a physical assessment, a procedure)? Convergers prefer technical tasks.
- Is the student quick to volunteer for any new challenge? Accomodaters most fit this description.

**FORMAL INVENTORY**

Although they may not be practical in the clinical setting, the following resources are examples of online assessments based on the Kolb model:

Kolb learning style inventory, 4.0 online

The Learning type measure
http://www.aboutlearning.com/assessments/learning-type-measure
8) TEACHING STRATEGIES FOR EFFECTIVE STUDENT LEARNING

Preceptors who identify and understand their own learning styles are more likely to avoid the tendency to teach as they prefer to learn. Careful reflection on prior learning experiences in light of the four styles described in Kolb's model will likely lead to a clearer understanding of the preceptor's personal learning style.

[Appendix 1: Kolb Learning Styles and Teaching Strategies]

Promoting student independence and confidence is a key focus for preceptors. To accomplish this goal strategies available to preceptors include: role-model, provide encouragement, provide information, provide feedback, and soloing (Crawford, 2000).

ROLE-MODEL

The student purposefully observes the preceptor in a professional activity, and is invited to reflect on their observations:

- What questions do you have about what happened?
- What are your ideas for other interventions or approaches you didn't observe?
- What is your plan for doing this on your own next time?

PROVIDE ENCOURAGEMENT

Students benefit from preceptors who intentionally frame the clinical experience as a challenging, exciting, and supported learning opportunity.

- Foreshadow the guiding support you'll provide to foster increasingly independent practice.
- Give assurances that success will come because "I am here for you".
• Translate your positive thoughts into words: "You’re doing great," "You can do it," "Your work with that family was a joy to observe. Keep it up!"

PROVIDE INFORMATION

Students appreciate preceptors conveying knowledge and expertise. Avenues for information sharing are numerous:

• Telling stories of professional experiences including the learning process.
• Sharing practical tips
• Be open about decision-making processes and rationale for clinical approaches.
• Point out elements of the clinical situation and bring up issues the student may not yet have considered.
• Seek out needed information with the student

PROVIDE FEEDBACK

Specific, timely, ongoing feedback to the student about his or her performance is critical to making improvements.

SOLOING

Especially important in senior-level clinical coursework, students need to experience success in independent functioning in some or many aspects of the professional nurse role.

1) Discuss the process for increasing independent practice openly
2) Refer client's or other professional's questions or need for consultation directly to the student.
3) Decrease the level of direct supervision in a step-wise fashion based on student performance (Carlson, et al.):
a) Total Control: Student performing with close, direct supervision;
b) Invisible Presence: Student works independently with the preceptor within reach
c) Independence: Student works independently and reports back to preceptor

9) SUMMARY POINTS

- We tend to teach as we prefer to learn; be aware of your preferred learning style.
- No learning style is better or worse than another.
- Learning styles are preferences not abilities.
- Use a variety of teaching strategies to ensure that learners with different styles have an opportunity to learn within their preferences.

10) REFERENCES


ADDRESSING CHALLENGING SITUATIONS

Despite the best intentions, sincere effort, and thoughtful planning, challenging situations occasionally arise when working with the student nurse in clinical settings. Potential sources of conflict include: 1) overworked/stressed preceptor and/or anxious student; 2) unclear roles and expectations; 3) under-examined learning styles or mismatch in teaching and learning styles; and 4) inadequate skills or competencies.

11) STUDENT AND PRECEPTOR STRESS

Preceptorship is complex, dynamic and characterized by intrinsic rewards and extrinsic demands. Sources of preceptor stress may include (Lie & Omansky):

- Insufficient recognition from peers or managers for the extra work performed
- Guarding against student errors or sub-optimal performance that may impact the care of the patient and the work environment
- Role conflict experienced when students interfere with responsibilities toward clients, i.e., the preceptor’s clinical responsibilities override teaching duties
- Discomfort with evaluating student performance
- Work overload and lack of time

An awareness of potential stressors allows the preceptor to access resources from the clinical faculty and other sources to eliminate or
temper the stressors. Suggestions from experienced preceptors include:

- Ask for a clear definition of the preceptor role and faculty expectations. A formalized role and title enhances the role presence in the clinical agencies.
- Access learning opportunities for preceptors (online courses, workshops, reading materials), including content on student evaluation.
- Foster understanding in the agency that a preceptor plus a student does not diminish the overall workload.
- Communicate frequently with course faculty.

Student anxiety is a significant issue. Nearly 20% of adults experience significant symptoms of anxiety, and universities and colleges have seen an increase in students seeking services for anxiety disorders (NIMH, 2010).

Clinical placements may add to student stress as students juggle their multiple roles. Cost of travel in terms of time and finances, perceived lack of support and unclear expectations, and exposure to new conditions (death, poverty, severe disability, abuse) have been established as some of the stressors for students (Yonge, et al., 2011).

Excessive anxiety inhibits learning (Prichard & Gidman, 2012). Supporting strategies for students relative to heightened anxiety aim to add structure and predictability to the learning environment. Some include:

- Be aware of the core features of stress and anxiety in order to identify students who are struggling. For instance, the student who is reluctant to ask questions or interact with clients or teams may not be "shy" or "disengaged", but may have significant anxiety.
• Demonstrate a genuine concern for student well-being (e.g., smiling, deep listening, not rushing them, and sharing experiences). Express keen interest in their progress.

• Provide a planful and complete orientation including clear expectations for the student role and discussion of how the current clinical placement may differ from previous experiences.

• Acknowledge with the student the "unknowns" in a new clinical site, reframe it as a positive and exciting experience, and assure them of consistent ongoing support. Communicate how this clinical experience will be relevant to future student clinical or nursing career experiences.

• Frequent meaningful feedback, including timely processing of journal entries.

12) INTERPERSONAL CONFLICT

Preceptors can anticipate the possibility of conflict or disagreements developing with a student, and be prepared with strategies to resolve the tension. Students may arrive disappointed with their clinical placement site. Most often, however, conflict occurs around preceptor expectations of the student. Given the student is a novice in the practice of nursing, provision of concrete directions, specific examples, and offers of assistance can help avoid misunderstandings.

Students are more likely to report interpersonal conflict with preceptors than the reverse and identified the following consequences (Mamchur & Myrick, 2003):

• Decreased personal growth
• Impeded learning
• Lowered self-image
• Negative impact on health
Strategies preceptors can consider in dealing with conflict include:

- Be sensitive to the occurrence of any sign of conflict in the relationship (increased silence, lack of eye contact, adversarial conversations).
- Act immediately when there is any indication of conflict; acknowledge that conflict exists.
- Assume a proactive role in the resolution process.
- Utilize all aspects of effective communication: listen deeply and actively ("listen between the lines and hear the emotion"), pay attention to non-verbal behavior, avoid interruptions and defensive responses, and ask questions to verify your understanding.
- Show genuine concern and interest in the student’s well-being and in resolving the dispute.
- Involve clinical faculty when progress toward resolution is stalled.

13) STUDENT MISCONDUCT

Preceptor responsibilities related to suspected student misconduct include:

- Be alert to the possibility of academic and non-academic misconduct and consider how those actions would appear in the clinic setting.
- When patient safety is at risk, involve agency supervisor.
- Report concerns to the course faculty promptly. Typically the course faculty is responsible for further investigation.
ACADEMIC MISCONDUCT

Academic integrity is critical to the mission of all schools of nursing. Although misconduct by the nursing student is rare, preceptors may be witness to behaviors that fit the criteria for academic misconduct. Examples include the following student actions:

- Seeks to claim credit for the work or efforts of another without authorization or citation.
- Uses unauthorized materials or fabricated data in an academic assignment in any academic exercise.
- Forges or falsifies academic documents or records.
- Intentionally impedes or damages the academic work of others.
- Engages in conduct aimed at making false representation of a student’s academic performance.
- Assists other students in any of these acts.

[Appendix 2: Example of Student Misconduct Policies and Procedures]

Case Example: You are aware that one of the expectations for the nursing student you are working with is to attend one county board meeting this semester and to submit a written reflection. In reading the student’s work, you note that he described a board meeting he attended two weeks ago. You attended that entire board meeting and you know the student was not there. although another student who is precepted by another nurse in your agency did attend.
NON-ACADEMIC MISCONDUCT

Non-academic misconduct includes student actions which may be deemed incompatible with membership in the University community and therefore may result in disciplinary actions. Behaviors of concern are those that harm self or others. General types and examples include:

- Victimizing others (battery, sexual assault, stalking, and harassment).
- Compromising their own or others’ health or safety (battery; sexual assault; arson; severe or repeated alcohol policy violations, including hosting house parties, providing alcohol to minors, or operating a vehicle while intoxicated; selling or using illegal drugs; possession of a weapon).
- Poor citizenship (theft, vandalism, giving false information, failing to abide by restrictions imposed by an earlier disciplinary action).

As with academic misconduct, universities and colleges have formal processes to investigate non-academic misconduct and provide disciplinary action that protects the safety of the community and fosters the personal development of students.

Case Example: Your student arrives on the clinical unit with the smell of alcohol on her breath. She acts as if nothing is wrong and is preparing to assist with admitting a new patient.

14) SUMMARY POINTS

- Student-preceptor relationships are nearly always positive and successful learning partnerships.
- Preceptors have the ability to reframe the clinical experience in ways that support student with anxiety.
- Be alert to the signs of conflict, employ strategies to address conflict promptly, and consult with course faculty for ongoing issues.
- Contact the course faculty as soon as you suspect student conduct problems.

15) REFERENCES


National Institute of Mental Health website: http://www.nimh.nih.gov/statistics/1ANYANX_ADULT.shtml


PROVIDING FEEDBACK & EVALUATION

Engaging with the student to provide meaningful feedback and evaluating performance at the clinical site are critical components to successful precepting and student learning. When ongoing monitoring and evaluation are part of the learning partnership routine, assessing outcomes becomes a natural outgrowth of those conversations. It is important to understand the relationship between feedback and evaluation (Miller, et al., 2001):

*Feedback:* 1) Focuses on providing information regarding clinical performance without judgment; 2) Goal is improving the competency being addressed; 3) Timing is best if immediate or briefly postponed; and 4) is an informal but thoughtful process.

*Evaluation:* 1) Is a process of ascribing value to the element being addressed; 2) Relates to how successfully the student achieved a learning objective; and 3) Is the process of assigning a grade on the competency of practice.

16) PROVIDING FEEDBACK

Students want to know what preceptors think of their work and how they can improve. Setting the stage for the feedback process involves:

- During orientation with the student, discuss the content that will be assessed and the process that will be used to give feedback.
- Ask students what feedback methods work best for them. Invite them to reflect on past experiences with feedback and identify the positive elements.
- Be clear about whether other co-workers or staff will be providing feedback; encourage the student to seek informal
feedback from other professionals or team members as they work together.

Being aware of potential barriers to giving feedback is an important step in building a positive teaching-learning relationship (McKimm, 2009):

- Fear of upsetting the student or damaging the preceptor-student relationship
- Feedback being too generalized and not related to specific observations
- Inconsistent feedback from multiple sources
- Student resistance to receiving feedback

Strategies for offering feedback include (Zachary, 2011):

<table>
<thead>
<tr>
<th>What</th>
<th>Why</th>
<th>How</th>
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<tbody>
<tr>
<td>Align your feedback with the student's agenda.</td>
<td>Provide real-time feedback. Make it usable and realistic. Offer concrete practical steps and options.</td>
<td>&quot;I have a few ideas that might help...&quot; or &quot;What works for me is...&quot;</td>
</tr>
<tr>
<td>Provide feedback about behavior that the student can do something about.</td>
<td>The objective is to stay with the student's behavior rather than succumb to the temptation to evaluate it.</td>
<td>Opening phrases you might use are &quot;Tell me about the impact of the behavior&quot; or &quot;How might someone else see that behavior?&quot;</td>
</tr>
<tr>
<td>When you talk from your perspective, remember that your reality is not the student's reality.</td>
<td>In other words, when you talk about your own experience, set a context and be descriptive so that the student can see the parallels.</td>
<td>&quot;In my experience, which was... I found that... I know that is not your situation, but maybe there is something to learn here.&quot;</td>
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<tr>
<td>Check out your understanding of what is being said.</td>
<td>One way to do this is to listen, actively, and then clarify and summarize the message you heard.</td>
<td>&quot;If I understand what you are saying, ...&quot; or &quot;Help me understand what you mean by...&quot;</td>
</tr>
<tr>
<td>Use a tone of respect.</td>
<td>Take care not to undermine the student's self-esteem.</td>
<td>Phrases such as, &quot;I like the way you...&quot;, &quot;I am curious...&quot; or &quot;Have you ever considered...&quot;</td>
</tr>
<tr>
<td>Be aware of your communication style and how it works with that of the student.</td>
<td>Share information about communication styles with the student and discuss the implications for the feedback cycle.</td>
<td>&quot;I find I get defensive when...&quot; or &quot;I react positively to...&quot;</td>
</tr>
<tr>
<td>Avoid giving feedback when you lack adequate information.</td>
<td>Ask for time to get the information you need. Manufacturing a response doesn't work.</td>
<td>&quot;To be honest with you, I need to think about that a little more.&quot;</td>
</tr>
</tbody>
</table>
Effective feedback is proactive and encourages growth and confidence in the student. Students often report they do not get enough feedback from preceptors, so how does a preceptor integrate this process into a busy schedule?

- **Pre-conference:** Begin the day with a short time together to assess the student's preparedness for the day and clarify expectations.
- **Give brief feedback of directly observed encounters throughout the day; feedback should be based on first-hand information.**
- **Consider inviting reflection and self-assessment from the student before sharing your perspective.** "What went well? Next time, what might your approach be?"
- **Make your feedback explicit:** "To give you some feedback..."
- **Post-conference:** Set aside 10-15 minutes at the end of each day to review the day's events and go over feedback and teaching points in greater detail. Notes of discussion points can be made and are useful for the evaluation process.

Reflective journaling can provide a forum for feedback and dialogue. Benefits also include building up students' self-confidence, increasing interaction between students and instructors, enhancing students' self-development, improved critical thinking skills, and overcoming writing difficulty (Kuo, et al., 2011). Elements in a weekly journal can include:
• A description of what the student did and self-reflection on actions
• Citations for the literature or course content that informed the thinking and actions
• Agency priorities and policies that influenced the delivery of care
• Reflection on the week’s learning as it relates to course objectives
• Student goals for the next clinical round

[Appendix 3: Weekly Journal]

17) EVALUATING STUDENT PERFORMANCE

Each school of nursing will provide guidance to the preceptor regarding the required formal evaluation tools and processes. When the preceptor-student partnership has been based on ongoing open communication and feedback, data and information necessary to effectively evaluate student performance will be evident.

Midterm evaluation may be formal or informal, depending on the school's evaluation procedures. Evaluating the student's performance as it relates to the course objectives in the middle of the clinical experience can help identify problem areas while there is still opportunity to correct them; reaching goals for course performance is more likely to occur. Scheduling the midterm evaluation at the start of the clinical placement is essential.

Final evaluation requirements vary from school to school. A formal process with clear criteria for grade assignment resulting in a written evaluation is common. Ask for clarification on whether the role of the preceptor in evaluation is providing input into the academic grade, or, assigning a portion or the entire grade.
BEFORE THE FINAL EVALUATION SESSION

- Schedule a time with the student well in advance and plan for a place that affords privacy and comfort; discuss the procedure that will be used.
- Collect and review documented observations of the student and relate to clinical course and individualized student learning objectives.
- Request input from colleagues who have interacted and worked with the student; this may help in validating the preceptor's statements.
- Reflect on personal attitudes and communication styles and how these interface with those of the student in order to build rapport and support dialogue.
- Ask the student to complete a self-evaluation to contribute to the process.

DURING THE EVALUATION SESSION

- Briefly redefine the purpose and duration of the meeting.
- Ask the student to share the assessment of their own performance.
- Clearly present an overview of the student's performance.
- Provide specific descriptive feedback to the student, relating performance to the learning objectives. Using the written evaluation tool or guide as directed by course faculty.
- Foster dialogue by referring back to the student's self-evaluation throughout the meeting.
- Identify strengths and explore potential solutions for poor performance or deficits in practice; clarify areas for future growth.
• Acknowledge that the student may, after reflecting on the evaluation; wish to further discuss some of the issues.

**AFTER THE EVALUATION SESSION**

Important steps to include are:

• Complete any outstanding documentation and ensure the student has a copy.
• Carry out any agreed upon follow-up activities or actions.

[Appendix 4: Example of Final Evaluation]

**18) STUDENT FEEDBACK TO PRECEPTORS**

Schools of nursing typically invite students to provide feedback on the clinical placement including aspects of preceptor performance. These evaluations are generally completed after the final clinical day and provided to the preceptor after the formal student evaluation activities are complete.

**19) SUMMARY POINTS**

• Ongoing, timely, frequent and specific feedback is essential to the learning process.
• Preceptors should seek clarity from clinical faculty regarding their specific responsibilities in the formal evaluation of the student.
• Students benefit from when preceptors communicate the expectations for feedback and evaluation at the beginning of the preceptor-student relationship.
20) REFERENCES


PART 2: OVERVIEW

PURPOSE

To develop the knowledge and skills needed to be an effective practice-based preceptor for nursing students with a focus on teaching critical thinking, cultural and linguistic competence, interprofessional practice, and evidence-based practice.

LEARNING OBJECTIVES

Assist students in being able to respond to questions that require application, analysis, synthesis, and evaluation

Assess own level of cultural competence and facilitate student’s growth toward a practice that is culturally and linguistically competent

Assure that students understand and participate in patient- and/or community- centered interprofessional practice

Assist the student in applying the principles of evidence-based practice to clinical practice, activities and projects
Critical thinking is one of the most important skill sets in the professional toolkit of an expert nurse. It is an essential skill for students to develop. Nurses as critical thinkers are characterized by being (Craven & Hinle (Eds), 2003):

- Inquisitive
- Open-minded
- Systematic
- Confident
- Truth-seeking

Essential to the challenge of teaching critical thinking is understanding what it is, and becoming aware of what preceptor behaviors and teaching strategies best promote critical thinking in students.

21) WHAT IS CRITICAL THINKING?


A purposeful process that leads to judgments and actions, critical thinking is essential to effective clinical practice. Four of these elements are outlined in this section (Sweet and Michaelsen, 2012).

CRITICAL THINKING ATTITUDE

- Willingness or commitment to engage in deliberation about ideas rather than accepting them at face value
• Willingness to engage and persist in complex tasks using plans and avoiding impulsive activity
• Flexible thinking that considers the need to seek compromise or consensus

USE OF SPECIFIC CRITICAL THINKING SKILLS

• Critical thinking skills are best learned in the practice setting around concrete subject matter
• Skills include the ability to formulate vital questions clearly, gather and assess relevant information, use abstract ideas to interpret the information, draw and test conclusions
• Recognizing assumptions and communicating effectively with others are essential skills

ABILITY TO APPLY CRITICAL THINKING SKILLS IN NEW CONTEXTS

• Important for students to learn the important cues in a situation that can be recognized in new contexts so that learned skills can be transferred

HABITS OF REFLECTION UPON ONE’S OWN THINKING

• Thinking about one’s thinking leads to improved skills
• "Brave enough to risk being wrong, and wise enough to realize that much can be learned from errors and failed solutions" (Nelson, 2005).
• With intentional guidance on the part of a thoughtful nurse preceptor, critical thinking in student nurses develops over time.
22) STRATEGIES FOR HELPING STUDENTS LEARN CRITICAL THINKING

A powerful tool for promoting critical thinking is asking questions that are direct, stimulating, and challenging. Questions vary in level and quality and their ability to promote discussion, stimulate alternative ways of thinking, and deepening learning. Asking questions promotes active listening on the part of the preceptor and enriches dialogue (Myrick & Yonge, 2002).

Not all levels of questioning are equally valuable in promoting the development of critical thinking. Many classifications of questioning exist. Outlined below is one useful way of thinking about posing questions to students (Call, 2000).

FACTUAL

Who? What? Where? When?

These questions tap knowledge and comprehension eliciting answers that are often available in texts or other resources.

EXAMPLES

- What is the definition of evidence-based practice?
- What are the key considerations for patient education in adults with newly diagnosed Type 1 Diabetes?

INFERENTIAL AND INTERPRETIVE

Why? How?

Questions of synthesis and evaluation require the learner to weigh information against what he or she already knows and make judgments.

EXAMPLES
• Do you agree or disagree with the proposed state law requiring HPV vaccine for pre-adolescents?
• What do you consider to be the most important aspects of providing care to end-of-life hospice patients, and why?

EVALUATIVE AND CRITICAL

*Why or why not? What if? Agree or disagree? What is most important?*

Questions of synthesis and evaluation require the learner to weigh information against what he or she already knows and make judgments.

EXAMPLES

• Do you agree or disagree with the proposed state law requiring HPV vaccine for pre-adolescents?
• What do you consider to be the most important aspects of providing care to end-of-life hospice patients, and why?

QUESTIONING SKILLS AND STRATEGIES

In a study of questioning skills of clinical instructors and preceptors, Phillips and Duke (2001) found that they used two categories of questions:

• Lower-level questions that queried for knowledge and comprehension
• Higher-level questions that queried for application, analysis, synthesis, and evaluation

*It is the higher-level questions that contribute to development of critical thinking skills.*
Both clinical instructors and preceptors asked more of the lower-level questions than the higher-level questions. The researchers concluded that, to promote the development of critical thinking skills, preceptors and clinical instructors need to learn to ask more higher-level questions.

Another important recommendation for questioning strategies comes out of an approach to nursing education called narrative pedagogy (Diekelmann, 2002). In this approach, questions are used to direct the student toward exploring the meaning and significance of what is being learned, and toward viewing issues from multiple perspectives.

**EXAMPLES**

- Now that you have assessed this family's needs, what do you think you should do next?
- The recommended post-surgery home-visit schedule for the elderly farmer living alone is three times weekly. What might his concerns be at this point? And what approaches are you considering?
- What do you think it means to this single mother to have her infant with cystic fibrosis hospitalized for the first time?
- What are our options for providing human growth and development curriculum to fifth graders at the school? What could possibly be of concern with those options, given this community?

**23) OVERCOMING STUDENT RESISTANCE TO OPPORTUNITIES TO LEARNING CRITICAL THINKING**

Posing and answering higher level questions for both preceptors and students is hard work and requires motivation. Some students may be less willing to think critically; factors include (Craven and Hinle, 2003):
- Chronic anxiety or acute stress
- Sleep deprivation, lack of adequate nutrition or hydration
- The degree to which a student takes responsibility for their own learning

Preceptors can proactively address resistance by (Keeley, 1995):

- Communicating credibility and expertise; providing the background for trust
- Relating to the student with genuine warmth and empathy
- Creating hopes and high expectations for student learning
- Creating an environment of involvement and collaboration
- Encouraging students to arrive for the clinical well-rested and well-fed

Should the issue of resistance arise when high-level questioning is implemented, helpful approaches include:

- Use a problem-solving approach; do not take student resistance personally.
- Openly identify student behaviors that look like resistance or “taking the easy way out”; invite discussions about the reasons behind the behaviors.
- Be clear with expectations and set limits; let the student know what critical thinking is and how you expect to see it evidenced (e.g., post-conference discussions, journal entries).
- Consult with the clinical faculty for other approaches if resistance persists.
24) INDIRECT STRATEGIES FOR STIMULATING CRITICAL THINKING

Preceptor’s natural behaviors and actions including role modeling, facilitating, guiding and prioritizing are integral to the process of enabling students to think critically (Myrick, 2002).

- Student observation of the preceptor “doing nursing” can stimulate the student to wonder why the particular approaches are chosen; inviting the student to observe in this fashion can promote critical thinking.
- Model critical thinking and making the thinking-process transparent.
- Cue students in to what they need to know, give them space and time to go at their own pace, and look for them "putting it together".
- One-on-one guidance inherent in the precepting relationship contributes to confidence, competence and critical thinking.
- Supporting student’s ability to organize and prioritize clinical work influences their ability to be efficient, avoid mistakes, and ultimately engage in more critical, creative thinking processes.

Additionally, pointing out and encouraging the use of on-site learning resources, including access to other expert agency staff, demonstrates a preceptor’s commitment to the student’s growth in critical thinking.

25) SUMMARY POINTS

- Critical thinking is a purposeful process.
- Critical thinking includes consideration of evidence, knowledge, experience, emotions, and alternatives leading to the best decision or action.
• Critical thinking is learned over time.
• A preceptor helps a student learn critical thinking by asking purposeful, higher level questions.
• Higher level questions ask a student to apply, analyze, synthesize, and evaluate.

26) REFERENCES


Central to teaching culturally competent nursing practice is the awareness of personal knowledge, understandings, beliefs and values. Thinking back and reflecting on early experiences with clients and populations from different cultural backgrounds allows preceptors to recall their own challenges in gaining awareness and skill in engaging with diverse groups.

- What experiences were enjoyable and which ones caused discomfort or confusion?
- Were you interested in learning more about the person’s culture?
- Were you confident in what to do or how to act?
- Did you recognize a need to assess the impact of culture on the person’s health?

As the cultural diversity of communities has grown, so has the opportunity to interact with clients and groups for a variety of cultures. Student nurses will come with a range of previous experiences and abilities; all will need preceptor support in continuing to developing along the continuum toward culturally competent nursing practice.

**27) WHAT IS CULTURAL COMPETENCE?**

Many definitions of the word culture can be found. The Office of Minority Health’s definition of culture as "the thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups" is useful. Competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.
Culture is dynamic, changing over time with new generations of people, changes in politics, economics, education, and the social environment. The following attributes of cultural competence suggest an ongoing, transformative process (Burchum, 2002).

**CULTURAL AWARENESS**

Becoming conscious of culture and the way culture shapes values and beliefs, including an understanding of the influence of one's own culture.

**CULTURAL SENSITIVITY**

Developing appreciation, respect, and valuing of cultural diversity. With cultural sensitivity comes the realization that one's own culture influences nursing practice.

**CULTURAL KNOWLEDGE**

Gathering information about different cultures, worldviews, and frameworks for understanding culture.

**CULTURAL UNDERSTANDING**

Developing insights based on knowledge about the beliefs, values, and behavior of diverse groups of people; gaining an ability to recognize multiple perspectives and the dynamics that can lead to conflict between cultural groups.
CULTURAL SKILL

Effectively communicate across cultures and incorporating client beliefs, values, and practices into planning and providing health care.

CULTURAL COMPETENCE

Developing skills that result in the provision of nursing care that 1) is culturally relevant, 2) accommodates beliefs, values, and practices of clients, 3) is safe, beneficial, and satisfying to clients, and 4) equips clients with strategies for meeting their own needs.

Increasingly, the term Cultural and Linguistic Competency is being used in the health care field. The Office of Minority Health’s definition: A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.

28) HELPING STUDENTS GROW TOWARD CULTURAL AND LINGUISTIC COMPETENCY

Getting a sense of a student’s past learning experiences that contribute to cultural competence assists preceptors in offering meaningful guidance:

- Has the student had training and practice in conducting cultural assessments for individuals? Families? Communities?
- Has the student participated in an “immersion” experience that might include working and living with clients from cultures other than their own?
- What cultural groups has the student cared for in previous clinical courses at other sites?
Does the student know a second language? How and where was it learned?

Is the student from a culture not part of the “dominant” culture in the clinical community he or she now shares membership?

During the clinical time with students, questions preceptors may have include:

• How might I foster cultural awareness?
• How might I address a student’s negative stereotypes about a particular cultural group?
• How might I help a student learn about the dominant and minority cultures in the community served by your agency?
• How might I support a student’s cultural assessment skills?

CULTURAL COMPETENCE MODEL

Some ideas for helping students move toward cultural competence can be found through the application of a model developed by Campinha-Bacote, Yahle, and Langenkamp (1996).

CULTURAL AWARENESS AND SENSITIVITY

• Share stories of personal development of cultural awareness, sensitivity, knowledge and skills with the student.
• Ask the student to reflect on cultural issues derived from clinical journal entries.
• Observe for instances of negative stereotyping, bias, or disrespectful behavior and challenge the student to become culturally appreciative and sensitive. In serious instances, contact the clinical instructor for support.
• Share ideas for resources such as books, web sites, community resources, or experiences that have helped in the personal development of cultural competence.

**CULTURAL KNOWLEDGE**

• Educate the student about the common cultural groups in the community. For example, it might be appropriate to educate students about Amish, Hmong, Tibetan, African-American, Latino, Native American, European-American, African, or gay, lesbian, bi- and transsexual, recent refugee groups, and other cultural groups.
• Ask the student to present information to staff about a cultural group served regularly by the agency.
• Coach the student on respectful interactions with individuals and groups.

**CULTURAL SKILL**

• Encourage the student to conduct cultural assessments with all the clients and families served using the format employed by your agency or one the student has learned in school.
• Review plans for care developed by the student with an eye on cultural needs and issues, using questioning strategies to engage the student in critical thinking about cultural aspects of care.

**CULTURAL ENCOUNTER**

• When possible, facilitate student opportunities to work with clients and groups with cultures different from the student's own.
• Provide an opportunity for the student to work with an interpreter.
• If the student has second language skills, assess student competence and comfort level in providing services in the second language and offer opportunities for using those skills when appropriate. This could be directly with clients or groups or could be in written form as in the development of handouts or other teaching materials.
• Use role modeling techniques to demonstrate cultural competence for students in observational experiences.

The mission of the Transcultural Nursing Society is to provide nurses and other health care professionals with the knowledge base necessary to ensure cultural competence in practice, education, research and administration. The website offers a newsletter, links, courses, and other resources.

Visit: http://tcns.org/

29) WORKING WITH STUDENTS FROM OTHER CULTURES

Preceptors may be paired with students from a culture other than their own. Cultural differences can have a significant impact on the teaching-learning encounter. To respond to culturally diverse student needs, preceptors can (Johnston and Mohide, 2009):

• Gather information about the student’s culture and world-views
• Provide opportunities for the student to share experiences, beliefs and values in a safe learning environment (with other students and staff).
- Clarify or make transparent the expectations of the dominant culture.
- Identify a role model from a similar background who can articulate how to bridge the cultural gap in the clinical site.

Students whose first language is not English have perceived peers and faculty as interpreting their language difficulties as negative reflections on their intelligence. They have also struggled with the use of professional terminology, understanding client requests, and providing explanations; a fast-paced environment will accentuate these difficulties. Supportive responses available to preceptors include:

- Role play different ways a student can initiate therapeutic discussions with a client.
- Avoid the use of colloquialisms.
- Speak at a reasonable pace in a normal volume and ask the student to recount information for comprehension.
- Contact the school of nursing faculty to explore existing policies and supports for students with English language proficiency needs. Policies typically address assessment for safety concerns and available strategies and supports (e.g., writing labs).

### 30) WORKING WITH AN INTERPRETER

Working across cultures requires working with interpreters. The National Council on Interpreting in Health Care's glossary of terms (2008) defines interpreting as "the process of understanding and analyzing a spoken or signed message and re-expressing that message faithfully, accurately and objectively in another language, taking the cultural and social context into account.

Students should be aware of the variability in interpreter preparation and roles, and the existence of codes of ethics which guide the work. Understanding how the interpreter role is viewed by the clinical site
agency, as well as how to request an interpreter for a client, will support the student in developing cultural competence.

- Is the interpreter employed as full-time or part-time staff of your agency?
- Is the interpreter an hourly employee called to interpret as needed?
- Is the interpreter also trained to perform other functions such as a clinic aide or patient advocate role?
- Does your agency use a language assistance telephone call-in service?
- Does the agency require the interpreters to follow a code of ethics, e.g., addressing issues of confidentiality, accuracy, role boundaries, professional development?

To help the student prepare for an encounter with an interpreter, share any guidelines the agency has developed for working with interpreters. Students need guidance in understanding some of the key steps in successfully communicating:

- Have a brief pre-interview meeting with the interpreter. Provide an introduction and give the interpreter key background information.
- Speak directly to the patient, not the interpreter.
- Speak at an even pace in short segments.
- Avoid jargon or technical terms.
- During the encounter, do not say anything you do not want the patient to hear.
- Encourage the interpreter to alert you about potential cultural misunderstandings.

Working with an interpreter offers the student an opportunity to ask questions about effective communication with clients from the specific
culture. The interpreter may be willing, with the preceptor’s support, to take a few minutes before and after the meeting with the client to provide key background information about the culture and clarify points that arose during the interaction.

31) SUMMARY POINTS

• Cultural competency is a set of congruent behaviors, attitudes and policies that come together in an agency, or among professionals that enables effective work in cross-cultural situations; culturally competent nursing care is relevant, accommodates client beliefs and practices, is safe and satisfying to clients, and equips the client to meet their own needs.
• Preceptors help students move toward cultural competence by educating, increasing awareness and sensitivity, providing opportunities to work with a variety of cultural groups, and role-modeling.
• Preceptors can develop supportive responses when working with nursing students from other cultures to assure their positive learning experience.
• Working with interpreters is a key component to cultural competence, requiring preceptors to be aware of resources, roles, agency guidelines and best practices.

32) RESOURCES

Cross Cultural Health Care Program (CCHCP)
http://xculture.org

A nonprofit training and consulting organization with a mission to advance access to quality health care that is culturally and
linguistically appropriate by serving as a bridge between communities and health care institutions.

33) REFERENCES


University of Wisconsin Hospital and Clinics. *Patient relations and interpreter services, Working effectively through an interpreter.* Madison, WI.
HELPING STUDENTS LEARN INTERPROFESSIONAL PRACTICE

More than ever, nurses in all settings rely on collaborating with other health providers to effectively provide care for clients and communities. The 2010 Institute of Medicine report emphasized that "nurses should be full partners with physicians and other healthcare professionals in redesigning healthcare" and "should practice to the full extent of their education and knowledge."

Multidisciplinary, interdisciplinary, interprofessional, and transdisciplinary are all terms that have been used to describe different types of collaboration between health professionals with diverse training and perspectives on behalf of patients and communities. The terms reflect differences in the extent or depth of collaboration. The American Association of Colleges of Nursing (AACN), as part of the Interprofessional Education Collaboration, released its expert panel report on core competencies for Interprofessional Collaborative Practice in 2011. The report provides this definition of interprofessional practice, adopted from the World Health Organization.

**Definition of Interprofessional Practice**

When multiple health workers from different professional backgrounds work together with patients, families, care-givers and communities to deliver the highest quality care. (World Health Organization, 2010)

Preceptors are vital links in assuring student nurses have the attitudes and skills necessary for interprofessional practice
THE SHAPE OF INTERPROFESSIONAL PRACTICE

The most important aspect of effective interdisciplinary, or interprofessional, practice is a focus on patients and families or communities, rather than on any particular professional discipline (Hall & Weaver, 2001). With a commitment to this focus, interprofessional practice depends on informal and formal teams to reach its aim of high quality care. Learning to work in teams entails becoming part of a small and complex system that is organized to share the care of a client or population. Understanding how teams work is essential. Strong leadership is important, and nurses are often in positions to function in this role.

Experienced nurses understand that collaborating with professionals trained in other professions involves many skills and can be alert to factors that have the potential to impair team work (Leipzig et al., 2002):

- Role competition and turf issues
- Differing perceptions or stereotyping of roles
- Dominance of team decision-making by one professional discipline
- Perceptions of lack of valuing of one or more disciplines
- Physical space and time limitations
- Lack of confidence and/or assertiveness in team situations

SUPPORTING STUDENT LEARNING FOR INTERPROFESSIONAL PRACTICE

Interprofessional education precedes interprofessional practice. As outlined in the report on Interprofessional Collaborative Practice (2011), the goal of interprofessional learning is to prepare all health professions students for deliberatively working together with the common goal of building a safer and better patient-centered and community/population oriented U.S. health care system (p.3). Schools of nursing are increasingly aligned with efforts to plan and provide
quality interprofessional formal and informal education for their students.

"It is no longer enough for health workers to be professional. In the current global climate, health workers also need to be interprofessional." (WHO, 2010, p.36)

Preceptors report that students benefit in many ways from interprofessional experiences in clinical courses:

- Knowledge of the role and perspectives of other disciplines increases
- Students’ understanding of what other disciplines have to offer patients, families, and communities improves
- Students build confidence in their communication skills with physicians and other professionals, and learn to be concise, confidential, and effective in their communication
- Students learn to delegate through interaction with other disciplines. The "team" nature of health care and public health services delivery becomes clear to students as they observe and participate in teams
- Students develop respect for other disciplines and learn the importance of building professional relationships
- Opportunities to participate in interdisciplinary practice allow students to learn the unique and valuable contributions nurses make in health care and public health services

"It gives them a clear picture of real nursing practice and
patient care. Many disciplines interact with patients and the nursing staff. All disciplines are sometimes needed to improve the patient’s status. Students learn that care involves everyone. We don't work alone." - A nurse preceptor

Critical skills the students need to develop for interprofessional practice include, but are not limited to (ACCN, 2011):

- Place the interest of patients and populations at the center of health care delivery
- Work in cooperation with those who receive care, those who provide care, and others who contribute to the delivery of prevention and health services
- Listen actively, encourage team member ideas and opinions, and hone the ability to give constructive feedback
- Recognize one’s limitations in skills, knowledge, and abilities
- Engage self and others to constructively manage disagreements about values, roles, goals and actions that arise among healthcare professionals and with patients and families
- Apply leadership practices that support collaborative practice and team effectiveness

"Students gain the broad public health perspective by working with a variety of public health professionals. Although each discipline is different, they share the common principles of public health--social justice, belief in the right of health care for all, the value of primary prevention." - A nurse preceptor in a public health setting
36) STRATEGIES TO SUPPORT DEVELOPMENT OF THESE SKILLS IN STUDENTS

Create opportunities for the student to shadow staff colleagues other than nurses. Observational experiences allow the student to increase their knowledge about the specific work and perspective of other disciplines.

- Shadowing experiences could occur by having the student accompany a discharged patient to a follow up outpatient appointment for home health care services.
- In a community setting, shadowing experiences might include observing a sanitarian inspecting restaurants, a physical therapist providing therapy to home care patients, or a special education teacher working with special needs children.
- Shadowing experiences in acute care settings could include going with patients to therapy or testing sessions, or making rounds with respiratory therapists and physicians.
- Since these tend to be observational experiences, scheduling them for early in the semester helps the student build confidence for more active participation with providers from other disciplines later in the semester.

Find opportunities for the student to participate in interdisciplinary group meetings, discharge planning, rounds, or assessments. Allowing students to observe interactions between disciplines raises awareness of the roles of each discipline and sets the stage for learning. However, attending or watching one meeting is not sufficient for skill development. Supporting participation by the student in the group discussion or decision-making promotes active learning. Reflective discussion with the student after the experience allows clarification of potential misunderstandings and identification of ways interdisciplinary practice in the setting can be improved.
Journaling is a reflective learning technique that is often used in nursing clinical experiences. Consider asking the student to write about his or her experiences with disciplines other than nursing during the practicum. Encourage the student to think and write about:

- Circumstances that led to seeking the input of other disciplines
- Circumstances that led to being asked for nursing input
- The quality of communication or interactions
- What benefits resulted for the patient or community by working across disciplines
- What happened when conflicts occurred
- How next steps were negotiated
- How it felt to work with other disciplines

Model collaborative values, attitudes, and behaviors when working with students. Talk with the student about how respectful cross-discipline relationships are formed and nurtured (Dosser, Handron, McCammon, Powell, & Spencer, 2001). Use supportive language; for example, differences between professional perspectives could be promoted as complementary strengths rather than right and wrong approaches (Erickson, McHarney-Brown, Seeger, & Kaufman, 1998).

Many agencies serve as clinical sites for students from multiple training programs. Find ways to pair students from different disciplinary training programs at the clinical site to work on issues together.

Use three-way calling to allow the preceptor to listen to conversations between the student and other providers. This allows preceptors to be confident that accurate information is transferred and received, and may help boost student confidence in communicating with providers from other disciplines.

Coach the student in preparation for interdisciplinary experiences. Talking with the student ahead of time about your plan and process for engaging other disciplines in assessment, planning or providing care will alert him or her to the rationale or thinking behind your interdisciplinary practice.
Role-play with the student to help prepare for situations in which there are a need to communicate or collaborate with other professionals. Role-playing can help the student learn how to accurately and succinctly communicate concerns, issues, and ideas.

Ask colleagues from other disciplines to provide something about their disciplines that the student can read. Include these in orientation materials to the clinical site or agency. Examples might include job descriptions, reports, or case studies.

Suggest questions for the student to ask other disciplines to help explore that disciplinary perspective and how they view interdisciplinary work.

Give the student ownership over projects at the agency and expect him or her to interact with other disciplines in order to accomplish the task or project.

### 37) CHALLENGES TO SUPPORTING INTERPROFESSIONAL PRACTICE WHILE PRECEPTING

Some challenges that relate to supporting interprofessional practice may arise in the precepting relationship. Principles for addressing challenging situations can be applied:

**TIME**

Students learn more when they actively participate. When possible, guard against the "It's easier to do it myself" mentality and encourage the student's participation during interprofessional meetings, guiding them to give input and answer questions as they are capable. When that is not in the patient's or group's best interest, role model interdisciplinary practice and follow up later with the student to support learning through discussion and reflection on the situation.

**TIMING**

Students often participate in clinical field experiences on specific days of the week or during specific shifts. The student's schedule in the agency may not coincide with the availability of other disciplines.
Consider addressing this challenge by planning ahead for interdisciplinary experiences. In most cases, students are allowed to attend clinical experiences outside the usual clinical hours and are willing to make schedule adjustments in order to participate in a valuable learning experience. Alternatively, you could discuss with the student how you prepare for an interdisciplinary team meeting and what you expect to happen. Then follow up the next week by sharing with the student a description of what happened at the meeting including the contributions of the various disciplines involved.

"The biggest challenge is coordinating all the schedules of the disciplines and that of the student." - A nurse preceptor in an acute care setting

Be alert to the possibility of ad hoc or unexpected opportunities for interprofessional learning. This might be a meeting that is rescheduled to a convenient time for students, a staff development event at your agency, planning for the upcoming discharge of a patient with complex homecare needs, or an unusual case or referral to address.

LACK OF STUDENT ASSERTIVENESS OR CONFIDENCE

Some students lack assertiveness or confidence in interacting with interdisciplinary colleagues. This is particularly true early in the semester.

"Students could work with a speech therapist, audiology, preschool teachers, social workers. I have found few students interested in taking the opportunity to meet with these individuals, unless I personally assign them." - `A preceptor in a school setting

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Some ways to address these issues might include:

- Make your expectations for interdisciplinary contacts and interaction clear from the beginning of the semester.
- Smooth the way for the student by encouraging colleagues to include students in the work of the unit or agency.
- Acknowledge student fears. Use coaching and role-playing to prepare the student for communicating and collaborating with other professionals.
- Discuss your concerns with the clinical course faculty and ask for suggestions for helping a student with poor confidence or assertiveness.

**STUDENTS APPEAR DISINTERESTED**

Some students may appear disinterested and fail to follow through on your suggestions to meet with other disciplines working in your setting. Others might just want to focus on practicing technical skills and procedures. Consider challenging the student to think critically about professional issues. Preceptors are sometimes hesitant to push the student or question too much. Some students are easily bored, want to be challenged, and learn better when pushed to do so. Do not hesitate to discuss concerns about student involvement with the clinical course faculty.

**OTHER PROVIDERS ARE NOT INTERESTED IN LISTENING TO STUDENTS**

Unfortunately, some health professionals in your setting may not want to engage with the student nurse. This reluctance may be subtle or overt. Either way, it is likely to be noticed by the student. Attempt to smooth the way for students by informing your colleagues early in the semester of the expectations for the student's experience.
COMPETITION OVER COLLABORATION

Not all practice sites are ideal examples of interdisciplinary practice. Perhaps your practice environment is more competitive than collaborative. Perhaps the disciplines involved at the site frequently have clashing perspectives. If this is the case, discuss concerns about the appropriateness of the site for student learning with the clinical course faculty and the nursing manager. If the benefits of education at the site outweigh the challenges of interdisciplinary practice, consider discussing this aspect of your practice with the student, identifying the preferred interdisciplinary approaches or strategies. Students can learn from negative examples as well as positive ones.

Additional challenges may be specific to the clinical setting. If concerns about the capacity of the organization to support the student in learning interdisciplinary practice arise, discuss them with the clinical course faculty.

Overall, however, students experience great success and satisfaction in collaborating with other professions in their clinical site.

38) SUMMARY POINTS

- Interprofessional practice necessitates that disciplines deliberately work together with the common goal of building a safer and better patient-centered and community/population oriented health care system.
- Preceptors support student’s interprofessional practice through modeling, coaching, role-playing, and fostering their full participation in interprofessional groups.
- Strategies for addressing challenges to supporting student participation in interprofessional practice can be employed early in the precepting experience to assure student involvement and learning.
• Students benefit in many ways from interprofessional experiences, including learning the unique and valuable contributions nurses make in health care.

39) REFERENCES


HELPING STUDENTS INCORPORATE EVIDENCE INTO PRACTICE

The use of evidence to guide nursing practice is a key feature of contemporary nursing regardless of the practice setting. Student nurses learn the principles of evidence-based nursing in their educational programs and are expected to use evidence for clinical practice.

Preceptors, as experienced nurses, are perfectly positioned to encourage and assist students to locate evidence, critically appraise its quality and usefulness, and integrate it into their practice in the learning environment. Questions that can help preceptors reflect on the use of evidence in their own practice include:

- How do I decide what to do?
- How do I know that I am using the best approach, given the need, problem or gap I am trying to address?
- How would I respond to a student’s questions about the use of evidence in my clinical work?

40) WHAT IS EVIDENCE-BASED PRACTICE?

Evidence-based practice in nursing is:

- Conscientiously seeking and using the best available evidence
- Integrating that evidence with professional expertise
- Consideration of client or population/community values and characteristics in planning, providing, and evaluating nursing care
Definition of Evidence-Based Practice in Nursing

An ongoing process by which evidence, nursing theory, and the practitioners' clinical expertise are critically evaluated and considered, in conjunction with patient involvement, to provide delivery of optimum nursing care for the individual.

Nurses using evidence-based practice do not simply "follow a recipe", but using their own clinical experience and expertise, apply the evidence to specific situations in ways that meaningfully involve patients, families and/or communities.

Nurses and nurse preceptors in particular, are motivated to approach practice from an evidence-based perspective. EBP requires specific knowledge and skills, and access to resources likely to yield high quality resources. Nurses have identified the following as potential barriers to using and teaching EBP (Emanual, et. al.):

- Lack of time
• Poor access to facilities and information
• Lack of experience and confidence using computers

Inviting support from course faculty and agency leaders to address these barriers is vital.

41) WHAT ARE THE STEPS FOR EBP?

Engaging in EBP generally requires taking these five basic steps:

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td>Ask</td>
<td>Converting information needs into an answerable question</td>
</tr>
<tr>
<td>Access</td>
<td>Locating the best evidence available</td>
</tr>
<tr>
<td>Appraise</td>
<td>Appraising the quality of the evidence</td>
</tr>
<tr>
<td>Apply</td>
<td>Integrating evidence into practice</td>
</tr>
<tr>
<td>Assess</td>
<td>Re-evaluate the application of evidence and areas for improvement</td>
</tr>
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</table>

Applying these EBP steps allows busy practitioners to provide the highest quality care within increasingly complex and demanding healthcare and community health environments.
ASKING THE QUESTIONS

Students need encouragement to identify the information they need to address their gaps in practice as new clinical situations arise. Given where students are in their learning process, it is important to help students formulate:

BACKGROUND QUESTIONS

Those asked to build awareness or a foundation of knowledge. This is a wide-angle lens approach using sources such as textbooks, agency handbooks, quality web pages, patient education resources, and more.

FOREGROUND QUESTIONS

Those asked to address the specific clinical problem or situation more directly. Taking a more telescopic lens approach, they are best answered with relevant research. This type of "searchable question" often has 3 or 4 components.

One method for thinking about searchable questions is known as the PICO method (Source: EBP Tutorial, Penn State).

The PICO Method

P: Population

- On what patient group or population do you want information?
- Starting with your patient or client ask, "How would I describe a group of patients similar to mine?"

I: Intervention
• What health intervention do you want to study?
  • Ask, "What key intervention am I considering?" or “What interventions are available?”

C: Comparison (may or may not be present)
  • Compared to what? Better or worse than no intervention at all or than another intervention?
  • Ask, "What is the main alternative to compare with the intervention?"

O: Outcome
  • What is the effect of the intervention?
  • Ask, "What do I hope to accomplish?" or “What effects am I looking for?”

ACCESSING EVIDENCE FOR PRACTICE

Given the wealth of available research and information, it is nearly impossible for nurses to read everything they will need to know about their practice area(s). A preceptor’s awareness of evidence-based literature and the tools for keeping current is important not only for effective practice, but also for optimal support for student learning.

Bibliographic databases such as CINAHL, MedlinePlus, and PubMed allow nurses to keep current with the research literature. In addition, full text databases such as the Cochrane Library (a database of systematic reviews) and electronic journals such as Evidence Based Nursing can provide needed information.
TUTORIALS FOR USING DATABASES

- PubMed Tutorial, National Library of Medicine (NLM)
- MedlinePlus Training, NLM
- CINAHL, EBSCO
- BadgerLink Tutorial, Ebling Library, UW-Madison
- Tutorials on using multiple databases (including Cochrane), Ebling Library, UW-Madison

Professional Practice Guidelines can also serve as evidence. The National Guideline Clearinghouse is a comprehensive database of evidence-based clinical guidelines and related documents: http://guideline.gov/

Busy clinicians and students may be drawn to quick online searches when pressed with a clinical dilemma or question. Google Scholar is a highly accessible search engine. Limitations are outlined below (Source: University of Illinois EBP website), and preceptors serve student learning optimally by using and directing students to other databases.

GOOGLE SCHOLAR STRENGTHS

- Easy to use, familiar search interface;
- Filters out the extensive popular, non-scholarly sources found in a similar Google search;
- Searches full text of available resources;
- Easy cross-disciplinary searching;
- Provides access to full text via Library Links, for users associated with an academic library;
- "Cited by" allows for forward citation searching ("cited by" tracks other citations within Google Scholar).
GOOGLE SCHOLAR WEAKNESSES

- No controlled vocabulary;
- Indexing errors (for example, a search for head trauma returns an author list including A Trauma, R Hemorrhage);
- Fewer ways to limit and filter results than other research databases;
- Unknown coverage of research literature, possible gaps in coverage;
- No clear criteria of "scholarly" literature stated;
- Frequency of updates unclear, citations are not as current as citations in specialized databases such as PubMed.

APPRAISING THE QUALITY OF THE EVIDENCE

EBP allows the practitioner to assess research, clinical guidelines, and other information resources in order to identify relevant literature.

A hierarchy of quality of evidence sources that is generally accepted is described in the following graphic.

![Hierarchy of Evidence Sources](image-url)
Systematic reviews and meta-analyses that present information from multiple studies are considered the strongest form of evidence. In addition, these sources are an efficient means of examining results from many studies.

Next strongest is information from individual studies, with evidence generated from randomized controlled trials often deemed the strongest of the wide variety of study designs. Guidelines and other studies or reports provided by governmental and professional organization sources are also good sources of evidence.

Less robust as sources of evidence for practice are case studies and editorial opinions, although they are important perspectives to include depending on the questions.

**APPLYING EVIDENCE TO PRACTICE AND ASSESSING RESULTS**

Evidence exists to inform and guide practice rather than dictate it. Applying the recommended practice change or intervention may require consultation with more experienced colleagues or staff education about its importance.

In determining if interventions have value, questions such as these may be useful:

- Was the intervention successful? Did it make a difference?
- Is there new information/data in the literature?
- How can I improve and/or update my clinical decisions?

Students should be encouraged to:

- Share the results of their search for evidence
- Consult with preceptors and other agency experts as they consider implementing a new evidence-based intervention with their patient or population
EPB Case Example

Cherise is a student nurse with an experienced school nurse preceptor, and is working with an 8th grade boy with Type 1 Diabetes. He was diagnosed in 3rd grade and in the past 2 years he has been less committed to his medical treatment plan, his HcA1C has gone from 7.0 to 11.3, he has been hospitalized once for ketoacidosis, and his grade point has slid from 3.4 to 2.1. His parents are concerned about his loss of friendships, and he is often irritable and reclusive at home and school.

ASK

Cherise, with the help of her preceptor, began formulating background questions:

- What are the clinical manifestations of Type 1 diabetes in childhood and adolescence?
- What are the developmental tasks of adolescence?
- What relationship exists between having diabetes and stress or mental health conditions? Between having diabetes and academic success?

Once she had explored the information relative to these questions, Cherise and her preceptor were ready to ask a more precise (foreground) question that would drive their review of evidence:

- For adolescents with Type1 diabetes, what interventions are most effective for helping them manage their condition with some level of
independence that results in positive health and school outcomes?

ACCESS

Cherise had experience using the PubMed search engine. Sitting down with her preceptor who’d done the tutorial but had not completed a full search, they worked together to complete their search. At one point of confusion, they consulted with the health sciences librarian by phone.

APPRAISAL

After reviewing the abstracts of their "top 5" sources, they chose to focus on the following article: http://care.diabetesjournals.org/content/30/6/1390.full

Though not a systematic review of multiple studies (top of the pyramid), this was a report of a recent randomized-controlled study of 66 subjects that demonstrated the positive impact of using Motivational Interviewing (MI) in 14-17 year old with diabetes. HgA1c results improved significantly compared with the control group. The motivational interviewing group had higher life satisfaction, lower life worry, experienced less anxiety, and had more positive well-being. They also perceived their diabetes to be more serious and placed greater importance on controlling it.

APPLY and ASSESS

Cherise had theoretical knowledge about MI from previous coursework and the preceptor had completed a school-based training recently. The preceptor shared her experience in beginning application of MI with some students, and directed Cherise to consult with the MI expert in the school district, a social worker who conducted the staff trainings and used MI extensively in
her practice.

A plan was designed to meet for the student, using MI as the primary intervention, to meet with the boy weekly for the remainder of the semester, and to collect pre and post data regarding multiple variables (attendance, grades, HgA1C, parent and student report of well-being, and student satisfaction with the intervention).

42) STRATEGIES FOR TEACHING STUDENTS

Key to successfully supporting a student in the arena of EBP is the nurse preceptor’s willingness to:

• Embrace the principles of EBP and a spirit of inquiry and curiosity
• Self-reflect on current EBP knowledge and skills
• Over time, build the knowledge and skills necessary to become more proficient in integrating EVP in his or her professional practice

Preceptors can stimulate student learning and assist in honing student skills in accessing and using evidence for practice. Potential strategies include:

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<tr>
<td>Interact with the student at the computer, sharing and comparing understanding and skills in data searches. Consider engaging in a tutorial together in an area of</td>
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mutual need for learning. Reciprocal leaning is typically valued by students and preceptors (Modhie & Matthew-Maick)

Access support from the clinical course faculty in determining what students have learned about evidence-based practice in their coursework.

Role model the process of formulating questions, accessing information, and appraising the quality of the information when approaching a clinical problem.

Provide a list to students of sources of evidence commonly used in your agency. Examples: Policy and Procedure guidelines, Best-Practice Guidelines, professional websites and other sources of data.

Explain how procedures in the agency are based on practice guidelines or other sources of evidence. Invite the student to look up sources and assess how the original information was converted to a specific policy or procedure.

Assure that students developing health education materials, revising guidelines, or developing resource manuals are using current sources of evidence.

Explore with students the relationship between the use
of evidence, and professional knowledge and experience.

Ask questions that stimulate students to think critically about the evidence they are using in the practice site and compare with evidence they have used in previous sites. For instance, how do the sources of evidence in a public health agency differ or not from those used in acute care?

Expect students to make explicit their sources of evidence when doing care planning, health education, community assessments, or other projects.

Ask the student to walk you through the process of finding evidence for a specific intervention, activity, or project.

When needing assistance, turn to the college or university health sciences library for guidance. Inquire with the course faculty about gaining broad access to resources.

### 43) SUMMARY POINTS

- Nurses using evidence-based practice use their own clinical experience and expertise in conjunction with applying best research evidence to specific situations in ways that meaningfully involve clients, families, and communities.
• Evidence-base practice involves five steps: ask, access, appraise, apply, and assess.
• Preceptors can foster the use of evidence-based practice by enhancing their own skills, role-modeling the process, and setting expectations that students use evidence in creating plans and clinical projects.

44) RESOURCES

For additional support in learning how to use evidence in practice, these online tutorials are available:

Evidence-Based Public Health Nursing (EBPHN), University of Illinois at Chicago
http://www.uic.edu/depts/lib/projects/ebphn/phwebsites.html

Evidence-Based Practice Tutorial: Penn State University Libraries
http://www.libraries.psu.edu/psul/tutorials/ebpt.html

Evidence Based Nursing Introduction: UNC Health Sciences Library
http://guides.lib.unc.edu/content.php?pid=118238&sid=1019262

Evidence Based Practice: An Interdisciplinary Tutorial: University of Minnesota Libraries
http://hsl.lib.umn.edu/learn/ebp/

Introduction to Evidence Based Practice: Duke University Medical Libraries and UNC Health Sciences Library
http://www.hsl.unc.edu/services/tutorials/ebm/index.htm

45) REFERENCES


APPENDIX 1

Kolb Learning Styles and Teaching Strategies
## Kolb Learning Styles and Teaching Strategies

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<td>Accomodator/Activist</td>
<td>“Dynamic learners”:</td>
<td>Prefer learning through:</td>
</tr>
<tr>
<td></td>
<td>▪ Enjoy experimentation</td>
<td>▪ Student presentations</td>
</tr>
<tr>
<td></td>
<td>▪ Enjoy new and challenging</td>
<td>▪ Group projects</td>
</tr>
<tr>
<td></td>
<td>situations</td>
<td>▪ Case studies</td>
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<tr>
<td></td>
<td>▪ Enjoy exploring possibilities</td>
<td>▪ Role playing</td>
</tr>
<tr>
<td></td>
<td>▪ Risk takers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Act on “gut feelings”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>“I’m game for anything”</td>
<td></td>
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<tr>
<td>Diverger/Reflector</td>
<td>“Innovative learners”:</td>
<td>Prefer learning through:</td>
</tr>
<tr>
<td></td>
<td>▪ Prefer to observe</td>
<td>▪ Group discussion</td>
</tr>
<tr>
<td></td>
<td>▪ Like to gather information</td>
<td>▪ Brainstorming</td>
</tr>
<tr>
<td></td>
<td>▪ Need to personalize new</td>
<td>▪ Role playing</td>
</tr>
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<td></td>
<td>information by connecting it</td>
<td>▪ Journal writing</td>
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<td></td>
<td>to what they already know</td>
<td>▪ Group projects</td>
</tr>
<tr>
<td></td>
<td>▪ Like working in groups</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Enjoy formulating insights</td>
<td></td>
</tr>
<tr>
<td></td>
<td>“Let me think about this first”</td>
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<tr>
<td>Assimilator/Theorist</td>
<td>“Analytic learners”:</td>
<td>Prefer learning through:</td>
</tr>
<tr>
<td></td>
<td>▪ Enjoy focusing on abstract</td>
<td>▪ Lectures</td>
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<tr>
<td></td>
<td>ideas and concepts</td>
<td>▪ One on one instruction</td>
</tr>
<tr>
<td></td>
<td>▪ Value theory over practical</td>
<td>▪ Textbooks and readings</td>
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<tr>
<td></td>
<td>application</td>
<td>▪ Demonstrations</td>
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<tr>
<td></td>
<td>▪ Enjoy reflection</td>
<td>▪ Self-instruction</td>
</tr>
<tr>
<td></td>
<td>▪ Like to gather data</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Like reading</td>
<td></td>
</tr>
<tr>
<td></td>
<td>“How does this relate to that?”</td>
<td></td>
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<tr>
<td>Converger/Pragmatist</td>
<td>“Common sense learners”:</td>
<td>Prefer learning through:</td>
</tr>
<tr>
<td></td>
<td>▪ Are practical</td>
<td>▪ Demonstrations</td>
</tr>
<tr>
<td></td>
<td>▪ Prefer structure</td>
<td>▪ Return demonstrations</td>
</tr>
<tr>
<td></td>
<td>▪ Prefer specific solutions to</td>
<td>▪ Handouts</td>
</tr>
<tr>
<td></td>
<td>problems</td>
<td>▪ Diagrams</td>
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<tr>
<td></td>
<td>▪ Enjoy technical tasks</td>
<td>▪ Case studies</td>
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<tr>
<td></td>
<td>“How can I apply this in</td>
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<tr>
<td></td>
<td>practice?”</td>
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From:
- [http://www.nwlink.com/~donclark/hrd/styles.html#kolb](http://www.nwlink.com/~donclark/hrd/styles.html#kolb)
- [http://www.gyrus.nu/Pedagogical_Resources/Learning_Styles_Prompts.html](http://www.gyrus.nu/Pedagogical_Resources/Learning_Styles_Prompts.html)
APPENDIX 2

Example of Student Misconduct Policies and Procedures
# Student Academic Misconduct Policy & Procedures

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I. Background and Purpose:

Under state law, the Board of Regents of the University of Wisconsin System promulgates rules governing student academic conduct and procedures for the administration of violations. The Board’s rules are found in Wisconsin Administrative Code Chapter 14, commonly referred to as “UWS 14”. UWS 14 requires each Chancellor to promote academic honesty and integrity and to adopt policies and develop procedures to deal effectively with instances of academic dishonesty. UWS 14.01, UWS 14.18

This document describes UW-Madison’s policies and procedures as required by or otherwise authorized under UWS 14. The document supplements UWS 14 and, in combination with UWS 14, describes student academic misconduct policies and procedures at the UW-Madison. For convenience, references to specific sections of UWS 14 appear at the end of statements in these procedures where relevant.

II. Staffing the Academic Misconduct Process:

Student Affairs Officer: The Chancellor has appointed the Dean of Students as the “Student Affairs Officer” responsible for carrying out the student academic misconduct process under UWS 14 and these procedures at UW-Madison.

Day-to-Day Management of Misconduct Processes: The Dean of Students may delegate authority for day-to-day management of student academic misconduct processes at UW-Madison.

Investigating Officers: The Chancellor, through the Dean of Students, has appointed Office of the Dean of Students staff to serve as “Investigating Officers” to carry out certain responsibilities in investigating and making misconduct determinations under UWS 14. Upon the request of the Dean of a School or College, the Chancellor, or his or her designee, may appoint additional Investigating Officers to carry out those responsibilities for academic misconduct in the specific School or College.

Official Address: Correspondence relating to an academic misconduct hearing matter should be addressed as follows:

Academic Misconduct Hearing Panel
c/o Office of the Dean of Students
UW-Madison

75 Bascom Hall, 500 Lincoln Drive
Madison, WI 53706

For further information, the Dean of Students Office can be reached as follows:

Telephone: 608 263-5700

Information on academic misconduct, including this document, can be found at: http://www.wisc.edu/students/conduct.htm

III. Academic Misconduct Hearing Panel, Committee, and Hearing Examiners:

Appointment of Hearing Committee, and Hearing Examiner at UW-Madison: Under these procedures, a matter to be considered in hearing is heard before a hearing committee or hearing examiner. UW-Madison appoints hearing panel and committee members, and a hearing examiner or examiners consistent with the following procedures:

Academic Misconduct Hearing Committee: UWS 14.15 provides in part that "The chancellor of each institution, in consultation with faculty, academic staff, and student representatives, shall adopt policies providing for the establishment of a student academic misconduct hearing committee or designation of a hearing examiner to fulfill the responsibilities of the academic misconduct hearing committee..."

Academic Misconduct Hearing Panel: The Academic Misconduct Hearing Panel is a pool of fifteen persons trained and able to hear academic misconduct cases. Consistent with these rules, the University Committee shall appoint five faculty members to serve on the Academic Misconduct Hearing Panel; the Academic Staff Executive Committee shall appoint five academic staff members to serve on the Panel; and the Associated Students of Madison shall appoint five student members to the Panel. The hearing committee for a particular case (a sub-set of the panel) is assigned by the Chair of the panel.

Appointments to the panel may be made for any length of time and typically are made for periods of one to four years for faculty, staff and students. Appointments may be made on a staggered basis to allow for a balance of experienced and new members in a given year.
Chair of the Panel: The chancellor appoints the panel’s Chair from among the members, from time-to-time as required or desired.

Hearing Committee: The chancellor has delegated authority to the panel’s chair to assign a hearing committee from the hearing panel’s membership to hear a given matter. Such hearing committees operate with full authority as the “hearing committee” under misconduct rules.

UWS 14 requires that the misconduct hearing committee “…shall consist of at least 3 persons, including a student or students, and the presiding officer. The chancellor delegates the authority to appoint the presiding officer for a specific hearing committee to the Chair of the Hearing Panel. The presiding officer and at least one other member shall constitute a quorum at any hearing held pursuant to due notice.” UWS 14.15(1) No committee may be composed of a majority of student members.

Hearing Examiner: UWS 14.15(2) provides for the chancellor to appoint a hearing examiner or examiners from among the institution’s faculty and academic staff. Selections for the chancellor’s appointment are made by the Academic Staff Executive committee for academic staff members and by the University Committee of the Faculty Senate for faculty members. Hearing examiners may or may not also be current members of the hearing panel.

IV. Hearings:

After investigation and a finding of misconduct leading to a disciplinary sanction or sanctions, certain misconduct matters are reviewed in hearing by a hearing committee or a hearing examiner. Procedures for the hearing committee and the hearing examiner are as follows:

Right to Hearing: UWS 14 provides students the right to a hearing “…to contest the determination that academic misconduct occurred, or the disciplinary sanction imposed, or both.” UWS 14.05(3)

A hearing is available to any student wishing to challenge the finding of misconduct or the discipline imposed. However, procedures leading to the hearing vary depending on the severity of the discipline imposed:

1. Hearing by Student Request If Disciplinary Sanction Imposed At The Discretion Of The Instructor:

If the disciplinary sanction sought against the student is at the discretion of the instructor (that is, UWS 14.04 (1) (a) through (c):, oral reprimand, a written reprimand presented only to the students, an assignment to repeat the work, graded on its own merits, the student must file a request in writing with the UW-Madison Dean of Students for a hearing within 10 calendar days of imposition of the sanction by the instructor. UWS 14.05(3)

2. Hearing by Student Request Following A Report From An Instructor. If the instructor has been required to prepare a written report because the disciplinary sanction sought involves formal discipline, that is UWS 14.04 (1) (d) through (h): lower or failing grade on the particular assignment or test; a lower grade in the course; a failing grade in the course; removal of the students from a course in progress; a written reprimand for inclusion in the student’s disciplinary file; or disciplinary probation, the student must file a written request with the UW-Madison Dean of Students Office within 10 calendar days of personal delivery or mailing of the instructor’s written report. UWS 14.06(3)(c)

3. Automatic Hearing Unless Waived by Student if Suspended/Expelled: If the disciplinary sanction sought is disciplinary probation, suspension or expulsion UWS 14.04 (1)(I) or (j),

“…the student affairs office shall, upon receipt of the written report under par. (b), proceed under UWS 14.08 to schedule a hearing on the matter. The purpose of the hearing shall be to review the determination that academic misconduct occurred and the disciplinary sanction recommended. A hearing will be conducted unless the student waives, in writing, the right to such a hearing.” UWS 14.07(5)(c)(2)

A request for a hearing or waiver of a right to hearing is made in writing to:

Dean of Students
75 Bascom Hall, 500 Lincoln Drive
Madison, WI 53706

V. Conducting Hearings:

Procedures for the conduct of hearings are described
by UWS 14.08. 

Scheduling the Hearing/Timing of Hearing: The Dean of Students Office has 10 calendar days to schedule a hearing after receiving the investigating officer’s report recommending suspension or expulsion [UWS 14.07(5)(c)(2)] or after receiving the student’s timely request for a hearing when the sanction is not suspension or expulsion, unless the investigating officer, instructor, student, and members of the hearing committee mutually agree otherwise. UWS 14.08(1)

The Dean of Students Office will work closely with the student, instructor, and committee to see that the hearing can take place as quickly as possible, taking into account the need to coordinate the schedules of all involved parties and the committee members.

Pre-hearing Conferences: The presiding officer/acting presiding officer of a hearing committee or the hearing examiner may request a pre-hearing conference with the parties. The pre-hearing conference is intended to consider “housekeeping” matters such as calendar planning for the hearing, an agreed-upon statement of the relevant issue or issues to be considered, stipulations of fact, if any, document production, witness lists, and the manner, length, and format of submissions or presentations to the committee/examiner.

Student’s Choice of Hearing by Committee or Examiner: Whether the hearing is at the student’s request or is automatically scheduled, if the proposed sanction is suspension or expulsion, the student has the right to decide if the hearing will be conducted by the hearing committee or by a hearing examiner.

Should the student not inform the Dean of Students of his/her choice for the hearing body within a reasonable time, the Dean of Students Office will make the decision.

Distribution of Investigating Officer’s Written Report: “Reasonably in advance of the hearing, the committee shall obtain from the instructor or investigating officer, in writing, a full explanation of the facts upon which the determination of misconduct was based, and shall provide a copy of UWS 14 to the student”. UWS 14.08(2)

The Hearing Itself: UWS 14.08 describes requirements for the conduct of hearings. “Committee” means academic misconduct hearing committee or hearing examiner. UWS 14.02(9)

Hearings are informal, non-adversarial proceedings for the purpose of ascertaining relevant facts regarding a student’s alleged misconduct. The presiding officer of the Hearing Committee or the Hearing Examiner reserves the right to intervene if questioning or testimony becomes unduly repetitious, disrespectful, hostile, or harassing, and has the authority to take appropriate steps to maintain decorum.

Closed Hearing: Meetings of the committee and hearings are subject to the provisions of the Federal Educational Rights and Privacy Act of 1974 (FERPA). FERPA requires that the University not release any student record information without the written authorization from the student or students involved. Therefore, hearings to receive evidence or hear argument shall be closed to the public.

When a hearing is in closed session, only those with current, official purpose in the proceeding may be present. This includes the parties, their official representative, the hearing examiner/hearing committee members, and authorized staff, if required, e.g., to operate recording equipment. Witnesses who are not parties to the matter are to be present only when testifying at the hearing.

Quorum: “The presiding officer and at least one other member shall constitute a quorum at any hearing held pursuant to due notice.” UWS 14.15(1)

Recusal: A hearing committee member or hearing examiner may recuse her/himself from participation in a hearing if she/he has reason to believe that doing so is in the best interest of any party to the matter. For example, a committee member or examiner may wish to recuse her/himself because of prior personal involvement in the case or because she or he has a relationship with a party to the case that may interfere with her or his ability to remain impartial and fulfill the responsibilities of a hearing officer. Should a hearing examiner or committee member recuse herself/himself from hearing the matter, a new hearing examiner or committee member will be appointed.

Legal Representation: The hearing committee may be advised by legal counsel assigned from UW-
Witnesses, Evidence, Representation: The student “shall have the right to question adverse witnesses, the right to present evidence and witnesses, and to be heard in his or her own behalf, and the right to be accompanied by a representative of his or her choice.” UWS 14.08 (3)(a)

Rules of Evidence, Value of Evidence: “The hearing committee shall not be bound by common law or statutory rules of evidence and may admit evidence having reasonable probative value, but shall exclude immaterial, irrelevant, or unduly repetitious testimony, and shall give effect to recognized legal privileges.” UWS 14.08(3)(b)

Instructor or Witness Unavailable to Appear: If a person with direct evidence of the offense is not available to appear at the hearing, he or she may request to provide written materials or be available by telephone. If a person with direct evidence of the offense chooses not to appear or cannot be located, the hearing shall proceed and the examiner or committee shall base the decision on the witnesses and materials presented. The weight or credibility of materials presented in the absence of live testimony may be a factor considered by the committee.

Failure of a Student to Appear: If a student cannot attend the hearing in person, he or she may request to provide written materials or be available by telephone. If a student fails to appear without providing such notice, the hearing shall proceed and the hearing examiner or committee will base its decision upon the record provided by the parties.

Recording Hearing: “The committee shall make a record of the hearing. The record shall include a verbatim record of the testimony, which may be a sound recording, and a file of the exhibits offered at the hearing. Any party to the hearing may obtain copies of the record at his or her own expense. Upon a showing of indigence and legal need, a party may be provided a copy of the verbatim record of the testimony without charge.” UWS 14.08(3)(c)

Written Findings and Decision: “The committee shall prepare written findings of fact and a written statement of its decision based upon the record of the hearing.” UWS 14.08(3)(d)

Burden of Proof: “The hearing committee may find academic misconduct and impose a sanction of suspension or expulsion only if the proof of such misconduct is clear and convincing. In other cases, a finding of misconduct must be based on a preponderance of the credible evidence.” UWS 14.08(3)(e)

Range of Options in Imposing Discipline: “The committee may impose a disciplinary sanction that differs from the recommendations of the instructor or investigating officer.” UWS 14.08(3)(f)

Presentation of Case by UW/Representation of UW in Hearing: “The instructor or the investigating officer or both may be witnesses at the hearing conducted by the committee, but do not have responsibility for conducting the hearing.” UWS 14.08(3)(g)

Decision, Delivery of, and Finality of: “The decision of the hearing committee shall be served upon the student either by personal delivery or by first class United States mail to his or her current address as maintained by the institution. The decision shall become final within 10 calendar days of personal delivery or mailing, unless an appeal is taken under UWS 14.09.” UWS 14.08(3)(h)

Note that deliberations constitute a part of/extension of the hearing. From time-to-time, the committee/examiner may call for a recess in the matter.

The Decision: In a matter before a hearing committee, the committee’s findings and the imposition of discipline, if any, are made on the basis of a vote. Any finding or disciplinary sanction will be based on the vote of a simple majority of members of the hearing committee who participated in the matter. In the event of a tie vote, the finding of the hearing committee shall be in favor of the student.

Settlement Not Prohibited: Neither UWS 14 nor these procedures preclude a student from agreeing that academic misconduct occurred and to the imposition of a sanction, or to other terms and conditions, after proper notice has been given. “Required written reports, however may not be waived.” UWS 14.11

Any such agreement shall be reduced to writing which, when signed by the student, shall conclude the case.
Final Decision/Appeals:
1. Discipline imposed by Hearing Committee/Examiner that does not include suspension or expulsion: The hearing committee’s or examiner’s decision is final upon its issuance, except as noted below under Board of Regents Appeal.
2. Discipline imposed by Hearing Committee/Examiner includes suspension or expulsion: In matters “where the sanction prescribed by the hearing committee is suspension or expulsion, the student may appeal to the chancellor to review the decision of the hearing committee on the record. In such a case, the chancellor shall sustain the decision of the academic misconduct hearing committee unless the chancellor finds (a) The evidence of record does not support the findings or recommendations of the hearing committee; (b) Established procedures were not followed by the academic misconduct hearing committee and material prejudice to the student resulted; or (c) The decision was based on factors proscribed by state or federal law regarding equal educational opportunities.” UWS 14.09(1)

The committee’s/examiner’s decision is final in cases where the chancellor sustains the original decision under these rules. If, under a UWS 14.09 appeal, the chancellor does not sustain the committee’s/examiner’s decision, “…the chancellor may remand the matter for consideration by a different hearing committee, or, in the alternative, may invoke an appropriate remedy of his or her own.” UWS 14.09(2)

3. Board of Regents Appeal: In all cases, “Institutional decisions … shall be final, except that the board of regents may, at its discretion, grant a review upon the record.” UWS 14.10

Adapted by the Chancellor September 1, 1998.
Revised and reviewed October 1, 2002.

VI. Chapter UWS 14:

UWS 14.01 Statement of principles.
The board of regents, administrators, faculty, academic staff and students of the university of Wisconsin system believe that academic honesty and integrity are fundamental to the mission of higher education and of the university of Wisconsin system. The university has a responsibility to promote academic honesty and integrity and to develop procedures to deal effectively with instances of academic dishonesty.

Students are responsible for the honest completion and representation of their work, for the appropriate citation of sources, and for respect of others’ academic endeavors. Students who violate these standards must be confronted and must accept the consequences of their actions.

History: Cr. Register, February, 1989, No. 398, eff. 3–1–89.

UWS 14.02 Definitions.
In this chapter:
(1) “Academic misconduct” means an act described in s. UWS 14.03.
(2) “Academic misconduct hearing committee” means the committee or hearing examiner appointed pursuant to s. UWS 14.15 to conduct hearings under s. UWS 14.08.
(3) “Chancellor” means the chancellor or designee.
(4) “Days” means calendar days.
(5) “Disciplinary file” means the record maintained by the student affairs officer responsible for student discipline.
(6) “Disciplinary probation” means a status in which a student may remain enrolled in the university only upon the condition that the student complies with specified standards of conduct for a specified period of time, not to exceed 2 semesters.
(7) “Disciplinary sanction” means any action listed in s. UWS 14.04 taken in response to student academic misconduct.
(8) “Expulsion” means termination of student status with resultant loss of all student rights and privileges.
(9) “Hearing examiner” means an individual appointed by the chancellor in accordance with s. UWS 14.15 for the purpose of conducting a hearing under s. UWS 14.08.
(10) “Institution” means any university or center, or organizational equivalent designated by the board.
(11) “Instructor” means the faculty member or instructional academic staff member who has responsibility for the overall conduct of a course and ultimate responsibility for the assignment of the grade for the course.
(12) “Investigating officer” means an individual, or his or her designee, appointed by the chancellor of each institution to carry out certain responsibilities in the course of investigations of academic misconduct under this chapter.
(13) “Student” means any person who is registered for study in an institution for the academic period in which the misconduct occurred.
(14) “Student affairs officer” means the dean of students or student affairs officer designated by the chancellor to carry out duties described in this chapter.
(15) “Suspension” means a loss of student status for a specified length of time, not to exceed 2
years, with resultant loss of all student rights and privileges.

History: Cr. Register, February, 1989, No. 398, eff. 3–1–89.

UWS 14.03 Academic misconduct subject to disciplinary action.

(1) Academic misconduct is an act in which a student:
   (a) Seeks to claim credit for the work or efforts of another without authorization or citation;
   (b) Uses unauthorized materials or fabricated data in any academic exercise;
   (c) Forges or falsifies academic documents or records;
   (d) Intentionally impedes or damages the academic work of others;
   (e) Engages in conduct aimed at making false representation of a student’s academic performance; or
   (f) Assists other students in any of these acts.

(2) Examples of academic misconduct include, but are not limited to: cheating on an examination; collaborating with others in work to be presented, contrary to the stated rules of the course; submitting a paper or assignment as one’s own work when a part or all of the paper or assignment is the work of another; submitting a paper or assignment that contains ideas or research of others without appropriately identifying the sources of those ideas; stealing examinations or course materials; submitting, if contrary to the rules of a course, work previously presented in another course; tempering with the laboratory experiment or computer program of another student; knowingly and intentionally assisting another student in any of the above, including assistance in an arrangement whereby any work, classroom performance, examination or other activity is submitted or performed by a person other than the student under whose name the work is submitted or performed.

History: Cr. Register, February, 1989, No. 398, eff. 3–1–89.

UWS 14.04 Disciplinary sanctions.

(1) The following are the disciplinary sanctions that may be imposed for academic misconduct in accordance with the procedures of s. UWS 14.05, 14.06 or 14.07:
   (a) An oral reprimand;
   (b) A written reprimand presented only to the student;
   (c) An assignment to repeat the work, to be graded on its merits;
   (d) A lower or failing grade on the particular assignment or test;
   (e) A lower grade in the course;
   (f) A failing grade in the course;
   (g) Removal of the student from the course in progress;
   (h) A written reprimand to be included in the student’s disciplinary file;
   (i) Disciplinary probation; or
   (j) Suspension or expulsion from the university.

(2) One or more of the disciplinary sanctions listed in sub. (1) may be imposed for an incident of academic misconduct.

History: Cr. Register, February, 1989, No. 398, eff. 3–1–89.

UWS 14.05 Disciplinary sanction imposed at the discretion of the instructor.

(1) Where an instructor concludes that a student enrolled in one of his or her courses has engaged in academic misconduct in the course, the instructor for that course may impose one or more of the following disciplinary sanctions, as listed under s. UWS 14.04 (1) (a) through (c):
   (a) An oral reprimand;
   (b) A written reprimand presented only to the student;
   (c) An assignment to repeat the work, to be graded on its merits.

(2) No disciplinary sanction may be imposed under this section unless the instructor promptly offers to discuss the matter with the student. The purpose of this discussion is to permit the instructor to review with the student the bases for his or her belief that the student engaged in academic misconduct, and to afford the student an opportunity to respond.

(3) A student who receives a disciplinary sanction under this section has the right to a hearing before the academic misconduct hearing committee under s. UWS 14.08 to contest the determination that academic misconduct occurred, or the disciplinary sanction imposed, or both. If the student desires such a hearing, he or she must file a written request with the student affairs officer within 10 days of imposition of the disciplinary sanction by the instructor.

History: Cr. Register, February, 1989, No. 398, eff. 3–1–89.

UWS 14.06 Disciplinary sanction imposed following a report of academic misconduct by the instructor.

Where an instructor believes that a student enrolled in one of his or her courses has engaged in academic misconduct and the sanctions listed under s. UWS 14.04 (1) (a) through (c) are inadequate or inappropriate, the instructor may proceed in accordance with this section to impose, subject to hearing rights in s. UWS 14.08, one or more of the disciplinary sanctions listed under s. UWS 14.04 (1) (d) through (h).

(1) Conference with student.

When an instructor concludes that proceedings under this section are warranted, the instructor shall promptly offer to discuss the matter with the
student. The purpose of this discussion is to permit the instructor to review with the student the bases for his or her belief that the student engaged in academic misconduct, and to afford the student an opportunity to respond.

(2) Determination by the instructor that no academic misconduct occurred. If, as a result of a discussion under sub. (1), the instructor determines that academic misconduct did not in fact occur or that no disciplinary sanction is warranted under the circumstances, the matter will be considered resolved without the necessity for further action or a written report.

(3) Process following determination by the instructor that academic misconduct occurred.

(a) If, as a result of a discussion under sub. (1), the instructor determines that academic misconduct did occur and that one or more of the disciplinary sanctions listed under s. UWS 14.04 (1) (d) through (h) should be recommended, the instructor shall prepare a written report so informing the student, which shall contain the following:

1. A description of the misconduct;
2. Specification of the sanction recommended;
3. Notice of the student’s right to request a hearing before the academic misconduct hearing committee; and
4. A copy of the institutional procedures adopted to implement this section.

(b) The written report shall be delivered personally to the student or be mailed to the student by regular first class United States mail at his or her current address, as maintained at the institution. In addition, copies of the report shall be provided to the institution’s student affairs officer and to others authorized by institutional procedures.

(c) A student who receives a written report under this section has the right to a hearing before the academic misconduct hearing committee under s. UWS 14.08 to contest the determination that academic misconduct occurred, or the choice of disciplinary sanction, or both. If the student desires the hearing before the academic misconduct hearing committee, the student must file a written request with the student affairs officer within 10 days of personal delivery or mailing of the written report. If the student does not request a hearing within this period, the determination of academic misconduct shall be regarded as final, and the disciplinary sanction recommended shall be imposed.

(4) Process following determination by the instructor that disciplinary probation, suspension or expulsion may be warranted.

(a) If, as a result of a discussion under sub. (1), the instructor determines that academic misconduct did occur and that disciplinary probation, suspension or expulsion under s. UWS 14.04 (1) (i) or (j) should be recommended, the instructor shall provide a written report to the investigating officer, which shall contain the following:

1. A description of the misconduct; and
2. Specification of the sanction recommended.

(b) Upon receipt of a report under this subsection, the investigating officer may proceed, in accordance with s. UWS 14.07, to impose a disciplinary sanction.

History: Cr. Register, February, 1989, No. 398, eff. 3–1–89.

UWS 14.07 Disciplinary sanction imposed following a report of academic misconduct by the investigating officer.

The investigating officer may proceed in accordance with this section to impose, subject to hearing and appeal rights, one or more of the disciplinary sanctions listed in s. UWS 14.04 (1) (g) through (j).

(1) Authority of investigating officer. The investigating officer may proceed in accordance with this section when he or she receives information that a student at the institution has engaged in alleged academic misconduct and:

(a) Some or all of the alleged academic misconduct occurred outside the scope of any course for which the involved student is currently registered;
(b) The involved student has previously engaged in academic misconduct subject to the disciplinary sanctions listed in s. UWS 14.04 (1) (d) through (i);
(c) The alleged misconduct would, if proved to have occurred, warrant a sanction of disciplinary probation, suspension or expulsion; or
(d) The instructor in the course is unable to proceed.

(2) Conference with student. When the investigating officer concludes that proceedings under this section are warranted, he or she shall promptly offer to discuss the matter with the student. The purpose of this discussion is to permit the investigating officer to review with the student the bases for his or her belief that the student engaged in academic misconduct, and to afford the student an opportunity to respond.

(3) Conference with instructor. An investigating officer proceeding under this section shall discuss the matter with an involved instructor. This discussion may occur either before or after the conference with the student. It may include consultation with the instructor on the facts underlying the alleged academic misconduct and on the propriety of the recommended sanction.

(4) Determination by the investigating officer that no academic misconduct occurred. If, as a result of discussions under subs. (2) and (3), the investigating officer determines that academic misconduct did not in fact occur or that no disciplinary sanction is warranted under the circumstances, the matter will be considered
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resolved without the necessity for further action or a written report.

(5) Process following determination by the investigating officer that academic misconduct occurred.

(a) If, as a result of discussions under subs. (2) and (3), the investigating officer determines that academic misconduct did occur and that one or more of the disciplinary sanctions listed under s. UWS 14.04 (1) (g) through (l) should be recommended, the investigating officer shall prepare a written report so informing the student, which shall contain the following:

1. A description of the misconduct;
2. Specification of the sanction recommended;
3. Notice of the student's right to a hearing before the academic misconduct hearing committee; and
4. A copy of the institutional procedures adopted to implement this section.

(b) The written report shall be delivered personally to the student or mailed to the student by regular first class United States mail at his or her current address, as maintained at the institution. In addition, a copy of the report shall be provided to the instructor and to the institution's student affairs officer.

(c) A student who receives a written report under this section has the right to a hearing before the academic misconduct hearing committee under s. UWS 14.08 to contest the determination that academic misconduct occurred, or the choice of disciplinary sanction, or both.

1. Except in cases where the disciplinary sanction recommended is disciplinary probation, suspension or expulsion, if the student desires the hearing before the academic misconduct hearing committee, the student must file a written request with the student affairs officer within 10 days of personal delivery or mailing of the written report. If the student does not request a hearing within this period, the determination of academic misconduct shall be regarded as final, and the disciplinary sanction recommended shall be imposed.

2. In cases where the disciplinary sanction recommended is disciplinary probation, suspension or expulsion, the student affairs officer shall, upon receipt of the written report under par. (b), proceed under s. UWS 14.08 to schedule a hearing on the matter. The purpose of the hearing shall be to review the determination that academic misconduct occurred and the disciplinary sanction recommended. A hearing will be conducted unless the student waives, in writing, the right to such a hearing.

History: Cr. Register, February, 1989, No. 398, eff. 3–1–89.

UWS 14.08 Hearing.

(1) If a student requests a hearing, or a hearing is required to be scheduled under s. UWS 14.07 (5) (c) 2, the student affairs officer shall take the necessary steps to convene the academic misconduct hearing committee and shall schedule the hearing within 10 days of receipt of the request or written report, unless a different time period is mutually agreed upon by the student, instructor or investigating officer, and the members of the hearing committee.

(2) Reasonably in advance of the hearing, the committee shall obtain from the instructor or investigating officer, in writing, a full explanation of the facts upon which the determination of misconduct was based, and shall provide a copy of ch. UWS 14 to the student.

(3) The hearing before the academic misconduct hearing committee shall be conducted in accordance with the following requirements:

(a) The student shall have the right to question adverse witnesses, the right to present evidence and witnesses, and to be heard in his or her own behalf, and the right to be accompanied by a representative of his or her choice.

(b) The hearing committee shall not be bound by common law or statutory rules of evidence and may admit evidence having reasonable probative value, but shall exclude immaterial, irrelevant, or unduly repetitious testimony, and shall give effect to recognized legal privileges.

(c) The hearing committee shall make a record of the hearing. The record shall include a verbatim record of the testimony, which may be a sound recording, and a file of the exhibits offered at the hearing. Any party to the hearing may obtain copies of the record at his or her own expense. Upon a showing of indigency and legal need, a party may be provided a copy of the verbatim record of the testimony without charge.

(d) The hearing committee shall prepare written findings of fact and a written statement of its decision based upon the record of the hearing.

(e) The hearing committee may find academic misconduct and impose a sanction of suspension or expulsion only if the proof of such misconduct is clear and convincing. In other cases, a finding of misconduct must be based on a preponderance of the credible evidence.

(f) The committee may impose a disciplinary sanction that differs from the recommendation of the instructor or investigating officer.

(g) The instructor or the investigating officer or both may be witnesses at the hearing conducted by the committee, but do not have responsibility for conducting the hearing.

(h) The decision of the hearing committee shall be served upon the student either by personal delivery or by first class United States mail and shall become final within 10 days of service, unless an appeal is taken under s. UWS 14.09.
UWS 14.09 Appeal to the chancellor.

(1) Where the sanction prescribed by the hearing committee is suspension or expulsion, the student may appeal to the chancellor to review the decision of the hearing committee on the record. In such a case, the chancellor shall sustain the decision of the academic misconduct hearing committee unless the chancellor finds:

(a) The evidence of record does not support the findings and recommendations of the hearing committee;

(b) Established procedures were not followed by the academic misconduct hearing committee and material prejudice to the student resulted; or

(c) The decision was based on factors proscribed by state or federal law regarding equal educational opportunities.

(2) If the chancellor makes a finding under sub. (1), the chancellor may remand the matter for consideration by a different hearing committee, or, in the alternative, may invoke an appropriate remedy of his or her own.

History: Cr. Register, February, 1989, No. 398, eff. 3–1–89.

UWS 14.10 Discretionary appeal to the board of regents.

Institutional decisions under ss. UWS 14.05 through 14.09 shall be final, except that the board of regents may, at its discretion, grant a review upon the record.

History: Cr. Register, February, 1989, No. 398, eff. 3–1–89.

UWS 14.11 Settlement.

The procedures set forth in this chapter do not preclude a student from agreeing that academic misconduct occurred and to the imposition of a sanction, after proper notice has been given. Required written reports, however, may not be waived.

History: Cr. Register, February, 1989, No. 398, eff. 3–1–89.

UWS 14.12 Effect of discipline within the university system.

Suspension or expulsion shall be systemwide in effect.

(1) A student who is suspended or expelled from one institution in the university of Wisconsin system may not enroll in another institution in the system unless the suspension has expired by its own terms or one year has elapsed after the student has been suspended or expelled.

(2) Upon completion of a suspension period, a student may re-enroll in the institution which suspended him or her as if no suspension had been imposed.

History: Cr. Register, February, 1989, No. 398, eff. 3–1–89.

UWS 14.13 Right to petition for readmission.

A student who has been expelled may petition for readmission, and a student who has been suspended may petition for readmission prior to the expiration of the suspension period. The petition for readmission must be in writing and directed to the chancellor of the institution from which the student was suspended or expelled. The petition may not be filed before the expiration of one year from the date of the final determination in expulsion cases, or before the expiration of one-half of the suspension period in suspension cases. The chancellor shall, after consultation with elected representatives of the faculty, academic staff, and students, adopt procedures for determining whether such petitions will be granted or denied.

History: Cr. Register, February, 1989, No. 398, eff. 3–1–89.

UWS 14.14 Investigating officer.

The chancellor of each institution, in consultation with faculty, academic staff, and student representatives, shall designate an investigating officer or officers for student academic misconduct. The investigating officer shall have responsibility for investigating student academic misconduct and initiating procedures for academic misconduct under s. UWS 14.07. An investigating officer may also serve on the academic misconduct hearing committee for a case, if he or she has not otherwise been involved in the matter.

History: Cr. Register, February, 1989, No. 398, eff. 3–1–89.

UWS 14.15 Academic misconduct hearing committee:

institutional option.

The chancellor of each institution, in consultation with faculty, academic staff, and student representatives, shall adopt policies providing for the establishment of a student academic misconduct hearing committee or designation of a hearing examiner to fulfill the responsibilities of the academic misconduct hearing committee in this chapter.

(1) A student academic misconduct hearing committee shall consist of at least 3 persons, including a student or students, and the presiding officer shall be appointed by the chancellor. The presiding officer and at least one other member
shall constitute a quorum at any hearing held pursuant to due notice.

(2) A hearing examiner shall be selected by the chancellor from the faculty and staff of the institution.

History: Cr. Register, February, 1989, No. 398, eff. 3–1–89.

UWS 14.16 Notice to students.
Each institution shall publish and make freely available to students copies of ch. UWS 14 and any institutional policies implementing ch. UWS 14.

History: Cr. Register, February, 1989, No. 398, eff. 3–1–89.

UWS 14.17 Notice to instructors.
Each institution shall adopt procedures to ensure that instructors are familiar with these policies. Each institution shall provide instructors with copies of ch. UWS 14 and any institutional policies implementing ch. UWS 14 upon employment with the university, and each department chair shall be provided such copies upon assuming the duties of the chair.

History: Cr. Register, February, 1989, No. 398, eff. 3–1–89.

UWS 14.18 Consistent institutional policies.
Each institution is authorized to adopt policies consistent with this chapter. A copy of such policies shall be filed with the board of regents and the university of Wisconsin system office of academic affairs.

History: Cr. Register, February, 1989, No. 398, eff. 3–1–89.
APPENDIX 3

Weekly Journal
Weekly Journal

Name: ______________________  Date: _________________           Week: ____

Please complete these items for each week of clinical. Submit hard copy to preceptor and electronic copy to clinical instructor.

1.) Thoughts &/or reactions to the day.

2.) Briefly describe anything new you learned.

3.) Were there any surprises that lead to unplanned learning?

4.) Did you learn things in patient’s homes that you would not have learned in a hospital setting?

5.) Does your clinical day/week feel complete? Or are there questions, concerns, problems, frustrations? And what is your plan in regard to this?

6.) Did you discover any learning needs you or your patient has? What is your plan in regard to these?

7.) What diagnosis, meds, procedures, etc., will you look for articles on?

8.) What will you do differently (if anything) next week?

9.) What articles did you bring to clinical site?

10.) Any questions or problems with care plan or group projects?

REMEMBER:
1. There are no dumb questions.
2. You are in charge of your learning experience, and this is one of your chances to ask questions, make comments, etc.
APPENDIX 4

Example of Final Evaluation
Example of Final Evaluation Form
Source: University of Wisconsin-Madison School of Nursing

UNIVERSITY OF WISCONSIN – MADISON
SCHOOL OF NURSING
N419: COMMUNITY HEALTH NURSING PRACTICUM
EVALUATION GUIDE

This form is to be used as a guide in determining the strengths and learning needs of students in this clinical course. The objectives and behaviors are listed along with the performance rating areas.

A minimum of C must be achieved in each of the five overall objectives in order to pass this course. In general, the following grading guide can be used.

<table>
<thead>
<tr>
<th>A</th>
<th>Excellent</th>
<th>Proficient, coordinated, confident, takes initiative, growth is continuous, does not need supporting cues, curious, is always prepared, shows leadership, high level of inquiry.</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB</td>
<td>Very Good</td>
<td>Efficient, coordinated, confident, takes initiative, growth is continuous, needs occasional supporting cues, curious, is always prepared, shows some leadership qualities, medium level of inquiry</td>
</tr>
<tr>
<td>B</td>
<td>Above average</td>
<td>Efficient, and skillful in most behaviors, but at least minimal in all behaviors, coordinated, usually confident, growth is continuous, needs some cues, is always prepared, has some level of inquiry</td>
</tr>
<tr>
<td>BC</td>
<td>Average</td>
<td>Somewhat efficient and skillful in at least half the behaviors but at least minimal in all behaviors, not very confident, growth not always continuous, needs cues, prepared most of the time, not very inquisitive</td>
</tr>
<tr>
<td>C</td>
<td>Minimal performance but safe</td>
<td>Not very efficient, at least minimum skill in all behaviors, not very confident, growth continuous at times, needs some cues, prepared some of the time, not very inquisitive</td>
</tr>
<tr>
<td>D or F</td>
<td>Failure, unsafe</td>
<td>Not efficient, minimum skill in some behaviors, not confident, inconsistent growth, needs many cues, not well prepared, not inquisitive</td>
</tr>
</tbody>
</table>

Students are responsible for completing this evaluation form prior to midterm and final evaluation conferences. The student and preceptor will collaborate in the evaluation process. The course professor will have the final responsibility for assigning the clinical grade.

AGENCY: ______________________________________________ STUDENT NAME: ______________________________________________

MIDTERM GRADE: ___ Student Signature: ___________________________ Preceptor Signature: ______________________________

FINAL GRADE: ___ Student Signature: ___________________________ Preceptor Signature: ______________________________

DATE: ______________________
1. **OBJECTIVE #1:** Demonstrates an ability to use epidemiological principles to collect and assess aggregate data to identify community health needs.

**BEHAVIORS:**
- Demonstrates application of theory obtained in prior course work and the literature in analyzing the data both for the patient and the community
- Completes the problem-focused review of the site within the context of the Community Assessment Tool (Anderson).
- Understands epidemiologic methods and applications.

Student Grade Midterm: _______  
Student Grade Final: _______

Preceptor Grade Midterm: _______  
Preceptor Grade Final: _______

Student Comments:

Preceptor Comments:
2. **Objective #2.** Demonstrates the ability to develop, implement, and evaluate a plan for addressing identified needs of individuals, families and communities.

**Behaviors:**
- Establish realistic, mutually planned goals based on the needs of the individual, family, group, or the community.
- Plan for interventions to meet the client/community needs that are evidence based.
- Establish criteria upon which to determine goal achievement.
- Implement the plan of care:
  - Demonstrate skill in assessing educational needs, engaging creative teaching to stimulate learning and provide support.
  - Demonstrate skill in coordination of care and implementation of the referral process.
  - Uses community resources appropriately.
- Evaluates outcomes and modifies the plan as needed.
- After evaluating the information learned in the review of the Community Assessment, the student will identify a site project that will support an identified agency need.

**Student Grade Midterm:** ________  **Student Grade Final:** ________

**Preceptor Grade Midterm:** _____  **Preceptor Grade Final:** ________

**Student Comments:**

**Preceptor Comments:**
3. Objective #3: Demonstrates understanding of and socialization into the role of becoming a beginning professional nurse in community health nursing and a member of the community health team.

Behaviors:
- Works with other health care providers, nurses and community members in the delivery of services directed toward health promotion, prevention of disease, care-finding, early diagnosis and prompt treatment, and rehabilitation.
- Describes the barriers to the health care system and the effects of these on individuals and families.
- Understands agency structure, the services provided, the policies of governance, the role of governmental units in the agency’s services and the processes by which changes in agency policy and practice occur.
- Is accountable to standards of practice of community health nursing and the agency’s goals, objectives, procedures, and policies.
- Describes the role the Community Health Agency would play in the event of a disaster (Emergency Preparedness).
- Describes the fiscal implications for the agency; if and how they are reimbursed, what criteria needed to access services and the nurse’s role in fiscal accountability.
- Evaluates own learning needs and follows through on selected learning experiences identified to fulfill those needs.
- Evaluates own learning outcomes.

Student Grade Midterm: ________
Student Grade Final: ________
Preceptor Grade Midterm: ________
Preceptor Grade Final: ________

Student Comments:

Preceptor Comments:
4. **Objective #4: Demonstrates written and verbal communication skills with individuals and groups appropriate to the role of becoming a professional nurse.**

**Behaviors:**
- Communicates effectively with individuals, families, team members, fellow students, preceptors, faculty and community members at large.
- Increased comfort delivering educational presentations and sharing personal perspectives for educational growth.
- Records client information that is pertinent, comprehensive, concise and meets agency requirements.

**Student Grade Midterm:** __________  
**Student Grade Final:** __________

**Preceptor Grade Midterm:** __________  
**Preceptor Grade Final:** __________

**Student Comments:**

**Preceptor Comments:**
5. **Objective #5: Appreciates the impact of social, economic, cultural, political, and environmental determinants on individual and population health.**
   
   **Behaviors:**
   - Correlates findings from reviewing the Community Assessment Model with individual and aggregate patient data in establishing the plan of care for individual patients and aggregate groups of patients.
   - Anticipates the potential impact of changes within the national, state and local government on the population being served by the agency.
   - Appreciates the cultural diversity within the population served and works to incorporate this understanding into the delivery of care.
   - Understands economic strengths and challenges of the agency and the respective impact on the population served

   **Student Grade Midterm:** _______
   **Student Grade Final:** _______
   
   **Preceptor Grade Midterm:** ______
   **Preceptor Grade Final:** ______

   **Student Comments:**

   **Preceptor Comments:**

Revised: 06/2008
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