

Clinical Instructor Orientation Guide

Health Care Assistant Program



Ministry of
Post-Secondary Education
and Future Skills

The *Clinical Instructor Orientation Guide* was adapted from the College of New Caledonia *Clinical Instructor Orientation* by Jocelyn Bergeron, LPN, PID
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Introduction

The *Clinical Instructor Orientation Guide* has been developed to support clinical instructors in Health Care Assistant programs in British Columbia. This orientation guide includes:

- Information about the program and the role and expectations for both instructors and students
- Suggestions for instruction, reflection, and assessment
- Information on how to set students up for success
- Tips on giving and receiving feedback
- Resources for more information and several sample evaluation tools

For more information about the Health Care Assistant Program, please see the [Health Care Assistant Program Provincial Curriculum 2023](#).

Please note: In some places, content from the College of New Caledonia has been included as sample text. This text is in italics and in brackets []. Post-secondary institutions will need to change this text to reflect the needs of their program.

Mission

[Add your institution's mission. For example, the College of New Caledonia's mission, as a comprehensive community college, is to provide access to lifelong learning and to facilitate the achievement of educational and personal goals. We are responsive to the diverse needs of our students, our employees, and the communities in our region. In a dynamic, consultative environment, we deliver quality programs and promote the success of every student.]¹

Vision

[Add your institution's values. For example, the College of New Caledonia's vision is to deliver programs and services of the highest standard possible to our learners. College of New Caledonia will be recognized regionally and internationally for implementing effective learning opportunities, which will increase educational access for our learners. Students, employees and communities will share "one experience" of College of New Caledonia . Our programs will support the development of local, regional, and global leaders.]²

Values

[Add your institution's values. For example, the College of New Caledonia has the following: Our values guide the work that we do and the decisions that are made.

Respect. *We respect and value each individual by being inclusive and embracing the diversity of our learners and college communities.*

Accountability. *We are accountable to each other and to the college community for our actions and for achieving our commitments.*

Integrity. *We act with integrity, fulfilling promises and ensuring open, respectful relationships.*

Transparency. *We conduct ourselves in an open, honest, and transparent manner.*

¹ College of New Caledonia. (n.d.-b). *Strategic plan: Promoting student success.*

² College of New Caledonia. (n.d.-b).

Relationships. *We work together to advance the College of New Caledonia in its academic mission and in fostering respectful relationships.]*³

The Health Care Assistant Program

The Role of the Health Care Assistant

Health Care Assistants (HCAs) are frontline care providers who work in a variety of institutional and community settings, including home support agencies and complex care facilities.

Health care organizations, contractors, and agencies that receive public funds to deliver health care in B.C. must hire HCAs who are registered with the B.C. Care Aide & Community Health Worker Registry. For more information, see the [B.C. Care Aide & Community Health Worker Registry](#).

Purpose of the Health Care Assistant Program

[The program is designed to assist individuals to develop the knowledge, attitude, and skills necessary to function as a Health Care Assistant. The graduates will be prepared to work with elderly clients and other individuals with disabilities and chronic illnesses in their homes and in care facilities.

*The ideal candidate for the Health Care Assistant Program will have good communication skills in both written and verbal English, a caring attitude, good time management skills, and be energetic and enthusiastic toward learning.]*⁴

History of the Health Care Assistant Program

[The College of New Caledonia first offered the Long-Term Care Aide program in 1980. The curriculum, designed by the Ministry of Post-Secondary and Future Skills, is used by all public B.C. colleges offering this program. However, the courses can vary in presentation.

Over the years the Long-Term Care Aide program was taught twice a year. The Homemaker program was taught whenever there was adequate enrolment. As time passed, a public need developed for a more skilled homemaker and in 1989 the programs were combined.

In 1992 in accordance with provincial trends, there was a name change to the Home Support/Resident Care Attendant program.

In 2009, the new British Columbia provincial curriculum was adopted by College of New Caledonia, with another name change to the program. The Health Care Assistant Program started in August of 2009. This program has 29 weeks of instruction and clinical experiences delivered over 35 weeks. The curriculum was updated in 2015 to include 8 hours of acute care theory.⁵ The HCA curriculum was updated most recently in 2023.]

³ College of New Caledonia. (n.d.-b).

⁴ College of New Caledonia. (n.d.-a).

⁵ College of New Caledonia. (n.d.-a).

Health Care Assistant Program Learning Outcomes

Under the supervision of a health professional, the graduate of the Health Care Assistant Program will:

1. Provide person-centred care and assistance that recognizes and respects the uniqueness of each individual client.
2. Use an informed problem-solving approach to provide care and assistance that promotes the physical, psychological, cognitive, social, and spiritual health well-being of clients and families.
3. Provide person-centred care and assistance for clients experiencing complex health challenges.
4. Provide person-centred care and assistance for clients experiencing cognitive and/or mental health challenges.
5. Interact with other members of the health care team in ways that contribute to effective working relationships and the achievement of goals.
6. Communicate clearly, accurately, and sensitively with clients and families within a variety of community and facility contexts.
7. Provide personal care and assistance in a safe, competent, and organized manner.
8. Recognize and respond to own self-development, learning, and health enhancement needs.
9. Perform the care provider role in a reflective, responsible, accountable, and professional manner.

To meet these learning outcomes, the graduate must:

1. Be guided by a philosophy of caring.
2. Use knowledge from the theory and labs as a basis for their actions in the practice/community setting.
3. Use reasoned problem-solving to exercise judgment in all aspects of their job responsibilities.
4. Use psychomotor, organizational, and interpersonal skills suited to the work situation and client/family needs.
5. Understand and maintain high standards of care.
6. Participate effectively as a supportive, contributing partner within the interdisciplinary community health care team.
7. Be self-reflective, self-evaluative, and accountable for their choices and actions.

Policies and Procedures

[All policies and procedures are available through the College of New Caledonia home page. To access, log in as an employee; policies are located in the task bar. Policies will be listed in different categories – there are several to be familiar with:

- *Assisting students in distress*
- *First aid*
- *Student conduct (academic and non-academic)]*

LearningHub Courses

It is important that instructors are up to date with health authority education requirements.

LearningHub is the province-wide course registry and learning management system for the public health services authorities. It provides training services to health care employees, students, and volunteers, with select courses available to the public. For more information about setting up an account to access LearningHub courses, see <https://learninghub.phsa.ca>.

Once you have set up your LearningHub account, you will be able to access the courses required for your health authority. Your program leader will be able to identify required courses. These will likely include the following modules:

- [Student Practice Education Core Orientation \(SPECO\)](#)
- [Safe Patient Handling](#)
- [Health Care Assistant Practice in B.C.](#)
- [Privacy and Security 101](#)
- [Introduction to Cultural Safety and Humility](#)

Training Resources at Your Institution

[There are many resources that will be provided to you to help you to become familiar with the College of New Caledonia's Health Care Assistant Program. Please take the time to review the following documents and watch the following videos.]

- *HCAP 199/195 Manual*
- *HCAP 150 Manual*
- *Student Handbook*
- *Open Bed Making*
- *Intro to Bed Bath*
- *Bed Bath with Perineal Care of the Penis*
- *Bed Bath with Perineal Care of the Vulva*
- *Occupied Bed Making*
- *Point of Care Risk Assessment*
- *Using the Sabina Mechanical Lift*
- *Placing a Sling*
- *Using the Golvo Mechanical Lift*
- *Using the Ceiling Track Lift]*

Who to Contact If You Have Questions

A number of professionals can assist you through the process of becoming a great instructor. It is important that you are aware of the supports that are available to you if and when you have issues.

Program Leader (Coordinator or Chair)

Faculty Name

Phone Number

Email

Senior Clinical Instructor or Program Lead

Faculty Name

Phone Number

Email

Clinical Instructor Expectations and Roles

It is expected that all clinical instructors will provide instructor-led supervision and oversee all activities to help students provide an optimal level of care in the clinical setting. These duties include the following:

- Complete the Instructor Orientation package and provide a signed copy of completion to the Deanery.
- Complete an on-site unit orientation; contact the program leader if further orientation to the unit will be required.
- Organize and set up unit orientation for students.
- Complete client assignments for the students by considering the student's level of competence and their learning needs.
- Develop and maintain good professional relationships with all students and employees.
- Provide instructor-led supervision for assigned placement hours.
- Monitor student progress and provide feedback.
- Assist the student in integrating theory and practice.
- Evaluate students in the clinical setting as related to program outcomes.
- Ensure you are familiar with the most up to date COVID-19 student practice education guidelines.
- Ensure you are familiar with all legislation, policies, health professional regulatory college bylaws, and practice standards applicable to HCAs and students.

Student Expectations and Roles

To attain a satisfactory final evaluation, the student must demonstrate the ability to meet the [Practice Experience course learning outcomes](https://opentextbc.ca/hc curriculum/chapter/practice-experience-in-multi-level-and-or-complex-care/). <https://opentextbc.ca/hc curriculum/chapter/practice-experience-in-multi-level-and-or-complex-care/>Students also must:

1. Arrive at the clinical practicum site prepared for the experience:
 - Time management sheet completed (is punctual)
 - Dressed and groomed appropriately
 - Alert and interested
 - Prepared to follow safety rules
2. Demonstrate problem-solving and observation skills in the clinical area.
3. Use positive social skills (be polite to clients, staff, and peers).
4. Use effective communication skills. This includes:
 - Attending and listening skills
 - Recognizing conflict and using conflict resolution strategies
 - Adapting communication to individuals with sensory and cognitive deficits
 - Working effectively with a team
5. Demonstrate a beginning ability to transfer theory learned in the classroom to the clinical site.
6. Practise principles of medical asepsis in handwashing and handling linen between caring for clients.
7. Practise principles of body mechanics in all aspects of the care and duties of an HCA.
8. Demonstrate a beginning knowledge of correct moving and positioning of a client in bed.
9. Plan and execute all lifting and transferring techniques taught in the lab and on-site in the clinical area.
10. Safely assist clients who require major and minor assistance to eat.
11. Safely and correctly perform care activities related to elimination, including enemas, suppositories, and catheter care.
12. Perform bedmaking tasks neatly and in an acceptable time frame.
13. Demonstrate an awareness of safety and personal issues related to restraining devices.
14. Practise with an awareness of the ramifications of a deficiency of exercise and mobility for the complex care client.
15. Provide insight into the effects of the disease process on the implications of care for the client.
16. Demonstrate an awareness of the importance of basic needs as reflected in the care of clients throughout their lifespan.
17. Refine organizational skills and set appropriate priorities.
18. Consistently attempt to incorporate classroom theory with clinical experience.⁶

⁶ College of New Caledonia. (n.d.-a).

Confidentiality

Client assignments and profiles are considered confidential. Students must not photocopy any client/resident information or share any information about their assigned clients/residents in any public area or on any social networking websites. This includes, but is not limited to, Facebook, Instagram, and Twitter.

A breach of confidentiality would also include discussing any part of your clinical experiences outside of the classroom or post-conference areas (e.g., cafeterias, hallways, etc.).

A breach of confidentiality would also include any discussion regarding one care facility while completing a clinical experience at another facility.

Confidentiality requirements must be met at each health authority that a student attends. The second page of the SPECO checklist includes confidentiality links for each health authority. You can access the SPECO checklist from the [PHSA Student Practice Education website](#) or the [LearningHub SPECO](#) page.

[Students have signed a [Northern Health] confidentiality agreement. A breach of confidentiality may have legal implications. Any breach of confidentiality is reviewed on an individual basis by the instructor(s) and/or dean of the School of Health Sciences. Consequences may include dismissal from the program and/or possible legal action.]⁷

Probation Status

[A student may be placed on probationary status at any time in the program if their instructor deems that the student's performance is not at an acceptable level.

The probationary status will be for a stated period of time with the understanding that should there be an inadequate improvement in performance, the student will be terminated from the program. At this time, a clinical progress report may need to be completed; you can collaborate with your program coordinator to determine if this is an appropriate action.]⁸

⁷ College of New Caledonia. (n.d.-a).

⁸ College of New Caledonia. (n.d.-a).

The HCA Role: Limitations and Obligations

The role of Health Care Assistants in British Columbia is determined by the B.C. Ministry of Health. While the responsibilities of HCAs may differ between workplace settings (such as acute care, complex care, home care, and group homes), health service delivery by HCAs is overseen by regulated health professionals working under provincial legislation such as the [Health Professions Act](#) and the [HCA Program Provincial Curriculum 2023](#). Other provincial acts and regulations (such as the [Community Care & Assisted Living Act](#) and the [Residential Care Regulation](#)) contain limitations and obligations that apply to HCA students in practice education settings. It is important for clinical instructors to understand the extent of the HCA role as well as the legal limitations and obligations that govern HCA practice in B.C. Clinical instructors must be aware of the legislation which applies to the care setting(s) where HCA students will be placed to ensure alignment with the legal requirements.

Tasks and Restricted Activities

Within the HCA role, there are two types of care activities: tasks and restricted activities

1. Tasks are care activities that HCAs are educated and trained to perform as part of their assigned HCA role.
 - For example, oral care, dressing and grooming, ceiling/mechanical lifts, compression stockings, and hand and foot care including clipping healthy nails
2. Restricted activities are higher-risk care activities outlined in health professional regulations that an HCA cannot perform without authorization (delegation) by a regulated health professional, such as a Registered Nurse. Restricted activities are not considered tasks.
 - For example, administering enemas and suppositories, adjusting the flow of oxygen, administering medication (including pain medication, blood pressure medication, narcotics, injectable medication, such as insulin), and applying a medication transdermal patch

In **some** circumstances, a regulated health professional (such as a Registered Nurse) who has already performed an assessment on the client may authorize an HCA (through client-specific delegation) to perform a restricted activity. Delegation is limited by the boundaries put in place by legislation and by the regulated health professional's regulatory college. The following criteria must be met:

- The restricted activity the regulated health professional wishes to delegate to an HCA is listed within the regulated health professional's profession-specific regulation.
- The health professional's regulatory college permits the regulated health professional to delegate that restricted activity. For example, when a Nurse Practitioner, a Registered Nurse, or a Registered Psychiatric Nurse delegates a restricted activity to an HCA, the [B.C. College of Nurses & Midwives practice standard on Delegation to Unregulated Care Providers](#) requires a client-specific delegation. Licensed Practical Nurses cannot currently delegate restricted activities.
- The regulated health professional delegating the restricted activity is sure the individual HCA has the education, training, and competency to perform the restricted activity with that client.
- The HCA is willing to accept the delegation.

Medication administration is an example of a restricted activity that is permitted by B.C. College of Nurses and Midwives' practice standard [Delegation to Unregulated Care Providers](#) (bccnm.ca) that can be delegated to HCAs and taught in the HCA curriculum. An HCA can perform the medication administration activities listed below IF delegated by a regulated health professional, such as a Registered Nurse, to perform it for a specific client, IF the HCA is over the age of 19 (in settings which fall under the *Residential Care Regulation*)⁹, and IF it is indicated in the client's care plan. These activities are:

- Applying a transdermal patch
- Administering prescription ear or eye drops
- Inserting a rectal suppository or enema
- Applying a prescription cream or ointment

HOWEVER, HCA students are only allowed to practise a restricted activity if they are under the direct supervision of a clinical instructor designated by the post-secondary institution. In the example of medication administration, this means that the clinical instructor must be present to observe ALL applications of medication administration, even if the clinical instructor has already observed the student multiple times and evaluated the student as being safe and competent with the medication administration.

It is important for HCA students and clinical instructors to understand how to respond when a situation exceeds the legal parameters of the HCA role. It is also important to understand that although some care activities are tasks, assessment by a regulated health professional is required before the HCA student can perform the task (e.g., nail clipping and compression stockings). Additionally, some care activities may be complex and have components that are tasks, while others are restricted activities (e.g., catheter and ostomy care). Lastly, some tasks may require collaboration with a regulated health professional during the activity so that the regulated health professional can perform a restricted activity (wound care by the Registered Nurse after the HCA student bathes the client and prior to dressing the client).

Clinical instructors are encouraged to reach out to their program leader or identified contact person (team lead) if they have any questions or concerns about the application of these legal limitations and obligations during clinical practice.

⁹ As stated in the [Residential Care Regulation](#) under the [Community Care & Assisted Living Act](#).

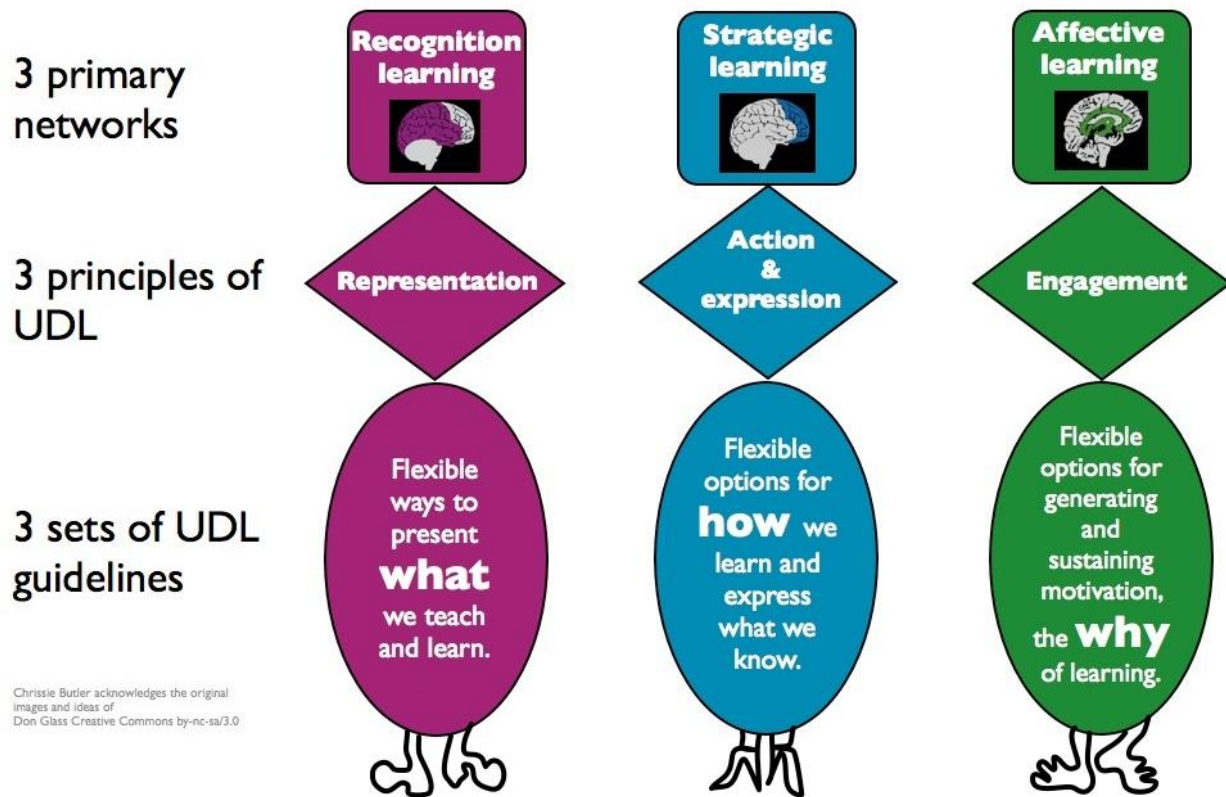
How Humans Learn

Universal Design for Learning

Universal Design for Learning (UDL) is a set of principles for curriculum development that give all individuals equal opportunities to learn. UDL provides a blueprint for creating instructional goals, methods, materials, and assessments that work for everyone – not a single, one-size-fits-all solution, but rather flexible approaches that can be customized and adjusted for individual needs.¹⁰

Using the three UDL principles will give all students the ability to participate and provide equity among your students. These principles are:

1. **Representation.** The UDL recommends that the information be provided in more than one format. Text, audio, video, and other digital media are all ways to develop your curriculum.
2. **Action and expression.** The UDL suggests giving your students more than one way to interact with the material, such as providing models, feedback, and support for their different levels.
3. **Engagement.** How do you motivate your students? The UDL encourages you to seek multiple ways to give them choices to fuel their autonomy. You want to allow your students to make mistakes and learn from them.

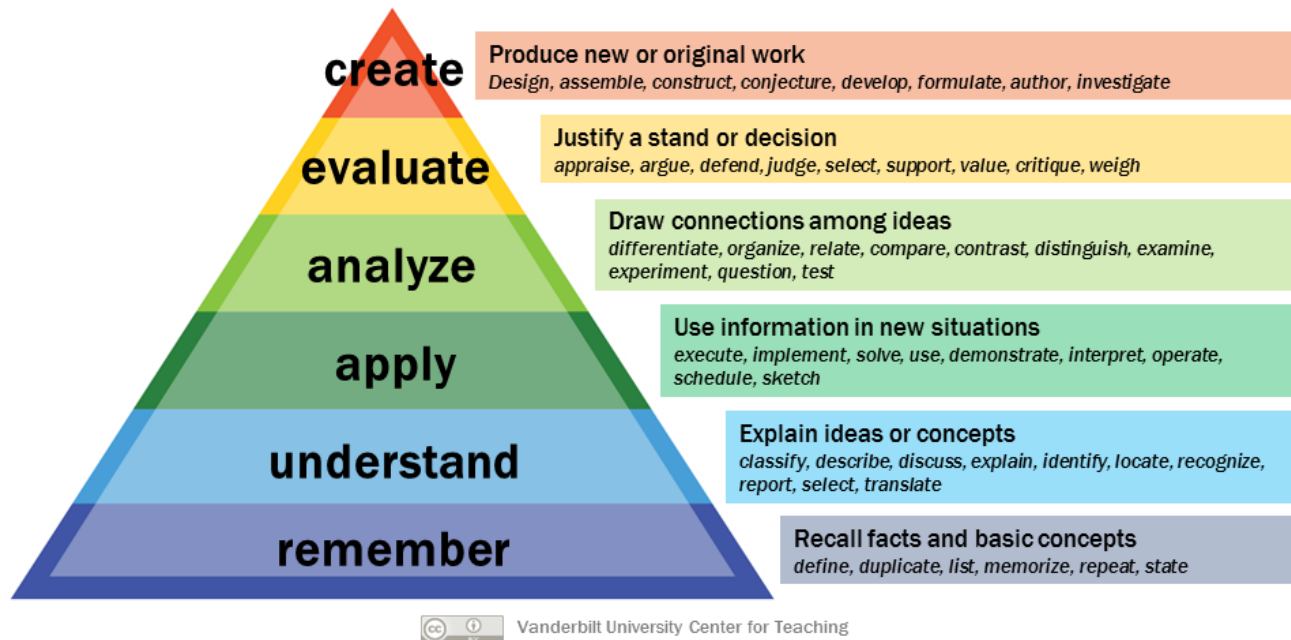


UDL guidelines overview was adapted by Chrissie Butler from Don Glass. This material is licensed under a Creative Commons Attribution-NonCommercial 2.0 Generic License.

¹⁰ UDL on Campus. (n.d.). *About UDL*. http://udloncampus.cast.org/page/udl_about

Learning Domains and Bloom's Taxonomy

During the 1950s, Benjamin Bloom led a team of educational psychologists in the analysis of academic learning behaviours. The results of this team's research produced what is known today in the field of education as Bloom's Taxonomy of Learning Domains. This hierarchy of learning behaviours was categorized into three interrelated and overlapping learning domains: the cognitive (knowledge), affective (attitude), and psychomotor (skills).¹¹



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These action words describe the cognitive processes by which thinkers encounter and work with knowledge. It is based on the belief that learners must begin by learning the basics and working their way up the pyramid; the student ultimately needs to grasp the foundational knowledge of their course before they can progress to the more complex ways of thinking.

¹¹ College of New Caledonia. (2017). *School of Health Sciences new employee handbook*.

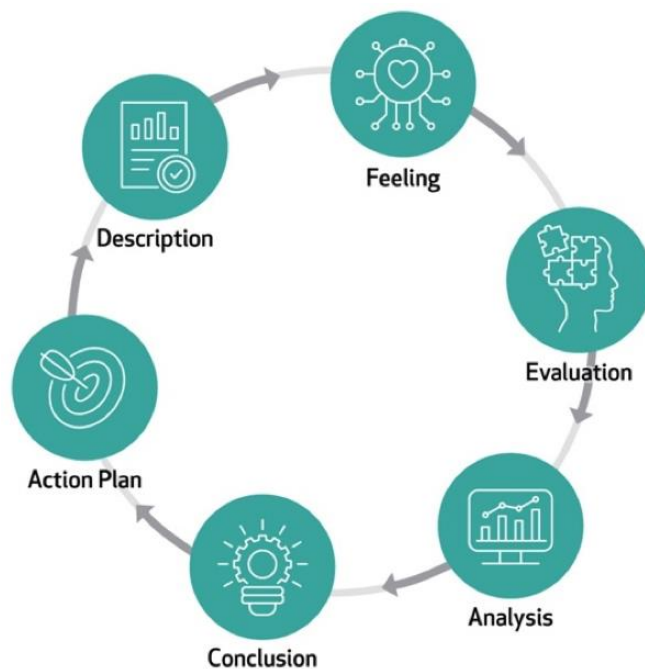
Reflection

Reflective practice is “learning through and from experience toward gaining new insights of self and practice.”¹²

Reflection is a basic part of teaching and learning. It aims to make you more aware of your own professional knowledge and action by “challenging assumptions of everyday practice and critically evaluating practitioners’ own responses to practice situations.”¹³ The reflective process encourages you to work with others to share best practice and draw on them for support. Ultimately, reflection makes sure all students learn more effectively as learning can be tailored to them.¹⁴

Gibbs’ Reflective Cycle: Encouraging Reflective Practice

In order to develop the HCA student’s ability to self-reflect and recognize and respond to their own self-development needs as care providers, consider introducing a model that can be used for reflective practice, such as Gibbs’ Reflective Cycle (1988).¹⁵



Description: What happened

Feelings: What did you think and feel about it?

Evaluation: What were the positive and negative aspects?

Analysis: What sense can you make of it?

Conclusion: What else could you have done?

Action plan: What will you do next time?

Adapted from McCabe, G. & Thejll-Madsen, T. The University of Edinburgh. (2020). Gibbs’ reflective cycle.

<https://www.ed.ac.uk/reflection/reflectors-toolkit/reflecting-on-experience/gibbs-reflective-cycle>. This material is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).

¹² Finlay, L. (2008). Reflecting on “reflective practice.” Practice-based Professional Learning Paper 52, The Open University. <https://oro.open.ac.uk/68945/1/Finlay-%282008%29-Reflecting-on-reflective-practice-PBPL-paper-52.pdf>

¹³ Finlay. (2008).

¹⁴ Cambridge International Education Teaching and Learning Team (n.d.). *Getting started with reflective practice*. <https://www.cambridge-community.org.uk/professional-development/gswrp/index.html>

¹⁵ Gibbs’ Reflective Cycle. (1988). <https://www.brightknowledge.org/knowledge-bank/medicine-and-healthcare/spotlight-on-medicine/what-is-reflective-practice>

Receiving and Giving Feedback

We can all grow and learn from constructive feedback. It can help us improve. As a clinical instructor, you will be required to give feedback to students, and you will also receive feedback, whether you ask for it or not. Below are some tips on how to receive and give feedback.

Tips for Receiving Feedback¹⁶

- **Don't be defensive.** Even if the feedback is hard to hear, stay cool, ask honest questions, and process the intent of the feedback before you react.
- **Listen for the unspoken message.** Sometimes you have to read between the lines to find the true feedback.
- **Don't listen selectively.** Try to take in the whole of the feedback. Don't focus on one statement or one detail that rubs you the wrong way.
- **Ask follow-up questions.** To discover the underlying truth of the feedback you receive, you may have to ask questions that call for elaboration, examples, clarification, and details.
- **Don't blame the person providing feedback.**
- **Don't react emotionally.** Receiving feedback can be nerve-racking, so try to stay relaxed. If you hear something surprising, take time to think it through before you react.
- **Be receptive.** Establish yourself as a person who will listen thoughtfully to feedback. This doesn't mean that you have to accept all criticism; it just shows that you are eager to improve and grow.
- **Absorb and act.** Not all feedback is useful, but through honest introspection you can decipher those parts of the feedback that will help you find success. Once you have done this, then set a course of action to incorporate it into your performance.

Tips for Giving Feedback¹⁷

- Offer your feedback in a private, quiet place where your student won't feel embarrassed or defensive.
- Reaffirm the goals and purpose of your team.
- Outline how current behaviour is impacting the team as a whole.
- Try to be specific and support your ideas with examples.
- Discuss how current behaviour is causing unintended results.
- Ask permission to offer suggestions or ask if you can suggest possible changes in behaviour or attitude.
- Try to explain how both of you might benefit from a change.
- Make sure that the exchange is a conversation, not a lecture.
- Give the other person plenty of time to respond and listen attentively.
- Avoid aggressive language.
- Use the pronouns "I" and "we" rather than "you."

¹⁶ Warmerdam. (2020). *Accepting feedback* [PowerPoint slides]. College of New Caledonia.

¹⁷ Warmerdam. J. (2020).

Giving Meaningful Feedback

Instead of...	Try...
I need to give you some feedback.	Here's my reaction to your assignment, test, project.
Well done! Your assignment is excellent!	Here are three things that really worked for me.
Here's what I think you <i>should</i> do.	Review the peer assessments. Is the feedback consistent with your own thoughts and ideas, and mine? How do you want to proceed?
Your example does not align with the concept I presented in class.	The example you presented in our class discussion warrants a closer look. Can you align the specifics of the example to the concept presented? I am not seeing an alignment, but I want to hear your ideas.
Your presentation of [concept] was not clear.	Here's exactly where your assignment/project/presentation started to lose me.
The content in this project is interesting, although it only minimally meets expectations as there were several typos. The assignment appeared sloppy.	I noticed you can communicate your ideas in an articulate and engaging manner when you present them orally. Would you like to present your next assignment orally?
This assignment is much different from previous assignments you have submitted.	I noticed your assignment is not written to the same calibre as I have seen in previous assignments. How did you approach this assignment?

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How to Set Students Up for Success

Below are some good practices you can encourage students to follow.

Be organized. This is a must! Encourage students to use tools to help them stay focused and not waste time looking for paperwork they may need.

Have a positive attitude. Positivity makes it easier to achieve goals and help you learn. When we use negative self-talk, we can be unproductive and hesitant to change.

Reach out and use available resources. Acknowledge that the program will be hard at times. Remind your students that if they are struggling in school, they shouldn't be afraid to reach out and use resources that are available.

Learn from mistakes. Tell them it's okay to make mistakes; they are an opportunity to learn. Reflection on what they have learned is key. Often, students who are able to positively reflect on a mistake do not make that same mistake twice.

Plan ahead. Encourage students to visualize the big picture and stay focused and motivated. Telling them not to leave things until the last minute will be less successful.

Don't compare yourself to others. Remind your students that the best Health Care Assistants do not necessarily get straight As; the best HCAs are the ones who care. Yes, grades are important, but they are not the be-all and end-all.

Remember self-care. This is so important. Make sure to remind the students to take care of themselves physically, spiritually, and emotionally. Encourage them to eat well, exercise, meditate, and do whatever works to keep themselves happy and healthy.

Ask questions. Tell students to not be afraid to ask the instructor questions, and remind them that there are no stupid questions. Most likely their peers have the same question and are also afraid to ask.

Have fun. Using active learning is a great way to engage your students and increase their chances of success. Have some fun and the results will show!

Discouraging Phone Use

Cell phones can be a great tool, but they can also be a distraction. Limiting screen time helps students to be more successful. Allowing the use of phones during break is acceptable, but cell phones should never be used on the floor or during client care. So how do we prevent students from using cell phones on the floor?

- Set a good example; get off your phone.
- Keep students engaged; find extra care activities for them to complete.
- Make them responsible for their own learning; ask them what else would they like to experience?

SMART Goals

Encourage students to set goals and think about priorities. It helps to identify and write down their long-, mid-, and short-term goals using the SMART format. When the student is able to identify these goals, it helps them to realize that even small victories will help them to succeed. Remind the student of the SMART goals to help increase their chance of success.

S – Specific. Your goal should be clear and precise. For example, “Get more active” is not a specific goal. “Walk for 30 minutes every Monday, Wednesday, and Friday from 12:00–12:30” is specific.

M – Measurable. How are you going to measure if you have achieved your goal or not? From the example above, did you walk for those 30 minutes on the days specified?

A – Adjustable. What can you do if you fall off track? Life is unpredictable, so you have to have a plan to get back on track and to recognize that it is okay to fall off track. For instance, if you did not walk on Wednesday, could you change that day to Thursday for one week?

R – Realistic. Your goal needs to be a realistic goal. A goal is not realistic if you don’t have the financial, environmental, physical, or emotional support to accomplish a specific goal.

T – Time-based. Your goal needs to have a specific timeline that you will measure the outcome and re-evaluate if necessary. If you did not achieve your goal, then you need to start again. What can you do differently? Are there any other alternatives?

How to Identify a Struggling Student

Below are some signs a student who is struggling may show:

- Becomes easily frustrated
- Lacks self-motivation
- Has difficulty staying on task
- Takes longer than normal to complete care activities
- Becomes argumentative when provided feedback
- Becomes anxious and does not perform
- Arrives on site unprepared and dishevelled
- Has difficulty following directions

- Seems to work longer and harder with little or no improvement
- Is no longer organized and time management suffers
- Makes frequent and careless errors
- Has difficulty remembering and does not retain learned skills
- Makes negative comments about clinical rotation

Everyone struggles at times; this is completely normal. Remind students that being aware of their struggles and knowing how to cope are important skills we all need to develop. If they are struggling in school, they shouldn't be afraid to reach out and use resources that are available at your post-secondary institution.

Problem-Solving and Decision-Making Process

You can provide students with a problem-solving, decision-making process exercise to analyze problems and come to a decision that best fits. This exercise is available in the *Health Care Assistant Program Supplement to the Provincial Curriculum 2023*. See [Student Handout 2: Problem-Solving and Decision-Making Exercise](#) in the Supplement's Introduction to Practice course.

Document each step in your process.

1. Analyze the problem:

- What do you know about the choices available to you?
- What are the pros and cons of employment in various settings (community, complex, acute care)?
- What are the pros and cons of continuing your education at this time?
- Are there other options you might consider?
- Do you need more information? If so, how will you get it?
- What are your particular talents, abilities, and preferences?
- What roles and responsibilities do you have outside of work?
- How do these fit with the choices you are considering?
- What are your overall goals or desired outcomes? What is most important to you?

Use a table like the following to analyze the pros and cons (for **you**) of each choice.

OPTIONS	POSITIVE CONSEQUENCES	NEGATIVE CONSEQUENCES

2. Based on your analysis, what is the best choice(s) for you at this time?
3. Based on your choice(s), what are your next steps? How will you evaluate your choice(s)?
4. Self-reflection: Was this a new way for you to come to a decision? How did it feel to you? Were you happy with the outcome? What did you learn from the process?

Also remind the student of support services available to them through your post-secondary institution.

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Learning Strategies

Strategies that Focus on Problem-Solving and Critical Thinking¹⁸

You will hold pre- and/or post-conference sessions with students to discuss topics and issues related to their clinical placement. Below are topics to support post-conference discussions or journal writing.

- Describe a situation when you provided person-centred care to one of your clients.
- Describe a situation where you applied a holistic approach to client care.
- Reflect on your cultural competence and whether you feel prepared to provide adequate care.
- Describe a communication challenge that you experienced this week and how you responded. Discuss an alternative approach you could have taken to effectively address the situation.
- Has there been a time during this placement that you felt out of your depth or overwhelmed? How did you manage it? What did you learn from it?
- Describe a communication challenge that you experienced with a staff member. How did you handle it?
- Describe how you organize your day and prioritize care.
- Describe a situation where your organization and time management went well.
- Describe how you are using resources (e.g., textbook, nurse, instructor) to inform your practice.
- Describe a situation where you used creativity when you did not have the supplies you required.
- Use Gibbs' Reflective Cycle to analyze a situation you encountered during clinical.

Students could also be asked to discuss how they have, or would respond, to the following situations:

- Being instructed to provide care in a manner that is contrary to what you have been taught.
- Observing an interaction between a client and staff member that conflicts with your values.
- Observing your mentor cutting corners/taking shortcuts.
- Being used as supplemental staff or used to answer call bells.
- Being asked to assist a client to get up for breakfast, but the client is still sleeping or wants to sleep in.

Ask students to identify a scenario in which they faced a challenge related to communication with a client, family member, or staff member. Have the students use the problem-solving/decision-making process to analyze the problem, identify what they learned through the situation, and describe how it has impacted their approach to future communication in this context (Learning Outcomes 2, 6, and 8).

¹⁸ © Province of British Columbia. (2024). *Health Care Assistant Program Supplement to the Provincial Curriculum 2023*. [Creative Commons Attribution-ShareAlike 4.0 International License \(CC BY-SA 4.0\)](https://creativecommons.org/licenses/by-sa/4.0/).

Relationships with Students

As an instructor, you are expected to provide guidance, support, and leadership, but you are not there to discipline students. Fortunately, most students have chosen this career path and are motivated to do well, so discipline is usually not an issue. You may have a student who pushes boundaries, and you will have to be firm. Keep in mind that being firm does not mean being mean. Below are some tips for how to guide students and set boundaries.

Be kind and firm. Be natural and honest and establish an environment that facilitates student learning. If you start out being fair but firm, you will earn respect instead of demanding it. You want to “exercise authority without being rigid, threatening or punitive.”¹⁹

Expect more from your students. Outline your expectations; high expectations will improve performance. They have been given the tools and skills to do great things,

Do not allow comparison. Students will try to compare you to other instructors or staff who have mentored them previously. Remind them that everyone does things differently and provide a rationale to explain why you are teaching them this method. Be firm; a student challenging you is not acceptable.

Develop a caring and respectful relationship. Get to know your students; try to learn one personal thing about them, but remember you are a mentor not a friend. You want to create and foster a relationship where the student feels supported and encouraged. Remember, although social media is a great networking tool, you should not add students to any of your social media accounts.

¹⁹ Egeberg, H., McConney, A. (2018). What do students believe about effective classroom management? A mixed-methods investigation in Western Australian high schools. *Australian Education Researcher*, 45, 195–216.

Evaluation

Evaluation is the process in which an instructor assesses the student's knowledge, skills, attitudes, competencies, and milestones based on criteria related to educational goals. This is the process in which we, as instructors, assess the learner's knowledge and skills as well as their ability to meet the learning outcomes.²⁰

There are two types of evaluation that will be expected during a clinical rotation:

Formative assessment: Allows instructors to gather data and then adjust teaching and provide feedback. It occurs throughout a clinical rotation and assesses the student's ability to meet learning objectives. Some examples to help you with this assessment include the following:

- Questioning (open- and closed-ended) about the knowledge acquired in the classroom. This could include questioning about human anatomy and/or the progression of the disease process related to the student's client.
- Assessing the student's ability to self-assess and self-reflect. Self-assessment and reflection provide students with the opportunity to determine any areas of concern.
- Using the [HCA Care Activities Summary Checklist](#) in the *Health Care Assistant Program Supplement to the Provincial Curriculum 2023* (in Section 5, Sample Course Assessment Tools). This document was created for instructors to keep track of care activities that the student needs to refresh.

Summative assessment: A mid-term and/or final evaluation assessing whether students have met or not met the program learning outcomes will help you determine whether students have the required skills to progress to the next practice education experience. This occurs at the end of the clinical rotation.

Assessment Tools

The following assessment tools support instructors in evaluating students' performance in the clinical setting:

- [HCA Care Activities Summary Checklist](#)
- [Health Care Assistant Program Learning Outcomes Verification](#)
- [Professional Behaviour Development Rubric](#)

These assessment tools and others are available in the *Health Care Assistant Program Supplement to the Provincial Curriculum Guide 2023*, in [Section 5 Sample Course Assessment Tools](#).

²⁰ Robert Vu, T., Vannerson, J., & Buckley, J. (n.d.). "My clinical evaluations are so subjective!" Evaluating learners and writing helpful clinical performances.

Evaluation of Your Teaching

There are many ways that you can obtain feedback; here are a few examples that you can obtain feedback regarding your teaching.

Survey or Focus Group

One option is to ask your coordinator about setting up an online survey. Another option is to set up a focus group where a group from the centre of teaching and learning will come into the classroom and ask the students specific questions to gather data. Here are some examples of questions you could ask:

- Do you think that your instructor provided reliable and consistent feedback throughout your clinical rotation?
- Did the instructor successfully help you to meet all of the learning outcomes?
- Did your instructor provide guidance and learning materials and/or tools to assist in identifying and meeting your learning needs?

Administrator Visit/Student Report on Teaching

[At the College of New Caledonia, new faculty are evaluated in the following ways:

- **An administrator visit.** *The dean or associate dean will attend and observe your class, lab, or clinical setting. After, the evaluator will create a performance evaluation, which will be shared with you.*
- **A student report on teaching.** *This is essentially a survey administered by an administrative assistant for the students to evaluate your teaching. After, you will be provided with feedback. This feedback is usually in conjunction with the administrator visit feedback.]*

Additional Resources for Clinical Instructors

Many of the resources listed below reflect clinical instructor experiences in nursing, practical nursing, and other professions, but most of the concepts and principles can be applied to Health Care Assistant programs. The tools, checklists, and procedures identified in these resources relate to specific institutions and may not reflect those of your own institution, so be sure to review your institution's policies, procedures, and practices.

Association for Experiential Education. (n.d.) *What is experiential education?* [Fact sheet]. Available at <http://www.aee.org/what-is-ee>

B.C. Academic Health Council. (n.d.). *BC preceptor development initiative: Supporting health preceptors in practice*. [8 modules]. <http://www.practiceeducation.ca/modules.html>

Berg, C. & Lindseth, G. (2004). Students' perspectives of effective and ineffective nursing instructors. *Journal of Nursing Education*, 43(12), 565–568.

Brookhart, S. (2008). *How to give effective feedback to your students*. Association for Supervision and Curriculum Development.

Burns, C., Beauchesne, M., Ryan-Krause, P., & Sawin, K. (2006). Mastering the preceptor role: Challenges of clinical teaching. *Journal of Pediatric Health Care*, 20, 172–183.

Daloz, L. (2012). *Mentor: Guiding the journey of adult learners* (2nd ed.). San Francisco: Jossey-Bass.

Eley, S. (2015). The power of preceptorship. *Journal of Nursing*. Indiana State University. Retrieved from <https://rn-journal.com/journal-of-nursing/the-power-of-preceptorship>

Gaberson, K. B., Oermann, M. H. & Shellenbarger, T. (2014). *Clinical teaching strategies in nursing* (4th ed.). Springer.

Gibbs, G. (2013). *Learning by doing: A guide to teaching and learning methods* (1st ed.). Oxford Brooks University. <https://thoughtsmostlyaboutlearning.files.wordpress.com/2015/12/learning-by-doing-graham-gibbs.pdf>

Gopee, N. (2011). *Mentoring and supervision in healthcare* (2nd ed.) Sage.

Hand, H. (2006). Promoting effective teaching and learning in the clinical setting. *Nursing Standard*, 20(39), 55–63.

Harvard Business School Press. (2006). *Giving feedback: Expert solutions to everyday challenges*. Harvard Business Review Press.

Kelly, C. (2007). Student's perceptions of effective clinical teaching revisited. *Nurse Education Today*, 27(8), 885–892.

Kinsella, E., Bossers, A., Ferguson, K., Bezzina, M., MacPhail, A., Moosa, T., Schurr, S., Whitehead, J. & Hobson, S. (2016). *Preceptor education program for health professionals and students* (2nd ed.) London, ON: The University of Western Ontario.

Lewis, K. E. (1986). What it takes to be a preceptor, *Canadian Nurse*, 82 (11), 18–19.

- Melrose, S. (2004). What works? A personal account of clinical teaching strategies in nursing. *Education for Health, 17*(2), 236–239.
- Melrose, S., Park, C., & Perry, B. (2015). *Creative clinical teaching in the health professions*. http://solr.bccampus.ca:8001/bcc/file/e649f9bf-1f4d-4f9d-8ba9-c608bfdba994/1/CREATIVE-CLINICAL-TEACHING-IN-THE-HEALTH-PROFESSIONS-1477477345_oss.pdf
- O'Connor, A. B. (2006). *Clinical instruction and evaluation: A teaching resource* (2nd ed.). Jones and Bartlett.
- Renninger., L. (2020). *The secret to giving great feedback: The way we work, a TED series*. <https://www.youtube.com/watch?v=wtI5UrrgU8c>
- Schupbach, J. (2012). *Strategies for clinical teaching*. <https://www.audiologyonline.com/articles/strategies-for-clinical-teaching-6944>
- Sparks & Honey. (n.d.). *Meet generation Z: Forget everything you learned about millennials* [Power Point]. <http://www.slideshare.net/sparksandhoney/generation-z-final-june-17>
- Swihart, D. (2007). *The effective nurse preceptor handbook. Your guide to success* (2nd ed.). hcPro, Inc.
- Walker, N., Burk, A, & Tarka, E. (2011). Red Deer College and Alberta Health Services. *Preparing to be a preceptor: A handbook for preceptors*. <https://www.albertahealthservices.ca/assets/careers/ahs-careers-stu-pn-preceptor-handbook.pdf>
- Westberg, J. & Jason, H. (2001). *Fostering reflection and providing feedback*. Springer Publishing.

**Health Care Assistant Clinical Instructor Orientation
Memorandum of Receipt and Understanding**

I, _____, have received a copy of the *[insert name of institution]* Health Care Assistant Program Clinical Orientation.

I have also read and understand the expectations and information as presented in the Health Care Assistant Program Clinical Orientation.

I further understand that this memorandum of receipt and understanding will be placed on my employee file.

Date: _____

Print Name: _____

Signature: _____

[Please sign this form and return to the Deanery once you have completed the orientation with understanding of its contents.]

References

- Baker, T. (2019) *Lifestyle change*. [PowerPoint slides] College of New Caledonia.
- B.C. Care Aide & Community Health Worker Registry. <https://www.cachwr.bc.ca/>
- Cambridge International Education Teaching and Learning Team (n.d.). *Getting started with reflective practice*. <https://www.cambridge-community.org.uk/professional-development/gswrp/index.html>
- College of New Caledonia. (n.d.-a). *Health Care Assistant Program*.
- College of New Caledonia. (n.d.-b). *Strategic plan: Promoting student success*. https://cnc.bc.ca/docs/default-source/about/initiatives-reports/strategic-plan/cnc_strategicplan-2016-2020.pdf?sfvrsn=d56ec780_2
- College of New Caledonia. (2017, August). *School of Health Sciences new employee handbook*.
- Egeberg, H., McConney, A. (2018). What do students believe about effective classroom management? A mixed-methods investigation in Western Australian high schools. *Australian Education Researcher*. 45, 195–216. <https://doi.org/10.1007/s13384-017-0250-y>
- Finlay, L. (2008). Reflecting on “reflective practice.”_Practice-based Professional Learning Paper 52, The Open University. <https://oro.open.ac.uk/68945/1/Finlay-%282008%29-Reflecting-on-reflective-practice-PBPL-paper-52.pdf>
- Morris, M. (2021). *Giving meaningful feedback*. <https://bccampus.ca/2021/03/03/giving-meaningful-feedback/>
- Province of British Columbia (2024). *Health Care Assistant Program Supplement to the Provincial Curriculum 2023*. <https://opentextbc.ca/hcasupplement/>
- McCabe, G. & Thejll-Madsen, T. The University of Edinburgh. (2020). *Gibbs’ reflective cycle*. <https://www.ed.ac.uk/reflection/reflectors-toolkit/reflecting-on-experience/gibbs-reflective-cycle>
- UDL on Campus. (n.d.). *About UDL*. http://udloncampus.cast.org/page/udl_about
- Warmerdam, J. (2020). *Accepting feedback*. [PowerPoint slides]. College of New Caledonia.