

Preceptor Orientation Guide

Practice Experience in
Multi-Level and/or Complex Care

Health Care Assistant Program



Ministry of
Post-Secondary Education
and Future Skills

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

Thank you for volunteering to be a preceptor for the Health Care Assistant Program! This is an exciting opportunity to provide learning experiences, guidance, and supervision for students who are in the final stage of their program and about to graduate. Your expertise provides an invaluable resource for the student to draw upon.

The *Preceptor Orientation Guide* provides information that will help you in your role as a preceptor for Health Care Assistant programs in British Columbia. This orientation guide includes background information about the Health Care Assistant Program, information on the role and expectations for both preceptors and students, tips on giving and receiving feedback, and additional resources for preceptors. It also includes a preceptor checklist, a student information form, and a practice education evaluation.

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

Please note: In some places, content from the College of New Caledonia has been included as sample text. This text is in italics with 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 vision. For example, the College of New Caledonia's vision is to deliver programs and services of the highest standard possible to our learners. The 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 the 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.*

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

² College of New Caledonia. (n.d.-b.).

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.

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

About the Health Care Assistant Students

[Add information about Health Care Assistant Students in the program. For example:

The students enrolled in the College of New Caledonia Health Care Assistant Program are mainly from the northern areas of the province. Some enter the program upon completion of high school; others have had a variety of experiences and come from diverse backgrounds. Many students have family commitments.

Each student will complete three weeks (ideally 75 hours) of work in the preceptorship period. This is the final stage of the HCA Program. It is the time they will be using all the skills and training they have received over the past 7 1/2 months.]

[Students must achieve a satisfactory evaluation of their preceptorship period to graduate and receive the HCA certificate.]⁴

³ College of New Caledonia. (n.d.-b).

⁴ College of New Caledonia. (n.d.-a). *Health Care Assistant Program*.

What Is a Health Care Assistant Preceptor?

A preceptor is a Health Care Assistant who works in a complex care facility. They are knowledgeable in the field and demonstrate interest in working with a student one-on-one. The preceptor helps the student apply theory to practice and assists the student in acquiring or improving competencies required for safe, ethical, and quality practice. They provide feedback to help the student meet the learning outcomes⁵ and complete an evaluation near the end of the clinical rotation.

[Every institution has different processes and criteria for choosing who qualifies to become a preceptor. You can enter information about your institution's process here.]

Learning Outcomes of the Health Care Assistant Program

“A learning objective describes what learners should know or be able to do at the end of the course that they couldn't do before.”⁶ A learning outcome is a statement of the knowledge and skills a student will acquire during their time in a course or program.

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 and well-being of clients and families.
3. Provide person-centered 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 your own self-development, learning, and health enhancement needs.
9. Perform the care provider role in a reflective, responsible, accountable, and professional manner.

⁵ Dalhousie University. (n.d.). *What is a preceptor?* <https://www.dal.ca/faculty/health/practice-education/for-students/what-is-a-preceptor-.html>

⁶ Wengroff, J. (2019, July 12). *What is a learning objective?* <https://cognota.com/blog/what-is-a-learning-objective/>

Preceptor Expectations and Roles

1. Become informed about the objectives the students must meet.
2. Review the objectives with the student when they begin placement with you so that the student is informed about the level of expectations.
3. Orient the student (as necessary) to the facility as well as the core facility, employer, and employee policies. Note: It is important to provide the student with an overview of the clients the student will be caring for.
4. Work with the student as one unit. This means that the two of you will assume your normal workload together.
5. Gradually give the student more tasks and responsibilities until they are functioning almost independently by the end of the preceptorship period. Always keep in mind that this independence must remain within the limitations on HCA and student practice outlined in Student Expectations and Roles (page 9) and The HCA Role: Limitations and Obligations (pages 10 to 11). For example, students are only allowed to practise restricted activities when they are under the direct supervision of an HCA clinical instructor designated by the post-secondary institution.
6. Provide direction and supervision for the student.
7. Review progress with the student on a regular basis. Summarize performance, identify and work on solving problems, and plan for special learning experiences. Keep communication open and honest.
8. Maintain communication with the student's instructor on a regular basis. The instructor will contact you periodically throughout the preceptorship period. Please contact the instructor at any time if concerns arise, feedback is needed, or any other reason that seems appropriate to you.
9. Participate in an evaluation during site visits at mutually agreed upon times, providing feedback and/or preparing written documentation of student progress on the evaluation form provided by the instructors.
10. Aim at organizing experiences so the student assumes responsibility for:
 - Assuming an appropriate portion of the workload as discussed
 - Reporting to the team leader
 - Assisting with the preparation of care plans
 - Developing independent problem-solving
 - Working as a team member
 - Coordinating care for a group of clients
11. Ensure your co-workers understand that the student is part of the team and can help them as needed.

You will want to know what the student can and cannot do before assigning tasks. Supervise the student directly in the first three shifts. Watch the student give a.m./p.m. care, assist clients with meals, transfer

clients, etc. Observe how the student relates to clients and their families, and how they relate to other staff. If you are uncertain of what the student should be capable of doing, discuss this with the instructor.

Student Expectations and Roles

1. Work and plan closely with the preceptor to achieve the objectives for the preceptorship period.
2. Abide by facility policies and procedures.
3. Inform the preceptor and instructor of any problems that arise during the clinical placement.
4. Be responsible for all costs incurred during the preceptorship period.
5. Collaborate with the instructor and their preceptor to evaluate their own clinical performance in a realistic manner.
6. Recognize that the preceptorship period is a learning environment and that learning occurs on a continuum over time.
7. Evaluate the total learning experience and submit this feedback to the instructor.⁷

Care Activities that HCA students can perform under the supervision of a preceptor:

When students have completed all of their coursework for the Health Care Assistant Program, they are able to provide care for clients requiring different levels of care (minimal assistance, extensive assistance, and total care) and perform a comprehensive range of care activities as listed in the [Health Care Assistant Program Provincial Curriculum 2023](#).

If a student has not had the opportunity to perform a skill while they were in the clinical area with the clinical instructor, the student will tell the preceptor and then ask the preceptor to be present to observe/assist when the student completes the skill for the first time.⁸

The exception is restricted activities, such as medication administration. Students cannot participate in medication administration without a clinical instructor present. This includes the following:

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

This means that a preceptor and student must communicate effectively to organize and collaboratively complete care activities that include a component regarding medication administration. For example, an HCA student could complete peri-care, but the preceptor would need to apply the prescription cream to the perineum prior to the student dressing the client.

More information about the HCA role, the division between tasks and restricted activities, and students' participation in restricted activities is provided below.

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 which apply to HCA students in practice education settings. It is important for preceptors to understand the extent of the HCA role and the legal limitations and obligations that govern HCA practice in B.C. Preceptors 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, and 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 that 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 practice restricted activities when 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. If the clinical instructor is not available for in-person supervision during the preceptorship, the preceptor must complete the application of the medication administration activity while the student observes.

It is important for HCA students and preceptors 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).

Preceptors are encouraged to reach out to the 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 the preceptorship.

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

Frequently Asked Questions

What do I do if I am sick?

The instructors will provide guidelines. Hopefully, the student will still be able to work along with your replacement or be paired with another staff member.

What if the student is sick?

It's a good idea to exchange phone numbers on the first day so the student can contact the preceptor in case of illness. It is also the student's responsibility to phone the facility as well as the instructor.¹⁰

Can the student take breaks separate from their preceptor?

No, the student must have easy access to the preceptor at all times, and the student must never be left alone on the floor. Remember, the student is there to learn, not to lighten other people's workloads.

Can the student transfer a client or use mechanical transferring devices on their own?

The student will not know the clients as well as you do, so they will not be aware of the client's capabilities, preferences/differences, and specific needs.

You should observe and assist all transfers and lifts initially until you are aware of the student's abilities. Then, when you are comfortable, use the following guidelines:

- **One-person standby transfers.** It is very important that you communicate to the student your method of moving a particular client.
- **Sit-to-stand lifts.** Once you are sure the student is using the equipment safely, the student should be able to use the sit-to-stand lift independently for clients who are reliable and cooperate well with the lift.
- **Ceiling lifts/sling lifts.** Students are NOT to use these lifts without another staff person present. However, it is okay for students to use these lifts if you are in the room observing the transfer. If the client only requires one person to place the sling, the student could have the client completely ready with the sling in place and attached before needing you in the room.

What should I do if the student makes an error or is present when a client falls?

The student must complete an incident report as per the policy of your facility. Please notify the instructor if you are at all unsure of how to proceed.

What care activities can the students perform?

The B.C. Care Aide & Community Health Worker Registry has developed two resources that clearly outline the health care activities that HCA students can perform:

- [The Health Care Assistant Care Activities Chart](#) lists care activities that BC Health Care Assistants (HCAs) may be expected to perform as part of their duties. It also specifies care activities taught within the Health Care Assistant Program Provincial Curriculum and categorizes care activities as tasks or restricted activities.
- The [Health Care Assistant Decision-Making Tool](#) will help students determine whether they should carry out a task that is assigned to them. The decision-making tool only pertains to tasks, not restricted activities.

¹⁰ College of New Caledonia. (n.d.-a).

For more information in this guide about care activities that the student can perform, also see [Student Expectations and Roles](#) (page 9) and [The HCA Role: Limitations and Obligations](#) (pages 10 to 11). This section provides examples of how students are only allowed to practise restricted activities such as medication administration when they are under the direct supervision of a clinical instructor designated by the post-secondary institution.

Giving Feedback

We grow and learn from constructive feedback – that is how we improve. In your role as a preceptor, you will be required to give feedback.

Students need frequent feedback about their performance to know what areas they are doing well in and where they need to improve. Positive feedback is vital to a student's self-esteem and will permit them to cope with negative feedback without becoming demoralized. Some preceptors hold formal weekly feedback sessions with their students; others find it easier to have short, informal discussions every day or every other day. Nothing, either positive or negative, should appear on a student's evaluation that they are unaware of (i.e., no surprises). If there are problem areas, discuss this with the student and then contact the instructor.¹¹

Tips for delivering feedback

- Offer your feedback in a private, quiet place where the 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 party plenty of time to respond and listen attentively.
- Avoid aggressive language.
- Use the pronouns "I" and "we" rather than "you."¹²

¹¹ College of New Caledonia. (n.d.-a).

¹² Warmerdam, J. (2020). *Accepting feedback* [PowerPoint slides].

Evaluation

Evaluation is the process of measuring the student's knowledge, skills, attitudes, competencies, and milestones based on criteria related to educational goals. It's the process in which the preceptor will evaluate the student's knowledge and skills as well as their ability to meet the learning outcomes.¹³

There are two types of evaluation that will be expected:

Formative evaluation. Allows the preceptor to gather data and then adjust teaching and provide feedback. It occurs throughout the preceptorship and measures the student's ability to meet learning objectives. Some examples of formative evaluation include:

- Questioning (open and closed-ended) about the knowledge acquired in the classroom-based theory.
- Observing and evaluating the learner's ability to self-reflect and self-assess, allowing the student to determine any areas of concern.

Summative evaluation. A final evaluation determining whether students have met or not met the program learning outcomes will assist the instructor in determining whether students have the required skills to graduate from the Health Care Assistant Program (Learning Outcomes 1 to 9). This evaluation occurs at the end of the preceptorship. A [Practice Education Evaluation](#) form is provided on pages 19–25 of this guide.

Begin by reviewing the evaluation form to get an idea of what you should observe in the student's performance and behaviour. It is helpful to review this form more than once in the first few days to refresh your memory. It may also be helpful to recall incidents or facts when it comes time to evaluate the student if you keep records in the form of anecdotal notes. This is done for two reasons: to determine if there may be a pattern of behaviour and to provide accurate, detailed accounts of an incident.

You may also want to write notes on things that the student does well. Writing these notes frequently before the details fade – every day or two- is a good idea. These notes will aid your memory when assisting the instructor to write evaluations and provide essential data should a student appeal an unsatisfactory progress report. The instructor will write the actual evaluation in consultation with you.¹⁴

¹³ Robert Vu, T., Vannerson, J., & Buckley, J. (n.d.). *"My clinical evaluations are so subjective!" Evaluating learners and writing helpful clinical performances.*

¹⁴ College of New Caledonia. (n.d.-a).

Who to Contact if You Have Questions

[The College of New Caledonia's Health Care Assistant Program consists of three instructors; they are available by telephone at any time if you have any concerns or questions.]

Instructor, Health Care Assistant Program

Instructor Name

Phone Number

Email

Instructor, Health Care Assistant Program

Instructor Name

Phone Number

Email

Instructor, Program Coordinator, Health Care Assistant Program

Instructor Name

Phone Number

Email

Weekend Coverage

Instructor Name

Phone Number

Email

Preceptor Orientation Checklist

Below is a checklist that will help you prepare to host the student and pass on your acquired knowledge and skills.

| Prior to hosting a student | |
|--|--|
| • Thoroughly go through the <i>Preceptor Orientation Guide</i> | |
| • Make yourself familiar with the learning objectives of the HCA Program | |
| • Familiarize yourself with the Practice Education Evaluation | |
| • Know which instructor is supervising and how to contact them | |
| • Seek clarification, if needed | |
| Once the student arrives | |
| • Review the objectives with the student so the student is aware of level of expectation | |
| • Review the student's goals | |
| • Discuss the student's experience/background | |
| • Orient the student to the facility | |
| • Allow the student time to review the clinical site policies and procedures | |
| • Provide the student with an overview of the clients they are caring for | |
| • Outline appropriate care activities, clients, and workload | |
| • Provide direction and supervision | |
| Midway through preceptorship | |
| • Review progress with student (make sure to do this on a regular basis) | |
| • Participate in evaluation during site visits | |
| • Aim at organizing a new learning experience | |
| End of preceptorship | |
| • Complete the evaluation form and give to assigned instructor | |
| • Complete the preceptor survey | |

Health Care Assistant Program

Student Information

The student assigned to you is: _____

The preceptor schedule extends from _____ to _____ of this year. One of the instructors will visit you and the student (during regular working hours) to do evaluations at the middle and end of the preceptorship periods. You can connect at any time if needed.

The instructor supervising is: _____

Each student will complete three weeks (ideally 75 hours) of work in the preceptorship period. This is the final stage of the HCA Program.

The student's rotation will match up with your schedule and may include one other caregiver's schedule due to the time frame available for this experience. If your rotation is straight days or evenings, there is a possibility the student may be assigned to another staff member to maximize the student's learning experience. The student should not complete more than two shifts on the bath team.

We hope that you have a rewarding experience with the student, and we look forward to working with you.

Sincerely,

Instructor Names

HCA Program Instructors

[Name of post-secondary institution]

Practice Education Evaluation¹⁵

Please remove this evaluation form (pages 19–25) from the booklet and return to the instructor.
Place a check mark in the appropriate level for each highlighted category.

Student Name _____

| Ethical and Responsible Behaviour | |
|---|--|
| Punctual (Add a check mark beside the appropriate level) | |
| • Always on time | |
| • Usually on time | |
| • Repeatedly late or leaving early | |
| • Unreliable attendance | |
| Dependable | |
| • Always reliable and dependable | |
| • Conscientious and truthful, but forgets occasionally | |
| • Usually reliable | |
| • Variable; needs periodic reminding | |
| • Unreliable; must be supervised | |
| Grooming | |
| • Always neat and well groomed | |
| • Generally neat | |
| • Occasionally careless about hair and uniform | |
| • Frequently untidy | |
| • Untidy | |
| Confidentiality | |
| • Always respects confidentiality of clients/facility | |
| • Conscientious, but forgets occasionally | |
| • Usually remembers to think before speaking | |
| • Variable; needs reminding | |
| • Discusses confidential information inappropriately | |

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Ethical and Responsible Behaviour (Continued)

| Seeks help appropriately | |
|---|--|
| • Attempts to problem-solve before asking for help | |
| • Usually has thought out situation before asking for assistance | |
| • Seeks help as necessary, but does not work through problem alone | |
| • Seeks help often; no attempt to problem-solve on own at first | |
| • Cannot function without supervision | |
| Recognizes unsafe situations and acts to prevent them | |
| • Consistently looks for possible safety hazards and rectifies them | |
| • Recognizes safety hazards and rectifies them | |
| • Usually does the above but forgets occasionally | |
| • Variable; needs reminding | |
| • Preceptor has concerns about safe practice | |
| Gradually assumes workload | |
| Can manage all but a few Care activities by the end of preceptorship | |
| • Can manage three-quarters of the workload by the end of the preceptorship | |
| • Can manage more than half of the workload by the end of the preceptorship | |
| • Cannot manage half of the workload by the end of the preceptorship | |
| • Needs consistent assistance to complete the workload for the shift | |
| Can organize care | |
| • Organizes and carries out assignments exceptionally well | |
| • Organizes well, using moderately good judgment | |
| • Has average ability to make and carry out assignments | |
| • Needs considerable guidance to organize care | |
| • Acts without thinking and reasoning; makes poor decisions | |

| Human Relations and Communication | |
|---|--|
| Adapts communication to the individual and their situation | |
| • Consistently incorporates this into care | |
| • Usually performs with this intent, forgets occasionally | |
| • Is pleasant and helpful, but forgets this often | |
| • Personal likes influence response | |
| • Inconsiderate of clients and/or staff | |
| Recognizes non-verbal cues | |
| • Outstanding; seeks to acquire this skill | |
| • Above average ability to attend to this area | |
| • Average ability; misses cues | |
| • Does not incorporate this area into care | |
| • Limited understanding/thought given to this area | |
| Demonstrates listening skills | |
| • Outstanding; always listens before speaking | |
| • Good understanding of importance, but forgets occasionally | |
| • Usually listens, but does proceed in haste | |
| • Acts on own agenda rather than listening to clients | |
| Reports clearly and in an orderly fashion | |
| • Consistently reports to team leader in timely fashion (reports emergencies immediately), or as per facility routine | |
| • Usually does the above; occasionally forgets | |
| • Reports basic information; may lack insight into some areas | |
| • Forgets written responsibilities; leaves without passing on appropriate information | |
| • Non-communicative with team members | |
| Recognizes and reports changes from usual conditions | |
| • Consistently recognizes norms and deviation from norms; reports as above | |
| • Occasionally needs to verify norms; reports consistently | |
| • Often needs to (and does) verify norms; reports appropriately | |
| • Does not recognize deviation from norms | |
| • Does not recognize deviation from norms; does not see significance to report | |

| Activities of Daily Living Skills (ADLS) | |
|---|--|
| Individuality | |
| • Clients are consistently cared for with individual needs/preferences in mind | |
| • Care is thorough; occasionally forgets a preference | |
| • Care is complete, but lacks individuality | |
| • Care is incomplete | |
| • Care is unsatisfactory | |
| Privacy | |
| • Consistently practices with an awareness of the client's privacy | |
| • Conscientious; rarely forgets to provide privacy | |
| • Reliable; occasionally forgets to provide privacy | |
| • Lacks an awareness of the importance of privacy | |
| • Does not incorporate privacy into care of clients | |
| Hygiene | |
| • Outstanding; proficient in all skills; seeks to acquire new ones | |
| • Thorough; works well with some guidance | |
| • Does routine work well with some supervision | |
| • Lacks confidence; poor technique used | |
| • Careless; poor technique; needs constant supervision | |
| Elimination | |
| • Incorporates knowledge; uses skills learned; seeks to learn those skills needed | |
| • Knows procedure well; willing to try procedures not yet demonstrated | |
| • Satisfactorily does skills previously demonstrated; does not indicate interest in pursuing new skills | |
| • Unable to perform skills in this area | |
| Nutrition | |
| • Consistently observes safety; follows individual preferences of clients with the boundaries of workload; incorporates knowledge | |
| • Thorough; works well with some guidance | |
| • Does routine work well with some supervision | |
| • Lacks confidence; poor technique used; needs considerable guidance | |
| • Careless; poor technique; needs constant supervision | |

Activities of Daily Living Skills (Continued)

| Skin care | |
|---|--|
| • Outstanding ability to protect skin, position clients, incorporates knowledge | |
| • Usually incorporates this area into total care | |
| • Occasionally lacks insight into individuality of clients in this area | |
| • Limited understanding – little thought given to this | |
| • Careless; poor technique; needs constant supervision | |
| Pain | |
| • Consistently uses all senses and communication skills to determine presence of pain, evaluates cause, reports and uses comfort measures | |
| • Usually does the above | |
| • Average ability to incorporate this area | |
| • Ignores/denies significance of pain in clients | |
| • Lacks gentleness, may cause pain for clients | |
| Safety | |
| • Consistently provides care with ADLs safely. Thinks/plans before proceeding | |
| • Usually provides care with ADLs with safety as a prime objective; recognizes any lapse in this area and brings it to attention | |
| • Occasionally forgets to keep safety first when giving care with ADLs; admits errors | |
| • Variable; needs reminding; does not consistently recognize errors | |
| • Does not recognize errors | |
| Body mechanics | |
| • Consistently uses suggested lifts/transfers when moving clients as well as attention to personal safety; may problem-solve toward new methods | |
| • Consistently uses suggested lifts/transfers when moving clients as well as attention to personal safety; may or may not problem-solve | |
| • Occasionally forgets to pay attention to personal safety | |
| • Does not attend to this area; poor body mechanics and does not recognize safety risks | |
| • Uncooperative when suggestions made to follow policy | |
| Recreation/Activities | |
| • Consistently incorporates this area into care | |
| • Usually incorporates this area into care | |
| • Occasionally forgets the importance of this area | |
| • Completes care without thought to value of this | |
| • Negates value of this area to others | |

Activities of Daily Living Skills (Continued)

| Uses theory and knowledge | |
|---|--|
| • Is able to consistently provide rationale for caring actions | |
| • Usually able to provide rationale for caring actions | |
| • Is able to provide rationale for caring actions with occasional prompting | |
| • Rarely able to provide rationale | |

| Teamwork | |
|--|--|
| • Consistently completes care on time and is available to help others | |
| • Usually completes care on time, willing to help others when requested | |
| • Requires frequent reminders to help team | |
| • Does not complete care on time, unable to help others | |
| • Does not appear interested in helping other team members – consistently needs to be told what care activities they can help with | |

| Attitude | |
|--|--|
| • Seeks suggestions; is grateful for constructive criticism/feedback | |
| • Accepts criticism/feedback well and corrects mistakes | |
| • Accepts criticism/feedback and usually corrects mistakes | |
| • Accepts criticism/feedback; does not profit by it | |
| • Resents criticism/feedback | |

| Adaptability | |
|--|--|
| • Adjusts readily to new situations | |
| • Carries new work well with little assistance | |
| • Adjusts to routine work with some guidance | |
| • Needs considerable help and guidance with all work | |
| • At a loss in new situations | |

What specifically should your assigned student focus or improve on?

Comments:

Preceptor Survey

Please remove this form and return to the instructor.

We would appreciate it if you could take just a few minutes of your time to fill in this brief survey regarding your recent preceptorship period.

| Please answer the following... | Yes | No |
|--|-----|----|
| 1. Were you informed of the placement prior to the start of the experience? | | |
| 2. Were our lines of communication clear? | | |
| 3. Did we respond in a timely manner when you had questions? | | |
| 4. Did the instructor and/or this booklet clearly explain the expectation of the placement? | | |
| 5. Did the instructor and/or this booklet clearly explain the roles and responsibilities of the student and the preceptor? | | |
| 6. Did the instructor and/or this booklet clearly explain how the evaluation process works? | | |
| 7. Did you feel adequately prepared and supported for this preceptorship? | | |
| 8. Do you believe that our program adequately prepares graduates for the workplace? | | |
| 9. Would you be a preceptor for us again? | | |

Is there anything else you would like us to know?

Additional Resources for Preceptors

Many of the resources listed below reflect clinical instructor and preceptor 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.

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