

Evaluation Strategies to Direct Learning Opportunities

The One Minute Preceptor Technique

This strategy requires the preceptor to review what the student thinks is going on after seeing a particular patient. The preceptor then challenges the student to provide supporting evidence for the assessment and to apply knowledge from previous experience, course work and readings. The preceptor then gives immediate, specific feedback to the student as to what was correct about the assessment and if the student was able to recognize some general rules that apply to the situation. In this way, the preceptor is also able to offer situation specific teaching to the student. Each of the six steps in the process should take about one minute to complete.

Example script:

Learning Goal	Script	Rationale
Together, student and preceptor identify key hypotheses. This may be difficult if the clinical issues are new to the student.	"What do you think are the possible issues?" "What are the priorities?" "What are you considering as an explanation for ____?"	Assist decision making throughout the process.
Gather supportive evidence from the history and assessment.	"Why do you think that?" "What led you to that conclusion?" "What else did you consider?" "Is there anything else we should be concerned about?"	Tie evidence to key hypotheses; identify any gaps in information or reasoning.
Preceptor and student identify learning strengths.	"Specifically I/you did a good job of _____ ... and this is why it is important"	Reinforce strengths; provide positive reinforcement.
Preceptor and student identify areas for student growth.	"I/You didn't factor in _____." "I disagree with" "A more efficient way"	Provide constructive feedback that is specific.
Preceptor reinforces the general principles and clarifies the take-home lesson.	"The key point I want you to remember is"	Highlight the main point in a way within which the student can remember and work.
Integrate reflection.	"What did I/you learn from this?"	Review care; plan for similar experiences in the future.



Adapted from: "Mastering the preceptor role: Challenges of clinical teaching," by C. Burns, M. Beauchesne, P. Ryan-Krause, & K. Sawin, 2006, *Journal of Pediatric Health Care*, 20, p.176.

Evaluation Strategies	More Information
<p>Give feedback/coaching as the student performs the behaviour or skill (Burns et al., 2006).</p>	<p>This technique can be especially useful for students who are practicing new skills or developing competencies for collaborative practice. It allows both the student and preceptor to feel safe since the new skills or behaviours are closely supervised. The verbal cue the preceptor provides helps the student master the finer points.</p> <p>It is also possible to facilitate feedback in the group. Student peer evaluation can be very effective and encourages understanding of the role and the role of others.</p>
<p>Use a model/form/guideline to guide feedback, so that it is systematic and tied to something concrete to which the student can refer back (Hyvarinen, Paavo, Katajavuori, & Isotalus, 2008; Maher & Reiman, 2004).</p>	<p>Using a framework to guide the provision of feedback helps to ensure that it is systematic, deliberate and evidence-based.</p> <p>In a recent study, pharmacy students who received feedback based on a guideline were more likely to find the feedback useful, citing they had specific examples of how they could improve.</p> <p>For more information on how to find guidelines, see Collective Decision-Making.</p>
<p>Use student self-evaluation to give feedback (Bradshaw & Lowenstein, 2007; Rae & Cochrane, 2008).</p>	<p>Asking questions allows students the opportunity to share their perspective on their performance. After the student's self-assessment, preceptors or other students can offer their assessment by comparing and contrasting their views with that of the student. Fostering self-evaluation can help students feel more engaged in the learning process and empowered.</p> <p>Students and preceptors can initiate student-self evaluation by considering these guiding questions:</p> <p>How did it go today? Are you reaching your learning goals?</p> <p>What is your greatest strength as a student? What do you need to improve upon? How are you being collaborative in patient care? As a team member, do you feel that there are any performance issues?</p>
<p>Role-model self-evaluation for students (Bradshaw & Lowenstein, 2007).</p>	<p>Preceptors can offer self-evaluation of their role and ask students for feedback. In doing so, preceptors create a safe, supportive environment where feedback is shared regularly. After the student and preceptor have evaluated the preceptor role, the student can do his/her own self-evaluation.</p> <p>Guiding questions to be considered by the student and preceptor:</p> <p>"How am I doing today as your preceptor?" "What can I do to support your learning goals?"</p>



<p>Talk with your peers who are or were preceptors and faculty partners about their experience in giving feedback (Perlman, Weston, & Gisel, 2005; Walsh, Armson, Wakefield, Leadbetter, & Roder, 2009).</p>	<p>Giving feedback can be a challenging part of the preceptor role. By talking to others, preceptors and students may learn strategies that have worked in the past, and if possible, discuss the specifics of a particular situation. Furthermore, it may be helpful to create scenarios and brainstorm regarding what you might say in each situation.</p> <p>In the moment, it may be challenging to find the correct words to say exactly what you want to convey. Role-playing can help you find the words to say. Both students and preceptors can also practice writing out feedback, and editing until the message conveys exactly what is intended.</p>
<p>Ensure students receive feedback on all items indicated on their learning plan (Maher & Reiman, 2004).</p>	<p>Areas for improvement identified by students are listed on clinical placement learning plans. Providing specific feedback for students about their learning plan items helps to mark progress and facilitates growth and achievement of learning plan objectives.</p>
<p>Give feedback as soon after the demonstrated skill or behaviour as possible (Bowen, Eckstrom, Muller, & Haney, 2006; Burns et al., 2006; Irby, Aagaard, & Teherani, 2004).</p>	<p>Giving feedback soon after the skill or behaviour ensures the events are still fresh. It also ensures that the feedback is specific, related to the behaviour demonstrated rather than a generalization regarding the student's way of providing care and directed at the learning needs.</p> <p>Feedback is particularly important when discussing the collaborative activities within the team. Pointing out collaborative interaction, knowledge sharing and cohesive interventions allows students time to reflect and to determine how to integrate these behaviours and skills into their personal practice models.</p> <p>Preceptors can also take the opportunity to review the learning plan to determine how the experience fits into the plan and whether new directions for learning should be considered.</p> <ul style="list-style-type: none"> • Students can give preceptors an evaluation form or a list of questions for feedback prior to the experience. • Preceptors and students can identify relevant feedback criteria for the student role.

