Legal, Ethical & Cultural Considerations in Training the Surgical Technology Student & Novice

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Learning Objectives

Upon completing this module the learner will be able to:

- Define the legal risks both to the student and preceptor in the clinical setting.

- Identify the ethical considerations of training students and novices.

- Recognize cultural barriers to preceptorship.

Legal Risks

As a surgical technologist, it is important for you to consider the legal risks during the preceptorship of students and new employees. The key is accountability for all, whether you are the preceptor or the student/novice. As a practicing surgical technologist you may be reluctant to become involved with a training a student/novice due to feeling that is difficult to manage your own responsibilities and teach at the same time. Surgical Technologists may also be reluctant to become involved in training students due to being held legally accountable for the student's action. It is important to remember that the student/novice is also legally accountable for his or her own actions. We, as surgical technologists, also have the responsibility to train the next generation of surgical technologists in order to ensure only safe, competent practitioners are involved in patient care.

- The key to mitigating the legal risk in training students/novices is accountability.

- All practitioners, including students & new employees, are legally accountable for their actions.

- Experienced surgical technologists have an ethical & moral obligation to provide optimum patient care by training the next generation of surgical technologists.

Managing the Legal Risk: Competence

Competence is one of the foremost considerations in the preceptorship of student/ novice surgical technologists. It is up to the preceptor, the educator and the student to ensure that the clinical experience is safe for patients while at the same time being beneficial to the student or novice. The student, preceptor and educator are in a teaching-learning triad in which each member plays a vital role in ensuring patient safety. Educators are held responsible to ensure that the student/novice has received current and relevant training prior to entering the clinical site. Before placing a student/novice in a clinical experience, educators must be aware of the capabilities of the student to ensure that they are in a clinical area that matches their clinical competency level.

- Clinical competency is one of the foremost considerations when training students & novices.

- Care givers are responsible for insuring the experience is safe for patients, while being beneficial to the learner.

- Educators are responsible that the student/novice completed training prior to entering the clinical site.

Managing the Legal Risk: Competence con't

As a preceptor you must be aware of the scope of the students or novice's knowledge and skills. Students and novices should be able to articulate to the preceptor where they feel their strengths and weaknesses are prior to the clinical experience. If a student/novice is not competent to perform a certain action, she or he must not perform that action until they are qualified to carry out the task. Students/novices, however, should not be held to a standard of perfection, rather, they should be held to the standard of their peers.

- Preceptors must be aware of the scope of the student/novice's knowledge & skills.

- Students/novices should be held to a standard of their peers.

Managing the Legal Risk: Effective Communication

Communication between the educator, the preceptor, and the student must be clear and unambiguous. Each must clearly understand their role in the educational process and communicate problems and concerns promptly. Educators must clearly identify which preceptor/s would benefit a particular student, depending on their competency level.

- Communication between the educator, preceptor & student must not be confusing.

- Each member is part of a teaching-learning triad in which each plays a vital role.

- Educators must identify which preceptor(s) are the best match for a student/novice.

Managing the Legal Risk: Effective Communication con't

Preceptors should be able to clearly communicate any skills or competencies that are lacking in a student in a clear, concise, manner which aids the educator in determining a course of action that will benefit the student. Students should be able to accept any constructive criticism without becoming defensive or hurt and use these experiences as learning opportunities for improvement. Students/novices are also responsible for seeking clarification and assistance on any clinical experience that they do not understand.

- Preceptors should be able to communicate skills or competencies that are lacking in a student to the educator.

- Students are responsible for asking the preceptor for assistance on any clinical experience that they do not understand.

Managing the Legal Risk: Delegation & Supervision

Delegation and Supervision are important considerations when surgical technologists precept students and novices. "**Delegation**" is defined as the transfer of responsibility for the performance of a task from one person to another" or "transferring to a competent individual the authority to perform a selected clinical task in a selected clinical situation." The **preceptor** retains accountability for **delegation**".

- *Delegation* is defined as the transfer of responsibility for the performance of a task from one person to another.

- *Delegation* in a clinical setting refers to transferring to a competent individual the authority to perform a selected clinical task.

- Preceptor is accountable for delegation.

Managing the Legal Risk: Delegation & Supervision

There are five rights to delegation, they are as follows: (a) the **right** task, (b) the **right** circumstance, (c) the **right** person, (d) the **right** direction/communication, and (e) the **right** supervision. As surgical technologists, we have the obligation to provide safe, quality care to all of our patients. Delegating can create challenges and concerns, especially in today's healthcare setting with the environment of shrinking resources, patients with complex conditions and the use of new technology in the operating room. All delegation decisions must be based on the fundamental principle of protecting our patients.

- There are five **rights** to delegation: a) **right** task, b) **right** circumstance, c) **right** person, d) **right** direction/communication, & e) **right** supervision.

Ethical Considerations

Ethics are defined, according to the Miriam Webster Medical Dictionary, as the rules of behavior based on ideas about what is morally good and bad behavior; it is the branch of philosophy dealing with what is morally right or wrong.[1]

They are standards of conduct that indicate how one should behave based on moral duties and virtues. How we approach ethical issues is determined by our individual beliefs about what is good and bad and obligations related to good and bad acts. When we think of ethics, we also think of terms related to ethics.

- *Ethics* are defined as the rules of behavior based on ideas about what is morally good & bad.

- They are standards of conduct that indicate how one should behave based on moral duties & virtues.

More Ethical Considerations

Related terms are those such as **values,** which relate to qualities of behavior, thought and character that society regards as being intrinsically good and worthy of emulation by others. **Morals** are modes of conduct that are taught and accepted as embodying principles of right and good. **Morality** can be defined as a system of determining right and wrong that is established by some authority, such as a church, organization, society, or government.

- Related terms are those such as *values* that relate to a persons character, and…

- *Morals* which are modes of conduct that are accepted as principles of right & good.

More Ethical Considerations

Ethics allow for students and novices, preceptors, and other members of the health care team to understand and respect each other. In the operating room, patients are there to receive care, surgical technologists are there to provide direct patient care and students are there to learn. In order for these values to be compatible, there must be .... *Beneficence* is an ethical standard that refers to the "duty to help", or at least to "do no harm". *Beneficence* applies to clinical teaching in that students and novices have a right to expect that their preceptor is a competent, responsible, and knowledgeable practitioner.

- *Ethics* allow for everyone to understand & respect each other.

- In the OR, in order for ethical values to be compatible, there must be *Beneficence*, the duty to help, or at least do no harm.

More Ethical Considerations

Preceptors have the responsibility for planning or delegating appropriate tasks based on the student/novice's needs and their level of competency. Giving specific, timely feedback on individual student/novice performance is another way that preceptors can practice beneficence. It is also important that the preceptor not compare students and novices to others.

- In clinical teaching, beneficence applies in that students and novices have a right to expect that their preceptor is competent, responsible & knowledgeable.

Code of Ethics from National Task Force in Health Education for Educators

The National Task Force in Health Education issued a code of ethics based on core principles underlying healthcare services.[2]

Educators have an ethical responsibility to:

- Treat learners with respect and treat all learners the same.

- Provide a quality education as defined by the profession/community.

- Select students based on academic performance, abilities, and potential contribution to their profession.

- Adequately prepare for the training of students.

- Give appropriate rationales.

- Conduct evaluations that are fair, consistent and equitable.

- Provide objective and honest student counseling.

- Provide adequate supervision based on the performance level of the learner.

Barriers to Ethical Treatment of Students/Novices

Each student or novice's behavior must be judged by the same standard. Examples of showing favoritism could include praising, supporting, and offering better learning opportunities with some students and not others. Social relationships between the student/novice and a preceptor should be discouraged, as well social networking sites should only be used for professional purposes between a student/novice and preceptor. The student/novice-preceptor relationship can be friendly and warm without being personal and social.

- Favoritism: Offering learning opportunities with some students & not others.

- Social relationships between student/novice & preceptor should be discouraged.

- Use of social networking sites should be professional.

- Talking about student performances in front of other students.

- Labeling students.

- Failing to model adequate respect for patients.

Student Privacy Rights

Student Privacy Rights should be respected. Students many times have a succession of clinical instructors and it is common for these instructors to communicate information about student performance. However, personal information that the students reveal in confidence should not be shared with other preceptors.

- Student privacy should be respected.

- Personal information that students share in confidence should be kept confidential.

Family Educational Rights & Privacy Act (FERPA)

FERPA (US Family Educational Rights and Privacy Act) restricts disclosure of student's academic information to individuals who have a legitimate need to know. Written permission of the students is necessary to discuss their performance with anyone else. Evaluative statements about student performance should not be shared with other preceptors, but information about a students need for a particular learning activity, or more practice with a specific skill is necessary for a preceptor to provide the proper guidance. Shared information regarding a student between preceptors or between faculty and preceptors should focus on factual statements about performance without adding personal judgments. Inaccurate characterization or labeling of students is rarely helpful, it also violates ethical standards of privacy as well as respect for students.

- FERPA restricts sharing students information

- Written permission from the student is required.

- Evaluative statements about students' performance not disclosed.

- But information can be shared on specific learning needs of student.

- Labeling students violates privacy standards.

Cultural Considerations

Culturally, the United States is undergoing rapid changes, and includes people from different ethnic backgrounds, belief systems, and economic backgrounds.[3] Research suggests that these cultural influences have a profound effect on how healthcare workers perceive patients of various backgrounds. But there are also cultural influences that can affect how the student/novice can be perceived by educators and preceptors. As individuals, we have our own "life-world" based on our own background and culture and we may find relating to a student/novice with a different "life-world" challenging. (The concept of a life-world derives from the German term ***lebenswelt*** and refers to the individual and social influences on an individual's life that result in the subjective manner in which the world is viewed through each individual's eyes.

- Culturally, the U.S. is undergoing rapid changes.

- Cultural influences can affect how the student/novice is perceived by educators & preceptors.

- Preceptors may find it culturally challenging to relate to a student/novice.

Cultural Considerations con't.

As early as 1998, the Pew Health Professions Commission recommended "that the health profession workforce reflects the diversity of the nation's population.[4] Recent government reports have highlighted the need to expand health care workforce diversity and increase provider cultural competence to address persistent health disparities. The message has been embraced, and healthcare classrooms are filled with students of all ages, from every corner of the globe, and from every walk of life.

- Pew Health Professions Commission recommendation that workforce reflect diversity of population.

- Need to expand healthcare provider diversity & cultural competence.

- Healthcare classrooms are reflecting efforts.

Cultural Considerations con't.

An area that greatly affects the education of diverse students is the very nature of culture and cultural differences. Culture, according to classic anthropologist Tylor, is that "complex whole which includes knowledge, belief, art, law, morals, custom, and any other capabilities and habits acquired by man as a member of society".[5] Culture is acquired, dynamic, and largely unconscious. Culture changes both through conscious effort, education, and experience, and by unplanned happenstance and history.

- Tylor provided a classic definition of *culture*.

- *Culture* is dynamic & unconscious, but changes occur consciously.

Cultural Considerations con't.

Current American culture is concerned with the issue of political correctness, and the consequences for making an error in speech or action can be dramatic. Preceptors must be aware of the impact that saying "the wrong thing" to a student/novice can have on that persons feeling of self-worth and ultimately their career.

- Current outlook on culture focuses on political correctness & consequences for errors.

- Preceptors must be mindful of what they say, how they say it & impact on the student/novice.

Improve Teaching & Learning in Culturally Challenging Situations

To improve teaching and learning between the preceptor and student/novice it is imperative that preceptors are equipped to deal with cultural diversity in a culturally competent manner. Healthcare professionals should gain an understanding of one another's life-worlds. They need to develop appropriate attitudes and have the knowledge and skills to deal with challenges in a multicultural professional environment.

- Preceptors must know how to handle cultural diversity in a culturally competent manner.

- Understanding of one another's life worlds.

- Preceptors need appropriate attitudes, knowledge & skill in today's multicultural environment.

Specific Barriers to Success for Culturally Diverse Students/Novices

Culturally diverse students/novices often times experience specific barriers to success. They may perceive discrimination, have issues with English proficiency and have perceived cultural tensions. Many culturally diverse students for whom English is not the first language may have difficulty communicating their thoughts and may also be misunderstood by preceptors. Body language and eye contact can also vary from culture to culture and may be misperceived as being aloof or disrespectful.

- Culturally diverse students/novices: Perceive discrimination; challenges with English language; cultural tensions.

  - English language: Challenges communicating with preceptors who may misunderstand

- Body language & eye contact varies from culture to culture.

Other Challenges in Cultural Diversity

Diversity can also expand across generations. Many older students are seeking a change in careers and can be much older than their preceptors. Younger preceptors may have a difficult time correcting a student/novice who could essentially be the same age as their parents.

- Diversity is across generations.

- Students/novices may be older than their preceptors.

- Preceptor may find it challenging to correct a student/novice who is older.

Other Challenges in Cultural Diversity con't.

Many older students have much more to lose if they are not successful in their clinical education. They may have given up a significant amount of income in order to undertake this educational opportunity and may feel much more pressure to be successful and complete tasks without making mistakes. They may be dealing with stressors at home due to parenting and or being a spouse and failure is not an option for them. It becomes important for preceptors to recognize these cultural differences and work with them as individuals.

- Older students have more at stake if not successful in their higher education program.

- Preceptors must recognize cultural differences & students/novices as individuals representing these differences.

Other Challenges in Cultural Diversity con't.

A "one size fits all" approach where we treat everyone the same, regardless of age, culture and ethnicity may not work in all cases. Rather, preceptors should be exposed to multi-cultural sensitivity training at their clinical facility and have the resources to be able to identify differences in their student/novices as well as the tools to effectively teach.

- Treating all students/novices the same does not work.

- Preceptors should complete multi-cultural sensitivity training

- Preceptors should combine identifying cultural differences with teaching tools.

Summary of Key Concepts.

- Key to mitigating legal risk in training students/novices is accountability.

- Clinical competency is one of the foremost considerations when training student/novice surgical technologists.

- Experienced surgical technologists have an ethical & moral obligation to provide optimum patient care by training the next generation of surgical technologists.

- Ethics allow for students/novices, preceptors & other members of the healthcare team to understand & respect each other.

- Student privacy should be respected.

- Preceptors must be aware of the impact that saying "the wrong thing" to a student/novice can have on that person's feeling of self-worth & ultimately their career.

- To improve teaching & learning between the preceptor & student/novice it is imperative that preceptors are equipped to deal with cultural diversity in a culturally competent manner.
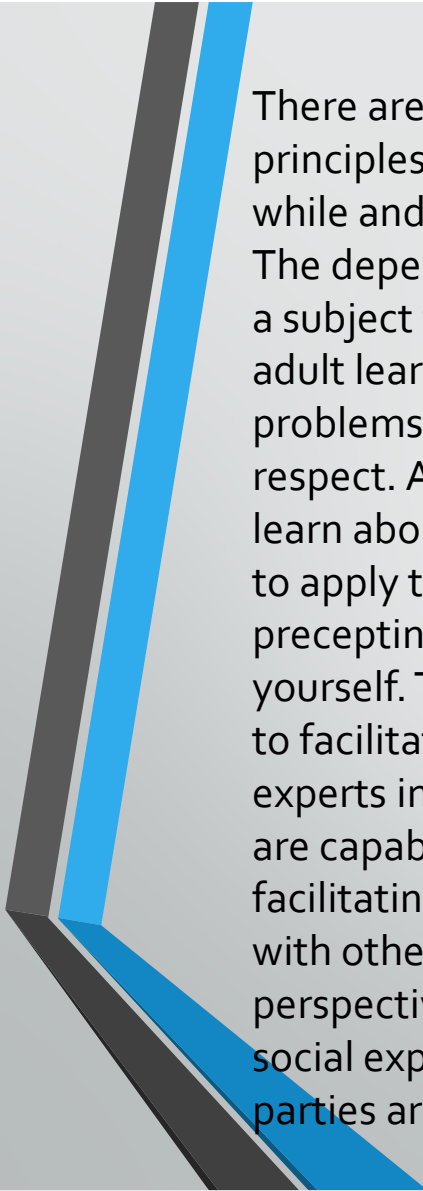
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PRINCIPLES OF ADULT LEARNING

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There are two different studies of learning principles. Pedagogy is the study of the child learner while andragogy is the study of the adult learner. The dependent child learner is interested in learning a subject for future use. The learning process for the adult learner is more self-directed for solving problems and is based on mutual collaboration and respect. As you move through this module, you will learn about the principles of adult learning and how to apply them to your work environment for precepting students, fellow employees and even yourself. The best teachers are those who know how to facilitate learning. The best role models are experts in their respective area. The best preceptors are capable of both. The primary goal when facilitating adult learning is to optimize connections with other people to develop shared goals, values, perspectives and ways of doing things. It is a shared social experience which is more effective if both parties are open to learning from each other.

Learning Objectives

Upon completing this module the learner will be able to:

- Discuss the characteristics of adult learning.

- Apply the principles of adult learning.

- Describe how to create a mentoring relationship with the adult learner.

Definitions

- *Andragogy:* art & science of adult learning.

- *Adult learner:* person more than 18 yrs. old who seeks new skills or information that exhibits self-direction and autonomy.

- *Autonomy:* Achieving the state of self-directed learning & independence

- *Pedagogy:* art & science of children learning.

- *Self-direction:* opportunity for a person to determine the ways/methods in which he/she will learn.

The Adult Learner

Malcom Knowles described the process of self-inquiry for the adult learner identifying six characteristics. [1] In order for adult learners to thrive, there must be a cooperative learning environment that is based on mutual trust with clarified mutual expectations.

1. Prefers autonomy & self-directed

2. Based upon the learner's experiences & knowledge

3. Goal oriented

4. Must be relevant

5. Must be practical

6. Must be respectful

Personal Benefit – Problem Centric:
Adults are motivated to learn as they develop needs & interests generated by real-life tasks or problems.

Motivators for learning

1. Solves a problem.
2. Avoids a problem.
3. Provides an opportunity.
4. Increases status.
5. Leads to personal grown.
6. Leads to professional growth.

How can you facilitate learning?

1. Describe why need to know
2. Ask what they expect from the experience.
3. Describe problems that may be encountered.

Previous Experience:
Experience is the richest resource for adult learning.

Motivators for learning

1. Involves them in sharing what they know.
2. Build on what they know.
3. Validate their experience.

How can you facilitate learning?

1. Ask questions about learner's experiences to identify gaps in knowledge.
2. May need to connect the learning experience to what they previously learned.
3. Individual differences among adult learners increase with age & experience

Self-direction:

Adults have a deep need to be self-directing.

Motivators for learning

1. Can take control of their learning.
2. Make decisions about the content & process.
3. Engage the learner.

How can you facilitate learning?

1. Invite & respond to questions.
2. Empower the learner. Provide opportunities to make decisions or choices.
3. Brief & debrief – ask reflective questions to allow learner to self-evaluate.

Active Learning & Immediate Application:
Adult orientation to learning is life- or work-centered.

Motivators for learning

1. Immediate application for learning.

2. Participate actively in any way possible – involve learner.

3. Practice the new skill or test the new knowledge before leaving the case.

How can you facilitate learning?

1. Keep it practical; allow the learner to participate as much as possible.

2. Allow learner to set up; check the setup to confirm what is required for case is present & in the correct order. Refer students to open lab as needed.

3. Allow students to practice a skill or sequence that may be needed later.

4. Use question & answer.

5. Talk less – do more. Remember – passive listening is the lowest form of stimulation, so retention is lowest.

Active Learning & Immediate Application (con't):
Adults prefer active learning participation.

Motivators for learning

4. Less passive listening – more discussion, feedback & activities.

5. The more active participation, the more stimulated the brain becomes, the more learning takes place.

How can you facilitate the learning?

6. Don't overload with too much detail prior – focus on essential critical elements.

7. Focus on standards – if it is a preference, such as where to place the sharps container, let the student experiment. Be flexible where possible.

8. Repetition is the key – it takes repetition, so be prepared to tell student again – repeat again & again until they have it.

Relevance:

Adults need to understand relevance of learning to solve problems or fulfill a need.

Motivators for learning

1. New information must be linked to the current situation.

How can you facilitate learning?

1. Limit stories which expand far from normal – information must be relevant to the current situation.

Emotional Connection – Build Self-Esteem:
Adults need for the experience to be respectful & to be accepted for learning to occur.

Motivators for learning

1. Mutual respect is essential. Keep evaluation confidential.
2. Health self-esteem is necessary to enhance learning.
3. Social connection – feel accepted.

How can you facilitate learning?

1. Remain respectful, patient & accepting of learner.
2. Provide constructive feedback which validates knowledge & successes, & provides guidance for improvement (1-2 items at a time).
3. Allow student express expectations for learning experience. Be sure realistic expectations are set.

Emotional Connection – Build Self-Esteem (con't):
Adults need the experience to be respectful & to be accepted in order for learning to occur.

Motivators for learning

4. Fear causes flight or fight which limits learning.

5. Prepare students for emotional situations by information them of the potential & what to do should it happen.

6. Use humor when possible to keep the focus on the case.

How can you facilitate learning?

4. Debrief after any emotional experience so they can reflect & learn from their feelings – What did you learn? How can we make this better next time?

5. Have fun – keep it simple & enjoy the challenge of the case.

6. Keep it confidential – consult only with a charge nurse or instructor. FERPA laws for students are similar to HIPAA laws for patients.

The Adult Learner

It is important to remember that the adult learner brings to the training sessions a wealth of previous experience with preconceived thoughts, feelings and attitudes about the learning environment. It is important to discuss with the learner what they believe they already know, what they need to know and how _we_ are going to get them there. Involvement in the process is the key.

The adult learner has a strong need to be self-directed, meaning that the adult learner must be involved in setting parameters and goals (expectations) for the learning experience. When precepting a learner, it is important to remember that the individual is there because they want to learn, they have volunteered to participate. If they feel that the learning experience is not meeting their needs or if they are being treated in a humiliating or insulting manner, they will withdraw. It is important to ask the learner, "What are your expectations for the case?" Next, work with them to establish mutually agreed upon expectations.

- Learner has preconceived thoughts & attitudes about learning environment.

- Involvement in learning process is key factor.

- Student has strong need for self-direction.

- Student involved in setting goals.

- Don't treat student in humiliating or insulting manner.

Establishing the Relationship

As the preceptor, you set the tone for the climate of learning. Consider yourself a coach, a guide, a counselor, a trusted advisor who believes in the learning process. It is important that the preceptor does not pass judgment, but, rather seeks to ensure quality patient care. Focus on ensuring that what you are teaching meets the policies and procedures for the organization ensuring that the standards are met. It is also important to remain patient and flexible regarding your own personal preferences. There are many ways to successful complete the same task. Allow some freedom and self-direction for the student regarding those preferences such as where a bowl is placed. Trust that the learner wants to do well and gear your expectations to the student's level of knowledge and experience.

- Preceptor sets tone for climate of learning.

- Make sure P & Ps of healthcare facility are met.

- Remain patient & flexible with student.

- Allow a certain level of freedom & self-direction for the student.

- Establish your expectations according to the student's level of knowledge & experience.

Establishing the Relationship

A preceptor-student relationship is social in nature, meaning that it is a relationship that has to be developed. It also means that you must deal with a multitude of individual differences which can and do lead to people problems. Learn to bridge those individual differences by developing an appreciation for the diversity of the individual. The next step is to learn how to communicate productively and efficiently with each other. A common saying, "seek first to understand", is an essential starting point. As you interact, you monitor their reactions and responses to figure out how you can relate effectively with them. This requires flexibility in your style of communication. Finally, your goal is to create as much common ground as possible between you. The profession of surgical technology provides clearly defined ethical values, common patient care goals, and the established standards of practice which provide guidelines for behavior. Briefing and interactions completed during your initial preparations while "opening" the case are paramount to the success of the learner and to the success of your patient's surgical procedure.

- Preceptor/student relationship is somewhat social.

- Recognize student's individual differences.

- Appreciate diversity of students.

- Communicate productively & efficiently.

- Essential starting point – "seek first to understand".

- Create as much common ground with student as possible

Take a Time Out from Adult Learning Principles & Do an Individual Reflection

Learning Characteristics

- List your last three learning experiences. Hint: Learning need not occur in a formal setting.

- Beside each experience, note what your motivator was for each learning experience.

Summary Up-to-This Point:
Role of the Preceptor

- **Be a role model** – A technical expert with experience & knowledge of the standards, policies & practices.

- **Create a positive learning environment** – Patient, kind, respectful, accepting & collaborative.

- **Connect with the Learner** – Develop shared goals, values, perspectives & ways of doing things. Do the right thing.

- **Clarify & set mutually agreed upon expectations.**

- **Monitor progress** – Be a facilitator, coach, guide, counselor and trusted advisor according to the need of the moment.

- **Provide measurable & realistic feedback** – Setting realistic expectations, mini-goals, & objectives that allows the learner to progress from the simple to the complex that is tailored to the needs of the learner.

Motivation Factors

Adults have a "natural" motivation to learn when they sense a need for change known as a "teachable moment (Zemke & Zemke, 1995). As you draw out their experience so far, keep your own stories for teachable moments. There are six motivating factors for adult learners as proposed by Lieb in 1991 (Russel, 2006): 1) the need to make new associations and friendships, social relationships, 2) to comply with or fulfill the expectations of someone else such as a teacher or supervisor, 3) to improve their ability to participate in work or serve mankind, 4) to achieve a higher status, professional advancement, 5) to relieve boredom for escape or stimulation, and 6) to satisfy the need to know…to learn.

For the adult learner – fulfill a need to:

- Make new associations & friendships – social relationships.

- Comply with or fulfill the expectations of someone else such as the supervisor or teacher.

- Improve their ability to participate in work that has meaning (serve people).

- Achieve a higher status, professional advancement.

- Relieve boredom for escape or stimulation.

- Satisfy the need to know – to learn.

Motivation Factors

Once an adult understands that there is a need to know the information, they become intrinsically motivated to learn. Connecting with the learner to provide your background and share your own learning experiences can help them connect with the current situation. Asking them about their previous experience and how it went can also provide you with an insight to their former experiences so you can ensure that any preconceived ideas that are erroneous can be addressed. Always take a few minutes before the day to connect and establish the goals for today with the person's input. A few minutes spent up front can establish a mutual set of realistic expectations that is conducive to learning even when dealing with difficult situations or persons. During this time, you can establish the person's experience level, any expectations, any previous experiences that may be causing them distress, and involving them in setting today's goals for learning.

- Share your background & learning experiences.

- Connect with student's former experiences to make any corrections.

- Establish goals & realistic expectations for the day.

- Helps preceptor know the level of the student's experience and knowledge

Motivation Factors

When the learner is involved in the learning process by giving them as much control as possible over the parameters of the event, the adult learner becomes motivated. Thinking of yourself as a mentor and facilitator can help you see your role more clearly. According to the learners' experience level, the active segment may include setting up, then passing instruments for the opening and closing to begin with and then progress to completion of the actual procedure on a subsequent case. As you discuss the upcoming case, you can identify points of tension and signals that the learner can use if they become uncomfortable.

- Provide the ability of the student to be involved as much as possible based on level of experience & knowledge.

- See oneself as a mentor and facilitator.

- Identify signals learner can use if he/she needs to step away from case.

Adults Prefer Learning Situations That....

By using direct but kind communication techniques regarding the problems identified, you can maintain a positive learning experience. Allowing them to express their objective for the day (what they hope to accomplish) can help build rapport and motivation by allowing self-direction. Asking questions allows them to participate in the planning and evaluation of the experience. Questions may be relevant to their experience with the case, what they learned when preparing for the case and what they know from the preference card. Finally, focusing on questions about the surgical procedure can help the learner identify what the learner "needs to know".

If they know the information, then it establishes a basis for you to branch out and build on.

If they do not know the information, then it initiates a "need to know" which should include an explanation regarding why the information is important and relevant to their success.

Are practical & problem-centered, so....

- Give overviews, summaries, examples, & use stories to link theory to practice.

- Discuss & help student plan for director application of the new information.

- Use collaborative, authentic, problem-solving situations.

- Anticipate problems, applying the new ideas to their setting; offer suggestions.

- **CAUTION** – Guard against becoming too theoretical. Keep it relevant.

Adults Prefer Learning Situations That…

As you work together, use open-ended questions to initiate the learning process and prompts such as "and…", "What else?", and "Why?" that can encourage further responses. As you identify the gaps in their knowledge and skills, you are observing them to gauge their style. Do they move slower, speak softly, or are they direct with a lot of energy? Adjusting to their style for a few minutes can help you connect with them even if it is not your normal style.

Capitalize on their experience, so…

- Don't ignore what students already know, it's a resource for you – ask questions.

- Plan stepped activities & choice so student can adjust the process to fit his/her experience level, e.g., setup, open & close vs. 1st scrub whole case.

- Ask questions so student can use his/her experience & knowledge, e.g., 1st case vs. 3rd case.

- Listen & collect data about their needs before, during & after the case.

- **CAUTION:** Provide for the possibility of a need to unlearn old habits or confront inaccurate beliefs. Don't assume…ask.

Adults Prefer Learning Situations That...

During breakdown, use debriefing and reflection techniques to help them identify an area where they did well, one to two opportunities to improve, and be sure to end on a positive note regarding something specific they did well. Try not to overwhelm the learner by identifying each and every "mistake" or area needing more practice. Each case or learning experience can whittle those areas down if you keep them focused positively on self-directed problem solving one opportunity at a time. Quality not quantity is the key for constructive feedback.

Example: How did you feel you did today? What do you feel you could improve on? Then summarize your conversation adding anything significant. "Your passing of the needle holder was excellent during the closing sequence. Keep pointing the tip at the ceiling. I would practice assembly of the Balfour so that you can pass it quickly in an emergency. When we went open for the case, you responded quickly and effectively removing the laparoscopic equipment and preparing a place for the stringer. Job well done today."

Allow choice & self-direction, so...

- Build your plans around their needs, compare desired behaviors (goals) & actual behaviors.

- Ask for input regarding expectations for learning today.

- Ask what they know already about the topic (their perception).

- Ask what they would like to know.

Adults Prefer Learning Situations That...

According to Cranton[2], autonomy involves becoming more reflective on our own performance, self-aware of our deficiencies and more proactive in developing those critical skills including problem solving to limit delays in care. As we continuously strive for the safest patient care, we must utilize debriefing techniques to transform our own individual level of performance to improve the team's level of performance.

Allow choice and self-direction, so...

- Build in options within your plan so you can easily shift if needed.

- Use briefing & debriefing techniques to help them reflect on their learning & progress.

- *Cautions:* Match the degree of choice to their level of development. Also, since there may be things they don't know, use a mix of their perception of needs & research on needs (input from instructor) to guide your planning.

Adults Prefer Learning Situations That…

Keep instructions simple. Big picture first, then the details. Passive listening has the lowest brain engagement and the least brain retention. However, active participation engages the brain; pause allowing the learner to ask questions to stimulate learner brain engagement and retention of the information. You still get the information across but with an engaged learner. For the novice or beginner, be careful of providing too much detail, as it overwhelms the learner leading to "fear" they won't remember it all. Identify points that if the surgeon becomes demanding or the situation becomes tense, that you might switch places. Have agreed upon signals indicating a "switch" from first scrub to second scrub role. Preparing the learner up front with tools that allow them to assess their progress during the case and participate in the success of the case allows them to be successful too.

Have immediate application for active learning, so…

- Keep it practical; allow them to participate as much as possible.

- Allow them to practice a skill or test the new knowledge during setup when possible; have them setup & then check their layout to be sure all required items are in the correct order.

- Practice sequence skills that are time sensitive such as a carotid endarterectomy arteriotomy.

- Use Q & A to engage their brain for retention.

- Talk less…do more – passive listening is not well retained.

Adults Prefer Learning Situations That…

Repetition is the key. Be prepared to identify to any learner the key points prior to the case, during the case and after the case. It may take several cases before they can be expected to remember each detail. Remember that the older a person is, the longer it takes to retain new and difficult information. Patient use of signals, hand gestures and key words can prompt the learner taking that "deer in the headlights" look from their eyes.

It is also a good idea, to practice and allow return demonstration for any difficult aspect of the training. For beginning student's, it might be how to pass the suture correctly for this particular situation so that the surgeon's needs are met and there is no delay in the case. Examples may include passing suture for a vaginal case to prevent the suture from dragging. As the student progresses or for the new employee, the sharing of surgeon specific preferences can develop mutual trust.

Have immediate application for active learning, so…

- Repetition is essential: Provide cues or one word prompts.

- Suggest follow up ideas & next steps for support & implementation after the case; refer students to practice with instructors in the lab/mock OR.

- *Caution:* Collect needs data & match the degree of choice to their level of development. Be flexible – as long as safety & standards are met, allow flexibility when possible.

Adults Prefer Learning Situations That…

Are relevant to the current situation, so…

- Link new information to current situation.

- Help them become more effective & confident thru guided practice & establishing routines.

- Allow flexibility in setup unless it is a standardized healthcare facility setup. Provide diagrams when possible. (Note: An experienced CST can adapt to the student's setup easier than the student can adapt to multiple preceptors.

- *Caution:* Readiness to learn depends on relevance; limit stories that expand too far from normal-information. Information must be relevant to the current situation.

Adults Prefer Learning Situations That…

Be willing to learn from the learner. Occasionally, you will provide instructions that may not quite hit the mark and a surgeon will react. When it happens, own the moment, step up and let the surgeon know "I told him/her to do that. Sorry Doc…" You will have cemented the trust relationship, demonstrated your professionalism, your personal accountability and provided a role model for truth, honesty and dependability as a team player. You have also demonstrated that learning is ongoing and continuous and that it is okay not to be perfect. Finally, an act like that demonstrates that you do not have an ego that needs to be stroked, you are there as their guide and facilitator to help them learn.

Build self-esteem & show respect for the individual learner, so…

- Validate & affirm their knowledge, contributions & successes.

- Provide a quality, well-organized, differentiated experience that uses time effectively & efficiently.

- Avoid jargon & don't "talk down" to learner.

- Ask for feedback on your work or ideas; provide input opportunities.

- Provide for their physical needs thru breaks.

- Debrief after any emotional experience.

- *Caution:* Watch your choice of words to avoid creating negative perceptions; provide constructive feedback.

Points to Ponder

- No adult is the same as any other adult because each has a unique past & a unique perception of that past. These experiences may affect what they choose to learn or their perception of the learning experience.

- An adult's self-concept is the product of past experiences. Each adult phase has it's own life events & focus. Next slides address phases of adult growth.

- Through experiences and past decisions, adults narrow the possibilities open to them in the future.

Phases of Adult Growth:
18 – 24 Leave Home

Live Events

- Enter & complete college
- Start full-time job
- Find partner

Life Focus

- Seek independence & autonomy
- Define identity
- Make new friends

Phases of Adult Growth:
25 – 32 Step into Adult World

Life Events

- Establish home
- Be selected for a job
- Join community activities
- Marry (option)
- Become a parent (option)

Life Focus

- Consider self as adult
- Develop capacity for intimacy
- Create a life structure
- Build a dream
- Choose a mentor

Phases of Adult Growth:
33 – 36 Search for Stability

Live Events

- Marry (option)

- Become a parent (option)

- Establish children in school

- Perhaps return to school

- Career progress/change

Life Focus

- Reexamine relationships, life, commitments

- Strive for success

- Clarify personal goals

- Set life goals

Phases of Adult Growth:
37 – 45 Come into One's Own

Life Events

- Possible separation, divorce, remarriage

- Break from mentor

- Possible big promotion

- Responsibility for 3 generations

Life Focus

- Face reality

- Acknowledge process of aging, mortality

- Reassess relationships, priorities, values

Phases of Adult Growth:
46-60 Settle In

Life Events

- Settle into height of career

- Become mentor

- Launch children

- Active community service

- Beginning of physical changes

Life Focus

- Value one's choices, lifestyle

- Reexamine fit between lifestyle & self

- Increased self-awareness & sense of competence

- Accomplish life goals

Phases of Adult Growth:
61 – 70 Second Wind

Life Events

- Loss of partner
- Health challenges
- Retirement
- Volunteer work as routine
- Enjoy grandchildren

Life Focus

- Accept & adjust to aging
- Accomplish life goals
- Find comfort in self
- Strong connection to partner

Summary of Key Concepts

- **Problem Solving Learning:** Adults are motivated to learn as they develop needs & interests generated by real life tasks or problems.

- **Learning Affected by Previous Experience:** Experience is the richest resource for adult learning. Individual differences among adult learners increase with age & experience.

- **Self-directed Learners:** Need to be self-directing. INVOLVE ME!!!

- **Oriented to Work or Life:** Adult orientation to learning.

- **Active Learning with Immediate Application:** Adults prefer active learning participation. Repetition is the key factor…repeat again and again until they have it.

- **Relevant to Current Situation:** Adults need to understand relevance of learning to solve problem or fulfill a need. Progress from simple to complex is necessary. If not perceived as related will withdraw.

- **Self-esteem & Respect:** Adults need for the experience to be respectful in order for learning to occur. Need constructive feedback that leads to progressive learning.

Dedication to the Profession

As a preceptor for students, your dedication to the profession is recognized by all. Those who are willing to teach are responsible for the growth of our profession. As you are committed to doing the right thing, you demonstrate leadership. Keep up the good work...being a preceptor is fulfilling and can lead to lifelong friendships and excellent work teams. Share the knowledge...improve the profession.

- As a preceptor your dedication to the profession is recognized by the program educators, peers, and students.

- Those who teach are contribute to the growth of the surgical technology profession.

- Preceptors demonstrate leadership.

- THANK YOU!!!

References

1. Russel S. An overview of adult learning processes. 2006. http://www.medscape.com/viewarticle/547417_2. Accessed August 27, 2016.

2. Cranton P. Professional development a transformative learning: perspectives for teachers and adults. Hoboken, NJ: Josey-Bass; 1996.

Learning Objectives

Upon completing this module the learner will be able to:

1. Define the learning curve of students in order for preceptors to evaluate the student's clinical competency.

2. Identify strategies used to evaluate where the student is on the learning curve.

3. Analyze methods for assisting students to achieve professional success.

Multitasking

As surgical technologists we understand the importance of multitasking. We silently count our sutures as we pass instruments, thinking about the silk tie we are about to pass to the surgeon while reaching for the straight mayo scissors to hand to the assistant and calling out to the circulator for more sponges all while maintaining asepsis. Now, define the true meaning of multitasking by placing a student into the controlled chaos. How much do you let them do? How much do you plan to micro-manage the back table or the mayo stand? How much do they know? We have an expertise and understanding of surgical conscience and the progression of the procedure that makes us valuable members of the surgical team that we need to share.

- We count, anticipate, maintain asepsis & communicate.

- Student in controlled chaos adds to multitasking.
  - How much to they know?
  - How much do you let them do?
  - How much do you plane to micro-manage?

Multitasking con't.

We understand that our role in the operating room varies and we adapt to every unique situation with ease to achieve our goal of patient safety and a successful patient outcome. As individuals, we need to realize that our job is more than just reaching our goals. We must realize our potential and the potential of every surgical technologist that approaches the sterile field. This collaborative effort is important when precepting a student or a new employee because the preceptor guides the student into the real world of clinical practice. So why do some of us approach the preceptor role with surgical technology students with such trepidation?

- Collaborative effort is important to precepting.

- Why do some preceptors approach the role with such trepidation?

Potential Preceptors

For those that work in non-teaching facilities there are equal opportunities to precept a new hire, or a nurse that has not scrubbed. We can refer to all personnel that fall under the tutelage of the preceptor as students, since the preceptor will play the classic role of instructor and the student will be anyone learning surgical technology skills. As a potential preceptor, you need to be self-reflective, honest with yourself and view your skills through a lens that sharply focuses on good technique. There are many who believe that they are not educators and some who believe that they should not have to teach anyone if they are not reimbursed for it, yet, we gladly and calmly teach a medical student to keep their hands up when they approach the field after scrubbing and direct them to bend at the waist so the towel does not touch their scrubs. We point out to the surgeon that their glove is contaminated and we gently remind the circulating nurse that we will be using more laparotomy sponges and sutures, so she should retrieve them before you run out.

- Preceptor does not know level of skill & knowledge of student, or attitude.

- Assess your own skills.
  - Self-reflective
  - Honest with oneself
  - View personal skills with focus on good technique

Preceptors Contribute to Success of Surgery

By default you are in a role where you your knowledge and your voice is tantamount to the success of each surgical intervention that you partake in. You are empowered as a surgical technologist to use your voice to teach others just as easily as you voice your opinion if you see that something is amiss. Not sharing your expertise can be detrimental to the goal of a positive patient outcome.   Once we can identify the potential barriers that may prevent our participation in the achievement of the student's objectives, we can accept our role as a clinical preceptor. We need to understand who we are in relation to the rest of the people (patient included) in the operating room, what makes us qualified to accept this job, when is the right time to speak or act upon our unconscious surgical instincts, where we should physically be, and why we need to agree to take on this role.

- Knowledge, skills, & voice important to success of surgery.

- Empowered to use your voice to teach others

- Not sharing expertise can harm goal of positive patient outcomes.

Teamwork

We must first understand that our role as an operating room team member is not an individual activity, even without a student; so if we must play on a team we must begin to not only think like we are part of a team but allow other team members to take part in the procedure. By consenting to precept we have to understand that welcoming a student is this first step to easing the tension and anxiety that we all faced at some point in our careers. Looking back on our days as a novice, we must think about the preceptors that we encountered that may have had a positive impact as well as a negative impact on our outlook of students or the role of precepting.

- Role as part of the OR team is not an individual activity.

- Acknowledging student is the first step to easing the tension & anxiety.

- Past experiences can influence outlook of students or preceptor role.

No-One-Size-Fits-All

There is not one specific way to be a great preceptor and we should use all of the knowledge that we have gained over the years and embrace the positive experiences that have made us excel at our profession. Do not let one bad encounter with a student ruin your attitude or viewpoint of precepting. Not every student has the same skills or understanding of the surgical procedure and they should not be penalized and situated away from the Mayo stand with their hands clasped together in shame.

- Use all the knowledge gained over the years.

- Embrace positive experiences.

- Don't penalize student for not having same knowledge & skills as other students.

Positive Experiences

With each positive experience a student endures, the better they will become. A student experiencing conflict will not only have an undesirable outlook on the profession, but more importantly, studies have shown that conflict in the operating room has a negative impact on patient care. [1]

- With each positive experience the student improves.

- Student experiencing conflict contribute to negative learning & impact patient care.

Communication – Key to Success

Communication is the key to success as a preceptor and failure to communicate in a positive and constructive manner will teach the students that negative behaviors exhibited by their role models will only reinforce inappropriate behaviors because they will eventually emulate these patterns.[2] A student should not be thrown into the procedure to be "baptized by fire". Communication with the novice is essential in defining their role in the procedure and your role as a coach. A student with limited experience can learn about non-technical skills such as respect, professionalism, being collegial and communication, all while improving aseptic practice and beginning to comprehend the cooperative efforts of the surgical team.

- Negative behaviors of role models reinforce inappropriate student behaviors.
- Student should not be "baptized by fire".
- Communication essential to:
    - Student defining their role.
    - Preceptor defining role as coach.
- Students should learn non-technical skills:
    - Respect
    - Professionalism
    - Being collegial
    - Communication
- All this while learning aseptic technique & comprehend teamwork.

Personal Knowledge, Skills & Attitude

Before the student begins to participate we have to recognize that they need to partake in the procedure for them to gain the confidence that is necessary to be successful. The steps that lead up to their participation in the procedure is as equally important as their involvement in patient care. Whether it is gaining confidence and validation of experiences that they may not have access to during all of their clinical rotations, or presenting subtle differences in a more familiar procedural setting, you have been empowered as an effective preceptor to share your personal knowledge, skills and attitude.

- Participate in procedure to be successful.

- Participation in procedure equal to providing patient care.

- Empowered to be an effective preceptor.

Roles & Expectations

Preceptors, as well as students have preconceived notions about the difficulties associated with first experiences in the operating room. First impressions of the student often set the stage for a disastrous or successful clinical rotation. The five minutes before you open up your sterile supplies in advance of the procedure when you meet the student should be considered the orientation, interview and the opportunity for assessment of their abilities. As surgical technologists, we have learned to assess at a moment's notice and successfully navigate through many personalities and surgical situations.

- Preoperative
  - Assess the student & where they are on the learning curve.
- Orientation
  - Five minute interview to assess abilities using:
    - Guided questions about procedure.
    - Pre-surgical huddle to discuss progression of case; challenges; surgeon preferences.

Roles & Expectations

What is the goal of the student participating in a case that you are assigned to? Are they improving their aseptic skills with limited ability in a surgical specialty, or have they participated in a previously similar case and are now enhancing their practice? As a preceptor, you must first identify the learning objective and strategy for meeting this goal by questioning their general knowledge and inquiring about their limitation of skills.

- Questions to ask:
  - What is the student's goal for the case? Improving aseptic technique or increasing skills?
  - How many times has the student first scrubbed?
  - How many of this particular case has the student observed or scrubbed?
  - Is the student okay with managing the setup & performing first scrub role?
  - Does the student know the surgeon's preferences?
  - Does the student know the procedural steps?

Roles & Expectations

A student should be able to self-evaluate themselves and accept constructive criticism. Even as you open supplies, general conversation encourages the student to ask questions and allows the preceptor to identify the student's unspoken strengths and weaknesses. A student may have anxiety and lack the socialization skills necessary to accurately assess their flaws, but this should not be considered a flaw unto itself. A good preceptor knows how to coax a response out of a shy student by remaining collegial, using positive reinforcement and confident body language to convey their level of comfort.

- Student should self-evaluate.
- Student should accept constructive criticism.
- Preceptor encourage student to ask questions.
- Preceptor identify student's strengths & weaknesses.
- Student anxiety & lack of socialization skills interfere with self-evaluation.
- Persuade responses from the shy student.

Roles & Expectations

If the student is non-verbal, and awaiting your permission to move freely in the operating room suite, you should quickly articulate what your expectations, limitations and parameters of your role and the student's role in a positive manner. The student frequently experiences a wide range of emotions including anxiety, disappointment, and frustration, so it is important for the preceptor to provide a structure that the student can benefit from. The term "reality shock" can be used to categorize the reaction of the student when they quickly ascertain that the clinical experience does not always match the textbook definition of the values and ideals that they anticipated.[3] Another aspect that contrasts this disillusion is that the preceptor must also adapt to the student's common emotion of fascination with the novelty of the clinical setting; the blinded focus on mastery of one specific skill and the perception that everything is wonderful.

- Non-verbal/uncommunicative students:
  - Preceptor articulate expectations, limitations & parameters of student's role.
  - Student range of emotions:
    - Anxiety
    - Frustration
    - Disappointment
    - Focus on one skill
    - Perception everything is okay
    - Fascinated by novelty of clinical setting

Roles & Expectations

By emphasizing the student's eagerness without stifling their enthusiasm, a preceptor can offer opportunities for the student to discuss their emotional state by being a good listener and observing the situation more quantitatively.

- Provide structure that benefits student:
  - Acknowledge student's eagerness.
  - Provide opportunities for student to express emotional state.
  - Be a good listener.
  - Observe the student with an open mind.

Roles & Expectations

A quick orientation to your sterile field helps to create a positive learning environment and fills the student with the encouragement they need to develop professionally. Likewise, the interaction that you are taking part in is an opportunity for your own professional development. Reiterating policies, reviewing procedures, disseminating your knowledge about your workload and the challenges you face not only allow you to work collaboratively with the student, but also allows you to master your own skills cooperatively and safely in the surgical setting with the rest of the team.
Professional growth and motivation to keep clinical knowledge and skills sharpened should be a priority for every surgical technologist.

- Orientation to the sterile field helps:
  - Create positive learning environment.
  - Encourages student.
  - Creates professional development opportunity for preceptor.
    - Reiterating policies.
    - Reviewing procedures.
    - Further master personal skills.
    - Share knowledge about procedure.

Feedback

Differentiating between learning objectives that are well-defined and intentions that are not well thought out have their own set of challenges and as a preceptor we must be able to distinguish these points and focus on the student's immediate needs based on your assessment. Regardless of the learning objective, the close working relationship between the student and the preceptor creates an excellent opportunity for the preceptor to share their assessment of the student's performance. A positive, communicable environment is an ideal place for the student to learn and even attempt new skills. The preceptor's role is to observe the actions of the student and provide feedback to help improve their performance.   The more feedback a student obtains, the more comfortable they are with receiving both praise and constructive criticism. Feedback allows the student to augment their strengths and can allow them to methodically address problems or situations that they have yet to master.

- Preceptor provide & accept feedback.

- Opportunity for shared assessment of performance.

- Challenges for preceptor:
  - Focus on student's immediate needs.
  - Observe & provide feedback: Student becomes comfortable with praise & criticism.
  - Feedback provides student ability to progress.

Feedback

The process of providing commentary is very timely and there are certain instances when explanations or observations should not be shared. In immediate patient care situations, rationalizations and details are better if they are shared pre-operatively or post-operatively. Justification for verbalizing a concern or providing an analysis would be at the preceptor's discretion, but the preceptor should be mindful of their place on the surgical team.

- Time when to give feedback.
  - Providing feedback must be well-timed.
  - Specific time periods feedback should not be shared:
    - Immediate patient-care situations
  - Rationalizations provided preop & postop.
  - Preceptor's discretion when to provide feedback.

Feedback

During a procedure, a positive tactic to provide feedback without disrupting the flow of the case is to think out loud. This will allow a student to think more globally in the clinical setting by listening to *your* inner voice so that they can focus on a specific task or activity that you could perform much more rapidly yourself. A preceptor can increase the comfort level of the student by providing feedback, in not only a time sensitive manner, but with an appreciation for the student's experience level.

- Intraoperative
  - Thinking out loud is positive method for providing feedback. This allows student to:
    - Think more globally.
    - Focus on specific task.

Feedback

Learning from the receiving end of feedback can be distracting when the student is trying to focus on an immediate task. A student scrubbed for the first time on a laparoscopic cholecystectomy is immediately concerned with the steps for trocar placement more than the structures the surgeon is going to dissect later. If the student successfully performs these tasks, rather than focus on the time line of procedural steps, a brief appraisal, review and rational explanation may be better suited for the student as a way to foster critical thinking skills.

- Feedback can be distracting if student is focusing on immediate task.

- If student is correctly performing tasks, preceptor should:
  - Give brief appraisal.
  - Review post-op.
  - Ask questions.

Feedback

Nurturing and understanding clinical cognitive thought is one of the most important talents that we develop as surgical technologists, so it should not be reduced to a template of steps A through Z. Critical thinking is the pillar of our profession. The notion that a surgical technologist's thought processes are basic common sense or logic devalues our role in the entire healthcare profession. As highly-trained and competent preceptors, we can actively engage in the surgical procedure, expose the student to the reality of the profession, and effectively present the reasons behind our actions during an opportune moment to promote critical thinking.

- Critical thinking is one of the foundations of our profession.
  - Our role is more than basic common sense or simple logic.

- Highly-trained preceptors:
  - Actively engage in the procedure.
  - Provide the student with the realities of the profession.
  - Promote critical thinking in the students.

Feedback

Some institutions perform a pre-surgical huddle to discuss the progression of the surgical intervention, any challenges that they may face and specific surgeon preferences. Pre-operatively, a preceptor should perform a similar conference with guided questions for the student to understand any part of the developmental progression of the procedure that they may not be aware of, or familiar with. This clinical reasoning process promotes critical thinking and supports the development of the student's skills, morale and overall professional development.

- Preoperatively
  - Pre-surgical huddle
  - Promote critical thinking
  - Support student's development

Feedback

Intra-operatively, the primary goal of the preceptor is to allow the student to remain actively engaged in the surgical procedure. The opportunity to work, think critically, problem solve, prioritize and apply the theories that they learned in a classroom provides a great boost in confidence and level of independent functioning only if they are allowed to participate with some autonomy. Taking a backseat to a student and allowing them to take control of the mayo stand and back table is a key ingredient to the student's perception of success.

- Intraoperative – primary goals of preceptor is student:
  - Remains actively engaged in procedure.
  - Allowed to work, critically think, problem solve, & prioritize.
  - Applies didactic knowledge.
  - Receives boost in confidence to perform with autonomy.
  - Controls the Mayo stand & back table to consider their work as a success.

Feedback

The successful relationship between the student and the preceptor is accomplished when the student recognizes that their preceptor supported their involvement in the procedure, acted responsibly while the student was engaged in the clinical environment, established a sense of trust and allowed for some independence. If the preceptor feels that the student has a firm grasp on the procedure, then they should be less directive so the student becomes more self-reliant.

- Successful relationship between student & preceptor accomplished when:
  - Student recognizes the support of the preceptor.
  - Preceptor acts responsibly.
  - Preceptor allows independence for student to work.
  - Preceptor recognizes student needs less direction.

Feedback

Post-operatively, there is a greater opportunity for dialogue and reflection. Developing your own personal capability to reflect on your actions is a very important facet of a surgical technologist's professional practice. With reflection, there is a development of proficiency that does not end with the surgical procedure, but guides the student along a path of reflective practice where they take with them the insights and strategies that you have shared with them.

- Postoperative feedback
  - Better opportunity for dialogue & reflection.

  - Preceptor can reflect on teaching of student during the procedure.

  - Reflection guides preceptor & student to move forward with insights & strategies.

Conflict

Conflict occurs frequently in all aspects of our profession, and the undermining effects of discord and tension within the student-preceptor relationship is not exempt. Working intimately alongside a person with different values, morals, cultures, ethnicities, or socioeconomic backgrounds can create a deleterious inconsistency in the relationship. We learn to accept all OR personnel with culturally diverse upbringings therefore the circumstances, qualifications and personalities of a student should be as equally irrelevant in the role of precepting. Preceptors need to challenge themselves to step out of their traditional views and become more open and accepting of other's attitudes and approach to work.

- Conflict occurs in profession:
  - Preceptor-student tension.
  - People with varying values, morals, cultures.
- Preceptors need to:
  - Accept diversity of students & peers.
  - Treat all students equally.
  - Step outside of personally held traditional views.
  - Be open to varying attitudes & approach to work.

Conflict

As an empowered team member authorized to guide this time-limited relationship, there may be a certain amount of dominance and authority that a preceptor may experience in this challenging setting when forced to work with and accommodate a complete stranger within a professional capacity.[4] For a new preceptor, the sudden rise within the hierarchy of team members can create a pompous swagger and conceit that is easily recognized by other team members and generates a negative operating room culture.[5] Cultivating the teamwork climate, and feeling supported by others is an essential sentiment for a surgical technologist and a preceptor should rigorously assess their own identity and character flaws to develop a level of acceptance of the student that they agree to coach.[6]

- Don't use preceptor role for authority & dominance over student.
  - Avoid causing negative OR culture.

- Promote teamwork environment.

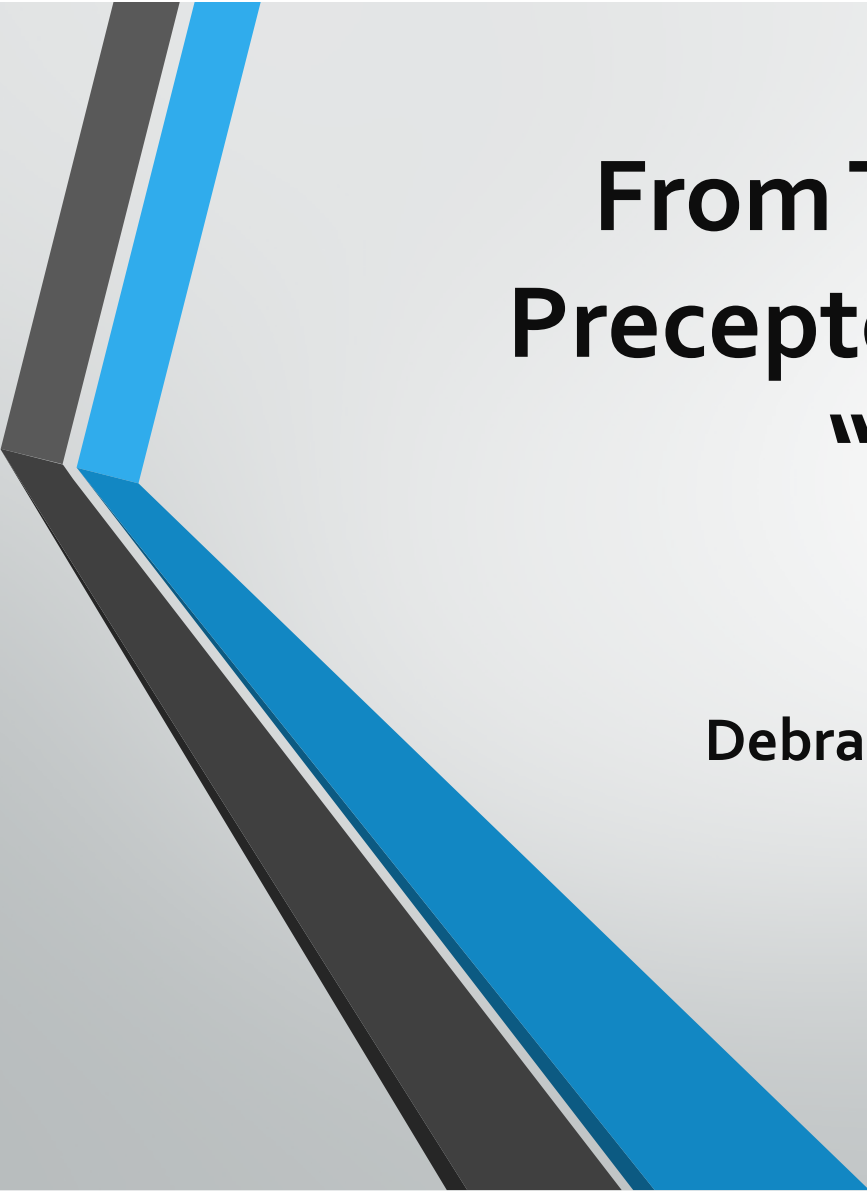- Preceptors assess personal identity & character flaws.

Summary of Key Concepts

The knowledge that we have gained as active members of the profession has taught us to be fair, patient, and constantly verify and support critical thinking efforts. Likewise, we should encourage the student to see the positive aspects of the work and make the experience pleasurable and gratifying for both of you. By maintaining the sense of empowerment for the student, we are unconsciously building a better team. By nourishing the preceptor's sense of authority, they are motivated to be a better person. Introducing a student to the real world of surgical technology can be one of the most satisfying experiences of your professional life. Assisting a student to put into practice what they have learned in the classroom and lab is not only empowering, but it is a privilege to guide them through the experience.

- Being professional has taught us to:
  - Be fair.
  - Be patient.
  - Build a better team.
  - Empower the student.
  - Support critical thinking efforts.
  - Accept precepting as a privilege.
  - Be a better person.
  - Introduce students to real world of surgical technology.
  - Encourage students to enjoy positive aspects of profession.
  - Make the experience gratifying .

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From Technical Expert to Preceptor: Going From "I" to "We" to "You"

Debra Mays, CST

Learning Objectives

Upon completion of this module the learner will be able to:

1. Discuss the decisions a CST should make when considering assuming the preceptor role.

2. Discuss the personal characteristics needed as a preceptor.

3. Discuss the skills needed to be an effective preceptor.

Surgical Technology students come into the clinical setting for the first time with excitement, anticipation, as well as various levels of anxiety. The expectation is that their environment will now be real, and at the beginning, do not know who will be training them in their new role with real patients, real surgeons, with real surgery and real anatomy. The classroom and laboratory setting are now in their past and the environment they find themselves in will be drastically different than before.

- **Goal of Surgical Technology Programs**
  - To educate students to ultimately demonstrate proficiency as an entry-level surgical technologist.

The decision or the assignment to serve as a mentor to students or new employees can be very fulfilling. The experience of taking on the role of Clinical Mentor enhances leadership skills, which can benefit the career of a Surgical Technologist. It can also be a source of anxiety or potential frustration for the technical expert. Everything this student or new employee sees and does while in the hands of the mentor will impact them. Therefore, those who take on the role of mentor are now being looked to for advice, direction, counsel, and expertise, and will be relied upon to provide the information and practical knowledge essential to the success of those placed with them.

- **Presentation to the OR Staff**
  - During the introduction of the surgical technology staff to the preceptor role, the Clinical Instructor may take the lead in presenting the concept of education to the CST.

Why Human Relations Skills are Essential

Not every technical expert *should* instruct others. The new student or employee can forever be negatively impacted by the technical expert who does not possess the communication or technical skills, perhaps a relaxed aseptic technique or lack of patience to properly direct someone else.

- **Clinical Sites & Quality Instructors**
  - Finding clinical sites, operating rooms including ancillary departments to accept surgical technology students.
  - Identifying preceptors to take the challenge, in addition to their current busy schedules.

Why Human Relation Skills are Essential con't.

The one responsible for assigning of students or new employees to a mentor needs to know, and placed with students or employees, those who are examples of technical expertise, possess exceptional communication skills, demonstrate patience, provide guidance and can encourage the new surgical technologist so they will be able to feel included as a team member.

- **Surgical Technology Education**
  - Classroom & lab instruction provides:
    - As close to real experiences as possible;
    - Utilizes the student's knowledge;
    - Develops critical thinking skills;
    - Adaptation to change;
    - Learning to work & communicate with team members.

Why Human Relation Skills are Essential con't.

Those chosen or making the decision to serve as a mentor to students or new employees needs to understand as well as demonstrate these qualities in order to be effective.

- **Operating Room Life**
  - At the end of their classroom & lab experience the excitement of entering a real OR can also be nerve wracking & student most certainly will be apprehensive about what's coming.

Patience

Not every student or new employee will "get it" the first, second or even third try with the same case. This can be frustrating for even a seasoned mentor, but demonstrating patience during this transitional period is essential for promoting and development of confident surgical technology students or new employees.

- **What's In It For a Preceptor?**
  - Professional development as a leader.
  - Passing on individual talents to next generation of surgical technologists.
  - Guiding the student into OR life.
  - Training students to anticipate needs of surgeon & patient safety.
  - Maintaining responsibility of first scrub position while student assumes the role.

Patience con't.

Some of the skills developed in the laboratory at school, or from previous employment may be one of the greatest challenges for the mentor to adapt to at the beginning of their experience together. Recognizing differences or deficiencies in technique should be professionally addressed to the new employee or student, so that understanding of the differences are clear.

- **Professional Development as a Leader**
  - CSTs as preceptors can enhance their own professional & leadership development by sharing their knowledge with students.

Patience con't.

Realizing the student or new employee experience level will allow the mentor to begin with them at a level they themselves may have forgotten they once had. Guiding the student or new employee into their new role with understanding will make for a more relaxed transition into the real world experience of the surgical technology role.

- **Professional Development in Education**
  - Opportunities in the field of surgical technology education in both the classroom & clinical setting.

Technical Expertise

"More Than One Way to Skin a Cat"

The new student or the previously employed surgical technologist will experience new and different ways to accomplish and enhance a skill level learned elsewhere, from mentors, or even vice-versa. Being open to new ideas, or different techniques will enhance the experience for the student, the new employee or even the mentor!

- **Ensuring the Success of the Next Generation of Surgical Technologists**
  - Effective training of the new surgical technologist.
  - Demonstration of the profession with confidence & dignity.
  - Assisting with the acclamation of a student new to the OR.

Technical Expertise con't

The new student or new employee will be learning many new things simultaneously, and encouraging them to take notes immediately after a case is completed will benefit them in recalling the case, as well as departmental guidelines down the road.

- **Development of the Student**
  - Anticipation of the surgeon's needs, while ensuring the safety of the patient & maintaining the integrity of the sterile field.

Technical Expertise con't

Ensuring that the new student or employee is demonstrating adequate, basic skills such as aseptic technique, knowledge of basic instrumentation, sterile field setup, focus on the sterile field, possessing knowledge of pre, intra and post operative protocols, will allow the mentor to move the student or new employee on to more complex actions, such as sequence, anticipatory skills, and with practice, confidence.

- **Potential Issues**
  - Reluctance to Let Go
    - Issue with some CSTs, as the importance of keeping control is hard to relinquish.

Communication Skills

The effective mentor must have the ability to communicate detail, and follow up with evaluation so that the student or new employee can transition into their new responsibilities in a timely fashion, with a level of confidence needed to ensure that there is indeed readiness to be assigned to the First Scrub role. Some of the most profound experiences are often the ones that are shared with students, new employees and mentors.

- **Potential Issues con't**
  - Territorial
    - Reluctance to give up First Scrub role.
    - Student is held too long in the second scrub role while attempting to complete the program's requirements.

Communication Skills con't

Mistakes in communication with harsh attitudes may only shut the student or new employee down, and move focus away from the task at hand – effectively and efficiently getting prepared for the surgery and taking care of the patient in a confident, First Scrub position.

- **Potential Issues con't**
  - Impatient
    - Preceptor places student in first scrub role too soon & gets upset with student.

Communication Skills con't

The mentor should serve as a role model who demonstrates professionalism, while effectively communicating the expectation of excellence as a surgical technologist. Encouragement to seek the CST® Credential, and maintain the credential through continuing education throughout their career is an important component in the new experience of training as a surgical technologist.

- **Potential Issues con't**
  - Indifferent
    - Preceptor does not pay attention to work student is performing.
    - Preceptor evaluates student without considering individual case performance.

Communication Skills con't

Realization of the learning styles of those entrusted to the mentor will improve the experience for both the student, and the new employee. Typically, mentors will teach others how they were taught, which may be incompatible with the particular student or new employee. Recognizing and discussing this with the student or employee may improve the experience for both.

- **Potential Issues con't**
  - Not Critical Enough
    - Preceptor sees/identifies issues, but does not address them with the student.

Communication Skills con't

"See One, Do One, Teach One". Many experienced surgical technologists were given this phrase in order to enhance their learning experiences as former students, and even those employees directed to acclimate new employees to their departments.

- **Potential Issues con't**
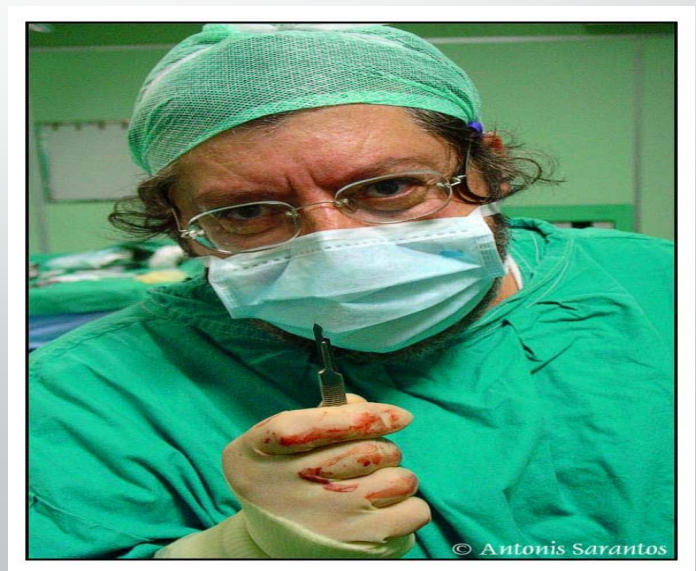 - Personality differences...

Communication Skills con't

Verbal instructions to new students or employees may be effective, however, some learn more effectively by using tactile skills or talking them though a skill step by step as it is occurring.

- **Potential Issues con't**
  - Students may feel intimidated.

Communication Skills con't

Tactile learners prefer to get their hands on as many things used in the operating room as possible, which helps them recall how they were used.

- **Potential Issues con't**
  - Overcritical
    - Student becomes hesitant to do anything for fear of failure or loud, verbal disapprovals.

Communication Skills con't

Additionally, providing adequate and consistent feedback to the student or new employee is essential, so that information is effectively communicated verbally and in writing. This will effectively enhance and reinforce the learning experience.

- **Overall Goal of the Preceptor**
  - Inclusion of the student to participate in cases eventually in the first scrub role.

Technical Skills: Standard vs. Preference

In the classroom and in the laboratory, the surgical technology student was shown the skills to adhere to strict aseptic technique. The training received and what is presented in the actual operating room environment, however, students or new employees may see or experience something that is "not by the textbook", or not the same as their previous employer.

- **Essential Importance of the Clinical Instructor**
  - Clinical Instructors have the "pulse" of OR personnel. Often the Clinical Instructor runs a degree of interference for the student, while demonstrating understanding of the preceptor role & nurturing the new preceptor along with what needs to be shown to the student.

Technical Skills: Standard vs. Preference con't

As technical experts, experienced surgical technologists realize that each hospital is run with expressed departmental policies and guidelines, including operating rooms. New students and employees need to understand that these guidelines may be slightly different than what they were taught in the classroom, and are adopted by individual institutions as standards. Something as simple as scrub technique may cause a question, or even discussion, by the clinical student or new employee.

- **Importance of the Role of the Preceptor**

  - During the introduction of the surgical technology staff to the preceptor role, the Clinical Instructor may take the lead in presenting the concept of education to the working CST.

Technical Skills: Standard vs. Preference con't

In order to address this, students and new employees could be welcomed into regularly scheduled in-service training sessions, staff meetings, and the daily "morning report", in order to learn more about the department and to help them assimilate into the new environment they have joined, either permanently or temporarily. Inclusion into these sessions will enhance their overall training experience, and will promote understanding of the departmental standards, and help them begin to develop professional relationships with their team members.

- **In-Service of CST Personnel**
  - In many instances holding an in-service for staff CSTs to introduce them to the preceptor role can often make a smoother transition from solely working as a practitioner to a CST practitioner & trainer.

Common Issues for Students and New Employees

Lack of Confidence

As a mentor, some experiences with students or new employees may cause concerns, such as a lack of confidence to step up from the Observation or Second Scrub role. Encouragement by insisting to try with the mentor standing by should be done as soon as possible. "This is your case", so go ahead and have them pull and set it up. Let the student or new employee know that you will step in if necessary, so there will be no reason for delaying their movement up to the position across from the surgeon. Once a surgical procedure is completed by the student or new employee, there should be an honest evaluation of their performance, and include specifics, regarding mistakes as well as the correct actions by them to help reinforce the technique. Recognition of correct actions will encourage the learner and allow them to take the lead without being pushed.

- **Special Recognition & Thanks**
  - Public recognition of these special staff members is a great idea that may include Certificates of Appreciation, special lunches, offers to be a guest speaker in the classroom, gifts for National Surgical Technology Week.

Common Issues for Students & New Employees con't

Lack of Confidence con't

Continued reluctance by the learner to be assigned the First Scrub role may require a meeting with the OR Supervisor/Director or Clinical Instructor to discuss the learner's readiness to be in the operating room, with possible recommendation for additional training at the learning facility, or reconsideration of the new employee remaining after the institution's required probationary period.

- **Continuous Feedback**
  - One of the most important aspects of being a preceptor is the ability to provide consistent feedback to the student as well as the Clinical Instructor.

Common Issues for Students & New Employees con't

Overconfidence by the New Learner

Some learners are overconfident, almost to the point of being cocky or making remarks, such as "I know that!" Take control of the situation. Ensure the learner that the mentor role includes an evaluation, and you as the Clinical Mentor will be in control of and responsible for the outcome of the case. They are to comply with your instructions and will have continuous communication with them throughout their training.

If needed, a meeting might be arranged with the OR Supervisor/Director or Clinical Instructor to discuss the concerns, for evaluation and solution, or possible removal.

- **It's a Partnership**
  - As a unit, the collaboration of the preceptor with the Clinical Instructor & student will make the clinical experience productive & positive.

Mistakes with the Basics

Lack of recognition or acknowledgement of a break in sterile technique

This is a serious matter, especially, when the one training will not acknowledge the break. This is compromising patient safety and needs to be addressed, stressed, and documented.

- **The Whole Relationship**
  - Clinical Instructors & students need to continuously nurture their clinical sites in order to develop professional, confident relationships.
  - As a preceptor, the team members described on the following slides may offer valuable input for assisting with evaluations.

Mistakes with the Basics con't

Misidentification of basic instruments

For example, General procedure instrumentation is one of the basic lessons learned in the classroom. Lack of knowledge in this area is a serious impediment to the student or new employee learning general surgical procedures and would suggest spending additional time in Central Sterile Processing to reinforce knowledge in this area, if a new employee, or to recommend remediation at the student's school.

- **Registered Nurses**
  - OR nurses have their own specific duties, primarily the circulator role & will become familiar with the student during clinical rotations.
  - They are a good source of information regarding progress of the students.

Mistakes with the Basics con't

Lack of focus on sterile field

As the student gains more experience, keeping focused on the sterile field is imperative to hone anticipation skills. If the learner is distracted by turning away, this is adding precious seconds to responding to the surgeon's needs. One exercise that has been tried in the school setting is to have the student set up a sterile field, focusing on standardizing the placement of common elements on the back table and Mayo stand. Then, have the student step forward a few steps from the back table and Mayo stand. Quiz the student on where things are located, without turning back to look at the field, and by having them verbalize the location. If the student makes standard placements with most commonly used items, the result could be minimized distraction intra-operatively.

- **Charge Personnel**
  - Often, preceptors communicate with the charge personnel regarding exceptional or not-so-exceptional performances of the surgical technology student.

Mistakes with the Basics con't

Sponge and needle counts are incorrect

This is also a serious matter, where basic sponge and needle counts to not match what the count board indicates. Remind the learner about the basics, and communicate with the Circulating Nurse and Surgeon immediately of an incorrect count, and reconcile the count as soon as possible.

- **Surgeons**
  - Obviously, surgeons work very closely with the CST preceptors & students.

Mistakes with the Basics con't

Handling of medications/solutions on the sterile field

The failure of the learner to label all medications and fluids on the field for safety. This includes all syringes and cups/bowls/pitchers.

- **Anesthesia Personnel**
  - Anesthesiologists & anesthetists have a good view of the sterile surgical field & sterile team members.

Mistakes with the Basics con't

Handling of specimens

Stress careful handling of specimens, and ensure learner knows how to preserve them in different circumstances, such as fresh or frozen, or if to be placed in a fixative solution.

- **Central Sterile Personnel**

  - Central sterile supply department personnel are an integral part of the OR as well as other areas of the healthcare facility. Students learn the importance of communication with the CSSD technicians.

Mistakes with the Basics con't

Handling Sharps

All operating room personnel, including students and new employees should be well aware of sharps safety; however, there are issues when needle sticks do occur, namely, the danger of being exposed to blood borne pathogens. Review sharps safety including the issue of never recapping a needle, or using safety needles to minimize risk. As a mentor, make sure your student or new employees are well educated on the handling of all sharp objects, and the protocol utilized in the event of exposure.

- **Others Who Enter the OR**
  - Sales representatives from medical products manufacturers.

In Conclusion

Passing the information, counsel and encouragement from technical expert to clinical student/new employee is an exciting skill to have or develop for the Surgical Technologist. Certified Surgical Technologists have the skills and devotion to patients needed to see them through surgical procedures. Passing this on to others is a great calling.

Additionally, those who dedicate themselves to this level of sterile technique, with excellence, ensuring the safety of our patients for every case contribute significantly to the profession, and will be developing their own careers in Surgical Technology Education for future generations of students.

- **Preceptors – Invaluable to the Student Experience**
  - For those dedicated CSTs who take on the challenge for our future CSTs –

    THANK YOU FOR YOUR DEDICATION & LEADERSHIP TO THE PROFESSION!!!

What do you think?

The Evaluation:
Providing Constructive Feedback

Libby McNaron, RN, CST/CSFA, CNOR, MSN, MSHRM, FAST

Learner feedback is any response from the preceptor/mentor or teacher regarding the learner's performance or behavior with the purpose of improving performance and improving self-esteem. Feedback should be offered in verbal and written formats. Not only should feedback be instructive regarding what needs to be corrected, but it also should emphasize what the learner is doing right.   Using standards, learning outcomes and written evaluation tools establishes a baseline for measuring performance. Asking the learner reflective questions such as, "How do you feel you did?" and "what did you do well?" can initiate the evaluation process.

Learning Objectives

Upon completion of module the learner will be able to:

- Describe the purpose, types, & benefits of constructive feedback.

- Describe the characteristics of verbal & written constructive feedback.

The best form of constructive feedback is identified as "hamburger or sandwich" feedback. Provide a compliment regarding what the learner is doing right, then, a correction or suggestion for improvement and end with a compliment regarding what the learner is doing right. A nice "hamburger" that can provide protein for growth, carbohydrates for energy and seasoned well with kindness to make it palatable.

Learning Objectives

Upon completion of module the learner will be able to:

- Analyze how to improve ability to provide both verbal & written feedback.

Why do we evaluate? To ensure competence in patient care. In the clinical setting, it is associated with counseling, individual training and repeat assessments. Formative assessment provides feedback and a snapshot of performance level to facilitate learning. This may be in the form of verbal daily feedback and/or a weekly journal/evaluation tool. Summative assessment provides a grade (satisfactory or unsatisfactory) to identify what the learner has achieved during the term or assessment period. It is an assessment of the learner's level of competence which is usually considered a "Midterm or Final" or annual job evaluation tool.

Purpose of Clinical Evaluation

Formative Assessment
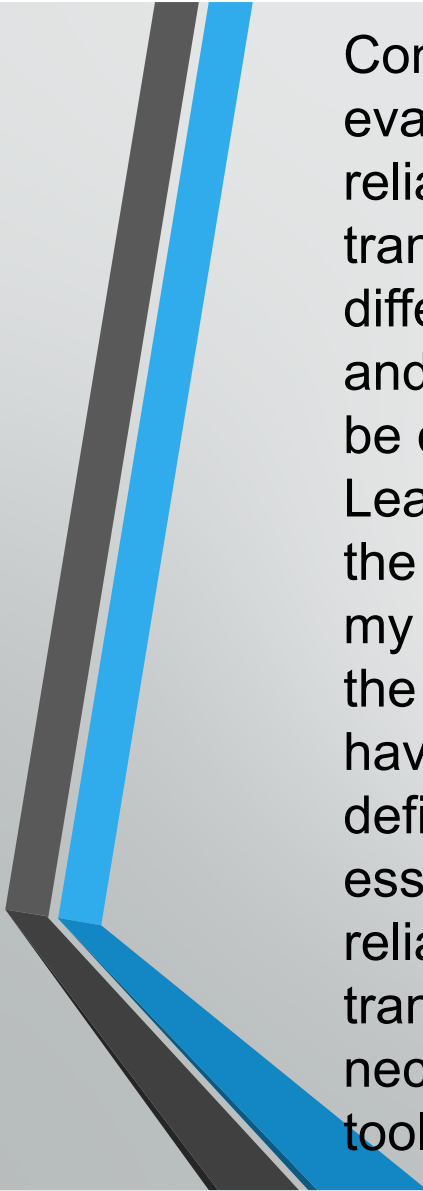
- Verbal daily feedback and/or weekly daily or case evaluations

- Purpose
  - Facilitate learning
  - Identify areas of mastery
  - Identify areas needing improvement
  - Provide guidance to achieve mastery

Purpose of
Clinical Evaluation

Qualifications assessment is completed to ensure the level of competence is satisfactory to change the person's status from student to practitioner. Examples include graduate practical exams for some licensure boards (e.g., physical therapy or dental hygiene students), orientation settings or clinical job evaluations.

Summative Assessment

- Midterm and/or final evaluations

- Purpose:

  - Identify what the learner has achieved over a set period of time

  - Identify areas needing improvement or areas not mastered

Concerns regarding clinical evaluation include validity, reliability, practicality and transparency. Due to the vast differences in clinical preceptors and their expectations, this may be confusing to the learner. Learners want to know, "What is the expectation that determines my competency?" Ensuring that the learner and the evaluator both have the same expectations or definition of competency is essential to providing validity, reliability, practicality and transparency. To do this, it is necessary to utilize evaluation tools which define competency.

Important Aspects of a Fair Evaluation

VALIDITY – RELIABILITY

- Non-discriminatory: Same behaviors expected for ALL - Valid Expectations

- Accurate objective observations – Reliable Accuracy

Next, there has to be consideration regarding the level of training. What is a reasonable expectation for a beginner, someone ready to graduate, an entry level graduate or an experienced practitioner?
Having clearly defined expectations ensures that the process is nondiscriminatory and accurate. Ensuring that the skills you are assessing progress from simple to complex according to the level of training can help you ensure that you are setting realistic expectations.

Important Aspects of a Fair Evaluation

PRACTICALITY – TRANSPARENCY

- Tailored to the level of training – Practical

- Expectations clearly communicated – Transparent Expectations

- Validated with others when necessary - Validity
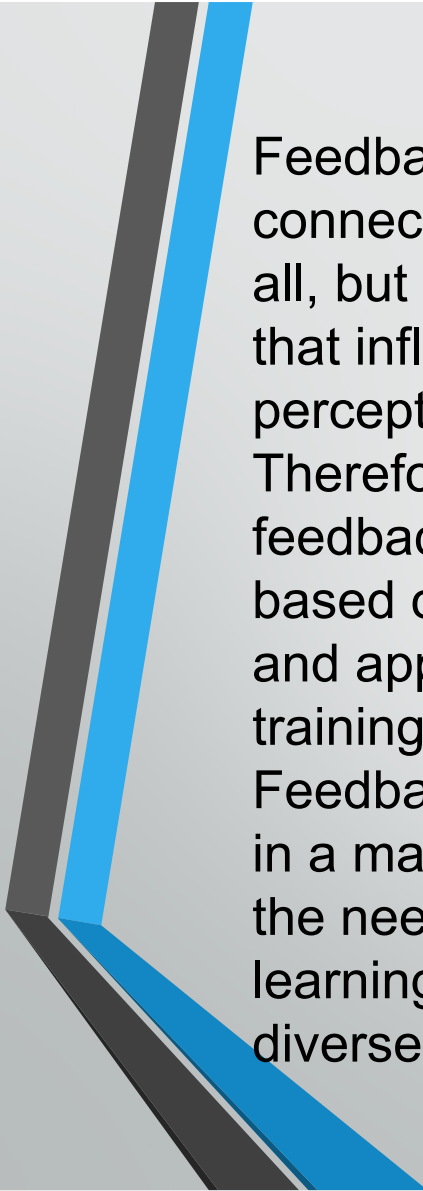
There are multiple stressors for clinical preceptors/mentors including the workload, balancing teaching with "getting the job done", and multiple demands at once (surgeon, circulator, and learner). Inadequately prepared learners can also cause more stress. As the evaluator, you must guard against personal bias, over-reliance on your first impression, or incorrect interpretation (perception that is not accurate regarding the event).

Strengths & Weaknesses of Preceptors Teaching Performance

Evaluate yourself…How do you feel about your Precepting?

What are your strengths?

- Being a knowledgeable & strategic teacher

- Creating a positive learning environment

- Demonstrating professionalism

- Demonstrating positive personal traits

- Displaying scholarly traits

- Being supportive

Feedback may not be connected with the action at all, but on some other factor that influenced your perception of the individual. Therefore, it is best to provide feedback that is objective, based on known standards and appropriate to the level of training so far for that learner. Feedback should be provided in a manner that is sensitive to the needs, the differences in learning styles, and the diverse talents of the learner.

Strengths & Weaknesses of Preceptors Teaching Performance

Evaluate yourself…How do you feel about your Precepting?

What do you need to work on?

- Providing poor delivery of content
- Acting disorganized
- Being inaccessible
- Displaying weak teaching skill
- Being dishonorable
- Exhibiting unprofessional behavior
- Displaying negative personal traits

Be careful of the "horned" or "halo" effect. Your perception can be affected by their abrasive personality or their sweet personality. For example: If someone arrived late, you may pay too much attention to errors "horned" effect so you don't really see the good qualities. On the opposite side, you may give more leeway for the sweet person (they were close but I know they intended to do the right thing). Feedback should provide motivation for improvement but not damage the learner's self-esteem. When you are unsure, it is always a good idea to consult with the instructor or charge nurse to be sure you are focused on an important aspect. Validating your perceptions or getting another person's take on the situation can help you gain perspective on what is important.
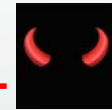
Perceptions…Is it accurate?

HALO EFFECT

- They have so much potential…they will get it with time.

- They did well on the passing..she will get the sterile technique with time.

- Such a sweet person, so smart, I know they will get it…just needs time.

HORNED EFFECT

- Late…Hmmm, Now she asked what I am doing? NOT prepared!!!

- Slow…doesn't talk much…I don't think they want to be here.

- Contaminated the sterile field…asked how to setup…don't they know anything!!!

It is important to base your feedback on your own observations to prevent bias. Another issue that can affect judgement is called "group think". You really did not see any issues that were too bad during the procedure, but later while filling out the form, others standing around relate issues they have seen stating "she/he will never get it". Those points that were "not too bad" may become major deficiencies. Learners can improve over time and some progress at a slower rate. Those who have to work hard to improve will sometimes excel later in the training cycle because they have worked hard and had mentors who provided accurate feedback and recommendations that motivated them to progress.

Constructive Feedback

- Feedback based on personal observations to avoid bias

- Group think
  - An afterthought based on issues others are discussing

- Give learners time to improve over time
  - Some will greatly improve later during surgical rotation

A point to be made about confidentiality and student performance includes our duty to maintain confidentiality. The Family Educational Rights and Privacy Act (20 U.S.C. Sec.1232g; with the regulations found at 34 C.F.R. Part 99) is also known as FERPA, or the Buckley Amendment which provides for the discussion of an adult education program student's progress confidential. If there is a group of 5 or less in a cohort, it can include any discussion of anything that can lead you to that student.

Constructive Feedback

- Confidentiality evaluating student performance
  - FERPA

  - Group discussions

Constructive Feedback

When judging performance, you must keep up to date on the textbook, journals, the standards, new changes, policies and ensure you are not relying on "sacred cows". Learners should have immediate access to up to date textbooks and research. It is essential that our practice is guided by research based evidence and consensus formed by nationally accepted guidelines and recommendations for practice. The Guidelines for Best Practices in Surgical Technology on the AST website can provide valuable resources for verifying accepted practice. If you are judging the student performance using outdated standards or guidelines, then the student can become disenchanted with the field.

Requires a Positive Relationship

- Respectful

- Realistic clinical expectations

- Honest & direct

Being taught best practice and then being evaluated using different standards or being expected to use a questionable "short cut" or "work around" provides conflicting signals regarding the profession. One comment related to me by a student reflects this situation, "You do it like your instructor showed you, I'm not a student so it is okay if I do it different. When you graduate, you can do it like you want to." Situations might include gown/glove from the main "backtable", not labeling medications, changing levels (sit then stand) without changing gowns, opening sterile items with your arms over the sterile field, etc.

Constructive Feedback

Requires a Positive Relationship

- Caring & patient

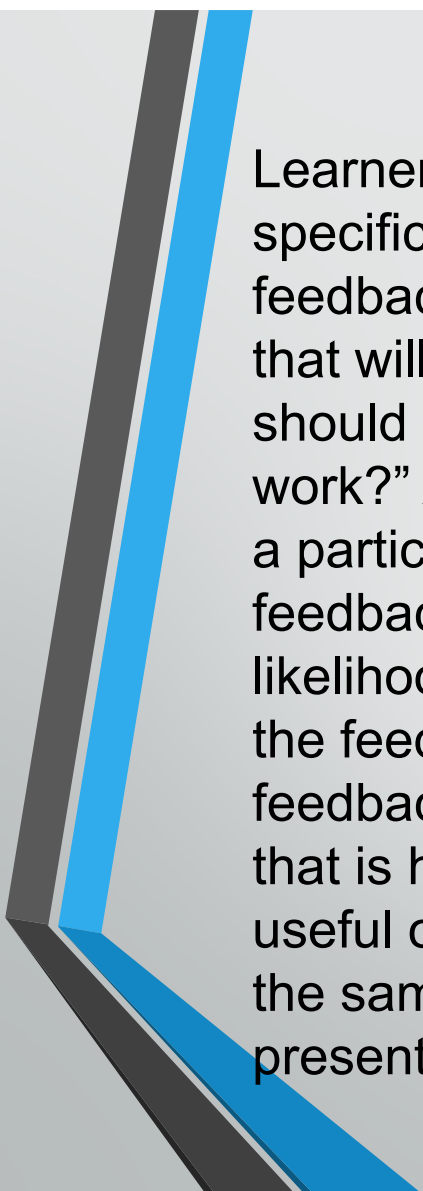- Provides support & encouragement

- Instills confidence

Learners actually welcome specific constructive feedback that provides both positive and negative feedback. Feedback from a respected mentor or role model is the evaluation process which provides guidance for improvement. Feedback that is nonspecific or generalized can delay the development of their self-esteem or cause discouragement. Examples include "you're doing well", "you'll make a good surgical tech" or checking excellent when they know they had some issues, are examples of generalized superficial feedback that is not effective or constructive.

Constructive Feedback

Basics of Constructive Feedback

- Kind

- Stimulates reflective self-assessment

  - How do you feel you did?

  - What do you want feedback on?

Constructive Feedback

Learners not only want but need specific positive and negative feedback in manageable segments that will help them progress. "What should I keep doing?" "What needs work?" Asking the learner if there is a particular area they would like feedback on can increase the likelihood of the learner acting on the feedback. Constructive feedback includes any information that is helpful, practical, productive, useful or valuable to the learner for the same type of event in the present or the future.

Basics of Constructive Feedback

- Provides "Hamburger Feedback"
  - Positive – What they did well?
  - What needs work? Only 1 – 2 suggestions so they can focus
  - End with positive reinforcement of something they did well & should keep doing

Constructive Feedback

Feedback given in a hostile or "toxic" manner can lower the learner's self-esteem. As anxiety increases, learning decreases (Audit, 1995). A mentor or preceptor who provides overly critical feedback as a power play or to make themselves feel important can cause a learner to become nervous, or limit progress. Effective feedback is delivered in a tactful, compassionate and honest manner. If you have a "problem" student, step back and make sure it is not a personality conflict because of basic differences between you. Try a different approach with the student observing them to see if you can connect in a more positive manner.

- Destructive Feedback
  - Lower learner's self-esteem
  - Overly critical feedback
- Effective Feedback
  - Tactful
  - Compassionate
  - Honest manner
- Problem Student
  - Eliminate it is a personality conflict
  - Try a different approach

The five principles for providing constructive feedback include 1) set realistic goals which are expectations for performance, 2) provide regular verbal informal and written formal feedback, 3) prepare your feedback prior to providing it, 3) ensure it is provided in a timely manner, and 4) be specific (Duffy, 2013). Topics for feedback may include their applied knowledge base, interpersonal skills, attitude, psychomotor skills, professionalism, and motivation for improvement. Prior to beginning the day, establish what the expectations for the case based on their level of training and previous experience (2nd scrub, can open case, setup, pass for opening of patient and closure or 1st scrub with established signals for changing out). Prepare your feedback prior to providing it by identifying 2 positive behaviors that need to be continued and two areas that need correction first. Provide positive #1, then the two areas to work on with some suggestions and then the positive #2. Feedback should be provided in a manner that is sensitive to the needs of the learner providing motivation for improvement but not damaging the learner's self-esteem.

5 Principles for Provision of Constructive Feedback

- Set realistic goals/expectations

- Provide regular feedback – informal/verbal; formal/written

- Prepare feedback prior to providing it

- Provide it in a timely manner – 10 minutes maximum

- Be specific

Verbal informal feedback should be given either during or immediately after each learning event. This formative evaluation which is designed to assist the learner to improve. Written formal feedback may be timed weekly, or at set intervals. The written evaluation is intended to be a snapshot or summative report regarding how the learner is performing. While it does provide the learner with feedback for improvement, it also is used with other evaluations to measure progress in the program.
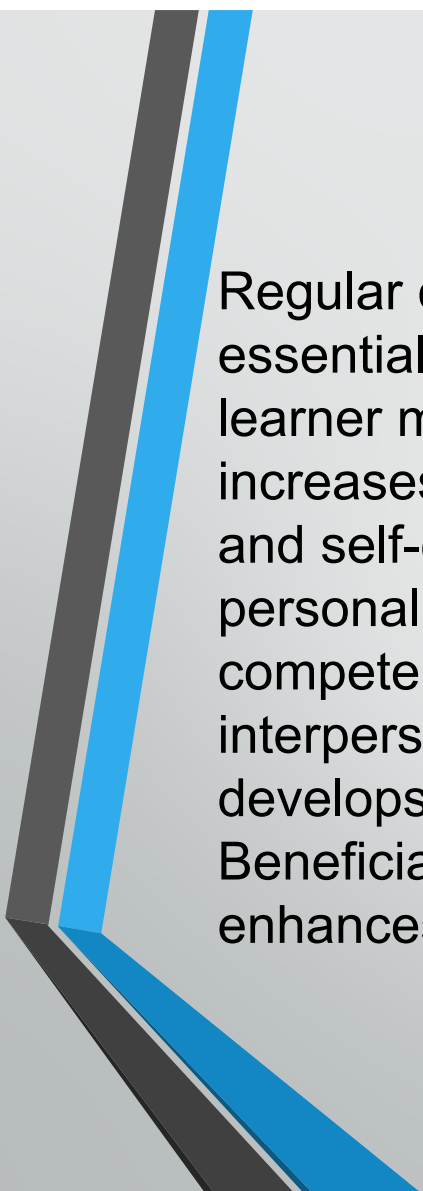
Evaluation Tool

- Use comments to identify 1 – 2 items that need work with suggestions how to improve

- Use N/A if not observed

- Base assessment on level of training

When using the evaluation tool, be sure to document those areas needing work or were well done. Don't be afraid to use not applicable or identify that the learner needs to work on an area. It is very important to document any safety or technique hazards that violate policy or could lead to contamination or a patient injury. If it is not documented, it did not happen. Improvements or redirection of those who do not have the skills to another profession cannot occur without that documentation.

Evaluation Tool

- Needs Improvement
    - Recognize it is okay to document needs improvement during early evaluations of student performance

- Safety Concerns
    - Document any safety or technique concerns every time it occurs
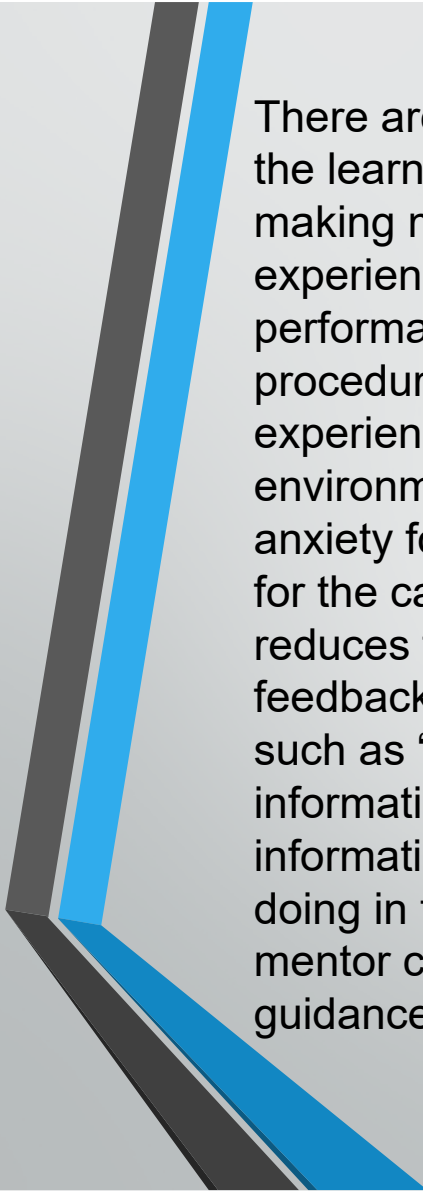
Regular Constructive Feedback

Regular constructive feedback is essential to ensure that the learner maintains their motivation, increases their self-confidence and self-esteem, promotes personal development, increases competency, improves interpersonal relationships and develops teamwork (Duffy, 2013). Beneficial feedback also enhances quality patient care.

Benefits

- Maintains motivation

- Increases self-esteem

- Promotes personal development

- Increases competency

- Improves interpersonal relationships

- Develops teamwork

- Enhances patient care

Sources of Learner Anxiety

There are three major sources of anxiety for the learner in the clinical setting, fear of making mistakes, their first clinical experiences on the unit, and the performance of critical elements of the procedure. Preparing the learner for the experience and providing a positive learning environment includes reducing sources of anxiety for the learner. Discussing the plan for the case provides critical information that reduces that anxiety. Learners are critical of feedback that is superficial or generalized such as "good job". It provides no information for improvement, no specific information about what they should keep doing in the future nor does it show that the mentor cares enough to provide any guidance.

Sources of Anxiety

- Fear of making mistakes

- First clinical experience on the unit or with someone new

- Performance of critical elements of the procedure

The Hamburger or Sandwich feedback provides positive encouragement which focuses on what the learner can do well; then describes 1-2 major suggestions regarding how they can do it better or questions regarding areas the learner cannot do well, then end the session with positive reinforcement. Use your rubric (evaluation tool) that provides specific information about their performance. The discussion should last no more than 10 minutes. Ensure that your nonverbal cues are not negative with frowns or negative gestures. Focus more on the positive to prevent defensiveness making sure you are respectful and encouraging. It is important that learners do not feel that you are being overly harsh or show favoritism. Focus on the behaviors/skills grading criteria keeping comments impersonal and specific.

Sources of Learner Anxiety

Be Kind, Patient & Inform

- Set the expectations for performance

- Inform student what to expect

  - Break it down to manageable pieces

- Let them practice critical elements

- Be reassuring – I am here & will not let you make any critical errors

- Give them a safety valve: If you need to step back a minute, signal me to switch roles by pointing at me

Methods used to improve performance include assignments that are repetitive such as the practice of skills or asking the same questions until the learner is able to answer correctly. Skills not used will decay. If an individual has not practiced a skill for a year or more, then the average participant performed the skill at less than 92% of their original performance (Bennet, Stanush and McNelly, 1998). So if the skill was taught early in the program, then the level of performance will be minimal.

As you work with the learner, look for signs of continuous improvement identifying one or two things at a time that need work. Ask to work with the learner continuously for several days to see if it is a problem with continuity of communicated expectations or a basic skill deficit.

Dealing with Lack of Progress

What to Do?

- Ask to work with them for several days in a row

- Ask reflective questions: How do you feel? Where do you feel you need help? How can I help you?

- Provide the assistance & set mini-goals – RIGHT AWAY: Your goal is to… Once achieved add a new goal

Dealing with Lack of Progress

When you have a learner that is demonstrating a lack of progress or unsafe techniques regarding basic skills, you need to identify those learners early. For students, notify the instructor for the school and refer the student back to the school for remedial training and evaluation. Overall, document any unsafe technique that could cause needle sticks, medication errors, counting errors, breaks in sterile technique or inability to recognize any safety violation or break in technique. These basic skills cannot be compromised and all breaks must be documented. Document, document, document. It requires documentation for remedial training. There are occasional students who are not able to grasp the skills and perform safely. It is important to identify them early and refer them for remedial training and eventual redirection if necessary.

What to Do?

- Identify issues & discuss with clinical instructor and/or program director

- Document issues, especially unsafe techniques or inability to maintain sterile technique

- Refer for remedial training & evaluation for performance issues

- Possible redirection to another field of study

If a learner becomes hostile or withdrawn, it is important to listen to the learner attentively and patiently. Be sure you do not respond defensively, keep your focus on the behavior that needs improvement. If necessary, you may establish a cooling off period by setting a time to meet. Place the "burden of proof" on the learner by asking the learner to critique their own work and identify how their works meets the written criteria. Facilitate reflection through self-evaluation. It is the questions that stimulate critical thinking and problem solving. Be the facilitator, the coach, the counselor or instructor according to the needs of the student.

Dealing with Lack of Progress

What to Do?

- Hostile or withdrawn learner

  - Listen patiently

  - Don't respond defensively

  - Focus on behavior that needs improvement

  - Burden of proof on learner

  - Facilitate self-evaluation

  - Take on role according to needs of the student

Dedication to the Profession

Most of all recognize that the instructors, charge nurses and students appreciate those who act as preceptors immensely. It is only those who are willing to teach that grow. If you want to learn a subject, teach it. Those who keep up their skills, break down the steps so they can teach it, become the technical experts are the leaders and preceptors for the profession. We applaud you.

THANK YOU!!! FOR YOUR DEDICATION TO THE PROFESSION AS A PRECEPTOR!!!

YOUR ABILITY AS A ROLE MODEL & PRECEPTOR REFLECT POSITIVELY ON YOU AS A PROFESSIONAL CST!!!

PROGRAMS NEED YOU!!!

PRECEPTORS AFFECT ETERNITY, NO ONE CAN TELL WHERE THEIR INFLUENCE STOPS.

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