



Northern Ontario
School of Medicine
École de médecine
du Nord de l'Ontario
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Health Sciences and Interprofessional Learning

PRECEPTOR GUIDE

REHABILITATION SCIENCES

“Every time I precept a student, their energy and enthusiasm towards their future profession reminds me why I fell in love with my job in the first place.”

Lesley Green, CLL and Preceptor (Physiotherapy)

“The first time I took a student, I had only been practising for a couple of years and wasn’t sure if I knew enough. Precepting my first student was a confidence builder for me. It helped me realize how much I did know, and how much I could support students on their own learning journey.”

Kirsten Pavelich, Preceptor (Physiotherapy)

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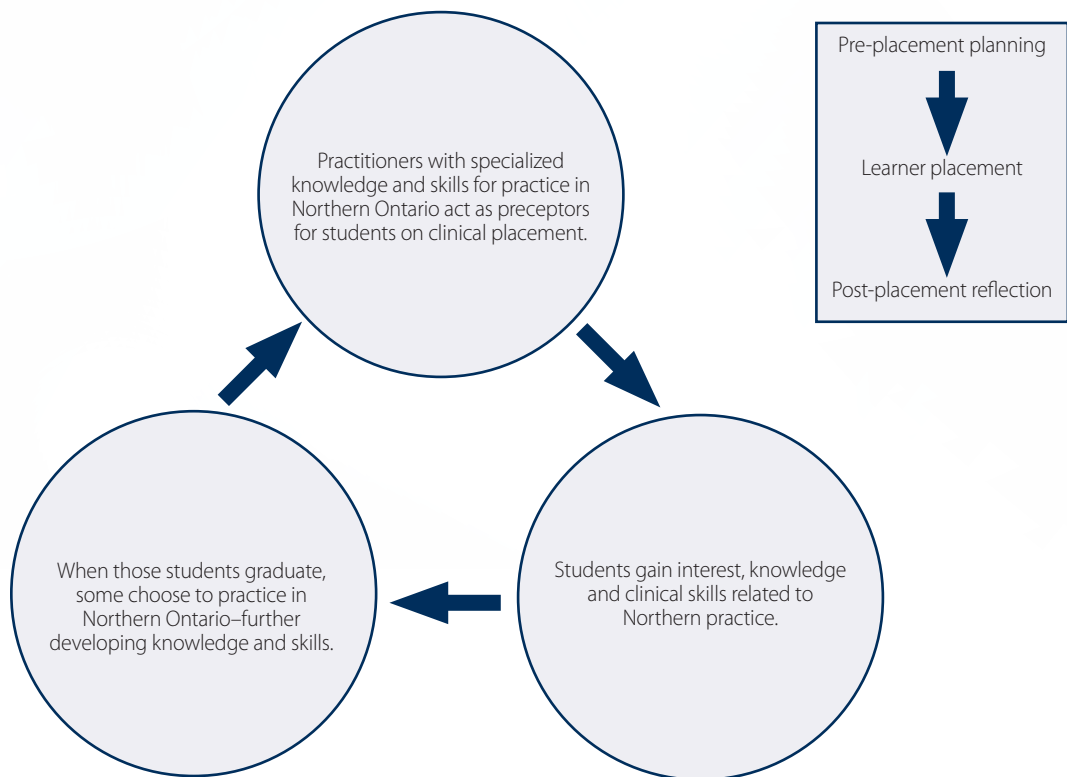
INTRODUCTION

Thank you for your interest in joining our team of clinical educators in Northern Ontario!

Clinical practice in Northern Ontario provides the opportunity for interesting and challenging clinical careers. Many clinicians in our region choose to share the knowledge and skills they have developed in their unique clinical practice by acting as preceptors for learners on clinical placement. The role of preceptor is critical, not only in training the next generation of practitioners, but also in recruiting future colleagues and preceptors who are skilled and knowledgeable about the distinctive challenges and rewards of practice in the north.

This guide has been created for you as a valued preceptor, or potential preceptor, for NOSM Health Sciences learners on clinical placement in the fields of Audiology, Occupational Therapy, Physiotherapy, and Speech-Language Pathology. The purpose of this guide is to provide information and resources that will help you navigate your way from pre-placement planning, through the time your learner is with you, to wrap up and reflection following the placement.

The Health Sciences and Interprofessional Education (HS & IPE) Unit at NOSM supports preceptors as well as learners on clinical placement. Our region has a history of providing high-quality clinical learning experiences, and that is largely because of the dedication of our preceptors. We want to thank all preceptors for your interest and ongoing commitment to excellence in clinical education. We look forward to continuing to support you in your own journey as a preceptor.





NOSM'S VISION, MISSION, AND VALUES

Vision

Innovative education and research for a healthier North.

Mission

The Northern Ontario School of Medicine (NOSM) is committed to the education of high quality physicians and health professionals, and to international recognition as a leader in distributed, learning-centred, community-engaged education and research.

NOSM will accomplish this by:

- Being socially accountable to the needs and the diversity of the populations of Northern Ontario.
- Actively involving Indigenous, Francophone, remote, rural, and underserved communities.
- Leading and conducting research activities that positively impact the health of those living in Northern communities.
- Fostering a positive learning environment for learners, faculty, and staff.
- Achieving an integrated, collaborative approach to education, learning, and programming.
- Increasing the number of physicians and health professionals with the leadership, knowledge and skills to practice in Northern Ontario.

Values

- Innovation
- Social Accountability
- Collaboration
- Inclusiveness
- Respect

ACADEMIC PRINCIPLES

1. Interprofessionalism

The term interprofessionalism includes the key features of participation, collaboration, and collegial decision-making processes to improve learning, patient care, and research activities.

2. Integration

Integration is the combination and interaction of individuals, groups, and programs around common purposes to create meaningful experiences and address life-long learning and the continuum of education of health professionals.

3. Community Engagement

Community engagement is the conceptual and pragmatic understanding of the dynamics of communities in Northern Ontario (geographical, social, cultural, linguistic, and communities of practice) and the creation of meaningful, enduring partnerships involving all Northern Ontario communities and NOSM; the hallmark of which is integrated networks of education and research.

4. Inclusivity

NOSM embraces the social, cultural, linguistic, and geographic diversity and richness of the Peoples of Northern Ontario and strives to be inclusive of and reflect that richness.

5. Generalism

Generalism is a broad, holistic and integrated view and approach to activities, values and knowledge in educational, organizational, and patient care activities.

6. Continuity

Continuity encompasses an approach to educational experiences from undergraduate through to continuing health professional development, as well as research that recognizes transitions between professional educational stages in a synergistic way.

7. Dedication to Inquiry

The process of inquiry is central to the role and identity of the School as it defines our commitment to the creation, augmentation, and validation of knowledge.

8. Professional Identity Formation

"Each individual's journey from layperson to skilled professional is unique and is affected by "who they are" at the beginning and "who they wish to become." Identity formation is a dynamic process achieved through socialization; it results in individuals joining the medical [health professional] community of practice."¹

1 Cruess et al ; A Schematic Representation of the Professional Identity Formation and Socialization of Medical Students and Residents: A Guide for Medical Educators Acad Med. 2015;90:718–725.

INTEGRATED CLINICAL LEARNING

What is Integrated Clinical Learning? The term may be new to some, but the concepts behind it will be familiar to those involved with clinical education across Northern Ontario.

Integrated Clinical Learning (ICL) is the term used by NOSM to capture the unique and innovative ways that clinical teaching and learning occur across our region.

Through consultations with clinical educators in Northern Ontario, along with a review of the literature regarding emerging clinical education models and best practices in clinical education, a framework was developed for ICL at NOSM. By developing a model for ICL, NOSM is better able to define, capture, support, and further develop models for clinical teaching and learning that best suit the distinctive environments in which health professional practice and education occur in Northern Ontario. The ICL framework recognizes that a variety of approaches to clinical education is imperative in meeting the needs of learners, patients, clinical educators, practice and learning environments, and communities. There are, however, key elements that define an overall approach to Integrated Clinical Learning.

Key elements of Integrated Clinical Learning include:

- A supportive, respectful, collegial and collaborative environment and process for all health-care professionals, patients, and families to learn from each other and enhance patient care. It includes learning together, team learning and learning to be a team player. It is non-hierarchical.
- A paradigm for learning that includes formal and informal learning opportunities (integrated learning in practice).
- It is a form of deliberate teaching which is safe and where patients, families, and providers will all benefit.
- An interwoven exchange of knowledge, values, skills and behaviours across disciplines. Interprofessional Education (IPE) is just one aspect of ICL.
- Learning and teaching is multi-directional (up, down and cross-ways), where preceptors, residents, health professionals, medical students, and other health sciences students learn from each other.
- Providing meaningful, cross-curricular team clinical experiences, maximizing interprofessional synergies and embracing all learner levels.
- Capitalizing on the strengths of the learner, the environment, the community, as well as intraprofessional and interprofessional collaboration, for student-centred learning.
- Providing flexible, adaptable, culturally sensitive learning maximizing opportunities in the community setting.

NOSM will continue to work with its partners in clinical education to support the Integrated Clinical Learning model across Northern Ontario.

REFERENCES:

Berry S., Pavelich K. Realizing the Potential of Integrated Clinical Learning. Retrieved from NOSM website: https://www.nosm.ca/uploadedFiles/About_Us/Media_Room/Publications_and_Reports/ICL%20Report_no%20Appendix_for%20web.pdf

CHOOSING TO BE A PRECEPTOR

Preceptors are essential to helping learners bridge the gap between theory and clinical practice as they prepare to be practitioners themselves. Preceptors offer not only knowledge and guidance for learners, but act as professional role models, and can provide inspiration for learners' future careers. Being a preceptor for a learner on clinical placement can be a stimulating, challenging, and rewarding experience.

KEY POINTS:

- Clinicians who choose to be preceptors for learners on clinical placement see benefits for both learners and themselves.
- The most important requirement for becoming a preceptor is enthusiasm around clinical education, as well as your own practice, or profession.
- There are resources available to support you in your role as a preceptor, whether you are experienced or just starting out.
- There are various models of clinical placements that allow clinicians who work part-time, or in non-traditional practice settings to become preceptors.

Factors Influencing Rural Clinicians' Decision to Precept:

- I value my contribution to the growth in students' knowledge and skills.
- Teaching allows me to promote Northern/rural health as a career option.
- I enjoy the teaching/preceptor role.
- Being a preceptor enhances my desire to keep up with recent health developments/literature.
- I increase my time reviewing the basics of my clinical knowledge.

Other Benefits of being a Preceptor :

- Learners bring new ideas and current thinking to your workplace.
- Learners stimulate your clinical reasoning skills.
- Becoming a Clinical Educator can enhance your career opportunities and professional development.
- Increased connection with the HS&IPE team, and NOSM community.
- The experience provides an opportunity to share expertise with future colleagues.

"Being a Preceptor with NOSM has been such a rewarding experience both professionally and personally. I not only had the opportunity to continue to build on my teaching and clinical skills, I received the latest information and research from my students"

Chad Clower, Preceptor (Speech-Language Pathology)



FAQs

Q: Are there any special qualifications required to be a preceptor?

A: No special qualifications are required, just enthusiasm and interest in Clinical Education. It is also helpful to have good communication and organizational skills. You must be registered with your College, and be eligible under their requirements to be a clinical educator.

Q: Can I take a learner if I work part-time?

A: Yes. Learners are required to complete a certain number of clinical training hours, but this can be achieved through shared supervision with another preceptor, or other creative approaches. See the section on “Models of Supervision,” or contact us for more information.

Q: Are there any resources for learning how to become a clinical preceptor?

A: Yes. This guide provides some resources to help you get started. There are also a number of great online resources for preceptors.

ADDITIONAL ONLINE RESOURCES:

- [Preceptor Education Program \(PEP\)](#)
- [e-tips For Practice Education](#)

The HS&IPE team is available to support northern preceptors in all aspects of clinical education. Should you require support, or additional resources in order to provide a successful learner experience, please contact us at hsplacements@nosm.ca.

PRECEPTOR ROLE

Your role as Preceptor will vary depending on the previous experience your learner has in a setting similar to yours, and their level of training. Novice learners may require more direct teaching approaches. As the learner gains experience, your role will shift to being more collaborative, and you will function more as a coach or facilitator of their learning. As a preceptor to learners with advanced experience, you will become more of a peer and mentor, and take on a more consultative role in their learning.

KEY POINTS

- Review documents and evaluations from the learner's university prior to the placement start date.
- Release learner for the Health Sciences and Interprofessional Education Orientation at the end of the first day of clinical placement (details in confirmation letter).
- Proactively request support from the Health Sciences and Interprofessional Education team if/where needed.

In addition to the role of teacher, coach, and mentor, your responsibilities will include the following:

- Preparation for the learner (Organization / Department / Patients / Preceptor)
- Plan and implement an orientation
- Support development of learning objectives (Learning Contract)
- Clinical teaching (includes: fostering development of clinical reasoning, clinical skill development and administrative functions)
- Evaluation (Midterm / Final)
- Observation, reflection, and giving and receiving feedback
- Resolve conflict as required
- Ensure patient safety and best practice techniques

Effective Clinical Teachers² :

- Provide opportunities for learners to participate in patient care.
- Teach specific content and skills.
- Delegate specific tasks to the learner.
- Are available to answer questions.
- Observe the learner.
- Provide timely, constructive feedback.
- Provide a friendly supportive learning environment.
- Influence and inspire.

2 Desk Reference: Teaching Skills for Community Based Preceptors, Office for Faculty Development, University of British Columbia.



ADDITIONAL RESOURCES

- [Preceptor Education Program \(PEP\)](#)
- [e-tips For Practice Education](#)

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MODELS OF SUPERVISION

There are a variety of clinical supervision models to consider when offering clinical learning opportunities. Each model has its own benefits and challenges. Although the traditional 1:1 model is most common, preceptors are encouraged to explore additional models as they may offer benefit to both preceptors and learners, depending on factors such as the clinical setting, days of work, patient caseload, and learning environment and opportunities. Support is available from Clinical Learning Liaisons if you choose to participate in a supervision model that is new to you.

Clinical Education supports:

- Preceptor growth and development
- Integration of academic content
- Experiential learning
- Progressive levels of independence
- Professional socialization
- Preparation for entry-level professional practice

MODELS TO CONSIDER

1:1

Each learner is paired with one same-discipline preceptor full-time.

Benefits:

- Model is familiar to learners and preceptors
- Suitable for any level of learner
- Opportunity to provide direct supervision is readily available

Challenges:

- Inefficient use of preceptor resources
- Requires a creative approach for part-time clinicians
- Can be an intense experience due to the high 1:1 contact

1:2+

One preceptor with multiple learners. This model works best if learners are at a similar level with similar needs. The objective is for learners to work collaboratively, not competitively.

Benefits

- Positive clinical learning environment for learners (safe, supportive)
- Increased opportunity for learners to gain knowledge from and/or collaborate with each other
- Opportunity for preceptor to develop new management skills
- Refreshing break for preceptor (in some cases) due to variation in practice routine (diverted case load)
- Increased supervisory role balances with decreased clinical load

Challenges

- Need for preceptor to adapt to different learner personalities, skill levels, and learning styles.
- Risk of decreased individual time and attention for each learner,
- May require preceptor to assist in managing interpersonal dynamics and difference in knowledge/skill levels between learners.
- Requires preceptors to embrace new thinking regarding time management and clinical supervision.

2+:1

Multiple preceptors per one learner. A learner-centered approach is used to unify the diverse perspectives and approaches of different clinicians by focusing on the goals and learning needs of the learner. Expectations for goals and processes in the placement are clearly understood by both preceptors and learners. Regular meetings are scheduled to facilitate communication.

Benefits

- Learners can experience a range of perspectives and approaches and may benefit from a varied clinical caseload.
- Allows a preceptor to contribute based on their availability.
- Preceptors may find this to be a supportive teaching model.

Challenges

- Learners may have to adjust to contrasting teaching and clinical approaches.
- Differing feedback can be frustrating and confusing to learners.
- When the practice areas per preceptor are different, this can be overwhelming to learners.
- Preceptors may have differing opinions of learner performance.
- Scheduling can be challenging.

Role Emerging

In this model, the learner is supervised directly by a health professional of a different discipline, and indirectly by a same-discipline preceptor working from an off-site location. The placement site must be carefully selected to ensure it can meet requirements (e.g., health, safety and learning outcomes), and is adequately prepared for the learner.

- Learners for this model should have a solid foundation of clinical experience, and be able to cope with unstructured, undefined professional roles.
- Learners must be receptive to a variety of communication methods in order to maintain contact with off-site preceptors.
- Learners need to be well prepared for this unique experience and expectations.
- Personal learner characteristics can be a greater indicator of success for this model than academic standing.
- Support and training for the on-site supervisor is required.
- Roles, responsibilities, and expectations need to be clearly understood by all involved.
- Methods of evaluation need to be clearly defined.
- Processes and supports are needed to allow for quick responses to urgent questions and/or crises to ensure safety and security.

Benefits

- Host organization may gain appreciation for a professional role not currently part of their service delivery.
- Strengthens learners' understanding of practice, professional identity, and problem solving.
- Promotes initiative, independence, and clinical reasoning.
- Promotes peer collaboration, quality reflection, and shared learning.

Challenges

- Requires advanced coordination and preparation of site, preceptors, and learners.
- Unfamiliar organizational structure and differing concepts of professional roles may be difficult for learners to navigate.
- Developing and maintaining role and identity within an interdisciplinary working environment.
- Logistics of off-site supervision from own profession may be challenging.
- Modeling of clinical skills by the same discipline professional is available on a limited basis

The HS&IPE team is available to support northern preceptors in all aspects of clinical education. Should you require support, or additional resources in order to provide a successful learner experience, please contact us at hsplacements@nosm.ca.

REFERENCES

1. Bossers, A., Polatajko, H. J., Connor-Schisler A., Gage, M., (1997) "A Resource Guide for Role-Emerging Community Placements in Occupational Therapy." School of Occupational Therapy, Faculty of Health Sciences, University of Western Ontario.
2. Canadian Guidelines for Fieldwork Education in Occupational Therapy, Guiding Principles, Responsibilities, Continuous Quality Improvement Process and Fieldwork Site Profile. Approved by UFCC, ACOTUP and CAOT, Summer 2003, Revised Summer 2005.
3. Developing the occupational therapy profession: providing new work-based learning opportunities for students". College of Occupational Therapy 2006, UK. www.cot.org.uk
4. Dix L., Shimmell L., (2010) "Role Emerging Handbook for Professional Practice." McMaster University, Faculty of Health Sciences
5. Lekkas P, Larsen T, Kumar S, Grimmer K, Chipchase L, Nyland L. (2005) ' Literature Review on Models of Allied Health Clinical Education, focusing on Physiotherapy'.
6. Models of Practice Placement Provision For The Allied Health Professions: A Guide, Version 2. NHS Education for Scotland, AHP Practice-based Education Facilitators Program.
7. Strohschein J, Hagler P and May L (2002) Assessing the Need for Change in Clinical Education Practices. *Physical Therapy* 82(2) 161-172.
8. Triggs Nemshick M, Shepard KF. (1996) "Physical therapy clinical education in a 2:1 student-instructor education model." *Physical Therapy* 76:968-981.



THE CLINICAL PLACEMENT PROCESS

The Health Sciences and Interprofessional Education (HS&IPE) team work together to make the learner placement process a smooth one. Once you have indicated an interest in becoming a preceptor for a clinical learner in your profession, the Clinical Placement Coordinator will contact you (or the designated contact at your organization) with requests for learner placements when they become available. The Clinical Placement Coordinator, Clinical Learning Liaisons, Interprofessional Education Faculty, and Administrative Assistants are available to support you and your learner throughout the clinical placement.

KEY POINTS:

- The Clinical Placement Coordinator (CPC) arranges the logistics of learners' placements and is your primary point of contact for questions about the placement process or where to find any information you need.
- Clinical Learning Liaisons (CLL) are practicing health professionals across the region with an expertise in integrated clinical learning, and can support you when you have questions about clinical teaching or learning, or encounter related challenges during the placement. They can also provide resources and education for preceptors to develop their skills as clinical educators.
- The Interprofessional Education (IPE) Faculty can assist with any questions you have about interprofessional learning and collaboration in the clinical setting, along with offering educational opportunities and experiences for learners and preceptors outside of the clinical setting.
- The Administrative Assistants (AA) ensure that everyone involved receives confirmation of the placement and related information. They also process stipends for Preceptors and submit learner expenses.

The HS&IPE team is available to support northern preceptors in all aspects of clinical education. Should you require support, or additional resources in order to provide a successful learner experience, please contact us at hsplacements@nosm.ca.

To speak with one of our Clinical Learning Liaisons (CLL) or Interprofessional Education (IPE) Faculty, contact our Clinical Placement Coordinator for the contact information of the person that serves your area.

Clinical Placement Coordinator
Email: hsplacement@nosm.ca
Phone: 705-662-7172

Administrative Assistant (NOSM at Laurentian University)
Phone: 705-662-7104

Administrative Assistant (NOSM at Lakehead University)
Phone: 807-766-7460

Manager Community Engagement and Integrated Clinical Learning
Phone: 807-766-7337

ADDITIONAL RESOURCES:

- [Clinical Placement Process Map](#)

ORIENTATION

It can be said the clinical placement is only as good as the orientation and preparation that was carried out for it. With this in mind, the importance of orientation cannot be understated. In preparing for your learner, you must think about preparing your organization (inform them of the type of learner to arrive, the dates of their placement, and what to expect), the clients/patients on your caseload (this will allow them to consent for the learner to be involved with their care, and prepare them for this involvement), as well as yourself.

KEY POINTS

- Orientation is a process that takes place over time.
- Learners are adults capable of self-directed learning.
- Apply principles of adult learning (e.g., interactive, respectful, reflective, self-directed, and evidence-based).
- Preceptors' role is to enable learning and the orientation.
- Written objectives guide learning and facilitate a supportive evaluation process.

TOOLS / RESOURCES

The following tools have been developed to support learner orientation activities. Please feel free to download these samples and customize to your clinical setting:

Welcome Letter

Sample of a customized letter that can be emailed or mailed to an incoming learner to introduce them to your setting and let them know how they can prepare for the upcoming placement.

Self-Assessment

This tool allows the preceptor to self-evaluate their personal readiness for the provision of a clinical placement.

Facility/Hospital Orientation Guidelines

A helpful checklist to ensure that all steps required to ensure a successful orientation have been addressed. Customizable to your institution.

Scavenger Hunt

Orients the learner to the 'need to know' items in your department, organization, and surrounding community. Provides opportunity for self-directed learning that can be done when the preceptor is unavailable for direct activities.

Weekly Schedule

Consider completing a weekly schedule for the first and second week of the clinical placement. Learners report this strategy eases anxiety regarding where to be and what they will be doing in the first days/ weeks on placement.



ADDITIONAL ONLINE RESOURCES

- [Preceptor Education Program \(PEP\)](#)
- [e-tips For Practice Education](#)

The HS&IPE team is available to support northern preceptors in all aspects of clinical education. Should you require support, or additional resources in order to provide a successful learner experience, please contact us at hsplacements@nosm.ca.

SAMPLE WELCOME LETTER

(customize to your organization)

Dear Learner,

Thank you for requesting your placement at [YOUR ORGANIZATION NAME]. The (Health Discipline) staff and I look forward to providing you with a positive and enjoyable learning experience.

Following are some answers to frequently asked questions regarding placement in our facility:

- Hours of operation – The Rehab department is open 8-4, with a one hour lunch break from 12-1, Monday to Friday excluding stat holidays.
- First Day – Report to Rehab department, which is on the main floor of the hospital at 8:00 a.m., at which time you will be given an orientation to the facility and your specific placement.
- Parking – If you are driving your own vehicle, you will be provided with a parking pass for a refundable \$10.00 deposit, which will allow you to park for the duration of your placement in the staff parking for free.
- Dress Code – Maroon pants with maroon vests, and pink shirts are required.
- Books – The Rehabilitation Department is fairly well supplied with resource materials for all patient care areas. As well, a PC is available for student use, with internet access. Please be aware that Hotmail is not accessible through our hospital due to Virus concerns.
- Community events – [DESCRIBE YOUR COMMUNITY AND ANY IMPORTANT EVENTS DURING THE PLACEMENT TIME, WEBSITES TO VISIT, OR TIPS ON WHAT TO EXPECT / BRING].

P.S.

Just kidding about the dress code, you can wear any dress clothes, as long as there are no blue jeans, T-shirts with printed messages, or open-toed shoes. Please avoid dangling jewelry, no strong perfumes or scents.

Should you have any further questions, comments or concerns, please call me at [phone number], or email me at [email address].

Thank you,

[YOUR NAME AND DESIGNATION HERE]

STUDENT ORIENTATION SELF-ASSESSMENT TOOL

		Always		Never		
1	I discuss with the students ways to evaluate how they learn most effectively, and I find practical ways of accommodating their learning style, even if it differs from my own.	1	2	3	4	5
2	I take time to familiarize myself with the academic curriculum of the students I supervise.	1	2	3	4	5
3	I ensure that processes are in place to coordinate students' learning experiences, (example, student binders, case histories, schedules, guidelines).	1	2	3	4	5
4	I discuss the measures used to evaluate students at the beginning of their placements, and review these again before the evaluation.	1	2	3	4	5
5	I plan activities so that I am able to achieve my teaching and clinical commitments.	1	2	3	4	5
6	I organize the placement in such a way that students have supervisory back-up at times when I will not be available.	1	2	3	4	5
7	At the beginning of the placement, I discuss with students the amount and type of feedback that best fits their learning needs.	1	2	3	4	5
8	Even when students are unsure of how they best learn, I am able to recognize their learning styles.	1	2	3	4	5
9	I familiarize myself with students' previous clinical experiences, in order to structure their current placement accordingly.	1	2	3	4	5
10	I work with students to specify learning objectives that we agree will complement previous experiences.	1	2	3	4	5

Add totals, divide by 10. If score is more than 3, you may wish to address your current student orientation practices.

Adapted and reprinted with permission from Wagner, S.J. et al, "Achieving Excellence in Clinical Education- Clinical Education Self-Assessment Tool"

STUDENT ORIENTATION CHECKLIST

PRECEPTOR: _____ DATE: _____

STUDENT NAME: _____ LOCAL PHONE: _____

UNIVERSITY: _____ PLACEMENT: _____

PERSONAL

- Student – Education and Experience
- Student Placement Profile
- Preceptor – Education and Experience
- Personal Medical Concerns
- Learning Style
- Goals and Objectives for this placement
- Most positive Learning Experience
- Most Negative Learning Experience

FORMS AND PROCESSES

- Relative Ranking Self Assessment – Subjective and Objective (Ongoing)
- Learning Contracts (Mid and Final); Writing Learning Objectives
- Date Review
- CIQ's/Learning Activity Log/Audit/Conference/Feedback Session (Weekly)
- Patient Log (Ongoing)
- Journal (Daily)
- Evaluation Mid-term date
 Final Date
- Outcome Measures Utilized
- Documentation format/Scans/Discharge Summary
- Clinical Charting Forms Utilized, Chart Audit Forms
- Workload Measurement System
- Clinical Performance Instrument, Facility Evaluation, Preceptor Evaluation
- Course Outline (from University)

FACILITY AND DEPARTMENT

- Department Mission/Vision/Values
- Clinical Coordinator – Roles and Responsibilities
- Clinical Preceptor – Roles and Responsibilities
- Hours of Operation

- Absenteeism/Sickness
- Keys- _____, _____, _____
- Dress Code, Identification Tags
- Parking
- Caseload Expectations
- Meetings Wednesday – Rehab Staff Meeting 8-9 a.m.
 Tuesday – 11-12 - Chronic Care Team Meeting
 Tuesday – 1:30 – 2:30 -Acute Care Team Meeting
 Feedback Session Times _____
- Education Sessions
- Interdepartmental – Thursday 8-9 a.m. (Alternate with Grand Rounds)
- Grand Rounds/ Cases – Thursday 8-9 a.m. (Alternating)
- Student Presentation 4/5th week of placement – Date
- Internal Opportunities – OR, Stress Lab, CME's, Dialysis, Diabetic Ed, Chemo
- External Opportunities - Chiropody, Arthritis Society, CCAC
- Dictation System
- Scheduling Computer – Medi-patient
- Modalities available
- Use of Support Personnel – CPO Guidelines
- Computer Access (no hotmail available) – ID and Password, email
- PACS
- Photocopier and fax access
- Library – Physio and Doctor Lounge
- Phone Numbers
- FS Monitor Pro
- Emergency Procedures Manual
- Health Nurse Contact, Incident Reports, WSIB, WHIMS, Infection Control
- Staff Introductions
- Confidentiality, Release of Information
- Physical Orientation Department
 Hospital

COMMUNITY PROFILE/INFORMATION

Learner Orientation Scavenger Hunt

(Physiotherapy Hospital Based Version: Feel free to modify to your setting & discipline)

The goal of the scavenger hunt is for the health learner to discover important information about your organization and the community. Please assist them, and provide them with information and any objects they require. The objects will be returned promptly, if required. Thank you.

Task	Objective	Complete	Comments/ Questions
Department			
Get copy of a [your discipline] statistics form.	<ol style="list-style-type: none"> 1. Learn location of the department administrative resource information. 2. Familiarize with MIS. 		
Get a walker, mark it out on the loan board and sign it out for loan.	<ol style="list-style-type: none"> 1. Learn the location of the key and the storage room. 2. Learn the process for signing out equipment. 3. Learn the loan policy for equipment. 		
Get a cup of coffee from the rehabilitation gym.	<ol style="list-style-type: none"> 1. Learn the location, and meet the staff, in the satellite gym. 		
Take and print a digital picture of rehab reception area.	<ol style="list-style-type: none"> 1. Learn the location and usage of the digital camera. 2. Familiarize with front desk, and computer. 		
Get a napkin from the Rehab Dept lunch area.	<ol style="list-style-type: none"> 1. Familiarize with the department lunch location. 		
Facility			
Get a copy of the Code Blue Policy.	<ol style="list-style-type: none"> 1. Learn the storage location of the Code book. 2. Familiarize with all codes. 		
Get an incentive spirometer, an O2 tank and lines, and a sputum cup from the R. T., and complete a PFT if possible.	<ol style="list-style-type: none"> 1. Meet RT and staff. 2. Learn roles, responsibilities and policy on respiratory therapy. 3. Familiarize with RT equipment, assessment and treatment options. 		
Get an OR mask and hat.	<ol style="list-style-type: none"> 1. Learn location of OR Dept. 2. Meet OR staff. 3. Learn process for attending relevant surgeries, and leave contact information. 		
Get an admissions wrist band.	<ol style="list-style-type: none"> 1. Learn location of Admitting and ER Dept. 2. Learn process of admission. 3. Meet ER and Admitting staff. 		
Get a parking card.	<ol style="list-style-type: none"> 1. Learn the location of business office and clerks. 2. Obtain a parking card (if needed) 		
Get a salt shaker.	<ol style="list-style-type: none"> 1. Learn the location of the cafeteria. 2. Familiarize with the hours of operation and the type of food available. 		

Task	Objective	Complete	Comments/ Questions
Professional			
Print from the CPO website the Guidelines for the Supervision of Students, and for the Supervision of Support Personnel.	<ol style="list-style-type: none"> 1. Become familiar with COPO resource material, website, and contact information. 2. Become familiar with relevant College guidelines. 		
Print from the OPA website the Practice Guidelines Publication Inventory.	<ol style="list-style-type: none"> 1. Become familiar with OPA resource material, website, and contact information. 2. Become familiar with relevant provincial Association guidelines. 		
Print from the CPA website the list of CPA position statements.	<ol style="list-style-type: none"> 1. Become familiar with CPA resource material, website, and contact information. 2. Become familiar with relevant national Association statements. 		
Community			
Get a drink coaster from [a popular pub or restaurant].	<ol style="list-style-type: none"> 1. Learn location of stores, restaurants and entertainment in the downtown area. 2. Meet local residents and develop appreciation for the community. 		
Get a grocery bag from Safeway and Extra Foods.	<ol style="list-style-type: none"> 1. Learn location of grocery stores in the community. 2. Purchase food as required. 		
Get a napkin (and some delicious fresh baking) from [popular bakery].	<ol style="list-style-type: none"> 1. Learn location of favourite student bakery. 2. Have fun. 		
Get a take out menu from [list 2 popular local restaurants].	<ol style="list-style-type: none"> 1. Learn location of favourite student restaurants. 2. Have a good meal. 		
Get a shopping bag from [primary shopping mall or specific store].	<ol style="list-style-type: none"> 1. Learn location of, and surrounding stores, including LCBO, post office and local banks. 2. Shop as needed. 		

Weekly Schedule Template

It is helpful to both the Clinical Instructor and the incoming Learner to have at least the first 2 weeks of the placement “mapped” out on a weekly schedule. Schedule the orientation activities, client appointments and regularly occurring meetings so that the learner can anticipate time in their schedule that they may be able to use for planning, documentation, or projects.

Other time management strategies may include keeping the master copy of the weekly schedule posted in a central location for both the instructor and learner to access so that as changes occur, each person can take individual responsibility for checking the schedule.

	Monday	Tuesday	Wednesday	Thursday	Friday
7:00					
8:00					
8:30					
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
12:00					
12:30					
1:00					
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					

Notes: _____

GOAL SETTING

Goal Setting or Learning Contracts help to outline the “what, where, when, and how” of a clinical learning experience and contribute to successful learning experiences for both the learner and the preceptor. Goal setting promotes self-directed learning. Appropriately established goals also contribute to an effective feedback system and evaluation process (mid-term and final).

KEY POINTS

- Set aside time with the learner to establish goals/ learning contract.
- Learning contracts clearly establish expectations for the learner and preceptor.

Learning Contracts:

- Provide individual statements of learning goals
- Provide an opportunity to incorporate unique clinical experiences (e.g., interprofessional learning, cultural competency, rural/remote service delivery, etc.).
- Are realistic, achievable, measurable, and matched to the current learning level and goals

Suggested Timeline

- Day 1: Discussion begins
- Day 5: Rough Draft
- Day 6: Goals established and/or Learning Contract completed
- Mid-term: Formative* evaluation provided formally
- Final: Summative* evaluation provided formally

*Formative evaluation: Focuses on shaping behavior, is descriptive, reflective and qualitative (if formalized, may also be quantitative)

*Summative evaluation: Focuses on evaluating behavior by comparing against a standard. Provides a rating of the skills/behaviours observed, is quantitative.

SAMPLE GOAL SETTING TEMPLATE

Note: Each educational institution may have its own format for setting learning contracts and/or learning goals, which may be a part of the learner’s formal evaluation based on their completion.

Objective	Resources	Evidence	Validation
Complete a full assessment by placement end.	Assessment manuals, observation of assessments completed by preceptor, review reports of previous assessments. Suitable clients/patients.	Completed assessment including results, interpretation, therapy goals, and plans. Able to modify assessment to client/patient needs as required.	Preceptor feedback on assessment protocol and documentation.



QUALITY OF EVIDENCE

Preceptors should consider the quality of the evidence suggested by the learner. For example, if the evidence is listed as “Completed 1 assessment,” (actually the ‘goal’), information regarding the quality of the assessment, such as level of independence in completing the assessment, patient safety, efficiency (time required to complete), clinical judgments used, and so on, should also be targeted and communicated in the evidence section.

ADDITIONAL ONLINE RESOURCES

- [Preceptor Education Program \(PEP\)](#)
- [e-tips For Practice Education](#)

The HS&IPE team is available to support northern preceptors in all aspects of clinical education. Should you require support, or additional resources in order to provide a successful learner experience, please contact us at hsplacements@nosm.ca.

INTERPROFESSIONAL EDUCATION

“Interprofessional Education occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.”

World Health Organization, Framework for Action on IPE and Collaborative Practice, 2010)

“Interprofessional collaboration is a partnership between a team of health providers and a client in a participatory, collaborative, and coordinated approach to shared decision-making around health and social issues.”

Canadian Interprofessional Health Collaborative, 2010

KEY POINTS

- Since the inception of the Northern Ontario School of Medicine (NOSM) in 2005, there has been an active effort to involve coordinators, preceptors, and students in Interprofessional Learning (IPL) through a variety of training methods.
- The Interprofessional Education (IPE Program) provides a variety of programming that allow for both academic and clinical engagement by students, faculty, and staff.
- IPE provides unique opportunities for learners to learn “with, from and about” other disciplines while on placement in Northern Ontario.
- The interprofessional competencies identified in the Canadian Interprofessional Health Collaborative framework (CIHC, 2010) are a foundation for all learning experiences.
- Students will experience collaborative learning with students from programs representing occupational therapy, physiotherapy, speech/language and audiology, medicine, social work, radiation therapy, and nursing, among others.

To ensure that all learners are supported to deepen their competency in collaborative care, they are encouraged to take advantage of the following 3 steps:

1. Complete the ICAR Prior to Placement: The “Interprofessional Collaboration Assessment Rubric” (ICAR) is a quick and easy Canadian assessment tool that we have adopted to support self-assessment of interprofessional competency. Completion of the tool will provide learners with a profile of all 6 domains of interprofessional collaboration. [Access the pre-placement ICAR](#)
2. Set a Goal: Learners bring results to their preceptor(s) on day one. They use this information to establish a minimum of 1 Interprofessional Learning Goal with their preceptor(s) appropriate to the learning context. [NOSM’s IPL Resource Guide](#) can be used as a goal setting guide; inside you will find useful information to assist you in approaches geared to exposure, immersion, and/or mastery level of skill development including learning strategies, and activity suggestions to gain skills and knowledge in all competency areas.



3. Repeat the ICAR During Last Week of Placement: Learners complete the ICAR again during their last week of placement. Did they improve? They can tell us about the goal they set and how they achieved it. Is there anything that would have better supported their interprofessional learning? [Access the post- placement ICAR](#)

While on placement in Northern Ontario, there may be many formal and informal opportunities for Interprofessional Education and Integrated Clinical Learning, depending on the facility and location in which learners are placed. It is an expectation that learners will participate as able in these learning opportunities as an integral part of their northern learning experiences.

Please see our [IPL Resource Guide](#) for more information.

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ASSESSMENT AND EVALUATION

The goal of evaluation (and related forms of feedback) is to promote learning, help develop a learner's skills, identify gaps in performance and develop remediation plans as required. The ultimate goal of evaluation is to provide the learner with the appropriate feedback on knowledge, skills, and attitudes required to achieve clinical competence.

KEY POINTS

- Set time aside and utilize a quiet and confidential area to complete evaluation activities.
- Goal setting and open and effective communication throughout the placement is key to the success of an evaluation.
- There should be no surprises at the midterm or final evaluation. No new feedback should be given during a formal summative evaluation.
- Address issues early on and shape the desired behaviours.
- Set action plans with the learner with specific suggestions to help achieve their goals.

Preparation

- Review the evaluation package sent by the university prior to receiving your learner. Be sure to contact the university or your Clinical Learning Liaison if you have any questions.
- Establish evaluation dates and times (Midterm / Final) first week, so you and the learner are both prepared.
- Set a convenient time and enough time to complete the evaluation.
- Choose a quiet confidential space to complete the evaluation.
- Self-assessment is enhanced by encouraging the learner to also complete the evaluation.
- Provide specific examples to support individual ratings.

Addressing Concerns

- Address the behaviour, not the personality.
- Communicate expectations clearly.
- Be specific, with objective examples, so that the learner knows exactly which behaviours to "keep" and which need further learning or enhancement.
- Offer discussion focused on what needs to be done and possibly how to meet expectations in order to make improvements.

Meaningful Evaluative Feedback

- Meaningful feedback begins with the premise that the learner understands exactly what behaviours or actions the teacher is evaluating.
- It is directed toward the goal of supporting the learner to become a competent and confident clinician.

ADDITIONAL ONLINE RESOURCES

- [Preceptor Education Program \(PEP\)](#)
- [e-tips For Practice Education](#)

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FEEDBACK

Giving and receiving feedback is a critical component of the learning process as it helps to support both the learner and preceptor in achieving their goals. To be successful in giving and receiving feedback you must establish a relationship with your learner built on trust. The ultimate goals of giving and receiving feedback are skill development and achievement of clinical competence.

KEY POINTS

- Ask learners how, when, and where they would like to receive feedback (e.g. verbal, written, scheduled, informal, spontaneously as required).
- Feedback should be:
 - Timely.–Negotiate this early in the placement with your learner.
 - Specific–Describe a specific action; avoid hollow praise such as “You did great!” Learners may not know what, exactly, you are commenting on.
 - Focused on a behavior not personality–Observe and comment on what they did and the impact of their actions.
 - Owned by the giver–Use “I” statements and avoid observations that may have been made by others (i.e. “they” statements). Avoid providing feedback on second hand information.
 - Understood–Ensure the learner understands the feedback by checking for understanding. Encourage the learner to restate what actions they may take based on this feedback.
 - Delivered in a supportive climate–What might seem like a private location may not feel like a private and safe setting to the learner. Check in with the learner before you begin.
 - Followed-up with an action plan–Be explicit in what you expect for the future and discuss with the learner how they can be supported to improve.
- Prioritize your feedback. Rely first on what the learner has asked for feedback on and build from there. Do not comment on everything at once. Reflect on the learner’s goals and the feedback that is most critical to skill attainment.
- Six Stages of Feedback
 - Observe learner behaviour
 - Ask learner for their self-assessment
 - Describe or model the desired behavior
 - Ensure that the learner understands the difference between the current and desired behaviours
 - Develop a plan to close the gap
 - Follow-up on improvement

How	What	When	Where	Why*
<ul style="list-style-type: none"> • How did you think / act / feel? • How did that come about? • How does that fit in? 	<ul style="list-style-type: none"> • What happened? • What makes you think that? • What might you do differently next time? • What was important about that? • What did you learn from that? 	<ul style="list-style-type: none"> • When did it start? • When did that first occur? • When did you realize? • When did you decide? • When will that happen? 	<ul style="list-style-type: none"> • Where does it happen? • Where can we start to make change? • Where did it go all wrong? • Where will that get you? • Where do you see yourself in...? 	<ul style="list-style-type: none"> • Why did you do that? • Why do you think that happened? • Why do you think they responded that way? • Why is this happening?

*Why questions, although effective, can sound interrogatory. Use with care

TOOLS / RESOURCES

- Feedback Grid: Continue / Start Doing / Consider / Stop doing
- One-Minute Preceptor: Five Microskills for Effective Clinical Teaching

ADDITIONAL RESOURCES:

- [Preceptor Education Program \(PEP\)](#)
- [e-tips For Practice Education](#)

The HS&IPE team is available to support northern preceptors in all aspects of clinical education. Should you require support, or additional resources in order to provide a successful learner experience, please contact us at hsplacements@nosm.ca.

REFERENCES

1. Lucas J et al. Walking the Balance BEAM: The Art and Science of Becoming a Successful Clinical Teacher. Family Medicine, July/August 2002 (498-99)
2. Neher, J. O., Gordon, K. C., Meyer, B., & Stevens, N. (1992). A five-step "microskills" model of clinical teaching. Journal of the American Board of Family Practice, 5, 419-42

POST-PLACEMENT REFLECTION

Reflecting on the clinical placement after it is completed can be a useful activity for preceptors. It can help them identify what went well in the placement, what challenges were encountered, and what factors contributed to these successes and challenges. This can lead to reflection and planning for future positive outcomes in clinical education.

There are numerous factors to consider when reflecting on the overall success of the placement. Some of these include:

- Learner variables
- Preceptor strengths and learning needs
- The preceptor-learner relationship
- Placement supervision model
- Physical environment at the placement site
- Characteristics of the organization where the placement occurs
- The placement process

The HS&IPE team is currently developing an online tool for preceptors to review the placement experience and identify their own strengths and learning needs. There are resources from other institutions available online for preceptor self-evaluation and reflection. These vary in content from institution to institution, but can be useful in stimulating your own process of reflection.

Resources: [Sample Preceptor Self Evaluation and Reflection](#)

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CONTACT INFORMATION

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To speak with one of our Clinical Learning Liaisons (CLL) or Interprofessional Education (IPE) Faculty, contact our Clinical Placement Coordinator to get the contact information for the person that serves your area.

Clinical Placement Coordinator

Email: hsplacement@nosm.ca

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Administrative Assistant (NOSM at Laurentian University)

Phone: 705-662-7104

Administrative Assistant (NOSM at Lakehead University)

Phone: 807-766-7460

Manager Community Engagement and Integrated Clinical Learning

Phone: 807-766-7337

Are you interested in becoming a NOSM faculty member?

Have a look at the FAQ section to learn about the opportunities and benefits of being a faculty member on [NOSM's Faculty Appointment and Application Information webpage](#):

For more information about becoming a NOSM faculty member, go to [NOSM's Faculty Appointment Application and Information page](#)

For further inquiries about becoming a faculty member at NOSM, please email divclinsci@nosm.ca.





Northern Ontario
School of Medicine
École de médecine
du Nord de l'Ontario
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