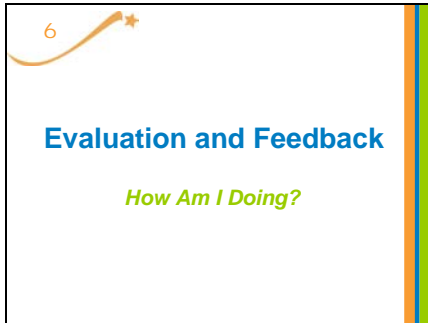


# Evaluation and Feedback

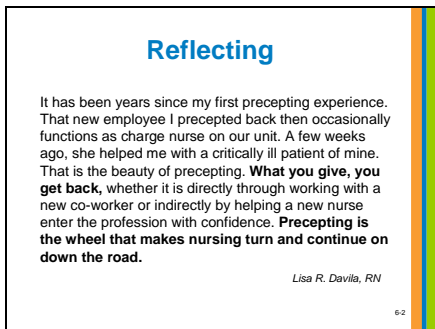
<b>Purpose</b>	The purpose of this segment is to provide guidance to the preceptor when evaluating the preceptee.
<b>Time</b>	75 minutes
<b>Objectives</b>	<ul style="list-style-type: none"><li>• Describe the four steps in the evaluation process</li><li>• Demonstrate how to provide effective and constructive feedback</li><li>• Examine samples of evaluation tools.</li></ul>
<b>Outline</b>	Introduction: Reflecting Evaluation <ul style="list-style-type: none"><li>- Knowledge and Critical Thinking</li><li>- Attitudes</li><li>- Skills</li><li>- Process</li></ul> Evaluation Tools Effective Feedback Feedback Scenario Exercise
<b>Materials Needed</b>	<ul style="list-style-type: none"><li>❑ Flip Chart</li><li>❑ PowerPoint file NPA_6_Evaluation Feedback</li><li>❑ Refer to slides 6-17 through 6-20 for the feedback scenario exercise</li><li>❑ Optional: Ask the participants to bring an orientee evaluation form used at their hospital. If you are conducting this program for nurses from a single hospital, provide copies of the evaluation form. A sample evaluation form is found on Pages 5 and 6 of the participant notebook.</li></ul>



## Evaluation and Feedback

### PPT 6-1

“How am I doing?” Preceptors tell us that evaluation is the most difficult responsibility they have. I hope I can give you some tools that will help you feel more comfortable evaluating your preceptee.

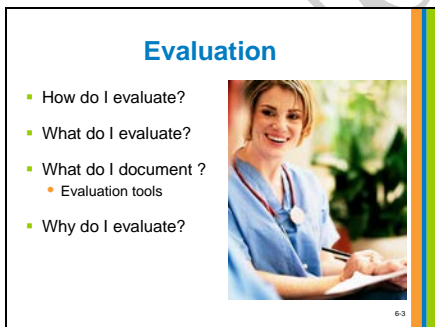


## Reflecting

### PPT 6-2

I have some questions for those who have already been a preceptor. Do you see nurses you have precepted? How do you feel when you see them functioning as a professional? Are you proud of them? Can you see your influence in the way they practice? Are there things you would have done differently with them or things you do differently now with preceptees?

It's important for us to reflect on our accomplishments and to also think about how we might change our practice to improve.



## Evaluation

### PPT 6-3

Where do you start?

Before your preceptee arrives, review all the forms that he/she is going to present to you. Get them from the manager or the educator.

Be familiar with the forms so you can help your preceptee sort through them. As we said earlier, your preceptee will probably be overwhelmed with the all the responsibilities and won't know where to start.

Go through the checklists and skills that she/he is supposed to demonstrate. This is a good time to develop your learning plan and prioritize the

learning needs for the preceptee and for your unit.

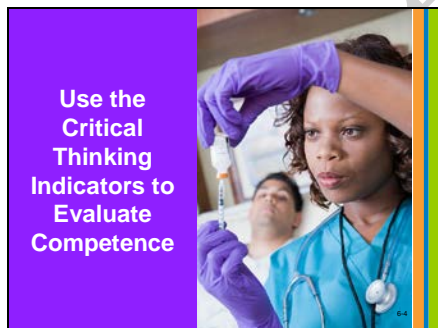
You must have evaluation tools that are effective in assisting you to evaluate your preceptee.

Do your tools work for you? Have you used them previously?

Do they evaluate what you need to be evaluating?

Evaluation is not only “feedback” for your preceptee. It is a road map per se as to where they have been and where they need to go.

Evaluation also is “proof” that you have had the conversation (the coaching moment). It shows the difference from knowledge deficits versus compliance issues. It gives managers and human resources the documentation they need. It also provides documentation for The Joint Commission that the individual did receive adequate orientation to the job for which they were hired.



## **Evaluate Competence**

PPT 6-4

*Discuss how you evaluate these things.*

*You will have had some of this discussion earlier in the program. This is just an introductory slide to the next slides when you can discuss each of these in more detail.*

**Knowledge:**

Ask questions. Use the list on Pages 2 and 3 to guide you if you're uncomfortable.

**Attitude:**

Observe how she/he relates to other people on the unit and to the patients.

What is being role modeled by your peers?

He/she wants to belong and may start behaving the way the others on the unit do. Is that positive?

### Skills:

Observe and explain that skills must be performed according to policy and procedure on the unit.

### Evaluating Knowledge and Critical Thinking

- Ask questions/give scenarios
  - Why do you think the physician ordered that?
  - What do you think is going on with the patient?
  - What lab values/test would you want to look at/have ordered?

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### Evaluating Knowledge and Critical Thinking PPT 6-5

There is a handout, Questions to Evaluate Knowledge and Critical Thinking Skills, in your notebook, Pages 2 and 3, with sample questions to get you started asking questions.


Discuss your role as evaluator with your preceptee. He/she must understand that you're not there to interrogate them but that you must know what they know about providing quality care and protecting the patient. Acknowledge that the preceptee is probably fearful of hurting a patient. Let them know that you're working together to keep the patient safe. Ask simple questions first and lead into more complex ones so they can have time to think and put things together.

For new hires, you may not have to ask as many questions to assess their knowledge. Hopefully, they will ask you questions that will demonstrate their knowledge base. For example, they may ask what the routine is for particular lab reports. When are dig levels, potassium levels drawn, etc., and reported? What is the procedure for doing this or that?

Your questions will vary depending on the level of your preceptee's experience. Make it clear that you can't read their mind and you want to help them, not "catch them" doing something wrong.

### Evaluating Attitude

- Observe
- Listen
  - To your preceptee
  - To your co-workers
- Recognize contribution to team
  - Examples of accountability
  - Examples of lack of accountability



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## Evaluating Attitude

PPT 6-6

*Reiterate or discuss what you said previously to reinforce these points.*

Accountability refers to an individual being responsible for something. Is your preceptee becoming a member of the team? The team is accountable for working together and providing quality care.

### Evaluating Skills

- Observe
  - Identify patterns
- Compare performance
  - Policy/procedure
  - Standards of care



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## Evaluating Skills

PPT 6-7

Be sure the preceptees understand the legal and safety reasons for using and valuing the procedure manual. They have to maintain patient safety. Measure them against the standards in the manual. That is what they will be held to in court. If a procedure is no longer accurate, then change it.

If they observe you skipping steps when performing a particular procedure, then you must explain why you're doing it and that you are not compromising patient safety. Everyone takes short cuts, but new grads may not understand why you're doing it that way. They may decide to take short cuts without understanding when it's safe to do so.

Explain if you do step 5 before step 3 when changing a sterile dressing. Explain that you are not compromising sterile technique.

*Emphasize this statement:*

They will be observing you every minute that you are together. Think out loud so they'll know why you're doing what you're doing.

**Evaluation Process**

- Measurement
  - What are you measuring?
- Comparison
  - Compare performance to a standard
- Appraisal
  - Objective assessment of performance
- Decision
  - Where do we go from here? (Alspach, 2000)

68

## Evaluation Process

PPT 6-8

You're always measuring against a standard (policy and procedure).

Compare them to the standard.

Give them a detailed assessment of their performance, not just "good job." You must be specific and detailed to help them improve.

First, ask the preceptee how they think they did. Follow up with what they said.

Other ways to provide feedback:


I noticed you had some difficulty putting the tourniquet on during the IV start, let's practice in the lounge. It will become second nature when you've done it a few times.

You did a good job prepping the IV site and getting the appropriate supplies.

Be specific.

Or, you may have to console them. No one gets an IV in the first time, every time. Tell them their skill level will improve with practice and then cite the things they did correctly. If they did things incorrectly, give them ideas on how to improve.

**Proactive Evaluation**



- Ongoing
- Open two-way conversation
- Continuous feedback is key!

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## Proactive Evaluation

PPT 6-9

You need to evaluate them constantly, just like you do your patients.

You are always assessing and observing, assessing if their goals were met for the day/week/month. Are they learning?

Are they asking the same questions? If so, tell them that you feel like you've answered that same question several times and that you must not be communicating it to them clearly. Ask another

nurse if he/she could answer the question differently. It is good to include others in the process. It's also good for your preceptees to see that you are really interested in their learning and that you know that they can learn from others, as well.



### Evaluation Tools

PPT 6-10

*Optional: Ask the participants if they brought the evaluation form from their hospitals. If so, give them some time to share with one another. Walk around and hold some of them up if they are particularly long or particularly short.*

*Ask general questions about how the tools work for them.*

*Tell participants: Look through your tool and see if you can prioritize what needs to be learned.*

Is there room on the form for you to write or just make checkmarks? You need room to write, even if it is on the back of the form.

Point out the evaluation form, Pages 5 and 6, as an example of an evaluation tool.

Complete weekly and return to educator or manager	1	2	3	4	5	6	Comments - Week 2
<b>Communication</b>							
Communicates in a clear and timely manner.			X				Needs advice as to when to call Dr.
Remains approachable.			X				Curt with NA when the NA asked her a question about a patient.
Welcomes and accepts constructive criticism.			X				Stippling but became defensive when I corrected her technique when starting IV, and inserting a Foley.
Communicates effectively with pt and family.					X		Personable and professional when interacting with patient and family.
Communicates with members of multidisciplinary team.			X				Unsure of self when communicating with Dr. and social worker.

### Evaluation Tools

PPT 6-11

*This slide uses a section of the evaluation form, Page 7.*

*Review this form in detail, stating that it is normal at week 2 to be at a certain level.*

*Remind them to document objectively, just like they would for patients. They need to provide enough detail to track patterns.*

Formal Evaluation							
Complete weekly and return to educator or manager	1	2	3	4	5	6	
<b>Communication</b>							
Communicates in a clear and timely manner.				x		Is making progress figuring out when to call physician. Reports information to preceptor and others appropriately.	
Remains approachable.					x	More comfortable with others on unit. Working as a team member.	
Welcomes and accepts constructive criticism.					x	Improving. Working more collaboratively and understands limitations. Correcting own actions without always needing direction.	
Communicates effectively with pt and family.						x	Personable and professional when interacting with patient and family.
Communicates with members of multidisciplinary team.						x	Becoming more comfortable with social worker and dietitian. Is feeling more comfortable delegating skills to others.

6-12

## Formal Evaluation

PPT 6-12

*This slide uses a section of the evaluation form, Page 8.*

This is week 4, which shows some improvement.

*Be sure to talk about noticing patterns. Is the preceptee frequently short with the NA, or was it just that once?*

Be honest and provide evidence as to why you rated the preceptee the way you did.

*Refer them to the handouts, Possible Comments for Evaluation Form, Page 9 and the Performance Appraisal, Page 10. If time is limited, it is not necessary to review this; just let them know it's there.*


*Also, refer them to the Critical Thinking Indicators at [www.alfaroteachsmart/new2008cti.pdf](http://www.alfaroteachsmart/new2008cti.pdf). This site provides a good list of performance criteria to evaluate.*

### Effective Feedback

- Positive
  - Give often but honestly
- Negative
  - Avoid giving negative feedback
    - Approach is critical
- Constructive
  - Give as necessary and honestly

(Alspach, 2000)

6-13



## Effective Feedback

PPT 6-13

The goal is to provide effective feedback that will result in improved performance by your preceptee.

*Allow the participants to give examples of positive/negative feedback that they have received. Ask: How did it make you feel?*

When giving feedback, try to approach your preceptee in a calm manner. Plan time to sit and talk about how he/she is doing. If he/she is not performing like he/she should, involve your educator and manager right away so the three of you can show the preceptee that you're all willing to work together to help him/her succeed.



### Effective Feedback

- Be patient and understanding while providing constructive feedback.
- It will motivate the preceptee to do better next time.
- The preceptee wants you to be proud of him/her.

6-14

### Effective Feedback

PPT 6-14

Your preceptees know that your evaluation of them is critical.

When you provide honest, effective feedback to them in a caring manner, they will want to improve. They will want to do a good job so you will be proud of them.

### Elements of Feedback

- Describe what was observed: who, what, when, where and how.
- Be as specific as possible; avoid judging and generalizing.
- Relate what effect the observed behavior had (or could have had) on the patient, co-worker, physician, etc.
- Suggest alternatives to behavior.

6-15

### Elements of Feedback

PPT 6-15

These are the four elements for giving feedback.

### Attributes of Effective Feedback

- Specific rather than general
- Factual rather than opinionated
- Descriptive rather than judgmental
- Clearly understood by the receiver
- Timed when it will be most useful
- Sensitive to the learner's feelings
- Constructive rather than destructive
- Directed at learner's behavior, not learner

6-16

### Attributes of Effective Feedback

PPT 6-16

Effective feedback has these 8 attributes.

*Refer the participants to the Possible Comments for Evaluation Form, Page 9. For the next exercise, you will want to review this handout for guidance.*

### Scenario 1

You are precepting a new grad, and it is his third day of orientation. He has no previous hospital working experience.

You suggest that today would be a great day to work on starting IVs. Your preceptee replies, "I did that in school, and I'm comfortable with it. I don't need any practice."

How would you respond? What are your concerns, if any?

6-17

### Scenario 1

PPT 6-17

*Break the participants into small groups and assign each group a scenario to discuss. Then, ask the small groups to briefly share their feedback. The preceptors usually have fun with these scenarios.*

*During the discussion of Scenario 1, be sure they have discussed how they hear the tone the preceptee is using.*

They may be scared or arrogant.

*Emphasize:* When the preceptor wants to "smart off" to a new person, the preceptor should let his/her initial reaction fly through his/her head without comment. Then, present an effective response.

*Usually the participants say something like the following.*

- *"That's great, so maybe after I watch you a couple of times, I can check you off on that skill."*
- *"That's great, but we may use different equipment here, and our procedure may be a little different from what you've done previously. Let's start by meeting the patient and looking at her veins and then we can get the supplies we need."*
- *"That's nice. However, I still need to watch you as your preceptor so I can mark the check list appropriately."*

### Scenario 2

Your preceptee is on her second day of orientation, and she seems to be doing well. The problem is that she reminds you of your ex-sister-in-law whom you really couldn't stand. She is really direct and outspoken, though not inappropriate. You notice that sometimes you are short with her.

How would you handle a personality conflict without impairing the orientation process or creating a confrontational relationship?

6-18

### Scenario 2

PPT 6-18

*Usually, the group recognizes that this is the preceptor's problem, not the preceptee.*

The preceptor just has to work through the problem. The preceptor cannot tell the preceptee that she reminds her of her sister-in-law because what if she meets this person in the future and

says “You mean I remind you of that terrible/crazy (etc.) person.” *Do this with humor!*

*Some may think it might be a good idea to give the preceptee to someone else, but the larger group will typically think that’s a bad idea. If that is the decision, then the preceptor needs to make it clear that the change is not because of the preceptee.*

### Scenario 3

Your preceptee is progressing well in his orientation and is working autonomously. However, when you do your follow up, you find he is cutting corners on the standards for the unit and not completing his work.

How do you address this problem?

6-19

### Scenario 3

PPT 6-19

Most preceptors want to know if there is something they didn’t do well for the preceptees. Maybe they didn’t show them the proper way to do a particular skill.

Maybe the preceptors are overwhelmed. Explore the possible reasons and then ask the preceptee why they are cutting corners. Also, usually discuss the type of standards being compromised. Patient safety is always the issue.

### Scenario 4

You have been precepting a new employee for several weeks and find her distracted and careless with patient care issues. She seems overwhelmed at times and always behind. She is frequently complaining about her workload, but when you offer to help her she insists that she is OK and doesn’t need help.

How would you manage this situation? What are your primary concerns and why?

6-20

### Scenario 4

PPT 6-20

Discuss the characteristics of someone who is overwhelmed. Generally, if you’re overwhelmed, you can’t identify particular tasks that someone can help you with.

Explore the entire situation. The preceptee may think she’ll be in trouble if she asks for help. Perhaps it’s the first time she’s had so many patients or that her patients are more complex.

Offer to help with specifics such as, “I’ll do your I & O for you or give a patient pain medication for you.” Discuss working as a team with her and that everyone wants to help, unless it is a pattern of not being able to get the work done that you think she should be able to do. Then, you have to consider the situation differently. Again, if this is a pattern, the educator/manager should be involved, too.

### Preceptee Self-Reflection and Evaluation

- Personal learning objectives
- Reflection on performance
  - Observations
  - Learning experiences
  - Risk-taking experiences
  - Accomplishments
- Barriers/obstacles to overcome

6-21

### Preceptee Self-Reflection and Evaluation PPT 6-21

It is important to have the preceptee do his/her own self-evaluation/reflection weekly. This should be in a written format with open-ended questions or a place to write comments.

It is amazing what some preceptees will write that they will not say. It is an opportunity for the preceptee to also set goals for the next week.

Self-evaluation is invaluable.

### Self-Reflection

Not stressed (in any way)  
 Somewhat stressed (though not interfering with work performance)  
 Stressed (and anxious at work)  
 Very stressed (and having difficulty coping at work)  
 Extremely stressed (having trouble sleeping at night and/or coming to work)

Explanation/Comments/Reflection on day (week)

\_\_\_\_\_


\_\_\_\_\_

6-22

### Self-Reflection PPT 6-22

This is an example of a brief self-reflection form that you could have your preceptee use weekly or daily.

### The Essence of Compassion



"Resolve to be tender with the young, compassionate with the aged, sympathetic with the striving, and tolerant with the weak and wrong ... because sometime in your life you will have been *all* of these."  
 - unknown

6-23

### The Essence of Compassion PPT 6-23

*Conclude the Evaluation and Feedback session and transition to the Human Resources session.*

File: G-NPA Instructor Tab 6 Evaluation