PreceptorHandbook

NURS3700CommunityHealth

Year3

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Year 3, NURS3700 Preceptor Handbook

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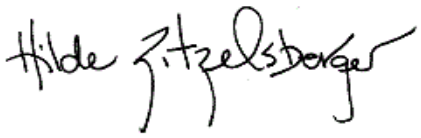
Message to Preceptors

Dear Preceptors,

You are about to embark on an exciting journey with our students, and we would like to take this opportunity to sincerely thank you for your commitment to nursing education. Your enthusiasm for teaching and your willingness to share your expertise are deeply appreciated.

Students consistently highlight the value of learning alongside Registered Nurses and other health care professionals during their clinical placements. In these experiences, they not only continue to develop their knowledge and clinical skills but are also shaped by the positive role modelling they observe in their preceptors. Your interactions with patients, colleagues, and the broader health care team play a meaningful role in fostering students' professional identity, compassion, and commitment to lifelong learning.

Thank you again for sharing your knowledge, skill, and professionalism with our students. We are grateful to have you as part of our community.



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Preceptorship in Clinical Placements

Welcome to the preceptored experience within the Ontario Tech University–Durham College Collaborative Nursing Program. We sincerely thank you for your commitment to supporting our learners. Your contributions are invaluable in shaping the next generation of nurses.
Our goal is to work in partnership with you to strengthen senior-level practice education as students prepare to enter the profession.

A successful preceptored experience is grounded in collaboration among learners, clinical instructors, and preceptors, along with any additional supports. This shared approach helps achieve course learning outcomes and fosters a positive clinical learning environment.
This handbook is intended to support preceptors, clinical sessional instructors, and learners throughout the experience.

Framing the Preceptorship Learning Experience: Our Nursing Program Philosophy

The Nursing Program philosophy guides both the Ontario Tech University–Durham College Collaborative BScN and the RPN to BScN Advanced Entry programs. It is informed by diverse worldviews, including positivist, phenomenological, postmodern, feminist, and critical social perspectives that respond to evolving health care needs. These perspectives shape the program's core focus on caring and nurturing relationships through being, knowing, and doing (praxis), grounded in the Caring Curriculum (Bevis & Watson; 1989; Hills, Watson, & Cara, 2020; Cara, Hills, and Watson, 2020) and our unique context.

CARING IN NURSING

Caring is a central component of the human experience and foundational to nursing practice. While caring may be thought of as present in all aspects of everyday life, caring in nursing requires intentionality; self- and other- awareness; and active, thoughtful, and skilled engagement in concern for others and the world around us.

NURSING

Nursing occurs within the context of intentional human caring from the nurse to the nursed, other human beings, and all life. It requires the skilled utilization, application, and evaluation of knowledge, mediated by multiple ways of knowing/being/doing, in partnership with the recipient of nursing care. This knowledge is drawn from nursing, natural sciences, social sciences, arts and humanities, and is uniquely employed within each specific nurse-person situation to promote and preserve caring, health-healing, dignity, and comfort.

PEOPLE

People include individuals, families (of origin or choice), groups, populations, and local and global communities, existing within the wholeness and complexities of our lives. The uniqueness of people is both limitless and a core characteristic of being human. This awareness requires that nursing champion equity, diversity, and inclusion as a moral imperative. For this to be achieved people need to have insight, and understanding when it comes to historicity, truth and reconciliation of individuals who are racialized and marginalized. People make choices about their lives and their health-healing based on many factors, including but not limited to their life experiences, values, hopes, and aspirations. We recognize and value

the innate human capacity for caring (Watson, 2020), and the primal human desire to be seen and to be heard (Paterson & Zderad, 1976).

ENVIRONMENT

Environment consists of all elements, internal or external to people (individuals, families (of origin or choice), groups, and communities) that influence people and/or the situation. Environmental elements may be experienced as positive, neutral, or negative. People both influence and are influenced by their environment. Examples of environmental factors include, but are not limited to, physical, social, psychological, and economic. Rights and freedoms, both entrenched in the law and as perceived by people, are part of their lived environment. We acknowledge the traditional territory of Indigenous peoples in Canada.

HEALTH-HEALING

Health-healing is a constantly changing, holistic human experience that transcends all phases of life and living. It encompasses all circumstances of living, as experienced, defined, and made meaningful by the individual, family, group, or community. In understanding that health-healing is defined and made meaningful by the client, we move away from a normative, often ableist, view of health versus illness. Rather, health-healing is viewed not as a singular state, but rather a process of moving towards wholeness, wellness, harmony, and balance. Our conception of health-healing is grounded in our appreciation of theoretical pluralism, while consistent with the caring curriculum. Health-healing has physical, socio-cultural, psycho-spiritual, political, and economic aspects. Health-healing is preserved and promoted through caring relationships that are affirming, enabling, empowering, and collaborative.

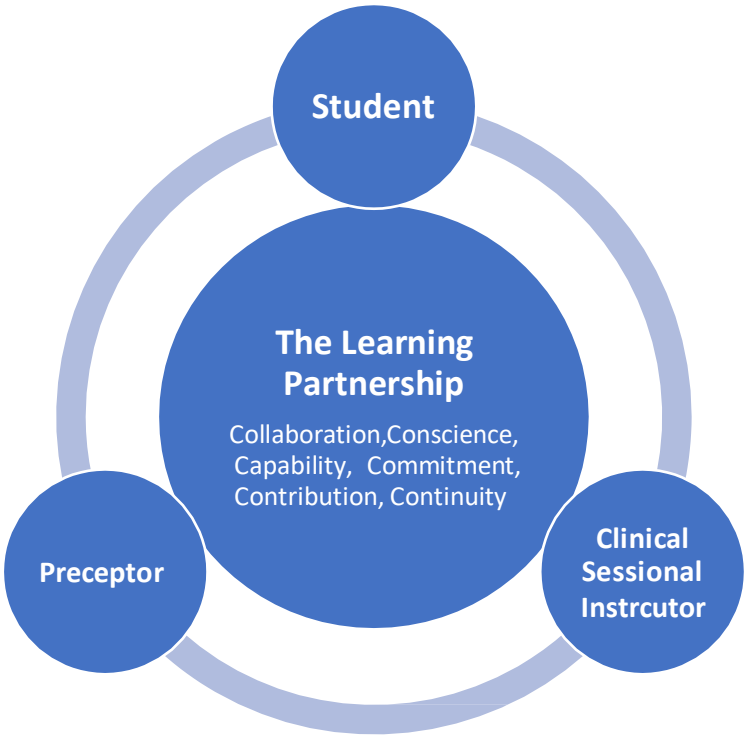
TEACHING-LEARNING

Teaching-learning in nursing is a dynamic, transformative process which occurs both formally and informally, and within a context of intentional caring. Teachers, nurses, students, and people requiring nursing care are co-learners and partners in a collaborative learning process. Learning occurs over time and through a variety of approaches. It is a life-long process of personal and professional growth, which builds on experience, stimulates reflection, and transforms the meaning of life experiences. As teachers, we are committed to fostering a stance of inquiry with students. Teacher-learner engagement, in all settings, always reflects our values of mutual respect, mutual intentional human caring, and mutual civility (Clark, 2022). Within the Nursing Program, teaching-learning is conceived of as an active process, whereby all participants take responsibility for fully engaging across a continuum of active learning approaches (Tanner, 2006).

The Preceptorship Triad

(Adapted from the RNAO Achieving Preceptorship Excellence Model, 2004)

The preceptorship triad consists of a preceptor, a learner, and a clinical instructor, all of whom play integral roles for the success of the learning experience. The triad relationship between learner, preceptor and clinical instructor is defined by six 'Cs': collaboration; conscience; capability; commitment; contribution; and continuity. These briefly are described in table below.



Core Processes for the Preceptor, Learner, and Clinical instructor	
Collaboration	Shared vision, information sharing, and mutual trust are outcomes of collaboration, which contribute to sustaining members. (e.g., working together with team members to provide optimal client care)
Conscience	Ethical values and principles guide the daily practice of nurses. Preceptors role model this behaviour for others. (e.g., demonstrating openness, respect, and caring toward clients and learners)
Capability	Learner capability in clinical practice settings is built by encouraging their learning and improvement of a variety of clinical skills.
Commitment	Willingly making a mutual commitment and contribution to preceptorship. A tangible outcome is recruitment and retention of nurses. (e.g., preceptors commit to teaching, fostering professional growth and acceptance of learners as colleagues)
Contribution	Volunteering to act as a preceptor for student and other learners in order to develop and sustain the future of the profession
Continuity	Expert knowledge is transferred through preceptorship (e.g., preceptors available to students for variety of learning experiences)

Roles and Responsibilities of the Preceptor Triad

This section outlines the major roles and responsibilities of each member of the preceptorship triad to establish a supportive and productive relationship in the clinical practice setting.

Role and Responsibilities of the Preceptor

- Facilitates the focus and terms of the placement, including scheduling of shifts
- Orients the student to the practicum setting
- Communicates roles and expectations of practice setting
- Guides the learner to develop a learning plan that incorporates learning objectives related to the practice setting
- Facilitates opportunities to find appropriate experiences for learners
- Demonstrates/acts as a role model of a competent practitioner
- Stimulates the learner's critical thinking and reflection about the learner's own practice
- Provides regular feedback to the learner and clinical instructor about the learner's successes and challenges in meeting practicum expectations
- Engages in mid-term and final evaluation processes with the learner and clinical instructor
- Observes any unsafe practice, intervenes and takes steps to seek guidance
- Recommends a pass/fail grade for the learner to the clinical instructor
- Initiates contact with faculty if a problem or concern arises in the learner's practice

Role and Responsibility of the Learner

- Arranges to meet with the preceptor and clinical instructor to identify the focus and expectations of the practicum experience
- Provides course specific documents to preceptor: Preceptor handbook, CNO entry to practice competencies document, practicum evaluation form, etc.
- In collaboration with the preceptor/faculty, develops and finalizes an individual practicum learning plan
- Meets with preceptor regularly to discuss progress, successes and concerns, and to request guidance and resources to support learning
- Actively participates in the activities at the practicum site
- Writes and submits assignments as per course requirements (noted in Course Outline)
- Develops and submits a self-evaluation at the middle and end of each practicum
- The learner shall act in accordance with the placement organization's regulations, rules, policies, and procedures including appropriate provincial acts as they apply to the placement organization.

Role and Responsibility of the Clinical instructor

- Discusses the placement setting opportunities with the learner and preceptor
- Acts a link and resource between the nursing program and the placement site/preceptor
- Facilitates preceptor's knowledge of the clinical course's goals and objectives
- Initiates and maintains consistent communication with the preceptor and the learner
- Meets regularly (by phone, virtually, or in person) with learners and preceptor to discuss meeting learning outcomes, practice issues and concerns, and provides consultation, advice, and role modelling
- Reviews and assesses clinical assignments and provides overall feedback to learners
- Supports the learner to develop an appropriate learning plan for the practicum setting in

collaboration with the preceptor
- Stimulates the learner's critical thinking and reflection about practice experiences
- Facilitates learner's integration of the nursing program's philosophy into practice and integration of theory into practice
- Consults with the preceptor and the learner to determine if the learner has met the practicum objectives
- Determines either a pass/fail in practicum for the learner
- Assumes responsibility for evaluating the learner's performance and taking appropriate action when a learner is not meeting the practicum objectives
- Consults with clinical course lead regarding any challenges related to practicum experiences

Learning Outcomes

NURS 3700U – Health and Healing: Healthy Communities Nursing Theory and Practicum

On the successful completion of the course, students will be able to:

1. Describe the practice and role of community health nursing within a variety of settings.
2. Analyze critically the epidemiological basis of community health issues and utilize epidemiological / demographic data to understand the health of a community.
3. Investigate the impact of determinants of health on community health and community health nursing practice.
4. Explore and critically analyze a variety of community health issues and the social, political and environmental factors that contribute to them.
5. Explore and critique a range of theoretical approaches to health promotion within the context of community health nursing.
6. Critically examine concepts of community assessment, program planning, and evaluation as they relate to community health promotion.
7. Explore how nurses engage in the process of political action as it relates to community health issues.
8. Analyze current issues and trends in community health and community health nursing practice.
9. Explore the principles of primary health care to provide care to individuals, families and groups.
10. Describe the knowledge, skills and judgment in providing safe, competent, and ethical care for clients in the community and community as client that meets the current Standards of Practice as outlined by the College of Nurses of Ontario.

Progression of Learning Throughout the Semester

Week		
Prior to the Semester:	Learner attends/reviews the mandatory orientations for clinical course and practicum site. An attempt of the mandatory math test must take place prior to attending the first shift.	Learners and preceptors may exchange preferred contact information and arrange for the first shift date/time. The preceptor will provide an overview of the care provided and focus on the unit and the client population and needs.

	Learners must have contact with their clinical instructor prior to attending the first shift. Learners will contact their preceptors by email or phone, or as outlined by the practicum setting and/or practicum nursing office. Learners should arrange transportation and parking, and any other requirements as needed prior to the first clinical shift.	Materials for review prior to the first shift may be provided to the learner to review in advance of attending shifts.
Starting the Semester Week 1	Learner begins placement with preceptor. ***First Shift:*** The first shift should primarily involve shadowing and orientation to the placement setting and shift routines. Preceptors share with the learner their clinical expertise, areas of interests, and the use of nursing theory. Learners may share with preceptors their level of competence, expectations, and learning goals.	Learner provides the preceptor's name and contact information to the clinical instructor. The clinical instructor contacts the preceptor to provide semester and program information. Preceptors will assess learner preparation, communication, and how updates will be provided by the learner. Preceptors review practicum dates and confirm future shifts. Communicating Regularly During Shifts Preceptors frequently communicate with learners, asking the learner if there are questions or emerging concerns. Preceptors may ask specific questions and provide positive and constructive behavioral feedback as close to the event as possible. Preceptors encourage early independence within areas of competence and confidence and keep daily notes to support facilitation, feedback and the evaluation process.
Weeks 1-4	Submission of draft and the final learning plan. Learning plans should be continually updated throughout the term.	Developed by the learner, and shared with the preceptor and clinical instructor for feedback. Should be reviewed at midterm and final evaluation meetings.
Week 5	RCA	

Week 6 & 8	Midterm evaluations completed. Week 7 Students are not in practicum (reading week)	The midterm meeting takes place between the preceptor, clinical instructor, and learner.
Week 9	RCA	
Weeks 11-12	Final Evaluation form and meeting. Updated using the midterm evaluation form. A meeting established once the student has reached all of their practicum hours.	Developed by the learner and sent to the preceptor and clinical instructor who add their comments. The evaluation meeting takes place between the preceptor, clinical instructor, and learner.

Learners in Clinical Practice

The practice of nursing is guided by the principles of client safety, ethics and competence. Regardless of what is authorized through legislation or policies, learners must only provide care in circumstances where they have the necessary knowledge, skill, and judgement to perform safely, effectively, and ethically. The learner is expected to: Identify situations where assistance is required and seek appropriate assistance, direction, and supervision as required.

*Please see the Nursing Program Practicum Handbook for detailed policies and procedures that student must follow in practicum settings.

Attendance
Student success in the Nursing Program is dependent on complete attendance, which is mandatory. Students must be flexible in their schedule to attend either 8 or 12 hour shifts any day of the week according to their preceptor schedules. Students are required to be able to demonstrate that they consistently meet learning outcomes for the practicum experience. Missed practicum shifts put a student at risk of not being able to meet course requirements. Attendance in practicum also is an essential part of accountability to peers, clients, and other health care team members.

When to Contact the Clinical instructor

The Clinical Instructor is available to the preceptor and student at all times to discuss any concerns.

The preceptor must contact the Clinical Instructor when the learner demonstrates unsafe practice:
Unsafe practice in practicum is defined as work performed by the learner while caring for the patient which displays:

(1) a lack of knowledge, skill or judgement;
(2) disregard for the welfare of the client;
(3) is of a nature or extent which indicates that the learner is unfit to continue in practicum and;
(4) a lack of adherence to the College of Nurses of Ontario Practice Standards

In addition, the Clinical Instructor should be contacted when the learner:

- Places self, preceptor, client(s) or agency at risk
- Is consistently late, absent, or cancelling planned practicum shifts
- Lacks follow-through on suggestions for plans of care and unit expectations
- Has limited knowledge integration, critical thinking skills, reflective practice skills, and/pr consistently demonstrates inadequate skills
- Lacks ability to transfer knowledge from one situation to another
- Does not demonstrate expected progression
- Has an injury/accident/illness on site
- Demonstrates behaviors that are concerning e.g., lack of respect, biased or discriminatory actions/language, lack of boundaries with clients and staff, defensive when provided feedback, etc.
- Lacks accountability
- Breaches client confidentiality and/or privacy
- Is being harassed/ threatened by staff, family or client (sexual, racial etc.)

When concerns are raised, the student must be notified immediately, in person where possible, followed by written documentation. Written documentation is not limited to the evaluation form. It includes emails and typed or written comments/notations shared with the student.

Collaborative Success Plan
A Collaborative Success Plan (CSP) is designed to support student success in practicum by clarifying expectations. It is developed by the clinical instructor in collaboration with the student and preceptor, with input from the clinical course lead as needed. It identifies areas of concern, sets goals, outlines actions to support learning, and establishes a timeline to review progress.

The clinical sessional instructor with the preceptor will identify concerns with the student as they present themselves in the practicum environment and may choose to implement a CSP.

Practicum Evaluation Review

Evaluation is both a formative and summative process. Practicum evaluations formally take place at the midterm (about 50% of hours completed) and at the end of the term (100% of hours completed). The learner will initiate the completion of the evaluation forms by indicating on the form the CNO

competencies that have been met with comments and examples. The learner then submits the form to the preceptor and clinical sessional instructor who provide their comments and feedback. Please see Important links for the CNO competencies documents and Appendices for the practicum evaluation form. The learner will meet with the preceptor and clinical sessional instructor for an interactive review process at midterm and final evaluation.

On the evaluation form, the areas of strength, areas for development, and further goals are essential for the learner, preceptor, and clinical instructor to complete, to support and encourage student success.

Evaluations of practicum performance are based on the following:

- Completion of all mandatory clinical hours for the clinical course.
- Consistently and safely meeting the practicum course learning outcomes and CNO ETP competencies as outlined in the associated evaluation document.
- Submission of practicum requirements such as the learning plan, RCAs and any other requirements such as simulations or activities.

Meeting Competencies: Some Tips

Dr. Patricia Benner, a nursing theorist, developed a model for the stages of clinical competence in her classic book "From Novice to Expert: Excellence and Power in Clinical Nursing Practice (1982)". Benner describes clinical competence as developing over time through education and experience, progressing from novice to expert. This model provides a useful framework for understanding learners' professional growth.

Nursing students typically begin clinical practice at the novice level and are expected to graduate as novice to advanced beginners. Further competence or expert level is achieved after a few years in practice as nurses gain further experience and proficiency.

The evaluation form outlines the College of Nurses of Ontario Entry-to-Practice competencies expected of learners. While these competencies are achieved over the full program, not all will be demonstrated in every practicum. Students must consistently provide safe, competent, ethical, and compassionate care relevant to the setting and support their progress with examples. Preceptors and clinical instructors provide feedback on competency development. Learners are expected to seek opportunities to meet relevant competencies and regularly review the evaluation form to guide their learning.

A Final Word

Within our nursing program, we strive to foster rich experiential learning environments and situations that support learners to grow and hone their competencies in nursing practice. We view nursing as a relational and evidence-informed profession and are committed to ensuring that nursing is grounded in ethical practices, integrity, empathy, reflection, and critical inquiry.

To our valued preceptors, we are glad to be working with you. Your contributions are essential to supporting safe, equitable, and sustainable nursing care—both now and into the future.

Additional Links & Resources

Within our nursing program, we strive to foster rich experiential learning environments

College of Nurses of Ontario

- Supporting Learners
- CNO Code of Conduct
- CNO Entry to Practice Competencies

Ontario Tech University-Durham College Collaborative Nursing Program

- Nursing Programs Handbook
  (includes link to the Nursing Program Skills list)

Community Health, Public Health, and Home Health Care Resources

- Community Health Nurses of Canada
- Canadian Public Health Association
- Home and Continuing Health Care – Government of Canada