LEARNING, TEACHING & ASSESSMENT

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Part 1

1. Introduction

A preceptor that is utilized in clinical experience in the majority of the medical profession. They contain very good compatibility between the Preceptor and student and get available all the time for the clinical setting. Their relationship started from the start till the end date, and they have very well-defined learning objectives.

The preceptorship explains how nurses who are currently in clinical practice must participate as preceptors during the next generation of practitioners to guarantee the profession's ongoing survival and development. In that time, they inherit the clinical environment and education that gives the feeling of fulfillment. In a study of nursing preceptors, more than half of those polled said that their primary incentive for student work efficiency is a commitment to supporting the profession and a love of teaching (Frenzel et al., 2021). Professional obligations, giving back to the profession, sharing evidence-based clinical information from the student, and motivations for preceptor students.

Despite these advantages, the present preceptor scarcity has substantially detrimental impacts on the number of nursing students admitted into education programs. The American College of Nurse-Midwives has established a strategic objective of certifying 1000 new nursing students each year. In 2014, 576 new students entered the profession, less than half of the global rate. As a result, it is critical to increasing specialized clinical preceptors' range (Hardie et al., 2021). Some nurses may be hesitant to precept because they are worried about learning a whole different set of skills or believe they are insufficient for the job. Nurses contemplating this new position should be guided and supported, allowing them to gain confidence and excitement to improve their competence. This report analyzes the research on clinical education and offers clinical teaching methods and tactics that preceptors may apply to incorporate students into the clinical setting (Hardie et al., 2021). A variety of factors may influence the character and clinical education quality encounter between the Preceptor and student. Its components include preceptor training, clinical teaching practices, and incorporating the student into the clinical environment.

2. Main Body

2.1 The Role of Preceptor

Preceptors may work with starting, midrange, or graduate students, students with postpartum experience, students lacking nursing experience, or students who have worked in a hospital, at home, or a birth center. Preceptors must evaluate the degree of learning put in the clinical environment and express their preferences for the student they wish to work with. Preceptors discover the qualities of students with whom they will get along and who will fit well in their clinical environment. A preceptor must also decide how long to devote to a certain student. Understanding oneself and one's preferences may assist preceptors in communicating effectively with the education programs clinical placement coordinator.

Recognizing resources and support networks may assist a new preceptor in developing confidence. Trainee preceptors may opt to split their responsibilities with a previous preceptor colleague, or they may find it beneficial to have colleagues watch them precepting to offer ideas and insights. There may be institutional support for precepting, such as modifying clinic scheduling on precepting days. Furthermore, preceptors are urged to get familiar with the remuneration packages offered by the schools seeking precepting commitments (Kakia & Coupar, 2021).

Educational institutions that make use of preceptors should make it clear what they anticipate of the position. It should include information on the duration of the learning experience and the kinds of clinical encounters the student needs. Additionally, the school should inform preceptors on how student assessments are conducted and how faculty intend to interact throughout the learning process.

A search of the Cumulative Index to Nursing and Allied Health Literature from 1997 to 2007 using the keywords mentoring undergraduate/graduate nursing and practicum revealed several studies involving the mentoring of undergraduate students by faculty members, alumni, and various levels of a student (Riley & Fearing, 2009). They focus mostly on formal mentorship programs designed to foster clinical development and retention rates. There was a shortage of research on the use of graduate students as mentors for undergraduate students. Only one research investigated the employment of graduate students as BSN student mentors. No research with graduate nurse educator students serving as mentors for undergraduate

students was found. Barker (2006) addressed advanced practice nurse students being mentored (Riley & Fearing, 2009).

2.2 Learning Styles and Assessment To Students

Different measures are necessary to provide a good preceptor experience. This would be critical to providing a good atmosphere for making errors like they have a necessary component of the learning treatment. They have no place for embarrassing or humiliating a pupil in communication. By using a positive, adaptable approach that incorporates humor and a polite way, a preceptor may establish an optimum learning environment for students (Lazarus, 2016). Before a student begins clinical work, it is critical to ascertain if they will access patient records through EMR.

Name and Website	Description
Learning styles	
VARK: Visual, Aural, Read/Write, Kinesthetic http://vark-learn.com/the-vark-questionnaire/	This is a free 16-item questionnaire that identifies learning styles as visual, aural, read/write, kinesthetic, or mixed.
	Results indicate the individual's learning style, and strategies for learning for various styles are supplied as well. More in-depth learner profiles are available for purchase.
What Is My Learning Style http://www.whatismylearningstyle.com/learning-style-test-1.html	This is a free 30-item questionnaire to identify those with visual, auditory, and tactile-kinesthetic learning styles.
	In addition to providing results, users are also directed to a page with learning strategies for each type of learner.
Learning Styles Questionnaire http://kearning-styles-questionnaire-honey-and-mumford.doc	This is a free 80-item questionnaire that identifies a learner's level of preference (very strong, strong, moderate, low, very low) for the activist, reflector, theorist, or pragmatist learning styles.
	General descriptions of each learning style are provided as well as suggestions of activities where persons with each learning style may learn best and learn least.
Teaching styles	
Teaching Perspectives Inventory (TPI) http://www.teachingperspectives.com/tpi/	This website provides the free TPI to take as well as sections explaining the 5 teaching perspectives themselves and how to interpret your TPI results.
	There is a video on the results page that includes a conversation between one of the TPI creators and a teacher. In the video, they review his TPI and discuss how to interpret and apply the results.
The American Academy on Communication in Healthcare http://www.aachonline.org/	Excellent resource for tools for effective communication with learners in the clinical setting.

Table 1. Assessment of Learning and Teaching styles

So the EMR system serves as the foundation for invoicing for services; a preceptor must be aware of the effect that student charting may have on that process. Resources for decrypting documents and bills, the standards are accessible among colleagues and via ACNM. Additionally, preceptors may request that students make paper notes for multiple patient visits each day rather than utilizing the charting system (Paul et al., 2020).

2.3 Application of Learning Theories

2.3.1 Behaviorism

Behaviorism sought to establish psychology as a science by concentrating on empirically observable behaviors, such as acts that could be measured and evaluated, rather than on interior states such as emotions. Learning is contingent upon an individual's interactions with their external environment. People change their behavior in response to the consequences of their interactions with the environment (Ozuah, 2016). For example, if a person burns their hand on a hot stove, they will learn never to touch it again, and if they are commended for preparing for a test, they will be more inclined to study in the future.

2.3.2 Humanism

Humanism affirms each individual's inherent dignity and value and thinks that individuals should influence their surroundings. Humanist learning theory is a holistic approach to education, focusing on the individual learner and their needs and taking into account both emotional and cognitive components of learning. At its core, "humanism in education has always referred to a wide, diffuse perspective stressing human freedom, dignity, autonomy, and individuality. (Lazarus, 2016).

A humanistic approach to teaching acknowledges these emotional states and tries to mitigate their harmful effect. For instance, we may state that worry is frequent to reassure learners that they are not alone. Additionally, we can demonstrate how kids' abilities apply to their lives inside and beyond the classroom.

2.3.3 Cognitivism

Cognitive psychologists see the brain as an analytical category, similar to a computer, that uses algorithms it creates to analyze information and make choices. According to cognitive psychology, people learn and retain information, referred to as schema, in their long-term memory.

They recommend, for example, that language learners use flashcards to drill vocabulary terms rather than writing the words down repeatedly or reading and rereading a list of words since flashcards require the learner to remember material from memory.

2.3.4 Andragogy

The majority of the theorization and frameworks discussed in this chapter were created with children and young people in mind. While many of the concepts apply to an adult audience, they may not always account for adult learners' unique problems, challenges, and motivations. Nonetheless, many information professionals will spend the majority of their time working with adults, if not all of their time. Academic librarians and archivists mostly deal with at least 17 years old, and as the number of nontraditional students grows, they will increasingly work with older pupils (Ozuah, 2016). Similarly, information workers in businesses, medical and legal contexts nearly often deal with adults. Public librarians serve a diverse variety of clients, and many public libraries are expanding educational programs for their adult clients.

2.4 Importance of Clinical Learning Environment

These many approaches to clinical education may help reveal information about a student's thought processes and clinical reasoning. Assessment is a simple teaching technique in which both the student and the Preceptor act as observers. This is used for all levels of students that gain experience in a clinical environment and have good hands-on practice (Lazarus, 2016).

2.4.1 Clinical Consultations with Learners

To assist clinical conversations with students, two methods have been created. Both are having methods that require time to learn how to utilize. They offer a systematic method to get clinical reasoning and educate throughout a hectic clinic day after that is completed.

Teaching Strategy	Application
Modeling	Preceptor demonstrates clinical skills and reasoning.
	Often used with beginning students but beneficial for advanced students as well.
Observation	Preceptor and student can observe each other.
	Good to use with any level of student who is new to a site or preceptor.
	Often used with beginning students but beneficial for advanced students to do periodically.
Case presentations	Reflects the student's ability to obtain complete histories, identify and report pertinent physical findings, generate relevant differential diagnoses, and develop appropriate management and follow-up plans.
	Helps to identify gaps in student learning.
	Clarify format preceptor prefers for case presentations; may be different than format student knows.
Direct questioning	Fosters critical thinking skills and provides insight into the student's knowledge base and ability to problem solve in clinical situations.
	Avoid situations that put the student on the spot in front of patients or staff, create stress, and/or make it difficult for student to concentrate.
	Commonly used strategies include the Five Minute Preceptor and SNAPPS.
Think aloud method	Fosters critical thinking and clinical reasoning skills and enhances reflective thinking.[16]
	Encourages student to verbalize thoughts and rationale for making clinical decisions.
	Helpful technique with all levels of learners but is particularly good for beginning students.
	Useful in the intrapartum setting to understand how the student is processing information and making decisions.
Coaching	Preceptor provides verbal cues to student during performance of a procedure.
	Facilitates increased opportunities for student involvement and skill building in procedures.

Table 2. Clinical Teaching Strategies

2.5 Promote Learning to Practice

Keeping records is an essential aspect of a preceptor's job. They must maintain accurate assessment records for each kid. It enables both the instructor and the student to reevaluate the teaching-learning relationship. This identifies which students need more assistance, advice, and support and assists them in understanding what they need to do next to enhance their work. This allows the instructor to build their lesson ideas on a thorough understanding of each student. Records show what was taught and when it was taught. It supports the course structure by providing us with both students' full history and development (Wu et al., 2020).

Achievement of record keeps track of a student's academic achievement weekly, monthly, or term. It aids in the monitoring of pupils' academic development. Action Plan describes what a teacher intends to teach over sometime. The work record depicts how the instructor intends to finish each topic depending on the number of lessons. It assists authorities in understanding what is taught in schools and demonstrates how and when work is completed.

2.5.1 Student Participation in Clinical Care

When it gets started, Preceptor and students should decide the clinical schedule and prepare a visit for participation. Even as students incorporate into the clinical setting, the Preceptor will develop clinical learning techniques appropriate for each student and pertinent to the clinical learning environment to strike a balance between educational opportunities and the need to maintain clinical practice (Wu et al., 2020).

The Evaluation for Learning approach is just as effective as the feedback given to students. Successful Assessment for Learning methods is dependent on the type of feedback, its substance, and how learners receive and utilize it. Many people may recall comments from instructors they got many years ago, not necessarily for the greatest reasons.

Finally, feedback should assist learners in developing in a particular activity; when feedback offers correction or improvement in a piece of work, learners appreciate it, and it serves as an excellent motivator. Remember that instructors must truly show their belief that all students can learn and develop, but the improvements must be evaluated against their prior achievement, not that of others (Plathe et al., 2021).

Students must be able to trust their teacher/assessor. The publication and explanation of the evaluation criteria before the start of the task will show that there is no hidden motive. Moving the goalposts after the job has been completed only helps to foster a distrustful environment.

2.5.2 Importance Of Two-Way Feedback

Some variables have an impact on the quality and method of giving feedback. Frequency, location, and timing are examples of environmental variables. Feedback should be offered in a neutral, private environment, frequently and near to the event that is the subject of discussion. Throughout the day, reassurance and positive reinforcement may highlight areas of practice that are done effectively. Feedback should ideally be given after each clinical day.

Contextual variables are related to the student's and preceptor's personality traits and their learning and communication methods. Differences in those characteristics and styles may influence how well the feedback is provided and

accepted. The knowledge acquired may influence how feedback is provided and perceived (Sherrod et al., 2021).

Several preceptors like to provide positive comments and frequently avoid giving critical criticism. The feedback sandwich is a method for giving constructive feedback. In this instance, the Preceptor starts with positive comments, then moves to critical input, and finally returns to good feedback. Constructive feedback should be provided politely and precisely about what was done well and what needs improvement (Virya, 2021).

While assessing students, it is critical that the Preceptor understands the assessment criteria of the academic program and is acquainted with the evaluation instrument. It is also critical to understand how many assessments are needed throughout the clinical learning process. All academic programs need an assessment of the learning experience after the quarter or semester, but some demand one halfway through the quarter or semester. Students should not be surprised by their evaluations since they should have been made aware of any preceptor issues as soon as feasible after they occurred. Evaluations assist students in seeing the broad picture of their learning experience and progressing intellectually.

3. Conclusion

Preceptors are crucial in the clinical education of student midwives and play a significant role in midwifery education. The number of nursing students who may be accepted to education programs is restricted due to a current scarcity of clinical preceptors. Clinicians may be hesitant to precept and choose not to do so. Preceptor requires a systematic approach, a knowledge of educational goals, teaching resources, and flexibility, and it may be a very gratifying experience. The techniques and approaches described in this article offer a strategy and set of tools that may help all preceptors, particularly new ones, become successful clinical teachers. Precepting has numerous benefits, including the opportunity to see and assist in the transition of a student into a new nurse (Stenberg et al., 2020).

The online preceptorship assistance program provides preceptor participants with a plethora of opportunities. They gained a broader knowledge of the teaching and learning process, enhanced their professional development, and acquired technical skills due to their participation in online learning.

As educational researchers, our continued involvement in this preparatory process with preceptors expanded our horizons, allowing us to contribute to the clarification of best practices for preceptor support, assistance, and ongoing professional development to improve the meaningful essence and infrastructure of online preceptor learning (Sherrod et al., 2021).

Clinical teachers often struggle to determine whether a student should pass the clinical experience. Preceptors may be tempted to wait, sometimes indefinitely, to see whether a problem resolves; however, if a student has significant challenges in the first few weeks, faculty should be notified immediately. Preceptors, professors, and students must all be engaged in resolving student performance issues in the clinical environment (Virya, 2021). The professors should be easily accessible to collaborate with the Preceptor to address problems and find answers. When feasible, preceptors should not be afraid to request an in-person site visit from professors.

Part 2

4. Reflective Essay

4.1 What?

I am a student of nursing and doing training practice in the clinical ward where a 78 years old man Lee was admitted to my ward. He had schizophrenia and some other medical problems like confusion and hyponatremia. The analysis revolves around my reflection, the decisions I took for his health, whether it was appropriate or not.

As a preceptor, my role in this situation was that I was the one who got accused. I attempted to make sense of the accusation after hearing it. On the other side, I was informed of the gravity of the accusation is true. Therefore I was indeed conscious of the potential damage that a false charge might do to the moral behavior of the 'Special' involved. I was well aware of Lee's propensity for disorientation and insanity. Still, I was also struck by the apparent authenticity of his memory, as well as the fact that he began to weep as he recounted it. Overall, I believed his description of the incident. As a result, I felt compelled to raise the matter to the Senior Ward Sister on moral and professional grounds. Following a conversation with the Ward Sister, I completed an Incident Report Form (IR1), subsequently sent to medical profession administration.

After many thoughts, I decided that I was correct to behave as I did, not only because it was my professional responsibility to so I have to do my best, but also because I was acting as the patient's advocate under these circumstances, which felt completely acceptable. The Ward Sister's answer felt completely appropriate. I think she went to Lee personally and decided that there was enough evidence to warrant reporting of the event (IR1). This gave me a lot of comforts. The Ward Sister also addressed the ethics and ramifications of the issue with me, both professional and compassionate. She could tell I was unsure what I should do in these situations.

Any introspective approach must take into account the patient's emotions. In this instance, Lee seemed happy that he'd been treated seriously, but his erratic clarity

meant that additional questioning did not explain the issue. He seemed relieved when he was informed that the 'special' would not be assigned to him again.

4.2 So What?

A code of ethics might recommend that the nurse utilize the Non-Malificence principle, drawn from Hippocrates' frequent statement that one should "first not harm." According to this Principle, healthcare practitioners must guarantee that their patients are not injured and damaged.

I considered meeting with the 'Special' in an unofficial role but concluded that nothing they could offer would also alter the right action. This is consistent with Tschudin's analysis of several comparable instances. This degree of analysis provided me with a more in-depth understanding of the issue and supported my original findings of the right and the appropriate path of action.

4.3 Now What?

Since Lee has described a potential incident of abuse, it is completely reasonable to examine it thoroughly. The Sister's action in withdrawing the "Special" from Lee's care likewise appeared reasonable and proportional. This might be more appropriate to suspend the 'Special.' Still, when dealing with a confused and schizophrenic patient with a substantial element of doubt regarding the truth of the accusations, this may be deemed improper.

At the time of the incident's reporting, I expressed gratitude to Lee and promised him that such an occurrence would not happen again. I believe that it was a generally acceptable course of action since it showed a professional feeling of responsibility to Lee and that I would be taking his claims seriously and had been sorry that it had occurred.

When seen in aggregate, I essentially had two possible outcomes for the scenario. Either I thought Lee's tale was real, or I did not. This results in a more in-depth examination, and according to, the capacity of a student to develop into an 'expert practitioner' is measured by the ability to operate from a comprehensive knowledge of the entire issue. This notion is often referred to as 'trained intuitive.' Reflection on this circumstance and assistance from the Ward Sister has enabled me to completely comprehend the problem's major components. If I were to come into such a scenario again, I would be more confident in dealing with it rather than needing to ponder for an extended period after the incident. Such assessment has helped me

see that, to use a phrase from Schon, it is one of the ways professionals develop and go beyond rule-bound behavior, enabling them to operate in an unpredictable environment, perceive issues holistically, and respond accordingly.

4.4 Recommendation For Future Practice

A successful mentoring relationship may be established to aid nursing students' academic accomplishment and clinical performance. Email and other online technologies may improve communication within the mentoring relationship and result in good results for students of all levels. By using an evaluation instrument such as the VARK, mentors may assist students in developing successful teaching and learning methods. Further study should be conducted to determine the efficacy of an all-online mentoring program. Additionally, lengthier research may evaluate the mentoring relationship's effect on both parties. Matching mentors and students based on their VARK preferences may evaluate whether or not student learning and interaction with the mentor are facilitated.

Precepting is a recent graduate in a health care environment, which may include a VARK evaluation and an individualized academic plan, which may aid in NCLEX-RN® preparation. This kind of mentorship program may also be utilized as a part of new graduate orientation and service or continuing education programs in several health care settings. A VARK evaluation may be conducted with nurses on each unit to aid with staff development planning. The unit educator may then design programs that are compatible with the staff's preferred learning methods. As a result of the research study, there is a need for further study on mentorship in nursing.

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Appendix

SWOT Analysis

Strengths

- Evidence-based learning
- Coherence of clinical practices
- Clinical reasoning
- Self-managed learning
- Feedback to assist learning

Weakness

- Underdeveloped research is done nationwide.
- The limited capacity of administration within institutes
- The very poor linkage between University and industry

Opportunities	Threats
- Got the opportunity to gain relationships with other students - Cooperative learning (preceptor-student- patient) - Collaboration with health care professionals - Discuss through E-health and simulation	- Global financial crises getting low funding opportunity - Brain got drain - Processes and regularity frameworks are lengthy