



How Am I Doing?
Evaluation and Feedback

Objectives

- Describe the four steps in the evaluation process
- Demonstrate how to provide effective and constructive feedback
- Examine samples of evaluation tools

Evaluation and Feedback

Reflecting

“It has been years since my first precepting experience. That new employee I precepted back then occasionally functions as charge nurse on our unit. A few weeks ago, she helped me with a critically ill patient of mine. That is the beauty of precepting. What you give, you get back, whether it is directly through working with a new co-worker or indirectly by helping a new nurse enter the profession with confidence. Precepting is the wheel that makes nursing turn and continue on down the road.”

(Lisa R. Davila, RN)

Evaluation

- How do I evaluate?
- What do I evaluate?
- What do I document?
 - Evaluation tools
- Why do I evaluate?

Evaluate Competence

- Use the Critical Thinking Indicators
- www.alfaroteachsmart/new2008cti.pdf

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?

Questions to Evaluate Knowledge and Critical Thinking Skills

You may expect your preceptees to be able to answer the following questions. Use your own judgment to determine which questions to ask based on the knowledge you have of your preceptee. Some questions are appropriate for new graduates, and some are appropriate for experienced nurses.

When Administering Medications:

- What is the medication needed? Side effects?
- How will it affect THIS patient?
- Are there labs or vital signs you want to check before/after you give the med?
- If IV med, have you given an IV med before?
 - What is the technique for giving IV meds?
 - What is the recommended rate of administration?
 - What might happen if you give it too fast or slow?
- Have preceptees write out drug calculations when necessary.

Consider asking these or similar questions during the preceptee's time with you. Let them impress you!

- What do you know about this patient physiologically that explains this behavior and drives your interventions?
- What can you do that will help this patient get through this situation?
- How can you help as a patient advocate?
- What's the next step in getting the patient home?
- What changes would you make to solve . . . ?
- What would happen if . . . ?
 - Can you predict the outcome if . . . ?
 - What might you anticipate as a complication of this procedure?
- Can you propose an alternative plan/treatment/med/method . . . ?
- Would it be better if . . . ?
- How could you determine . . . ?
- How would you prioritize . . . ?
- Based on what you know, how would you explain . . . ?
- What data did you use to make the conclusion . . . ?
- How would you compare this patient's situation with a previous patient or the textbook picture?

- Explain why. How do you know that? What are other possible reasons for . . . ?
 - What would you do if . . . ?
 - What would you do if your patient's blood sugar was 50?
 - Why would you hold the insulin?
 - What is the physiology behind this decision?
- We make decisions based on assumptions. Are our assumptions correct?
 - On what data are you basing this assumption?
 - What assessment techniques were used to make this assumption?
 - "My patient has had a urine output of 200 mLs during the past 12 hours."
 - What conditions, disease states or medications could be causing this symptom?
 - What assessments would you complete on this patient?
- What are other possibilities or alternatives?
 - How might the patient view this situation?
 - What are other ways of approaching this situation?
- If this occurs, what would you expect to happen next?
 - Why?
 - What would be the effect of your intervention for this patient?
- Your patient is SOA (short of air). What further assessment and interventions should take place?

Evaluating Attitude

- ❑ Observe
- ❑ Listen
 - to your preceptee
 - to your co-workers
- ❑ Recognize contribution to team
 - examples of accountability
 - examples of lack of accountability

Evaluating Skills

- ❑ Observe
 - identify patterns
- ❑ Compare performance
 - policy/procedure
 - standards of care

Evaluation Process (Alspach, 2000)

- ❑ Measurement
 - What are you measuring?
- ❑ Comparison
 - compare performance to a standard
- ❑ Appraisal
 - objective assessment of performance
- ❑ Decision
 - Where do we go from here?

Proactive Evaluation

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

Evaluation Tools

- ❑ Hospitalwide
- ❑ Unit-specific

Date: _____

Name of Orientee _____ Preceptor _____ Unit _____

Clinical Knowledge and Performance

Score 1 – 6

1 = Requires monitoring, unable to safely function alone

4 = Requires minimal assistance

2 = Requires complete assistance

5 = No assistance required but still dependent on preceptor

3 = Requires monitoring of activities & some assistance

6 = Works independently

Any score below a “4” requires documentation (may use the back of the form).

Complete weekly and return to educator or manager	1	2	3	4	5	6	Comments
COMMUNICATION							
Communicates in a clear and timely manner							
Remains approachable							
Welcomes and accepts constructive criticism							
Communicates effectively with pt and family							
Communicates with members of multidisciplinary team							

CRITICAL THINKING SKILLS							
Critically reviews pts. condition and identify needs							
Implements the plan of care							
Demonstrates ability to make appropriate changes in plan of care							
Anticipates needs and follows up with pt./family to ensure needs met							
Demonstrates ability to respond to emergency situation							
Solves problems as they occur							
Seeks appropriate resources							

DELEGATION/LEADERSHIP							
Identifies appropriate task for delegation							
Delegates tasks appropriately and supervises care							
Makes expectations clear							
Provides appropriate support							

ORGANIZATIONAL SKILLS							
Demonstrates ability to organize care for team of patients							
Prioritizes and organizes work effectively							
Demonstrates flexibility with changes							

TEAMWORK							
Treats others with fairness and respect							
Works well with other team members							
Demonstrates understanding of role as team member							
Displays self direction and initiative							

COMMENTS

Continued on next page

Clinical Knowledge and Performance

Score 1 – 6

- | | |
|---|---|
| <p>1 = Requires monitoring, unable to safely function alone</p> <p>2 = Requires complete assistance</p> <p>3 = Requires monitoring of activities and some assistance</p> | <p>4 = Requires minimal assistance</p> <p>5 = No assistance required but still dependent on preceptor</p> <p>6 = Works independently</p> |
|---|---|

Any score lower than a “4” requires documentation (may use the back of the form).

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

Clinical Knowledge and Performance

Score 1 – 6

- | | |
|---|---|
| <p>1 = Requires monitoring, unable to safely function alone</p> <p>2 = Requires complete assistance</p> <p>3 = Requires monitoring of activities and some assistance</p> | <p>4 = Requires minimal assistance</p> <p>5 = No assistance required but still dependent on preceptor</p> <p>6 = Works independently</p> |
|---|---|

Any score lower than a “4” requires documentation (may use the back of the form).

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

Possible Comments for Evaluation Form

Provide evidence/example of real situation for both the orientee and manager.

1. Is unsure of self when ...
 Needing to communicate with physician or other professional.
 Example: Was hesitant to talk with Dr. Jones when her patient was not getting good pain relief with current order. When she did call him, she was articulate and a good advocate for her patient.
2. Works well with team.
 Helps other team members with beds/baths/meds/during crisis.
 Example: When Mary's patient was deteriorating, the orientee gave meds to Mary's other patients and answered her call lights.
3. Needs to improve communication skills with nurse aids.
 Appears uncomfortable when delegating.
 Example: Her patient was running a temp and needed to have her temp checked after administering Tylenol and was reluctant to tell the NA to do it. Felt like she had to take it herself.
 Example: Was short with NA when the NA asked her if the patient could walk to the bathroom.
4. Needs to be more attentive to detail.
 Example: Missed a new medication order on chart. Forgot to chart vital signs.
5. Needs to develop better organization/prioritization skills.
 Does not complete patient care in a timely manner.
 Example: Unable to leave on time on three occasions because she didn't have her charting complete when caring for two moderately complex patients.
6. Personable and professional when interacting with others.
7. Good attention to detail when documenting.
8. Demonstrates good sterile technique when performing procedures.
9. Articulate when talking with physicians and other professionals.
10. Able to anticipate patients' needs in most circumstances.
11. Provides holistic care to complex patient.
12. Delegates tasks appropriately to NA.
13. Offers to help other team members.
14. Is organized and gets tasks done in timely manner.
15. Asks appropriate questions.
16. Confident when asking for help.
17. Understands pathophysiology in depth for commonly seen disease processes.
18. Needs to use resources more readily when she doesn't understand pathophysiology.
- 19.
- 20.

Use 19 and 20 to write your own comments to use on evaluations.

Performance Appraisal

<u>Degree of Supervision</u>	<u>Organization</u>	<u>Application</u>	<u>Understanding</u>
Difficulty caring for patient assignment with instruction and supervision	Disorganized in attempts to perform care	Exposes patient and/or others to unnecessary risks while providing care	Cannot state purpose, rationale, precautions R/T care of assigned patients
Performs care safely with direct supervision	Difficulty adapting when unexpected factors interfere with established sequence	Performs care in a correct and deliberate manner, but takes too long to accomplish it	Can state and is aware of some purposes, rationale and precautions R/T care of assigned patients
Requires no supervision to safely perform care after given instruction/demonstration	Approaches care in a systematic, organized way	Performs care correctly according to policy/protocol; time required only slightly longer than experienced person	Can state and is aware of purpose, rationale and precautions R/T care of assigned patients
Successfully performs care without formal instruction/demonstration	Adapts to unexpected occurrences without losing control of situation	Performs care correctly according to established policy/protocol in timely manner with accuracy and safety	Can evaluate the effectiveness of the care and interventions
Acts as role model for others performing care	Proposes alternate methods/techniques to improve care/performance	Performs care correctly in a spontaneous way without hesitation	Incorporates the whole picture in evaluating care/outcome on patient well-being

Effective Feedback

- ❑ Positive: give often but honestly.
- ❑ Negative: avoid giving negative feedback. The approach is critical.
- ❑ Constructive: give as necessary and honestly.
- ❑ 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.

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.

Attributes of Effective Feedback (Alspach, 2000)

- ❑ 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 the learner's behavior rather than at the learner

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?

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?

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?

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?

Preceptee Self-Reflection and Evaluation

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

Self-Reflection

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

Explanation/Comments/Reflection on day (week):

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)

This presentation was developed by Claudia Horton, PhD, MSN, RN

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