

# Supporting Learners

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## Introduction

Nurses<sup>1</sup> have a professional obligation to support learners to develop and refine the competencies needed for safe, ethical and effective practice, and to support the development and socialization of colleagues who are learning.

In any practice setting, the primary responsibility of a nurse<sup>1</sup> is to the client(s).<sup>2</sup> When learners participate in providing client care, a nurse supporting the learner is responsible for ensuring client safety while facilitating a positive learning experience. This guideline clarifies the responsibilities of nurses in formal educator and preceptor roles, or informal collegial relationships in supporting learners. It also outlines the responsibility of learners to work with experienced nurses and ensure client safety. All nurses and learners require a setting that is supportive of learning experiences and needs. This document addresses some strategies for providing quality practice settings for learners.

In this document, a learner is defined as a person studying nursing at the diploma, baccalaureate, graduate or doctorate level; a nurse new to the profession; an experienced nurse entering a new practice setting; a nurse new to practice in Ontario; or an experienced nurse entering a new health discipline (Speers et. al., 2004). Other College of Nurses of Ontario (CNO) practice standards that address the need for nurses to support the education of learners include *Professional Standards, Revised 2002*, which states that all nurses are expected to provide direction, collaborate, and share knowledge and expertise with nurses working in new environments and nursing learners. The *Ethics* practice standard states that nurses have a duty to uphold the standards of the profession, conduct themselves in a manner that reflects well on the profession, and to participate in and promote the growth of the profession.

## Accountabilities for Nurses Supporting Learners

All nurses involved in supporting learners will:

- place the safety and well-being of the client above all other objectives, including fulfilling educational obligations;
- promote the safety and well-being of clients while planning the learning experience;
- understand the learner's:
  - level of preparation,
  - objectives of the experience and specific assignments,
  - knowledge, skills and judgment related to the practice setting and client needs,
  - scope of responsibilities and practice limitations,
  - legislated authority, and
  - registration status and supervision requirements (e.g., Temporary Class registration);
- be available to discuss the learning plan with the learner and the educator, when applicable;
- understand and clarify the responsibilities the learner will assume and what responsibilities the nurse will continue to carry;
- be available to the learner for assistance or consultation with assigned activities;
- communicate with learners and educators in an open, respectful and professional manner;
- advocate for an appropriate learning environment;
- advocate for systems and resources that support nurses in new environments;
- supervise the learner appropriately;
- be a role model for professional nursing practice; and
- recognize and explore the learner's cultural perspective.

## Guidelines for Nurses in the Educator Role

The nurse in an educator<sup>3</sup> role will:

- utilize the best available knowledge and resources to facilitate learning;

<sup>1</sup> In this document, *nurse* refers to a Registered Nurse (RN), Registered Practical Nurse (RPN) and Nurse Practitioner (NP).

<sup>2</sup> In this document, the term *client* may be an individual, a family, a group or a community.

<sup>3</sup> In this document, the term *educator* refers to a clinical educator — a nurse whose role is teaching a broad range of topics to patients/clients/residents, learners and other health care professionals; or a nurse who is an educator/faculty member in an educational setting (college or university) — a nurse whose role is teaching nursing and nursing-related topics to learners of health care disciplines.

- be aware of learners' capabilities;
- ensure the learner's assignment is appropriate for the goals and objectives of the educational experience;
- maintain or facilitate access to the knowledge, judgment and skills relevant to the learners' practice experience; and
- be directly involved in the learning process through consultation with the learner, preceptor and/or administrator.

### Guidelines for Nurses in the Administrator Role

The nurse in an administrator role will:

- place the safety and well-being of the client above all other objectives, including fulfilling educational obligations;
- identify nurses who are expert or proficient practitioners (Benner, 2001) to act in the preceptor role;
- facilitate communication so the educator, preceptor and learner are aware of the learner's knowledge, skill and judgment and the objectives of the experience;
- assess the workload of all nurses whose clients are cared for by learners and make ongoing workload adjustments so that nurses are available to support and communicate with learners; and
- provide systems and resources that support a learning environment.

### Guidelines for Nurses in the Researcher Role

The nurse in a researcher<sup>4</sup> role will:

- place the safety and well-being of the client above all other objectives, including fulfilling educational obligations;
- identify nurses who are expert or proficient practitioners (Benner, 2001) to act in the preceptor role;
- facilitate communication so the educator, preceptor and learner are aware of the learner's knowledge, skill and judgment and the objectives of the experience;

- assess the workload of all nurses whose clients are cared for by learners and make ongoing workload adjustments so that nurses are available to support and communicate with learners; and
- provide systems and resources that support a learning environment.

### Guidelines for Nurses in the Preceptor Role

In practice settings, nurses act in formal support roles, such as preceptors, to ensure client safety and facilitate a learning environment that encourages professional growth, career development and high-quality client care. For the purpose of this document, the term *preceptor* is defined as a proficient or expert practitioner (Benner, 2001) who enters into a one-to-one relationship with a learner for a set period of time to provide on-site supervision along with clinical teaching and instruction (Nehls, Rather & Guyette, 1997; Usher et al., 1999).

A nurse in a preceptor role:

- recommends and facilitates learning experiences that address the learner's goals;
- guides the learner to effectively access resources and work within the setting;
- provides necessary supervision as stated in the preceptor agreement;
- provides coaching and role modelling of all CNO standards;
- evaluates and provides accurate and timely written and verbal feedback to the learner and the educator/administrator, as appropriate;
- deals with situations involving an unsafe learner by increasing direct supervision and notifying the educator;
- negotiates for the implementation of support systems such as open feedback and routine communication with educators;
- negotiates terms to recognize the preceptor's work (Speers et al., 2004); and
- advocates for support in the development of educational skills for preceptors that include the

<sup>4</sup> In this document, the term *researcher* refers to a nurse who studies the concerns of nursing and the application of knowledge to nursing practice.

knowledge to challenge the proficient learner and ability to address the unsafe learner.

## Guidelines for the Learner

The learner:

- respects the safety and well-being of the clients in the learning experience;
- recognizes her/his knowledge, skills and judgment, limits of responsibilities, legislative authority and supervision requirements;
- contributes to the development of objectives for the experience;
- understands and clarifies her/his role in the provision of care with the educator/preceptor;
- uses clear, accurate and effective communication skills in professional interactions;
- identifies the need for, and acts to obtain, appropriate supervision;
- is aware of her/his responsibility to notify the educator if she or he is not achieving objectives due to the setting and/or preceptor relationship;
- is accountable for the quality of care she/he provides within the established objectives; and
- becomes familiar with and follows the agency's policies, procedures and principles.

## Accountability for Client Safety and Well-Being

Nurses are held to a high standard of accountability. The College expects nurses to be accountable to the public and responsible for ensuring their practice and conduct meet legislative requirements and the standards of practice. Nurses must also take responsibility for their actions, which includes preventing errors, being competent in their practice, taking action to protect clients, effectively communicating with clients, and maintaining client safety and well-being.

**Accountability of the nurse supporting the learner:** In supervising the learner, a nurse is accountable both for sharing appropriate nursing knowledge and for maintaining safe, effective and ethical client care in accordance with the standards. When an error is made by a learner, the context of the situation is taken into account. A nurse working with the learner is **not** accountable for

the learner's actions if the nurse has fulfilled her/his responsibilities as outlined (e.g., learning plan, appropriate supervision) and if the nurse had no way of knowing that the error was going to occur.

**Accountability of the learner who is a member of CNO:** A nurse is expected to meet the practice standards of the College and is accountable to CNO when in the learner role.

**Accountability of learners who are not a member of CNO:** CNO does not regulate all learners, such as diploma or undergraduate nursing students. However, nursing students are accountable for their own actions (Phillips, 2002) to the client and educational institution. Other learners, such as unregulated care providers, are accountable to their educational institution and/or employer.

## Strategies for Supportive Quality Practice Settings

Nurses and learners are best able to provide quality client care when they are in an environment that supports quality professional nursing practice. Quality practice settings support and facilitate learning opportunities by:

- expressing support for diversity in policies, communication practices and educational materials;
- fostering positive and constructive clinical placement relationships with educational facilities;
- ensuring that clinical placement contracts articulate current, applicable responsibilities;
- engaging education institutions in networks to foster teaching-learning relationships;
- providing professional development opportunities for preceptors;
- providing access to resources;
- demonstrating value for nurses in a preceptor role; and
- working with the educational faculty to ensure appropriate placements.

## Summary

Nurses are expected to share their nursing knowledge and expertise with their colleagues, including learners. This transfer of knowledge and

support can be provided formally in a preceptor-learner relationship, or in an ongoing, informal process. Effective communication between those involved in the formal support system ensures a successful educational experience for the learner and for participating nurses, and ensures that the client receives safe, effective and ethical care.

## Scenarios

The following case scenarios illustrate some of the common situations related to supporting learners. They do not describe every situation or practice setting, but do demonstrate a problem-solving approach that nurses can apply in their own practice.

### Scenario 1

#### Ensuring an appropriate learning environment

Lisa, a faculty of nursing instructor at a local university, is responsible for 12 nursing students during their surgical rotation at a community hospital. It is the first time the hospital has taken a clinical group of student nurses. The client population of the unit has recently changed from those experiencing a condition treated by surgery to clients with complex medical problems. This has led to staff turnover and workload changes. Because of these changes, Alex, the hospital's clinical educator, is orientating nine new nurses and educating existing staff on client conditions treated by medicine.

#### The issue

Lisa tours the unit before the students' arrival and meets with Alex to gain an understanding of the clinical practice environment. With permission, Lisa attends some of the orientation sessions for new hires and follows a staff nurse for two shifts. She evaluates the changes in client care focus, the increased number of new staff as well as the lack of resources and preceptors on the unit, and determines that the students' needs could not be met in this practice setting.

#### The options and implementation

Lisa discusses her findings and concerns with Ursula, the unit administrator and hospital professional practice coordinator, who arranged the placement between the hospital and the university. After discussing it with the university, Lisa decides to move the students to another hospital where the learning objectives can be met.

#### Outcome

In an effort to attract student nurses from the university in the near future, Ursula is implementing an education plan for the unit that includes working with Alex and nursing staff to develop preceptorship competencies.

### Scenario 2

#### Building a learner-preceptor relationship

Susan is a new graduate recently hired as an RN for a community nursing agency. She completed her consolidation in a paediatric acute care setting and requested paediatric clients in the community. Her employer was not able to accommodate her request and assigned Susan to work with adult clients. For the first three shifts, she is matched with Vivien, a preceptor who will provide an orientation to adult community nursing. On the first day, Susan asks Vivien a number of questions about a client's medications. Vivien expresses surprise that Susan is unfamiliar with the medications.

Susan is concerned that Vivien thinks she has wide gaps in her knowledge and wonders if Vivien will say something to the manager. Susan feels self-conscious when she has to ask more questions about the medications.

#### The issue

Susan's anxiety about Vivien's reaction to her knowledge gaps is causing her to feel self-conscious, and she wants to hide her lack of knowledge. But it is essential for Susan's learning and for the client's safety that she be comfortable asking questions and requesting assistance. Susan needs to trust her preceptor if she is to develop the knowledge and confidence to practise independently in the community.

**Outcome**

Since both the learner and the preceptor have a responsibility to build the relationship, Susan approaches Vivien to discuss her anxiety about her knowledge gaps and to request appropriate learning resources to meet her learning needs. They both agree that client safety is their primary concern, and together they create a learner-preceptor agreement that focuses on learning objectives related to medications used in client care. The agreement includes target dates for meeting these objectives.

## References

- Benner, P. (2001). *From novice to expert: Excellence and power in clinical practice*. Upper Saddle River, NJ: Prentice Hall.
- College of Nurses of Ontario. (2004). *Practice Standard. Ethics*. Toronto, ON: Author.
- College of Nurses of Ontario. (2002). *Practice Standard. Professional Standards: Revised 2002*. Toronto, ON: Author.
- Nehls, N., Rather, M. & Guyette, M. (1997). The preceptor model of clinical instruction: The lived experiences of students, preceptors and faculty-of-record. *Journal of Nursing Education*, 36(5), 220-227.
- Phillips, E. (2002). Managing legal risks in preceptors. *Canadian Nurse*, 98(9), 25-56.
- Seeley, J. Spadoni, M. & Shane-Stickland, D. (2004). Reflections by RPNs: Integration of scope of practice and role of preceptorship. *The Registered Practical Nursing Journal*, 1(2), 4-7.
- Speers, A. T., Strzyzewski, N. & Ziolkowski, L.D. (2004). Preceptor preparation: An investment in the future. *Journal for Nurses in Staff Development*, 20(3), 127-133.
- Usher, K., Nolan, C., Reser, P., Owens, J. & Tollefson, J. (1999). An exploration of the preceptor role: Preceptors' perceptions of benefits, rewards, supports and commitment to the preceptor role. *Journal of Advanced Nursing*, 29(2), 506-514.

## Suggested Reading

Canadian Nurses Association. (2004). *Achieving excellence in professional practice: A guide to preceptorship and mentoring*. Ottawa, ON: Author. Retrieved January 13, 2005, from [http://extranet.cna-aiic.ca/bookstore/freepdfs/Achieving\\_Excellence2004\\_e.pdf](http://extranet.cna-aiic.ca/bookstore/freepdfs/Achieving_Excellence2004_e.pdf).

College of Nurses of Ontario. (2004). *Fact Sheet. Legislation and regulation: An introduction to the Nursing Act (1991)*. Toronto, ON: Author.

College of Nurses of Ontario. (2004). *Fact Sheet. Registration: Temporary Class*. Toronto, ON: Author.

College of Nurses of Ontario. (2005). *Practice Standard. Decisions About Procedures and Authority, Revised 2006*. Toronto, ON: Author.

College of Nurses of Ontario. (2004). *Practice Guideline. Working With Unregulated Care Providers*. Toronto, ON: Author.

Hand, E.E. (2002). The preceptor connection. *Nursing Management*, 33(7), 17-19.

Lockwood-Rayermann, S. (2003). Preceptors, leadership style, and the student practicum experience. *Nurse Educator*, 28(6), 247-249.

Marcum, E.H. & West, R.D. (2004). Structured orientation for new graduates: A retention strategy. *Journal for Nurses in Staff Development*, 20(3), 118-124.

Myrick, F. and Yonge, O. (2004). Enhancing critical thinking in the preceptorship experience in nursing education. *Journal for Nurses in Staff Development*, 45(4), 371-380.

Registered Nurses Association of Ontario. (2004). Preceptorship resource kit. Toronto, ON: Author.

*Regulated Health Professions Act, 1991*, S.O. 1991, c. 18.

Yonge, O., Krahn, H., Trojan, L., Reid, D. & Haase, M. (2002). Supporting preceptors. *Journal for Nurses in Staff Development*, 18(2), 73-77.

**Notes:**



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