

# Clinical Coordinators/ Preceptors

Workshop

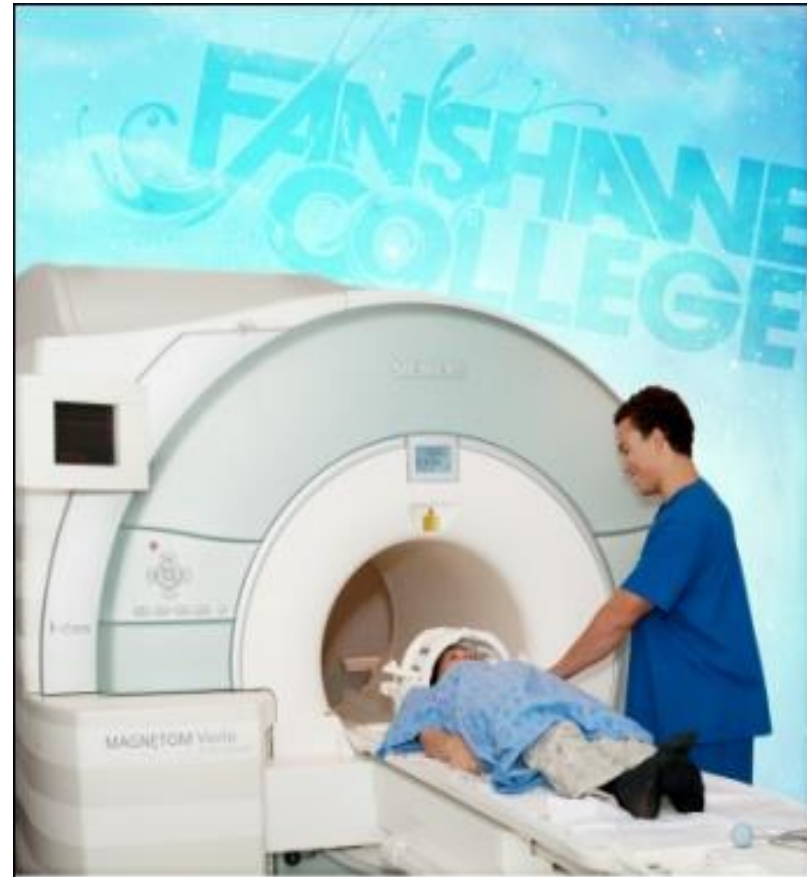
March 23, 2015



FANSHAWE  
COLLEGE

Magnetic Resonance Imaging

# MRIP 6003 CLINICAL PRACTICUM



# Agenda

- Introductions
- Accreditation Overview
- Fanshawe's MRI Curriculum Overview: CAMRT exam results
- Organization of Competency profile



# Agenda

- Introduction to CC/ preceptors website
- Evaluations
- The Clinical Coordinator/Preceptor model
- Guidelines for Clinical Experience
- CC /Preceptor resources



# INTRODUCTIONS



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# Introductions

- From the Clinical Sites:

- Who are you?

- Name
  - Experience
  - Why be a CC/Preceptor?
- From the College:
  - Liz Lorusso – Coordinator



# ACCREDITATION



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# Accreditation Update

- CAMRT results
- New profile was cross referenced
- Submission May 2015





# Accreditation Overview

1. Program enables students to attain the competencies required for the profession
2. Program supports the students' educational interests and protects their rights
3. Resources are adequate to support student learning and meet objectives
4. Program provides an integrated learning experience for students
5. Program's evaluation process results in continuous quality improvement



# This Competency must be yes

- Comply with requirements of provincial regulatory body , including applicable standards of practice and sexual abuse prevention



# CURRICULUM OVERVIEW



# MRI Curriculum Overview

- Semester 1:
  - Patient Care and Safety
  - Physics of MRI
- Semester 2:
  - Cross Sectional Anatomy
  - Pathology
  - Applied Science of MRI
- Semester 3:
  - Clinical Practicum
  - Consolidation and Review



FOL = Fanshawe On Line

# **INTRODUCTION TO CC/PRECEPTORS WEBSITE**



# CC/Preceptor Resources

- Program Coordinator (llorusso@fanshawec.ca)
- <http://www.fanshawec.ca/programs-courses/academic-schools/school-health-sciences-nursing>
- The link is called “MRI Clinical Preceptors log-in
- The user name is [preceptor@fanshawec.ca](mailto:preceptor@fanshawec.ca)
- password is **11F2011!**
- Evaluation forms: see manual
- Critical Error Forms: See manual



# EVALUATION



# Evaluation

- Block 1: Clinical Competencies
  - 30 in all /3 attempts @
  - 15 Simulation
  - Reports if exam unavailable\*\*\*
- Block 2:
  - Quizzes online
- Block 3
  - Reflective practice





# Evaluation Factors

- Self Analysis
  - Student and CC/Preceptor meeting each other's needs
- Reflective Practice – bi weekly journals
  - Retell
    - Summarize the information
    - Describe significant experiences
    - List the sequence of events
    - Clarify information



# Evaluation Factors

- Reflective Practice – bi weekly journals
  - Reflect
    - Draw conclusions beyond the text or situation
    - Apply judgment
    - Share insights and new understandings
    - Ask relevant questions
    - State opinions and explain



# Manual Overview:

- to ensure that no competency is answered as an n/a throughout clinical you must review every specific competency of form at time of first competency
- Contents (types of supervision noted here)
- Sample Evaluation tools for student and site and CC)



Old/new

# COMPETENCY PROFILE



D 1	Participate in Quality Assurance Program	Teach	Evaluate
D 1.1	Participate in activities that support quality assurance program		
D 1.1.1	Ensure that technical protocols are updated as required	<p style="text-align: center;">Curriculum Details</p> <p style="text-align: center;">...to help teach and evaluate Clinical Competencies</p>	
D 1.1.2	Ensure that examination protocols are updated as required		
D 1.1.3	Optimize patient scheduling		
D 1.1.4	Participate in the revision of departmental policies		
D 1.1.5	Verify that accurate data is collected, securely stored, and shared only with appropriate persons		
D 1.1.6	Analyze data to improve departmental outcomes, including		
D 1.1.6 .1	Identify trends		
D 1.1.6 .2	Monitor repeat/reject rate		
D 1.1.6 .3	Monitor calibration of instrument		
D 1.1.7	Maintain quality control records and charts		
D 1.1.8	Participate in quality assurance surveys		
D 1.1.9	Facilitate effective flow and exchange of information with all stakeholders		
D 1.1.10	Participate in performance appraisal		

# **THE CLINICAL COORDINATOR/PRECEPTOR MODEL**

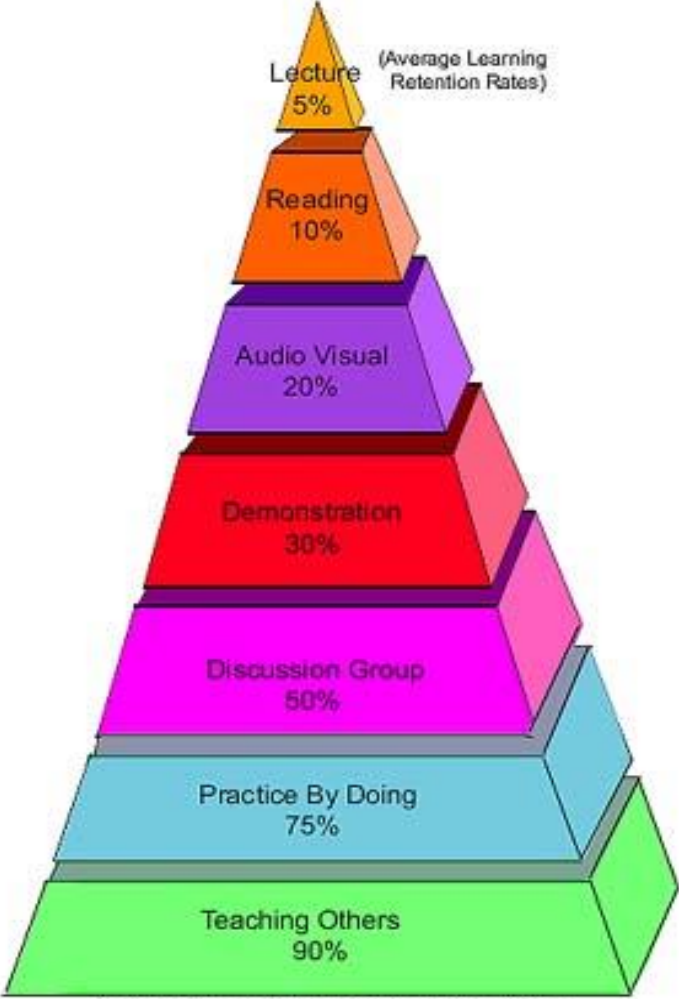


# Active Learning

- Different instructional methodologies have greater rates of retention



# Learning Pyramid



(Average Learning Retention Rates)

(National Training Laboratories, Bethel, Maine)





# Length of Experience

- START: May 4<sup>th</sup> , 2015
- ENDS: August 21 , 2015
- Clinical Competencies MUST all be completed
- Relationship building for an effective and efficient learning environment



# Responsibilities of Clinical Coordinator

- **Oversee students**
  - Evaluate progress and performance
  - Comptracker tool
  - Provide feedback to student and Program Coord.
  - Schedule students
  - Liaise with Preceptors



# Responsibilities of Clinical Coordinator and/or Preceptor

- Evaluate student performance on skill level competencies in comptraker
- Respond to questions with respect to examination specifics
- Remember: students are outsiders , newcomers coming in
- They need direction
- They can be useful



# Confidentiality

- Overview College Policies re: Student info
- Everything needs to be purged regarding student personal information upon course completion



# In the event of injury :WEPA form

- Released by MTCU
- Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form.
- each student sign a declaration that he/she understands they have coverage.
- In order to complete the form you will need Fanshawe College's firm number – **825025**
- Found in contents (for students to access)
- Found in preceptor's webpage for CC's



# Responsibility of the Student

- PAR (passion, attitude, and respect)
- Study to maintain didactic levels via FOL quizzes
- Adhere to dress code policy at all times
- Report to clinical areas, as scheduled, on time
- Be pro-active – attempt comps. and cases without prompting



# Responsibility of the Student

- Give proper notice of absenteeism- be accountable
- Adhere to the policies and procedures of the individual clinical sites
- Adhere to the *Code of Ethics* established by the C.A.M.R.T.
- Adhere to the *Standards of Practice* established by the C.M.R.T.O.
- They want to fit in



# Potential Issues from the Clinical Environment

- NEED TO DOCUMENT
  - E.g., Start up Issues – Communication with Students
    - Always late
    - Lazy behavior (i.e., just enough effort and no more)
    - Poor professionalism (i.e., attitude, uniform)
    - Poor performance at clinical site
    - Inappropriate behavior in view of patient and/or the public
    - Discipline
    - Failure
- Written – Clinical Progress Reports





# Program Coordinator responsibilities ?

- Manual
- Quagmire for students
- Longest interview of their life?
- Political and social norms: If they feel part of the team then can acclimatize themselves
- “Onboarding events “: What is the expectation?
- Being liked is ok :Concern is to be responsible for certain tasks
- Any task a tech needs to do and student needs to do as well



# Lessons learned

- Describe your best experience with your own preceptor

- What strategies could you use to ensure the same experience for your student?

- Describe a negative experience with your own preceptor

- What strategies could you use to prevent a similar
- experience for your student?



- Guidelines for Clinical Experience
- Liz will contact you and students with respect to rotations
- CC /Preceptor resources



# Questions

