

Medical Laboratory Assistant National Certificate Program

Preceptor Handbook: Clinical Practicum Guide

MEDICAL LABORATORY ASSISTANT NATIONAL CERTIFICATE PROGRAM

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Thompson Rivers University - Open Learning

4th Floor BCCOL Building

805 TRU Way, Kamloops BC V2C 0C8

Telephone: (250) 663-9711 Email: www.tru.ca/distance

I. Contact Information for Clinical Site and TRU

1. Please keep the Program Administrator informed of any changes in contact information of the clinical practicum site: supervisor name(s), phone numbers and contact information, and change in acceptance of students.

Program Coordinator	
Name	Kim King
Phone Number	250-852-7235 or 1-800-663-9711 ext 7235
Email Address	OLhealthscience@tru.ca

- 2. Contact the student's Open Learning Faculty Member (OLFM) to discuss any special circumstances that might arise:
 - If the student is demonstrating inappropriate workplace conduct during the practicum placement
 - If a workplace incident arises requiring the completion of WCB or similar form
 - If the student is not meeting minimum practicum requirements

II. About Thompson Rivers University – Open Learning

The Open Learning Division of TRU (TRU-OL) specializes in providing adult learners with flexible learning options, open access to education, and a wide variety of course and program choices, meeting the needs of its own students and helping other institutions and organizations meet the open and online learning needs of their communities. Our mission is to be the institution of choice for open, distance and online education.

Medical Laboratory Assistant National Certificate Program Objectives

The Medical Laboratory Assistant National Certificate program provides the theory and skills required to function as a medical laboratory assistant in hospitals or private clinical laboratories. Completion of the entire program provides the theory required to write the CSMLS exam for MLAs. This National program is accredited (2018) by Accreditation Canada. Graduates of the TRU-OL Medical Laboratory Assistant National Certificate program are eligible to write the Canadian Society for Medical Laboratory Science national exam for Medical Laboratory Assistants.

III. About the TRU Program

The TRU program was developed in 1988 in response to the need of working MLAs across British Columbia to be trained as Medical Laboratory Assistants, while continuing to work without having to leave their home and families. In the late 1990s, TRU revised the curriculum with approval from BCSLS so non-working MLAs could take the program. Again in 2001 and in subsequent years, the curriculum was revised to meet CSMLS national standards.

Students are sponsored by the Laboratory Department in their home area, with the Laboratory manager acting as preceptor. A letter of sponsorship for the practicum placement must be received before the student can be admitted to the program.

In the TRU program, students first take the required courses by distance, writing invigilated exams in their own town or city, then proceed to the clinical placement. It is the responsibility of the Lab manager, or designate, to coordinate the internal training schedule for the student.

Assessments are completed by preceptors and forwarded to the OL program Administrator. These evaluations will determine the student's final success in the program.

Program and Clinical Practicum Length

Students are allocated a maximum of two years to complete the entire certificate program. Students are however encouraged to complete the program in less than a year. No extensions will be granted to the two-year time frame. The clinical placement is six weeks.

Program Format

The following courses are required for graduation:

Course codes	Course names
HLTH 1981	Anatomy, Physiology and Medical
	Terminology
MDLB 1221	Professional Practices and Safety in
	Health Care
MDLB 1321	Phlebotomy Procedures and Specimen
	Preparation
MDLB 1521	Microbiology Specimen Preparation
MLAP 1611	Pre-Analytical Histopathology
MDLB 1991 (practicum)	Laboratory Practicum – Evaluation of
	National Competencies

Program Admission Requirements

TRU Open Learning requires that every student provide the following documentation to the OL Admissions Department prior to entering the program. Only original, signed documentation will be accepted.

- Program Application form with accompanying fee
- Grade 12 transcript (or equivalent)
- Basic computer skills with typing at 40 words per minute
- Clear Criminal Record Check
- Hepatitis B Vaccination (first of three shots required before admission) or HepB Blood Panel test. Most training sites require a complete immunization record.
- Confirmation of a practicum-training site

Clinical Practicum Objectives

The main objectives of MDLB 1991 are to evaluate specific technical and non-technical aspects of the medical laboratory assistant's work, according to criteria and curriculum developed by the Canadian Society for Medical Laboratory Science (CSMLS). The evaluation will normally be conducted by a Medical Laboratory Technologist or a certified Medical Laboratory Assistant in a supervisory position at the clinical facility in which the medical laboratory assistant student is completing his/her practicum.

After completing this course students will be able to:

- Safely and efficiently handle, process and dispose of routine clinical specimens, including microbiology specimens.
- Consistently and efficiently collect appropriate blood samples (including venipuncture and capillary puncture).
- Respond appropriately to various special test requests and specimen collection circumstances.
- Perform, or demonstrate, knowledge of routine urinalysis.
- Make an acceptable blood smear and stain it.
- Assist pathologists or technologists in preparation of tissue specimens for microscopic examination. Perform other necessary tasks related to tissue handling, processing, storage, and disposal.
- Load specimens onto automated instruments.
- Demonstrate a professional attitude.

Description of Clinical Requirements: Becoming a Clinical Affiliate

The following is a list of requirements and required forms to become a clinical affiliate with the MLA national certificate program (MLA NCP). *All forms can be found on the MLA NCP website, under Preceptor Information.*

Signed educational affiliation agreement with TRU.
Review of the competency manual and preceptor handbook to ensure ability to
complete all competencies and requirements.
Completion of Form 3 listing clinical staff and training resources to ensure
sufficient personnel for adequate supervision of students and adequate volume
and variety of clinical experience.
Personnel confirmation (on Form 3) that all MLA and MLT personnel at the
placement site involved in the training of MLA's and MLT's have the appropriate
credentials.
Completion of Preceptor training form.
Signed evaluator form by CSMLS credentialed evaluator who is the person
accountable for student learning during the clinical placement.

Description of Clinical Requirements: Practicum Rotations

Six weeks is the required practicum length. As a remedial measure, extra time up to five days in a specific area(s) must be made available with approval from the Program Administrator or Faculty Member.

Guidelines for the time in each area:

Placement area	Placement time in weeks or days
Introductory Activities	1 day during orientation (see Appendix One)
Central Accessioning	1 week
Blood Collection	3 weeks
Microbiology	3 days
Histology *	2 days
Cytology *	1 day
Chemistry/Urinalysis	2 days
Hematology	2 days

^{*}Alternate site or stipulated simulation is acceptable. Adherence to the training schedule will be monitored.

Clinical Practicum Grading

In order to complete the clinical successfully, the student is expected to:

- 1. Participate fully in the work experience.
- 2. Meet the clinical competency performance expectations as outlined in the Clinical Competency Manual (MDLB 1991) as set by the CSMLS, complete the introductory activities as described in Appendix One, complete six weeks of practicum training and 200 successful venipunctures.
- 3. Ensure all competencies and summaries are signed (legibly) before submitting. The evaluation checklists must be completed by a registered Medical Laboratory Technologist (R.T.) or a certified Medical Laboratory Assistant in a supervisory position who is familiar with the work performed by the MLA and is able to observe the MLA at work, performing the activities related to the MLAP curriculum.

Final determination of completion will be made by the OL Program Administrator.

Completion of Competencies

MDLB 1991 represents the final portion of the Medical Laboratory Assistant National Certificate Program in which the MLA's practical skills are evaluated.

The competencies for the practicum are developed from the CSMLS Competency Profile for Medical Laboratory Assistants. More information can be found on their website at http://www.csmls.org/Certification/Become-Certified-Canadian-Educated-Professionals/Medical-Laboratory-Assistant.aspx. This link is provided as a reference if clarification is needed.

The course is organized around evaluation checklists that itemize the specific skills and the standards used to evaluate the MLA. The evaluation checklists must be completed by a registered Medical Laboratory Technologist (R.T.) or a certified MLA in a supervisory position who is familiar with the work performed by the MLA student and is able to observe the MLA at work, performing the activities related to the MDLB curriculum.

All the competencies in the clinical evaluation booklet must be completed at a laboratory site.

Level of Supervision Required

The Clinical Site Supervisor will ensure that all training staff understand the level of supervision required. Training staff maintain ultimate responsibility for patient care and/or service.

Students are not replacement staff and should always be under some degree of supervision when performing a procedure or using the computer. Students must never be left alone.

After an orientation and observation period, the student's level of involvement gradually increases until the student is able to work independently under supervision.

The first time the student performs a new procedure:

- Give the student instructions (principles and steps)
- Allow the student to perform the procedure under close supervision
- Refer to your departmental policy and procedure manual if applicable
- Give constructive feedback (positive points and suggestions for improvement)

Exercise professional judgment as to when a student is ready for more independent performance.

Safeguarding of Student Clinical Evaluation Records

The preceptor must ensure that all student clinical evaluation records and documents are stored safely and securely at the clinical site. All TRU evaluations and student documents must be returned to the program Administrator.

IV. Roles and Responsibilities

Program Administrator

- Ensures all admission documents are complete, including practicum placement
- Approves registration in courses as the student moves through the program
- Ensures all courses are completed with a passing grade before starting the clinical
- Recommends a practicum start date to the site manager
- Ensures all grades are entered accurately in the TRU system
- Upon completion of the practicum, recommends the student for graduation and eligibility to write the CSMLS exam

Open Learning Faculty Member

- Contacts student and preceptor when each student registers in the clinical course
- Ensures students and preceptors understand the use of the assessment tool
- Is readily available to answer questions and concerns of the student or the preceptor, by phone or email
- Follows up with student and preceptor throughout the practicum
- Responds quickly to queries of the site regarding any unusual problems experienced with the student's course of study
- Reviews clinical document for completeness when received
- Upon completion, enters the final grade

Clinical Site Manager

Prior to Starting the Practicum

- Sign the practicum placement form as required for admission to the program
- Highly recommended to provide a lab tour and job shadow to ensure the student is thoroughly familiar with the job duties of the MLA, prior to signing the form

- Highly recommended to interview the student to ensure a good job fit, prior to signing the form
- Communicate with the program Administrator to review the Clinical Competency Manual and clinical requirements prior to start, if unfamiliar with procedures
- Provide students with a thorough orientation to the clinical site if required
- Consider taking the Preceptor Training as noted in Appendix Two.

During the Practicum

Help student understand the role of the MLA

- Assume a supervising role (direct and indirect) that helps to bridge the gap between theory and practice.
- Ensure that other employees involved with the student understand the expectations of their interactions with the student.
- Ensure students are fully supervised at all times
- Ensure students perform only procedures for which they have the required background knowledge and are within the scope of practice of the profession
- Provide students with feedback on their progress throughout the practicum to better ensure success, using the Developmental Plan in each section of the practicum competency booklet to document strengths and weaknesses
- Clearly document and discuss with the student any areas of concern immediately
- Immediately inform the assigned faculty member of any barriers that may prevent the student from meeting all of the required competencies
- Respond promptly to the assigned faculty member by phone or email.
- Complete mid-way evaluation as sent by faculty member.

Upon Completion of the Practicum

- Ensure all competencies in the booklet are signed off
- Complete and sign legibly the final summary page of the booklet to be returned to the Administrator
- Highly recommended to complete an exit interview with the student for the purpose of receiving feedback from the student on the practicum experience

Evaluations

Complete and review with the student the competency manual on a regular basis to provide the student with timely indications of their progress.

- Review student log book entries and provide feedback
- Complete Developmental Plans for all modules on a weekly or bi-weekly basis to provide the student with formative feedback
- Complete midway evaluation as sent by faculty member.
- Review Evaluation of Competencies booklet, date and sign off on competencies met. The student must sign and date each module and the Final Summary as well.
- Student must meet all required competencies by the end of their practicum placement
- The final mark for MDLB 1991 will be either a Complete (COM) or No Credit Granted (NCG).

Responsibilities of the Student

- Keep program Administrator advised of any change of practicum dates
- Review training schedule with your manager before beginning the practicum
- Maintain regular contact with your assigned TRU faculty member
- Complete your daily log book as required to ensure 200 successful venipunctures (included in practicum manual)
- Receive feedback and sign off of competencies with initials/signatures as required
- Maintain weekly contact with your lab manager to report on your progress
- Listen to and discuss feedback given by trainers and preceptors in a respectful and inquisitive manner
- Actively participate in your learning to successfully meet all required competencies
- Immediately inform your supervisor and faculty member of any real or potential barriers to your successfully meeting all required competencies
- Upon completion, ensure all competencies and Final Summary pages have been signed legibly. Mail completed booklet to your assigned Faculty member.
- Abide by the following Professional and Ethical Conduct for Students in the Clinical Setting

Professional and Ethical Conduct for Students in the Clinical Setting

- 1. Students will act ethically and responsibly at all times
- 2. Students will respect confidentiality of the patient and the organization at all times
- 3. Students will treat their host, preceptors, co-workers and members of the public respectfully and courteously at all times
- 4. Students will introduce themselves as a student to patients
- 5. Students will seek supervision when needed or specified
- 6. Students will accept responsibility and accountability for all relevant aspects of patient care within the limitations of the Student Role
- 7. Students will come prepared for work and on time
- 8. Students will dress appropriately to the clinical situation and display identification
- 9. Students will become familiar with and follow training place host policies, procedures, and routines
- 10. Students will follow host policies regarding hygiene, safety and sanitation procedures
- 11. Students will respect the premises and equipment of their clinical facility
- 12. Students are not permitted to bring children or any other visitors to the clinical setting.
- 13. Cell phone use and checking personal email is prohibited during working hours
- 14. Students will speak in English while on clinical and avoid using slang

Review the **CSMLS Code of Ethics** at

http://www.csmls.org/About-Us/Our-Members/Code-of-Ethics.aspx

Grounds for Dismissal

The student may be dismissed prior to the termination of his/her practica at the sole discretion of the hospital. Normally these result because of the following circumstances:

- 1. Substandard performance
- 2. Refusing assignment
- 3. Absent without leave from assigned duty
- 4. Tardiness and unexplained sick time
- 5. Engaging in unapproved actions
- 6. Unprofessional behaviour
- 7. Medical or psychiatric illness for which treatment is refused or ineffective and which impairs patient welfare
- 8. Inability of the laboratory to perform its contractual duty due to circumstances beyond its control.

Other circumstances may result in minor deficiencies or shortfalls which can be addressed in the workplace of the MLA. When this occurs, the program Administrator should be contacted so that an appropriate developmental plan can be established.

Depending on the additional training required, the student may incur extra expenses related to the training.

V. Liability and Workplace Injury

Liability

As a registered student at TRU, students are covered by the Universities blanket liability insurance policy as noted in the Educational Agreement between TRU and the placement site. The clinical affiliate would also be responsible for ensuring that students are covered in their hospital.

Workplace Injury

What should be done if a student gets hurt on the work site?

- 1. Provide first aid at the site or arrange for medical assistance.
- 2. The host site supervisor should complete the appropriate internal incident report form.
- 3. Contact TRU Program Administrator.

The Educational Agreement between the host site and TRU gives details on coverage for workplace injuries, which differs for each province or territory.

APPENDIX ONE: INTRODUCTORY ACTIVITIES: LESSON GUIDES

<u>Rationale</u>: These activities take place during the first few days of the practicum placement, during the orientation period, and give the student the opportunity to practice these skills *before* beginning their training with patients.

<u>Lesson Guides</u>: The activity lesson guides provide preceptors with a systematic approach to train students to practice these important skills *before* meeting with patients.

- 1. Use of training arm
- 2. Venipuncture on volunteers
- 3. Labelling Blood Tubes

<u>Exemptions</u>: (if exempt, indicate reason for exemption on checklists):

- 1. Use of training arm and Venipuncture on volunteers: working MLAs or those with recent phlebotomy training
- 2. Labelling Blood Tubes: working MLAs

<u>Checklists</u>: Checklists and sign off will be included in the practicum booklet between the Course Guide and Module A.

Introductory Activities #1 & #2: Lesson Guide

Use of Training Arms and Venipuncture on Volunteers

Activity #1: The training arm offers new phlebotomists a way to get a feel for the texture, density and shape of the skin and veins and allows users unlimited opportunities to practice and perfect proper techniques. This is a great way for beginners to practice venipuncture and gain confidence. At least six pokes on the training arms should occur.

Activity #2: The first poke by students should never be performed on a patient. Staff must be willing to volunteer their arms to new students to gain experience with the first poke. The number of pokes required is four.

Purpose: These activities give the student the opportunity to practice these skills *before* beginning their training with patients. The first poke should never be performed on a patient.

Exemptions:

Those who currently work as an MLA or those with recent phlebotomy training.

Learning Outcomes:

At the end of this activity, the student will be able to:

- Practice venipuncture on a training arm and on volunteer arms
- Re-direct a missed venipuncture
- Understand the consequences of a misdirected venipuncture

Prerequisite Concepts and Skills:

- Importance of patient identification
- Venipuncture procedure theory from MDLB 1321

Materials and Resources:

For students -

MDLB 1991 practicum booklet and checklists for three pre-practicum activities

For the trainer -

- Venipuncture training arm
- Venipuncture equipment

Lesson Activity

Trainer Activities	Student Activities	Comments
Introduction:		
 Ask the student to recall from their course the steps of venipuncture Explain and demonstrate now the training arm works 	After the introduction, perform at least six venipunctures on the training arm and four on volunteer patients.	
Body:		
 Review basics of venipuncture Discuss importance of a correct blood draw Observe venipunctures and critique Ask student to critique their own performance Provide tips on how to improve 	Complete the checklists in the practicum booklet.	
Closure:		
 Answer student questions and reinforce the importance of a correct blood draw Complete checklists in the practicum booklet Stress the importance of always 'owing up' to errors made. Honesty is valued more than perfection. 		

Introductory Activity #3 Lesson Guide: Labelling Blood Tubes

Purpose: Labelling must be exact and procedures strictly followed. In this activity, the trainer will emphasize the importance of this and the results of inaccurate labelling. Some of this conversation, such as describing the potential consequences to patients of a mislabeled tube, is not appropriate for bedside training so is included as a prepracticum activity.

Learning Outcomes:

At the end of this activity, the student will be able to:

- Practice labelling a tube
- Define what a complete label should look like
- · Recognize an incorrectly labelled tube
- Understand the consequences of a mislabeled tube

Prerequisite Concepts and Skills:

- Importance of patient identification
- Labelling procedure theory from MDLB 1321

Materials and Resources:

For students -

MDLB 1991 practicum booklet and checklists for three pre-practicum activities

For the trainer -

- Health Authority Collection procedure including labelling procedure, if available
- Printed visuals provided at the end of this document

(from http://www.cdha.nshealth.ca/pathology-laboratory-medicine-6 and CLS)

Sample labels and ID bracelets

(include a mismatch and incomplete labels for the student to identify)

Empty tubes

Background information:

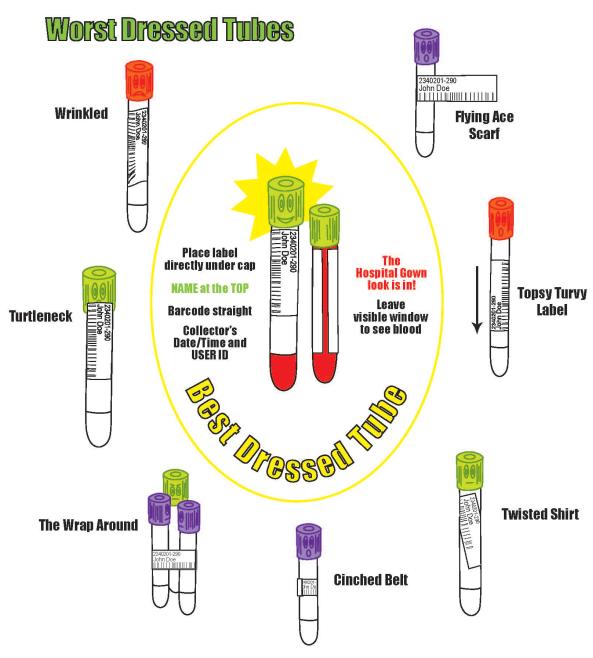
- 1. Labelling procedure:
 - a. Specimens must be labeled by the collector at the time of collection in front of the patient.
 - b. Placement: Labels are applied to facilitate opening of the specimen container and ensure the contents of the container can be viewed.
 - i. Specimens are labelled so that the patient's name is next to the lid and so the blood is still visible in the tube. Lab personnel need to be able to see the volume and condition of the specimen without peeling back labels.
 - ii. Do not apply the label over the lid.
 - iii. Do not wrap the label around the tube like a flag.
 - iv. Do not apply the label with the tube lid on the right side.
 - v. Bar code labels should be applied lengthwise.
- 2. Specimen Rejection: Improperly Labelled or Unlabelled Samples
 Any specimen not having the minimum labelling requirements will be rejected by
 the laboratory and will have to be recollected.
 - a. The requisition and specimen must be correctly labeled to be accepted; information on the specimen must be identical to information on the requisition.
 - b. Specimen & requisition mismatch

Specimens labelled with one patient name and sent with requisitions for another patient will be classified as mislabelled and will need to be recollected; the

specimen label and requisition full name and unique identifier must match exactly.

Lesson Activity

Trainer Activities	Student Activities	Comments
Introduction:		
 Ask the student to recall from their course the importance of accurate labelling and the consequences of mislabelling Provide students with details on the problems associated with inaccurate labelling so they realize the consequences can be devastating to patients 	After the introduction, label several tubes ensuring proper placement, and identify incomplete or inaccurate labels.	
Body:		
 Review labelling procedure and visuals Discuss placement of the label Hand out materials and ask student to apply labels properly Observe labelling and critique if required Ask student to identify an incorrect match, and incomplete label Provide tips on how to avoid specimen mislabeling 	Complete the checklist in the practicum booklet.	
Closure:		
 Answer student questions and reinforce the importance of correct identification, collection and labelling Complete checklist in the practicum booklet Stress the importance of always 'owing up' to errors made. Honesty is valued more than perfection. 		



Get it Straight Reduce the Wait

APPENDIX TWO: PRECEPTOR TRAINING (PEP)



From the Office of Interprofessional Health Education & Research: University of Western Ontario

http://www.preceptor.ca/index.html

NOTE: Before attending the first session of the practicum, students are required to complete two modules offered through the learning management system at Western University. Each module includes a quiz to confirm completion of the module. **Completion of these two modules is mandatory to fulfill the requirements of MDLB 1991.** The Open Learning Faculty Member will be responsible for ensuring that these modules are completed. It would be helpful if the clinical site manager could confirm the completion of these modules with the student at the beginning of the practicum. Ideally, all preceptors should complete these modules as well. This would create a strong teaching and learning base for the both the student and the preceptor. Details for preceptor training are below.

INTRODUCTION: Preceptors (clinical instructors) can take advantage of this **free** online program as you prepare for clinical placements. Once you complete the short registration process and instantly receive your login information, you can access the *PEP* program anytime, anywhere. Each module takes about 30 minutes to complete. They use multi-media technology and include quick tips and downloadable learning activities and tools. It is easy to navigate, colourful, fun to use, and many of the modules are designed so that preceptors and students can work through them together. A certificate can be printed at the end of the module to record the education completed.

HISTORY: In October 2006, a number of faculty members from an interprofessional research group at the University of Western Ontario (Western) and Fanshawe College, submitted a grant proposal to the Ministry of Health and Long Term Care (MOHLTC). The proposal was accepted and work on the project began in February 2007.

PRECEPTOR BENEFITS:

- Get some great tips to help you prepare for and orient your student to your clinical setting
- Discover ready-to-go learning activities and exercises that you and your student can do together that will ease the way to developing learning objectives, fostering clinical reasoning and reflective practice and dealing with conflict
- Learn how to give effective ongoing feedback (and fit it into your busy schedule)
 as well as how to prepare for and facilitate the formal evaluation of your student
- Save and modify documents and templates to suit your own needs
- Record notes (ideas, thoughts, key points) as you go through the modules that you can save or print

<u>THE MODULES:</u> The PEP consists of **nine modules**. The topics and format of the Preceptor Education Program were chosen based on extensive review of currently existing preceptor programs and a survey of 600 clinicians, students and academic faculty. The modules do not need to be done in any specific order and are independent of each other. All of the content is printer friendly.

- 1. Developing Learning Objectives
- 2. Giving and Receiving Informal Feedback
- 3. Understanding and Fostering Clinical Reasoning
- 4. Fostering Reflective Practice
- 5. Dealing with Conflict
- 6. The Evaluation Process
- 7. Peer Coaching
- 8. Optimizing the Learning Process
- 9. Orientation Welcoming the Student, Roles and Expectations

Note: The entire preceptor course is quite time consuming; however, for someone who has never taken preceptor training it is worthwhile to complete all modules.

For people with experience supervising, I would recommend focusing on three modules: Module 3 - Feedback, Module 6 - Conflict and Module 7 - Evaluation. I think these areas address the majority of our real world issues. These modules will assist supervisors in judging competence and to be aware of factors that can influence our perception of student performance.