Weekly orientee progress tracker

Choose one or two priorities together. Compare observed performance with the agreed expectations for this stage, then set the next learning step.

Supplementary coaching aid, not a validated assessment or official competency record. Use approved orientation criteria and secure records. Keep patient identifiers and private personnel details off this worksheet.

Week / review date / orientation stage / preceptor

Planned assignment and learning opportunities this week

Focus and agreed expectation	Observed behavior / date / context	Prompting or support needed
Assessment / reassessment		
Clinical judgment / priorities		
Medication / procedure safety		
Escalation / communication		
Organization / documentation		

Orientee reflection: progress, questions, and what helped

Next goal: observable behavior, situation, and evidence to review

Support / practice opportunity / responsible person

Review date and agreed next action

Describe behavior rather than labels. Record “not observed” when an opportunity did not occur. Address immediate safety concerns promptly with the appropriate leader; do not wait for the weekly review.

Julia Kiss, EdD, MSN, RN, NPD-BC, CNE · November 2026

SBAR practice examples

Use these original fictional scripts for role-play. Practice identifying the concern, selecting relevant facts, describing your assessment, and making a clear request.

Training examples only, not care instructions, diagnostic criteria, or a treatment protocol. In a real emergency, activate local emergency or rapid-response processes immediately. Do not delay help to finish SBAR or collect every detail. Use approved patient identification when communicating about real care.

1. New breathing concern

S · Situation: I am the new RN calling with my preceptor about a fictional adult inpatient who is newly short of breath. I need an urgent bedside review.

B · Background: The patient was admitted with pneumonia and was speaking comfortably at the last assessment. The shortness of breath began in the past ten minutes.

A · Assessment: Respiratory rate is now 30 compared with 18 earlier, with increased work of breathing. The patient is alert but speaks in short phrases. I am concerned about deterioration.

R · Recommendation / request: Please assess the patient now. My preceptor is here and we are following the unit's urgent escalation process. Can you confirm who is coming and when?

2. Medication order clarification

S · Situation: I am calling to clarify the route on a fictional patient's new medication order before administration.

B · Background: The new order lists a route that differs from the previous order. The scheduled dose has not been given.

A · Assessment: I verified the chart and found no documented explanation for the change. I cannot confirm that this is the intended route.

R · Recommendation / request: Please clarify the intended route and update the order through the approved process. I will follow our medication clarification policy and confirm the order before proceeding.

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SBAR practice & coaching

3. Escalating a workload concern

S · Situation: I need help reprioritizing our assignment with my preceptor. Two time-sensitive care needs now overlap.

B · Background: A new admission arrived while another assigned patient needed reassessment. I have not completed either task.

A · Assessment: I cannot safely meet both needs at the same time. My preceptor and I have identified what is pending and which patient needs attention first.

R · Recommendation / request: Can the charge nurse help arrange immediate coverage and confirm who will complete each task? I will repeat back the plan and follow up on the remaining work.

Preceptor observation checklist

☐ Concern and urgency stated early
☐ Relevant facts separated from assumptions
☐ Assessment and limits explained
☐ Clear request with a timeframe
☐ Response confirmed and follow-up owner agreed

Debrief: what was clear, and what would you change?

Practice again: one communication goal for next time

SBAR means Situation, Background, Assessment, and Recommendation or Request. Framework source: Agency for Healthcare Research and Quality. (n.d.). *Tool: SBAR.* https://www.ahrq.gov/teamstepps-program/curriculum/communication/tools/sbar.html
Examples are original and are not AHRQ-endorsed or a competency validation.

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Preceptor feedback & follow-up form

Invite the nurse’s perspective, describe one specific observation, and agree on an action you can revisit.

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Date / orientation stage / feedback conversation participants

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Focus: □ Reinforce effective practice □ Develop a skill □ Both

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Observation: what happened, when, and in what context?

Approved expectation: what behavior were you looking for?

Impact: why did this matter for care, teamwork, or learning?

Orientee perspective: what were you noticing or trying to do?

Continue: which effective behavior should be repeated?

Next step: what specific behavior will be practiced?

Support: who will teach, observe, or arrange an opportunity?

Follow-up date / evidence to review / outcome and next action

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Try: “During handoff, the pending result and follow-up owner were not stated. What was your plan? Next shift, let’s practice closing handoff with pending work and who will follow it up.” Adapt feedback to the actual observation and local expectations.

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