Nurse Preceptor Development Course
Objectives

• State the definition of a preceptor and preceptee.
• Identify the characteristics of an effective preceptor.
• Describe the five major roles of a preceptor.
• Discuss strategies to facilitate open communication while avoiding common communication errors.
• Identify principles of adult learning and related implications for designing effective learning experiences.
• Describe feedback and the benefits of effective feedback.
• Differentiate between positive feedback and feedback for improvement.
• Discuss key guidelines for effectively giving and receiving feedback.
Role Definition:

• **Preceptor:** An experienced staff member who demonstrates the qualities of a socializer, educator, evaluator, role model and conflict resolver.

• **Preceptee** (aka orientee): is a newly hired staff member who is learning to be a competent nurse in his or her unit or department. Preceptees can be a new graduate or come with experience.
Goal of the Preceptor

• Preceptors train new staff members on the policies/procedures and guidelines of the organization during the preceptee’s orientation period.

• The preceptor must train new staff members how to perform their job duties in a safe manner and ensuring their competency.
Preceptors are Important

- Preceptors need core instruction, ongoing professional development, access to resources, and recognition for the important role they play in development and retention of staff

(Boyer, 2008)
Effective Preceptor Duties:

- Introduction to unit staff
- Assess the preceptee’s learning needs
- Create a plan to address learning needs
- Good communication
- Provide positive feedback on performance
- Provide coaching feedback
- Demonstrate the use of equipment/skills
- Foster critical thinking skills
- Communicate with leadership of progress
THE PRECEPTOR:

- Socializer
- Educator
- Conflict Resolver
- Role Model
- Evaluator
Preceptor Roles & Responsibilities

Role Model - Leads by example
- Adheres to standards of practice
- Models professional behavior - self development, comportment, attitudes
- Resolves issues/conflict
- Exemplar of “How to access the evidence”
- Models reflective practice
- Gives constructive feedback
- Speaks for self
- Listens well

Educator & Coach
- Instructs, supports and encourages
  - Assesses learning needs & learning style
  - Plans learning activities collaboratively
  - Confirm, Critique, modify, & add to
  - Evaluates & Communicates progression
  - Develops Critical Thinking in novice
  - Customizes clinical coaching plan for specific learning styles & needs
  - Provides experiential learning
  - Facilitates “novice to expert” progression
  - Develops capability of novice
  - Gathers evidence that shows level of capability

Evaluator
- Competency Validator
  - Ensures safe and effective practice
  - Ensures adherence to P & P and standards of practice
  - Works within scope of practice
  - Identifies delegation and/or accountability concerns
  - Validates the competent practice of the novice/new hire
  - Recognizes capability limitations
  - Discusses performance issues/concerns with manager
  - Evaluates and documents competent care delivery

Protecter – Foundation of the precepting role
- Protects the safety of both patient & novice
  - Protects patients from novice error
  - Protects the novice from making errors that might threaten self/others
  - Provides safe learning environment for the novice to study & practice in
  - Supports developing skills while ensuring safe care, safe practice
  - Ensures adherence to policy and procedure (standards of practice)
  - Considers licensed scope of practice when assigning and delegating
  - Acts as advocate for novice & protects from adverse behaviours of others

Socializer & Team Leader
- Helps preceptee settle into new role and environment and become part of the team.
  - Introduces preceptee to team & other staff.
  - Understands/supports social needs.
  - Supports adjustment to all new life/role elements along with their new work role
  - Fosters integration into workplace culture
  - Establishes communication between manager, novice, and/or educator
  - Works to ensure colleague support for novice
  - Resolves conflict issues as/if they arise
  - Teambuilding – ensures support of colleagues for socialization & orientation process
Socializer Role
The Socializer

- Underestimated role
- Essential preceptor responsibility
- What is the number one reason why nurses leave a job within the first year?..........
- Don’t feel part of the team
New Hires Top Concerns:

- Will I be liked and respected?
- Will I fit in?
- Will I be supported?
- Will anyone “have my back”?
- Who can I rely on?
- Can I do this job well?
Socializer Role:

• Help the preceptee integrate socially and professionally in the unit
• Help them feel welcomed and appreciated
• This leads to increase retention of new staff members.
Professional Relationship

• Effective preceptorship is critical to the success of the orientee.

• Sense of confidence and trust performing skills and belonging to a new environment can help develop critical thinking skills and clinical judgment.
Qualities of THE SOCIALIZER

• Demonstrates genuine interest in and respect for the preceptee.

• Develops a relationship with the preceptee that is based on trust, confidentiality and mutual respect.

• Facilitates a welcoming environment and working relationship with multidisciplinary team.

• TEAMWORK!
Socializer Goals:

- Help preceptee become comfortable with the role and the environment
- Integrate preceptee into team and workplace culture
- Understand/support social needs of preceptee
- Facilitate adjustment of preceptee into new role
Day 1

• Be prepared for the orientee on the FIRST day
• Introduce to team members
• Be enthusiastic!
• Orient to physical layout
• Review orientation binder: schedule, goals, timeline, resource (online, policy access, people)
• *Rose Inventory Learning Styles Inventory Questionnaire*

Take your breaks with the new hire
Think Back....
Waaaaayyyy Back....

• Think back to your first day
• What/who made a positive impact
• What/who made a negative impact?
Reality Shock:

- Honeymoon
- Shock
- Recovery
- Resolution
Honeymoon Phase

• New Grads are excited to be done with school and start their new role.

• New Grad’s perceive their work environment & new colleagues in a positive light.

*They should develop relationships with preceptors.
Shock Phase:

- New Grads recognize there are flaws in the system or discover concerns with the practice of other nurses.
- They realize they do not have all the knowledge they need.
- They experience communication breakdowns.

*Help them understand that they might experience some dissatisfaction in their new role/work and this is a natural feeling. Encourage them to share their feelings with a trusted person.
Recovery Phase

• New Grads begins to see the balance between what works well and what needs to improve.
• They establish expectations that are consistent for all co-workers.

*Importance in this phase is for the new grad to realize that every nurse defines their own practice and it’s their responsibility to be the nurse they want to be.
*They should reflect on what is going well and what can be improved.
Resolution Phase:

• New grads have the opportunity to define the nurse they want to be.

*This is where they may consider adopting values and beliefs that might be less than ideal.

*They need to focus on what works well and learn to identify and manage conflicts.
The Socializers takes the preceptee......

From Here  To There
Establishing a Relationship: Positive First Impression

Demonstrate genuine interest in the preceptee

"Hi, I’m ______ and I’ll be your preceptor. I’ve worked in the unit for ___ years now. We’re glad you’re here. Tell me a little bit about yourself."

Checklist:
“When Meeting a New Preceptee”
Understanding Terms: What’s the Difference?

**PRECEPT**
- Cognitive processes
- Clear goals/expectations
- Consider learning style
- Facilitate learning experiences

**ORIENT**
- Short-Term
- Show around
- Skills
Phases of the Orientation Relationship

- **Early**
  - Establish Trust
  - Build relationship, group inclusion

- **Middle**
  - Build competence
  - Constructive Feedback

- **Late**
  - Safety, confidence
  - Encourage autonomy, support
Bad Preceptor

- https://youtu.be/Qeo3UmfCPuk
Activity: New Preceptee Checklist

Discuss
Effective Communication: Listening Activity

Do Activity
Educator Role
Educator Role:

- The preceptor must be experienced and knowledgeable.
- Assess learning style of the preceptee
- Assess the preceptee’s learning needs & skill level
- Develop orientation plan based on needs and promote critical thinking
- It is important for the preceptor to be aware of the best way to educate using the preceptee’s preferred style of learning
Assess Learning Needs:

- Preceptee can do a self assessment (checklist)
- Self-assessment provides useful information to guide the preceptor on learning needs.
- Past experiences and background
- LISTEN to questions the preceptee is asking. Do you ask simple or complex questions?
Orientation Plan

• Once the preceptee’s learning style and learning needs are identified, then the preceptor must prioritize a plan to help the preceptee learning necessary skills.

• Identify related goals and expected outcomes and develop a plan with appropriate learning experiences.
Tips for Developing a Learning Plan

Remember to incorporate all the components that must be taught.
Content knowledge
Technical skills
Critical thinking
Organization and prioritization skills

Progress learning activities from simple to complex, using the preceptee's readiness, learning goals, and length of the orientation as a guide.

Allow flexibility to accommodate unusual learning experiences that may arise (e.g., procedures, disease processes, etc., that may not be seen frequently).
What is Critical Thinking?

• Reasoning and problem solving

• Ability to analyze & interpret events to make a goal directed decisions based on evidence not guesswork.

• Drawing conclusions from available information
Critical Thinking

- Considers alternative pros and cons
- Manages rapidly changing situations
- Combines intuition & rational thinking
- Asks questions
- Applies and then evaluates
How can you enhance critical thinking?

• Give them problems to solve and repeat
• Identify & challenge their assumptions- **ASK THEM WHY**
• Ask them to explain importance of a clinical situation
• Ask them to explore alternatives
• Engage in reflective skepticism
• Critical thinking allows the nurses to LEARN.

• Critical thinking is needed for good, effective, efficient care.
Preceptor Delegation Do’s

• Delegate Gradually
• Teach What You Know and Monitor
• Motivate, Support & Praise
• Allow person to make decisions on their own, then modify if necessary.
• Explain your availability
• Explain the Criteria for Success
Requirement for Delegation

• Requires a Competent Individual
• Requires Knowledge of Protocols and Procedures
• Requires Good Communication
• Requires Mentoring & Problem Solving Skills
• Requires Critical Thinking
• Increases not Decreases Responsibility
TEACH to Critically Think

- Easy to difficult
- Ask Questions
- Ask for Help
- Patience on your part
- Practice on their part
- Praise - The golden tool

Think from a learner’s perspective
### Sample Questions to Foster Critical Thinking

<table>
<thead>
<tr>
<th>How does ___ relate to ??</th>
<th>How will your prioritize?</th>
<th>Distinguish between ?</th>
<th>What are you assuming?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you agree with this diagnosis? Why?</td>
<td>How can you improve upon ??</td>
<td>What else could be causing ??</td>
<td>What other perspectives do you need to consider?</td>
</tr>
<tr>
<td>What do you predict will happen?</td>
<td>How will you evaluate this plan?</td>
<td>How can you justify this treatment?</td>
<td>Do you agree with this assessment? Why?</td>
</tr>
<tr>
<td>Given these latest lab results, how will you change your plan?</td>
<td>How will you create a plan with which this patient will comply?</td>
<td>Why is this medication a better choice than that one?</td>
<td>What inferences do you make from your lab and assessment data?</td>
</tr>
<tr>
<td>What home care services are needed?</td>
<td>How will you validate your assumptions?</td>
<td>What would you cite to support your actions?</td>
<td>How will you determine the effectiveness of ??</td>
</tr>
<tr>
<td>How do you rate this caregiver's competence?</td>
<td>What other alternatives might work?</td>
<td>Given the latest lab results, how will you change your plan?</td>
<td>What would you recommend for this patient</td>
</tr>
</tbody>
</table>
Importance of critically thinking:

A preceptee is about to administer a medication for the first time. How can you make them understand the importance of critically thinking this action?
You should challenge them. Ask them why are they administering it, the purpose of the route, the 6 rights, etc.
Never Assume Knowledge

• How do you assure they know?
  Ask the rationale for decisions before they start action because that is where the best learning/understanding takes place.

• How do you support them?
  Have them verbalize the intervention/procedure prior to applying it. Walk them through with encouragement.
Critically thinking by exploring alternatives:

• Why should they consider the developmental status of the patient when administering an oral medication?

• What patient data is most important?

• How do the clinical signs & data relate?

• On what information did you base your decision?
Critical Thinking
Exercise #1

Stephanie is a 4 year old patient admitted with sepsis. She is on numerous IV antibiotics and TPN. The mom calls you into the room and tells you the Mediport has been “beeping a long time”, when you reset the pump it is alarming “distal occlusion”

What is your first nursing action?
Thinking Critically

• Identify the problem
• Collect & analyze patient data
• Consider the alternatives
• Make decisions
• Choose most appropriate intervention for the patient
Critical Thinking
Exercise #1 continued

• You are unable to flush Mediport with 10 mLs of normal saline?

• What do you think is wrong with Mediport?

• What is your next step of action?
Answer for Exercise #1:

• Causes of complete occlusion of the catheter:
  • Thrombus/fibrin sheath formation
  • Medication/fluid precipitate
  • Anatomical obstruction

• Since this is a port, first – reassess then act.

• You would determine your intervention based on the events of the occlusion (fibrin sheath vs. chemical precipitate)
Patient is trached and you notice her $o_2$ sats drop to 65%, what could be the cause and what should you do?
Answer for Exercise #2

Acronym:  D = dislodged
          O = obstruction
          P = pneumothorax
          E = equipment

Action = Check patient, assess lung sounds,
         BVM, troubleshoot ventilator.
Activity
Learning Style
Inventory - Rose

Complete
Evaluator Role

THE EVALUATOR IS IN

SM
Evaluator Role:

The following is an ongoing process:

• Assess preceptee’s performance and competence
• Document preceptee’s competency of skills
• Provides feedback on the preceptee’s performance
• Encouraging preceptees to self-assess is part of the evaluator role
• Preceptors evaluate the preceptee throughout the orientation process.

• The preceptor's evaluation is necessary in order to determine if the preceptee is competent and able to finish orientation or if they need further training.

• The orientation process can be 8-12 weeks, but the probationary period is 6 months from hired date.

• Feedback should be ongoing and should be done both informally and formally.
Informal Evaluation

- Feedback should be given early and often.
- Feedback reinforces positive behaviors and redirects negative behaviors.
- PRAISE the preceptee because it is motivating
- Debriefing at the end of each shift allows for frequent feedback and gives the preceptee an opportunity to communicate any questions or concerns.
- Focus on what went well in the day, what was learned, where improvements can be made and the plan for the next day.
Formal Evaluation

• If problems are occurring during the orientation process, make sure the Clinical Specialist/Educator or Manager knows.

• Document issues on the daily learning plan and discuss it with the preceptee. The preceptee must know if they are progressing well or if they are having issues.

• Get feedback from the preceptee on how they feel they are doing.
Tips for Giving Feedback

Feedback should specify the exact behavior and why it was desirable (or not desirable).

In most situations, feedback should be brief. Just a sentence or two can be very helpful... without slowing down your work.

Remember to address behaviors requiring improvement privately.

Ask the preceptee to self-assess often. Reflection and self-assessment are important skills for the preceptee to develop. Often self-assessment leads the preceptee to identify behaviors needing improvement.

For more information on this topic, see the Pediatric Learning Solutions course "Coaching"
Teaching Tips

• Assign articles (EBP) pertaining to diagnosis.

• Develop case scenarios.

• Look for learning opportunities for preceptee.

• Set up an observation experience in an area that would build needed skills.
Helpful Tips

• Never leave your orientee alone*

• Always review policy/procedure prior to intervention

• Provide educational resources to improve knowledge

• Sign off skills competencies only after you have validated they understand them.
How can you facilitate independence and wean your orientee?

• Step back but not too far away
• Attempt not to take over the assignment
• Foster critical thinking
• Provide confidence
How to evaluate independence?

• Are they managing their time?

• Prioritizing with minimal cues from you?

• Are they seeking resources?

• Communicating to team members, patient/families involved?
Preceptor Responsibilities

• Initial skills competencies in Healthstream - weekly
• Daily/weekly progress log.
• Discuss strengths/areas for opportunity after each shift.
• Report any concerns to your Clinical Specialist or Manager.
Healthstream Competencies

• Video on How to Log in to Healthstream:
  https://www.youtube.com/watch?v=-sd-6BzQtFI&feature=youtu.be

• Video on How Peer Raters Submit an Assessment:
  https://www.youtube.com/watch?v=ITqcCOURcTY&feature=youtu.be&list=PLWuXt_oUjyCerHRyrBOI7qHIKddXL44Yj
Activity: The Power of Words

Discuss
Role Model

Sincerity  Role  Productive  Responsible  Hard-working  Respectful  Intelligent  Helpful  Honesty  Dependable  Trustworthy

Anyone  Genuine Giving  Positive  Understanding  Listener  Engaging  Collaborative  Inspiring  Model  Motivational  Thoughtful  Caring
What is a role model?

- “Example of professional, ethical, caring practice. Requires a willingness to grow and investment in sharing that knowledge with co-workers.”
- Preceptor demonstrates quality of a strong skilled employee and someone to model.
- Models ethical, professional behavior and habits
- *A role model leads by example!*
Qualities of a Role Model

• Clinical expertise: demonstrates competent, exemplary practice
• Clinical practice is consistent with policies and procedures, standards of practice, speciality role expectations
• Effective communicator
• Valued team member
• Commitment to self-learning and the development of others
Why do we need to role model?

- Provides concrete example of exemplary behavior
- Builds unified team
- Promotes positive choices and decisions
- Develops professionalism
Communication Skills

• Preceptors must model effective, professional communication, with staff members, other disciplines and families. These communication skills include
  • Non-verbal communication
  • Active listener
Knowledge

- Preceptors must review hospital policies, protocols and procedures regularly in order to be consistent and up to date with care delivery. The preceptor role models the use of these resources in his or her practice, as these resources are invaluable to the new employee.
The preceptor should identify and practice a model for caring. The preceptor should demonstrate caring toward preceptee, staff, patients and families. Concepts of a model of caring include:

- "Authentic Presence"—honoring, respecting and connecting to other humans
- Multiple ways of knowing—science, art, aesthetic, ethical, intuitive, personal, cultural and spiritual
Clinical: Equipment and Skills

• The preceptor must be proficient in the operation of equipment used regularly in his or her area of practice (e.g., monitors, infusion pumps, POC testing)

• Ability to care for patients of all acuity levels in his/her unit

• Computer skills, be able to teach the preceptee how to operate equipment and computer programs
Role Models Behaviors:

- Maintain a positive attitude
- Practice what you preach
- Think out loud- this allows your preceptee to understand why you do what you do
- Provide positive feedback
- Help preceptee learn from mistakes
Role Models Behaviors:

• Never leave the preceptee unsupervised
• Always give clear, complete instruction
• Be approachable, flexible, honest
• Timely
• Objective, non-judgmental
Role Model

• Preceptor demonstrates quality of a strong skilled employee and someone to model.
• Follows stands of practice
• Models professional behavior
• Good listening skills
• Creates therapeutic & professional relationship
• A role model leads by example!
Strategies for effective coaching

What nurses want....

- Acknowledge the skill level of the novice.
- Encourage questions.
- Give direct feedback in private.
- Convey a love of coaching.
- Respect individual style.
- Push novices out of their comfort zone BUT WITH SUPERVISION
- Support complex skill acquisition.
- Build self-confidence through positive feedback.
- Foster a trusting relationship.
- Demonstrate strong organizational skills.
Coaching Tips

• Remember what it was like for you
• Promote critical thinking
• Be sensitive to learning styles and generational differences
• Evaluate performance, not person
• Keep feedback constructive
• Discuss in private
• Provide hope
Putting it together..
Activity: Case Scenarios
Discuss
Conflict Resolver
What is Conflict

• “Any situation in which people perceive themselves to have incompatible goals, interests, principles, or reactions.”

(Center for American Nurses, 2010).
Conflict Resolver

“The Preceptor guides the preceptee on how to have good communication skills and provide conflict resolutions.”
Sources of conflict

Have you experienced any of these types of conflicts? How did you resolve them? What could have been done better?
ANA: Conflict Engagement

• Most nurses avoid conflict—work arounds
• Most common factor: poor communication
• Be reflective, not reactive

• Conflict Engagement involves having constructive conversations

Crucial to patient safety
Important for healthy work environment
Sources of Conflict

- Work environment
- Patient load/acuity
- Making assignments
- Limited resources
- Communication styles
- Differences in goals
- Staff perspectives

Conflict is inevitable!
<table>
<thead>
<tr>
<th>To Patients</th>
<th>To Staff</th>
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<tbody>
<tr>
<td>• Poor clinical outcomes</td>
<td>• Decreased morale</td>
</tr>
<tr>
<td>• Decreased satisfaction</td>
<td>• Increased turnover</td>
</tr>
<tr>
<td>• Clinical errors</td>
<td>• Disrupted relationships</td>
</tr>
<tr>
<td>• Delay in care</td>
<td>• Decreased job satisfaction</td>
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<td></td>
<td>• Emotional exhaustion</td>
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Conflict Engagement: Individual Responses to Conflict

Hot buttons

Constructive Responses
- Perspective taking
- Creating solutions
- Expressing emotions
- Reaching out
- Reflective thinking
- Delay responding
- Adapting

Destructive Responses
- Winning at all costs
- Displaying anger
- Demeaning others
- Retaliating
- Avoiding
- Yielding
- Hiding emotions
- Self-criticizing
Conflict Resolution Strategies

• Avoiding
• Accommodating
• Compromising
• Collaborating
• Competing
For each of the examples below, what conflict resolution strategy is used?

You are assigned to a new admission. Your orientee tells you she cannot help. Upon further inquiry you discover that she is because she had been behind in her charting, and has not had a break.

• **Discuss an example of “Accommodating”**
AVOIDING

• The clinical coordinator has given you and your preceptee an assignment that does not follow the orientation plan.

• Discuss an example of “Avoiding”
For each of the examples below, what conflict resolution strategy is used?

Your patient needs a new IV. The Mom states that the ‘new nurse’ cannot practice on her child.

What is an example of Collaborating in this scenario?
Compromising

You and your preceptee disagree on the assignment for today. The preceptee wants to take a patient that is scheduled to have a bedside procedure. You do not feel the preceptee is ready for this experience. Together you discuss this situation and agree that you will cover the assignment while your preceptee goes to observe the procedure and then will return to your assignment.

Discuss an example of Compromising in this situation
Together you discuss this situation and agree that you will cover the assignment while your preceptee goes to observe the procedure and then will return to your assignment.
For each of the examples below, what conflict resolution strategy is used?

At the start of your shift, you discover that a nurse needs to float to another unit. It is your turn to float, but because you have an orientee, you do not float during the first month of orientation. Another nurse is upset that she has to float ‘out-of-turn’ because you have an orientee. The Clinical Coordinator states that this is the rule, and it is not open for discussion.
Behaviors to Avoid

- **Competition**
  - Escalates conflict

- **Not listening**
  - Lost opportunity to understand

- **Labeling**
  - Instead identify the behavior

- **Personalizing**
  - Separate person from issue

- **Issue expansion**
  - Stay focused on current issue
More Behaviors to Avoid

- **Coalition formation**
  - Needlessly gets other involved
  - A power strategy

- **Avoidance**
  - Can lead to decreased commitment

- **Intentional hurt**
  - May lead to revenge
Effective Behaviors

Self-awareness

• Be conscious of one’s own behaviors

Listening

• Show concern and caring attitude
• Acknowledge the other person’s point of view

Appealing to de-escalation

• “I don’t want to argue”
• “Let’s arrange a time to talk about this”
More Effective Behaviors

Airing feelings
• Feelings often dissipate when talked about

Fractionalization
• Break the conflict down into more manageable components

Problem solving
Thank you!

“To be good is noble; but to show others how to be good is nobler and no trouble.”

-Mark Twain
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