The Effective Preceptor Handbook for Nurses

The pocket companion for effective preceptors

DIANA SWIHART PHD, DMIN, MSN, APN CS, RN-BC
The Effective Preceptor Handbook for Nurses
The pocket companion for effective preceptors

DIANA SWIHART PHD, DMIN, MSN, APN CS, RN-BC

HCPro
a division of BLR
Dedication

To my beloved husband, Dr. Stan, who is still my greatest encourager and support; to my amazing son Matthew, a brilliant and creative writer in his own genres; and, to my beautiful and gifted daughter-in-law, Gianna, an exceptional nurse serving so many through the American Red Cross. These three are my greatest blessings and the inspiration for all I do. I pray that each and every one of you reading this work have such wondrous blessings in your own lives and careers.

Special Dedication To those who, like my precious Gianna, have the passion and willingness to give back to others; those who understand the importance of giving. Judie Bopp best expressed the specialty of preceptoring and its impact on those who give and receive within the context of such relationships: “The capacity to watch over and guard the well-being of others is an important gift, and one that is learned with great difficulty. For it is one thing to see the situation others are in, but it is quite another to care enough about them to want to help, and yet another to know what to do.”
Contents

About the Author vii
Acknowledgments ix
Preface xi
Introduction 1
Preceptor Roles, Competencies, and Responsibilities 5
How Adults Learn 15
Creating a Climate for Learning 25
Validating Competency 33
Providing Feedback 39
Performance Evaluation Process 47
Confronting Reality Shock 51
Letting Go 57
Important Contacts 59
Notes 61
Dr. Diana Swihart enjoys many roles in her professional career, practicing in widely diverse clinical and nonclinical settings. She is a health care educator and consultant. An author, speaker, researcher, educator, mentor, and consultant, she holds graduate degrees in nursing and leadership and doctorates in theology, ministry, and ancient Near Eastern studies (archaeology). She has provided operational leadership for the preceptorships and shared governance processes for multiple organizations nationally and internationally and facilitated the application of evidence-based practice and nursing research. Dr. Swihart is a member of Sigma Theta Tau International, the National Organization of VA Nurses, the Veterans Educators Integrated Network, and the VHA DoD Facility Based Educators Community of Practice and serves on several professional advisory boards, e.g., Forum for Shared Governance. She also served multiple terms as an American Nurses Credentialing Center (ANCC) Magnet® Appraiser, Treasurer for the National Nursing Staff Development Organization (NNSDO; now the Association for Nursing Professional Development, [ANPD]), as a Member of the Advisory Board of the *Journal of Nursing Regulation*, and as an ANCC Accreditation Commissioner.
Dr. Swihart is the founder and CEO for the American Academy for Preceptor Advancement (www.preceptoracademy.com) and has published and spoken on a number of topics related to building effective preceptorships, nursing, shared governance, competency assessment, professional development (e.g., Nursing Professional Development Review Course for Gannett Education), and servant leadership, Magnet Recognition Program®, and research- and evidence-based practice at points of service locally, nationally, and internationally. She published Shared Governance: A Practical Guide for Reshaping Professional Nursing Practice in 2006 and Shared Governance: A Practical Approach to Transform Professional Nursing Practice (2nd ed.) in 2011. In 2008, her publication Nurse Preceptor Program Builder: Tools for a Successful Preceptor Program (2nd ed.) was selected as a foundational resource for the national VHA RN Residency Program.

Dr. Swihart’s training and experiences, including those in academia and staff development, give her a broad and balanced perspective that influences and colors all that she does as she creatively challenges and encourages others to embrace change, shift paradigms, and throw away the box.
Every work, regardless of scope and size, is completed only with the help and inspiration of others. My utmost appreciation goes to my beloved family for their constant support and encouragement, their unwavering belief in me.

I would also like to thank the preceptors, those clinicians, educators, and nursing professional development and staff development specialists whose unfailing commitment have provided a legacy of lived experiences in preceptoring and mentoring through transformational leadership to all those they serve.

Finally, I would also like to acknowledge those speakers and teachers who have contributed their ideas, lessons learned, and thoughts through the countless classes, seminars, and lectures I have attended over the years. I write from their influence and want to recognize their contributions, though their names are too numerous to list.

—Dr. Diana Swihart
Preface

The role of the nurse preceptor, with all of its intrinsic complexities, responsibilities, and accountabilities, is not one to be accepted lightly. Preceptors provide practical and pragmatic support, guiding new employees, new graduates, and students through the onboarding and competency validation processes. As a nurse preceptor, you have the opportunity to help shape their experiences in positive and creative ways. But to do that successfully, you need some tools.

The Effective Preceptor Handbook for Nurses is a compilation of tools to help you develop your professional skills as you advance your understanding of your preceptor roles, competencies, and responsibilities. There are guides for exploring how adults learn, creating a climate of learning, and validating competencies. You can explore ways for providing feedback positively and constructively and evaluating your preceptees and preceptorship. Confronting reality shock and “letting go” of the preceptee as he or she transitions into practice can be difficult for both the preceptor and preceptee. This handbook helps you through both as you grow and develop your knowledge, skills, and abilities in the specialty of preceptoring. These tools can support your work as you participate in a partnership with your leadership, educators, interprofessional
colleagues and interdisciplinary team members to ensure your preceptees confidently engage in safe, competent practice.

The information presented in this handbook for nurse preceptors reflects the research and opinions of the author, contributors, and advisors. Because of ongoing research and improvements in preceptoring, information technology, and education, this information, these tools, and their applications are constantly shifting, changing, and evolving as preceptoring continues to grow as a specialty role in healthcare, leadership, and other services and disciplines. It is the author’s sincere hope you will add this work to your toolbox and consider how you, too, might contribute to this growing body of knowledge and expertise through your own practice and career development through preceptoring.
Introduction

Few things help an individual more than to place responsibility upon him, and to let him know that you trust him.
—Booker T. Washington

Being a preceptor has never been easy. Being a nurse preceptor is even more complex and demanding now as the world of nursing becomes increasingly multifaceted and complicated. Practicing nurses assume many more roles and responsibilities, including those of preceptoring. However, you’ve chosen to be a nurse preceptor. How does that work if the preceptoring duties are separate from other activities, though?

A formal preceptorship is not just another situation where your duties and responsibilities are multiplied. As a nurse preceptor, you are generally most effective when working in a structured program with time allocated apart from other duties to preceptor new employees or students and validate preceptee competencies.

Effective, committed preceptors play a major role in improving the retention of new nurses and encouraging students in the profession of nursing. Nurse preceptors such as you are nurses who can talk
about difficulties they have met, share insights they have gained, and pass on lessons they have learned by caring for patients in the many arenas of need they encounter each day. The right preceptor can help the new nurse or graduate to overcome the hurdles of new technology, inadequate staffing, complicated medical interventions, and complex diagnoses.

Preceptors facilitate the orientation, growth, and development of nurses who will one day work side by side with them and who will eventually become their peers, colleagues, and leaders. Staff nurses who assume the roles and responsibilities of a preceptor can connect with new hires, students, new graduate nurses (preceptees), and the newly qualified in ways that no one else can, building trust and responsibility as they gently draw their preceptees into the “real world” of healthcare.

Who really benefits from all of this effort? Patients—and us! Effective nurse preceptorships create an environment to build the close, trusting relationships needed to develop preceptees to their fullest potential.

Use this handbook as a road map. It will provide you with the background necessary to help the new hire, student, new graduate nurse, and the newly qualified examine and apply nursing theory and evidence-based practice (EBP) in clinical settings. You will increase your preceptees’ personal and professional growth and ease their transition into professional practice. Additional tools available from HCPro that can help you create your program include The Preceptor Program Builder, and The Preceptee Handbook, available on www.hcmarketplace.com.
As you begin, establish the relationship, review the objectives and the duration and termination of the program, and address the expectations of the preceptorship. This is an excellent time to consider creating a professional portfolio if the preceptee does not already have one. If he or she does have a portfolio, review it together and discuss how to add to it during the onboarding and competency validation processes.
Preceptor Roles, Competencies, and Responsibilities

If I am walking with two other men, each of them will serve as my teacher. I will pick out the good points of the one and imitate them, and the bad points of the other and correct them in myself.
—Confucius, Chinese philosopher, teacher (551–479 BC)

The first step to becoming a professional nurse preceptor is to understand the essential roles, responsibilities, and accountabilities of the preceptor and preceptee within the context of their relationship.

Preceptors are experienced and competent staff nurses who have received formal training to function in this capacity and who serve as role models and resource people to preceptees. They merge the knowledge, skills, abilities, and roles of both coaches and mentors to help preceptees develop and mature into strong practicing professionals within new professional practice environments.
A preceptor is a

- Servant leader
- Recordkeeper
- Educator/teacher
- Evaluator
- Coach
- Advocate
- Encourager
- Role model
- Socializer
- Mentor

Preceptors are staff nurses who generally have more work experience and knowledge of the organization and unit, are dedicated to helping other nurses advance in their careers, provide feedback on preceptees’ strengths and weaknesses, and offer suggestions for improvement in tasks and behaviors. Preceptors help preceptees balance tasks with work issues (e.g., time management, accepting new responsibilities, adjusting to a new work environment and team, stress management, and how to give and receive constructive criticism).

Other roles you will play as an effective preceptor include the following:

- Providing leadership, guidance, and support
- Modeling desired skills and behaviors
- Listening and communicating with empathy and patience
- Providing organization and unit information
- Managing the preceptee’s orientation and competencies

**Preceptor competencies**

How do you develop your competencies as a preceptor? By practicing the specialty of preceptoring. Preceptor competencies emerge from identified standards of practice, conceptualized in diverse roles and multidimensional functions. Each dimension supports the
development and maintenance of competencies at all points of service beginning with where you are in your knowledge, skills, and practice and taking them as far as you choose to go. Competencies develop, grow, and change over time as you engage in activities that prepare you to fulfill the specialty role of “preceptor.”

Some ways to identify and develop your preceptor competencies include the following:

- Maintain professional knowledge and skills necessary to help preceptees acclimate to specific areas of professional practice
- Relate established expectations to your own levels of performance
- Engage in self-assessment to identify strengths and opportunities for growth
- Participate in learning activities to meet identified opportunities for growth and support for functioning in your preceptor role
- Identify organizational support available when fulfilling your preceptor role
- Exhibit effective communication skills and a state of open-mindedness
- Establish collegial relationships with members of the workforce team

**Essential expectations and responsibilities**

If you are to become a truly effective preceptor, you must be willing to take on the following 12 essential responsibilities:

1. **Orient your preceptee to the nursing unit.** Begin by introducing yourself to your preceptees and reviewing the orientation,
competency assessment, and competency verification processes with them. Talk about yourselves and get to know each other. If you have attended a preceptor program that used the Preceptor Workbook, complete the preceptor and preceptee questionnaire together to help you get to know one another. This will help you be more sensitive to the unique concerns and needs of your preceptees and be more successful in meeting the goals of the preceptorships. Examples of ways to begin this initial orientation to the new nursing unit to help your preceptee engage quickly include the following:

- Introduce the preceptee to other staff members
- Show the preceptee around, where to put his or her things, and so on
- Describe the chain of command
- Talk about what’s happening in the assigned work area
- Be positive—stay with the preceptee
- Put yourself in his or her position; remember what it was like to be “new”
- Practice whatever you preach
- Initiate the orientation and competency assessment processes

2. **Facilitate the learning experience.** Begin by reflecting on your own behaviors, skills, abilities, and attitudes. Consider what you want to accomplish through the preceptorship, and if you attended a preceptor program that used the Preceptor Workbook, complete the preceptor development plan.

*Facilitating learning is not the same as learning and applied learning, e.g., being told how to give an injection is not the*
same thing as understanding the process and rationale for it, actually doing an injection on a patient, and documenting the medication administration in a patient record. Facilitating learning in preceptorships means that you provide the support and practice opportunities that will help your preceptee come to work with a positive attitude, to safely and accurately practice their skills until they are mastered, and to develop and model professional behaviors.

_Your preceptees need your support and encouragement_ to apply the things you are teaching them during orientation as well as when verifying competencies. They draw on many academic and life experiences to form their beliefs and expectations about what constitutes excellence in nursing. You provide the support, advocacy, parameters, and setting for them to achieve what they have learned. As evidence of those achievements, you will help them create a portfolio to showcase their successes.

3. **Establish the schedule for your preceptee.** Prepare your schedule for the anticipated length of the preceptorship with your preceptee and any input from the manager or supervisor. Be sure to address some of the following considerations:

- Discuss any potential scheduling conflicts and ensure you will spend as much time with the preceptee as possible.
- Identify a backup preceptor (assistant or secondary preceptor, preferably one with training/experience as a preceptor) for those shifts, tours of duty, or limited times when your schedule conflicts with that of your preceptee.
• Do not allow preceptees to be added to the assigned staffing mix until the preceptorship and clinical or service orientation have been completed. It is your role as preceptor to protect and advocate for the preceptee in such situations whenever necessary.

4. **Guide your preceptee during clinical practice.** You may need to provide direct guidance during the orientation and when verifying competencies for the preceptees to:
   • Demonstrate nursing skills and techniques
   • Supervise clinical practice
   • Intervene only in an emergent situation in which there may be a danger to a patient
   • Assess and verify competencies

*Continuously assess where your preceptees are in the preceptorship.* Revise the orientation to reflect their changing needs. Some new nurses are seasoned practitioners and may require only minimal guidance. Student nurses and new nurse graduates often bring life experiences and past professional roles to their clinical positions. Still other preceptees may have difficulty changing methods of practice to reflect their new expectations. Give them respectful guidance:

• Do not assume that preceptees are familiar with the clinical setting or the situation. Discuss what they know before deciding what they need.

• Ask questions to confirm comprehension and perceptions—yours and theirs—and to generate further discussion. Case studies, debriefings, reflective practice, and shared stories are excellent tools for giving directions and encouragement, verifying competency, and redirecting behaviors.
• Include explanations as you go. Preceptees respond more positively and effectively when they understand from the onset why they are doing the requested tasks, abilities, or behaviors.

5. **Supervise competency assessment and verification during preceptorship.** Competency assessment and verification are generally specific to the needs of the preceptee. Make sure you allow your preceptees to assist in deciding what work-based competencies need to be addressed besides those required for new hires to meet organizational and service-specific goals. Engage your preceptee in reflective discussion to:

• Select competencies that matter to the new employee or student, your preceptee. Choose assignments that will give him or her opportunities to demonstrate those competencies.

• Select the correct verification method (tests/exams, return demonstrations, evidences of daily work, case studies, exemplars, peer reviews, self-assessments, discussion/reflection groups, presentations, mock events/surveys, quality improvement monitors) for each identified competency.

• Clarify the responsibility and accountability of the preceptor, preceptee, educator, and manager or supervisor in the competency process.

• Implement a preceptee-centered verification process in which the preceptee has choices from among a number of verification methods for the identified competencies.

• Differentiate what is a competency deficit versus what is a compliance issue.
• Promptly and efficiently address any deficits and performance problems with the preceptee as soon as they are identified.

6. **Teach new skills and reinforce previous learning.** Establish what your preceptees already know or can do; demonstrate the new skills, knowledge, or abilities; have preceptees perform any return demonstrations, if necessary; and evaluate the outcomes when the new knowledge, skill, or ability is applied in practice during the preceptorship.

7. **Gradually increase your preceptee’s responsibility for patient care.** Preceptees often require three to six months, and sometimes as much as one year, to be fully integrated into the culture of the new organization. Orientations usually range from a few days to four to six weeks, depending on the organization and the resources available for new employees. The following considerations are an important part of your planning process:

   • Discuss the amount of time available for the preceptorship with preceptees and nurse managers.

   • Assess preceptees’ clinical orientation and competency verification needs and assign increasing responsibilities as they become more proficient and confident in their abilities to practice safely and effectively in their new positions.

   • Help preceptees set priorities, establish daily goals, manage time, delegate appropriately, and communicate professionally with other team members as you gradually introduce new and more challenging patient care assignments.

8. **Provide timely feedback to your preceptee regarding all aspects of clinical practice.** You must give consistent, fair,
honest, and timely verbal and written feedback to your preceptees often. This feedback serves three primary purposes:

- To reinforce positive behavior
- To promptly address inappropriate behaviors
- To build confidence and self-efficacy

9. **Serve as a role model for your preceptee during clinical experiences.** This may be your greatest challenge as a preceptor. Subtle techniques that can help you serve as a consistent role model for your preceptees include the following:

- Dress professionally. Maintain clean and appropriate uniforms, if applicable.
- Be prompt and timely, and maintain excellent attendance. Arrive before your preceptee.
- Be prepared for report and participate if applicable.
- Follow nursing service policies and procedures at all times.
- Be courteous and respectful of all team members and leadership at all times, especially when you disagree with their decisions or abilities.
- Stay positive and enthusiastic about professional nursing but realistic in recognizing limitations and areas for improvement.
- Maintain your membership and activities in professional organizations and affiliations.

10. **Work closely with nursing faculty, staff development specialists, and/or hospital educators to identify education gaps and learning opportunities.** Use your available human resources—internal and external stakeholders, clinical educators, advanced practice nurses, pharmacists, biomedical staff,
informatics staff, housekeepers, students, college or university partners, community members—to provide more complex and integrated training opportunities. As the preceptor, you will coordinate the preceptees’ learning activities with the appropriate resources and verify the preceptees’ competencies with patient care outcomes.

11. Plan specific learning experiences that correlate with unit competencies and clinical objectives. Ensure that your preceptees have as many opportunities for supervised practice for the wide variety of skills, knowledge, and abilities as they need to be successful in the assigned position and nursing unit. Be particularly careful to verify competencies in any skill with potential patient outcomes that are high risk (have a high probability of causing potential harm to the patient or preceptee) and time-sensitive (there would be no time to call for help or look up the procedure first). Mock events and return demonstrations are helpful in providing practice and in verifying such competencies.

12. Complete all necessary paperwork related to the preceptorship. Complete preceptor/preceptee questionnaires and forms, skills checklists, orientation forms, competency verification forms, feedback, and evaluations in a timely manner. Review all appropriate documents with the preceptee, the clinical nurse educator and hospital educator, and the nurse manager. Maintain careful records in a secure area. Remember, these always have some information that neither you nor your preceptees may want to share with others.
The Effective Preceptor Handbook for Nurses provides new preceptors with the evidence-based skills they need to build supportive one-on-one teaching and learning relationships with new nurses.

In this invaluable and compact handbook, nurse preceptors in training will learn how to access adult learning styles, validate competencies, develop critical feedback and evaluation skills, and gain confidence to successfully onboard and launch their preceptees. Preceptors will also be introduced to the idea of portfolio-building as a way to prepare for certification.

Couple this book with The Preceptor Program Builder and The Essential Preceptee Handbook to create a comprehensive program resource for professional development staff, preceptors, and new staff members.

Diana Swihart, PhD, DMin, MSN, APN CS, RN-BC, is an internationally known speaker, author, educator, and consultant on topics related to preceptors, shared governance, competency assessment, professional development, servant leadership, professional research, and evidence-based practice. Dr. Swihart is the CEO for the American Academy for Preceptor Advancement.