Purpose: This educational activity is designed to encourage the professional nurse who is considering the preceptor role to begin the process, and to enhance the skills of current preceptors, validating the incredible value of their contributions, while evaluating personal traits and strategies for success.

“Take the Plunge into Precepting!”

“You want me to what?!”

Your manager has just asked you to take on the role of preceptor. You may think, “I’m not qualified to do that,” or “I’m already drowning in responsibilities.”

“Why me?” you ask. Most likely it is because you have already demonstrated many qualities that are considered preceptor assets:

1. Leadership quality clinical performance
2. Strong communication and listening techniques
3. Positive conflict management skills
4. Ability to evaluate clinical performance against best care standards
5. Basic knowledge of adult learning principles
6. Critical thinking development
7. Constructive feedback strategies
8. Effective time management
9. Team-promoting behaviors
10. Cultural sensitivity to both the patient and workforce populations
11. The ability to minimize “reality shock” (Kramer, 1974) in graduate nurses

It is not essential to possess all these traits as you start precepting and most nurses begin with only a few, but these are wonderful goals to aspire toward as you build your precepting portfolio. “Part of getting ready to be...”
Due to the magnitude of the current nursing shortage, the nurse preceptor has become even more important. Why? Nursing is becoming more diverse and experienced nurses are disseminating into these various roles; the large population of baby boomer nurses are beginning to retire; and the drastic reduction in experienced nurse availability yields little success to recruitment efforts focusing on this pool. The nursing student experience reveals the proportion of nurses assessed who met acceptable standards to recruitment efforts focusing on this pool. The nursing student orientation brings a unique personality and style to the job. The preceptor’s challenge is to align these individuals with the overall mission of the organization and the work of the unit, while still allowing their individuality (HCA, 2006, p. 1)

Whom would you precept? All levels of nursing students (from foundational standards in those nearing graduation; novice nurses (new grads or those without substantial experience); experienced nurses in a new environment (e.g., a telemetry nurse who desires to move to intensive care nursing); and experienced nurses in a familiar environment (e.g., a telemetry nurse from one hospital moving to a telemetry nursing unit at a new hospital). Such wide a variety of trainees creates a need for insightful assessment of skill level and learning needs plus individualization of orientation. Is there truly need for preceptors? The answer is a resounding “yes.” Clinical educators and nursing directors face daily the need to manage preceptor demands. Consistent with historical data collected since 1995, the 2007 national benchmark data from Dorothy Del Bueno’s Performance Based Development System of nursing assessment and individualized orientation reveals the proportion of nurses assessed who met acceptable practice standards and critical thinking were as follows: 62% of experienced RNs (n=6133), 35% of inexperienced RNs (e.g., graduate nurses, n=4658), and 28% of LVNs/LPNs (experienced and inexperienced, combined, n=762). However, after a period of individualized orientation with a preceptor, those initially did not meet acceptable standards were reassessed, producing the following results: 60% of experienced RNs showed absolute improvement over initial assessment; 66% of inexperienced RNs showed absolute improvement over initial assessment; and 56% of LVNs/LPNs (experienced and inexperienced, combined) showed absolute improvement (PMSI, 2008). What a profound effect you can have as a preceptor!

### THE PRECEPTOR

- **most important part of new staff orientation**
- **initiates new employee into the job, culture, team, and organization**
- **helps refine skills in communication, patient care, documentation, reporting, problem assessment, managing assignments**
- **teacher, coach, cheerleader, socializer, record keeper, evaluator, and advocate**
- **assesses learning needs and organizes learning experiences**
- **bridges the gap between what the orientee already knows and what the job requires them to know** (HCA, 2006)

The best preceptor is more of a coach than a teacher. A coach equips, enables, and empowers. Just as a skilled swimmer must practice swimming, a nurse needs to refine nursing— that’s why it’s called nursing practice— it takes practice to sharpen one’s skills. The preceptor should allow for practice, repetition, pace improvement, and self-correction— with adequate supervision of course. This requires time and patience. Allow the orientee to do; he/she will learn faster if you resist the urge to take over the assigned task to save time.

A good coach knows there is no standard right and wrong approach to training:

1. Some methods work best under certain circumstances.
2. Personality and culture (yours and theirs) should be considered.
3. Individual values and professional goals matter
4. Patience, patience, patience!
   - A coach recognizes all aspects of adult learning (pioneered by Malcolm Knowles, 1950) which influences trainers to move from “educating people” to “helping them learn.” Concepts of adult learning:
   - Adults are autonomous and self-directed. They need to be free to direct themselves. Their teachers must actively involve them in the learning process and serve as facilitators, guiding participants to their own knowledge rather than supplying them with facts.
   - Adults have accumulated a foundation of life experiences and knowledge— that may include work-related activities, family responsibilities, and previous education. They need to connect learning to this knowledge/experience base. Draw out participants’ experience and knowledge relevant to the topic.
   - Adults are goal-oriented. They appreciate an educational program that is organized and has clearly defined elements. Instructors must show participants how this learning will help them attain their goals.
   - Adults are relevancy-oriented. They must see a reason for learning something. Learning has to be applicable to their work or other responsibilities to be of value.

And just because you’ve assigned the role of preceptor doesn’t make you a good one. Assigned vs. emergent leadership considers whether a title designated is simply due to a formal position granted vs. leadership entrusted because of the way others respond to the person— leadership that emerges as a result of qualities demonstrated (Bryman, 1992). However, most nurses who are “assigned” this leadership role are pleasantly surprised once they get involved in the experience. “In a crisis, nurses who thought they did not want to be preceptors may be called into service and then find the role surprisingly rewarding, performing with skill despite earlier reservations” (Krugman, 2005, p. 2). They find that sharing their expertise is invigorating.

### The Coach Approach

**“Telling isn’t teaching, and listening isn’t learning.”**

The goal is to use resources wisely— to work smarter, not harder. It is best not to spend your time doing for them, or answering their questions outright. Telling isn’t teaching and listening isn’t learning. Refer the nurses you precept to search policies, drug books, nursing textbooks or professional organizational standards to discover the answers to their questions. Be willing to give a homework assignment: to research care standards for a particular patient or complete a chart audit. This promotes thinking and checks willingness to grow, which also reflects on performance evaluation. Remember to seek assistance from your staff development specialist as a resource when needed. This nursing professional can assist both the preceptor and the newly hired nurse, and is skilled in strategies for facilitating adult learning as well as directing you to available resources such as live classes, online courses, journal articles, books, practice guidelines, training websites, etc.

In addition, the preceptor coach should periodically meet with the nurse manager to discuss any concerns for skill progress, clinical performance, critical thinking, time management, or even personal preceptor stressors. The manager can be a wonderful resource for stress reduction as well as for brainstorming ideas with the preceptor. If the orientee is not demonstrating full readiness for safe, independent practice by the end of the assigned orientation period, the preceptor and manager should together determine extending the orientation and develop a plan of action with deadlines for achievement, then come together again at the predetermined time to reassess readiness. It is crucial that the preceptor notify...
the manager and/or educator early in the process if he/she observes significant behavioral or clinical issues in the orientee. Patient safety is always the ultimate priority in all that a preceptor considers.

Gloom or Bloom? A nurse who thinks critically is at all times a safe nurse. Stimulating critical thinking in your orientees will protect patient safety. Create in them thought processes that prevent “failure to rescue.” “Today this phrase is used to describe clinicians’ inability to act quickly when a patient’s life is at risk. [We] need individuals who can do the right thing for the right reason” (PMSI, 2007). Development of this high-level skill in the orientee will prevent a gloomy outcome for the patient.

Similar to Maslow’s hierarchy of needs, Bloom’s taxonomy of cognitive thinking is a progressive ascending hierarchy where basic level expectations must be met before one can progress to higher levels:

1. Knowledge of Specifics – Memorization and regurgitation of facts and data (such as knowing a normal blood glucose range).
2. Comprehension – Understands meaning. Recalls and restates data (such as understanding what an abnormal blood glucose means to the patient’s health).
3. Application – Uses information from knowledge and comprehension in new situations, has fundamentals (such as knowing what to do the next time a patient’s glucose is abnormal).
4. Analysis – Priority setting; transcends gaps in data (the ability to differentiate the urgency of a blood glucose of 65 vs. 48 and correlating it with patient symptoms and history of hypoglycemic episodes).
5. Synthesis – Problem recognition (the ability to “see” that a patient is hypoglycemic based on signs/symptoms and promptly taking appropriate nursing actions).
6. Evaluation – Judgment and rationale (the “art” and “insight” of nursing: applies concepts, pathophysiology, rationale, etc., to every situation).
"Take the Plunge into Precepting"

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Objectives:
- At the completion of this educational activity, the nurse should be able to:
  1. Identify personal traits applicable to the precepting role.
  2. Explain the need for preceptors in today’s nursing world.
  3. Describe principles of adult learning.
  4. Apply Bloom’s taxonomy of cognitive thinking to coaching strategies.
  5. Recognize the value of preceptors to organizational recruitment, retention, and cost savings.

How to earn One Contact Hour:
1. Read the article.
2. Complete the post test questions.
3. Fill out the registration form.
4. Send registration form, post test, and a check for $12.00 to:
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   - The University of Texas at Arlington
   - Arlington, TX 76019-0197
   - Box 19197

5. Send before November 15, 2010.

Within three weeks after receipt of your post test and registration, you will be notified of your results. A passing score is 80%. If you pass, your CE certificate will be forwarded to you. If you do not pass, you will be notified and may repeat the test once at no cost.

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Post Test Questions for Continuing Education Credit

Objective 1 was met.        1     2     3     4     5
Objective 2 was met.        1     2     3     4     5
Objective 3 was met.        1     2     3     4     5
Objective 4 was met.        1     2     3     4     5
Objective 5 was met.        1     2     3     4     5

The objectives were relevant to the overall purpose.
1     2     3     4     5

The activity met your expectations.
1     2     3     4

List two ways that you will integrate what you learned in this activity into your practice and/or work environment:

The following were disclosed:

Requirements for successful completion
- Yes
- No

Conflicts of interest
- Yes
- No

Commercial support
- Yes
- No

Non-Endorsement of Products
- Yes
- No

Off-label use
- Yes
- No

Did you perceive any bias that was not disclosed in this activity?
- Yes
- No
- If yes, please describe:

State the number of minutes it took you to read the article, complete the test and evaluation.

Registration Form and Test for Continuing Education Credit