Acknowledgements

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Purpose

The purpose of this course is to offer an overview of the role of the nurse manager in staff professional development. This course reviews the concept of preceptorship and its value as a staff development tool.
Learning Objectives

After successful completion of this course, you will be able to:

1. Describe the role of the nurse manager in professional development of staff, referring to the Select-Educate/Train-Support Model.
2. Explain how effective collaboration between the nurse manager and staff educator fosters professional development of staff members.
3. Identify characteristics of effective preceptors and how to assess those characteristics.
4. Explain how the nurse manager interfaces with the preceptor education/training program.
5. Describe specific strategies nurse managers can employ to support effective preceptorship, including:
   a) Policies and procedures
   b) Staff assignments
   c) Performance appraisal and coaching
   d) Quality management techniques
   e) Recognition/reward systems

Professional Development and Staff Competency

The nurse manager has responsibility for assuring competency of staff members.

\[ \text{Staff Competency} = \text{Ability} + \text{Willingness} \]

To perform competently in any and all aspects of care and expectations, staff members must be BOTH able and willing to perform (Case Di Leonardi, 2008).

\textit{ABLE} = The staff member possesses the knowledge, skills, and attitudes needed to perform competently.

\textit{WILLING} = The staff member places high priority on putting into action the knowledge, skills, and attitudes that comprise competent performance.

Sounds simple, doesn’t it? But sometimes system problems, a manager’s priorities, or a staff member’s personal difficulties, lack of confidence, or unprofessional attitude interfere with willingness even though the staff member has the ability to perform competently.
Think About It

You are a nurse manager and an alarming number of medication errors are occurring on your unit. You and the staff educator decide to assess the nurses’ learning needs with a pretest.

What will you do in this situation?

Your organization’s P&P recognizes 8 rights:
   1. Right patient
   2. Right medication
   3. Right dose
   4. Right route
   5. Right time
   6. Right patient education
   7. Right documentation
   8. Right of the patient to refuse a medication

All of your nurses are familiar with the 8 rights and have answered this question correctly on the medication exam, but you know that medication errors on the unit are resulting from failure to observe these “Rights.”

What’s wrong with this picture? What will you do?
Ability + Willingness

Ability:
In general, staff educators handle the ability component of the staff competency equation. Staff educators assess competence (knowledge) and competency (performance). Staff educators design, implement, and evaluate staff education with the goal of arming staff with the necessary knowledge, skills, and attitudes that underlie competency.

Willingness:
In general, the nurse manager handles the willingness component of the staff competency equation. The nurse manager sets expectations for staff and manages the environment and the systems within it to remove barriers to competent practice. Nurse managers evaluate staff members’ competency in the performance appraisal process.

When there’s a gap between desired performance and staff members’ performance:
Failure of staff members to perform competently may indicate either a compliance problem, a learning need, or both. Sometimes the nurse manager needs to learn how to effectively use education resources for staff and how to set and enforce expectations.

The compliance problem belongs to the nurse manager. The learning need belongs to the staff educator. However, addressing the problem effectively usually involves both.
Nurse Managers and Staff Educators: Partners in Competency

When nurse managers and staff educators collaborate effectively, staff members develop professionally and competency flourishes.

Effective collaboration between manager and educator identifies staff members’ learning needs accurately and facilitates staff learning. Together, the manager and educator employ a variety of tools to identify learning needs of staff. The educator may survey staff members about their perceived learning needs. Many other sources can provide essential information, including:

- Quality improvement findings
- Risk management data
- New patient populations, clinical services, and equipment
- Evidence-based practices and practice bundles
- Patient satisfaction feedback
- Feedback from members of the interdisciplinary team

What other sources can assist you to identify staff learning needs in your setting?
**Collaborating in the Education Process**

Once they have identified the learning need, the staff educator designs an education process to address the need. But, the staff educator cannot design an effective program in a vacuum.

The nurse manager:
- Provides feedback about what formats and time frames will work best for the proposed education process.
- Identifies unit resources and resource persons to support the educational effort.
- Schedules staff members to participate in the educational activity and enforces the expectation that staff members will participate.

The nurse manager can give input to the educator about methods and formats that will work for the staff. When the educator incorporates these recommendations, the manager is more likely to empower staff to participate in educational activities.

The staff educator assesses staff members’ preferences in learning and incorporates a variety of teaching/learning methods. To facilitate positive outcomes of education, the staff educator connects the learning with the resources available in the practice setting.

What resource persons and reference materials are present on your unit to enhance staff learning?
Collaborating in Performance Improvement

Once the staff educator has designed and implemented the education process with staff members, the educator measures staff satisfaction with the process and staff members’ accomplishment of the objectives.

Staff members may accomplish the objectives, but it is unlikely that they will consistently implement their learning in practice over time unless the manager enforces that expectation and creates an environment that facilitates compliance.

What reminders can help staff members cement the newly learned behaviors – Badge buddies? Posters? Computer pop-ups? What other reminders might work well on your unit?

The nurse manager and staff educator again collaborate to evaluate the outcome in the practice setting.

What do the manager’s observations, audits, and feedback from staff members and other pertinent people indicate about the effectiveness of education? What, if any, follow up do managers and educators need to plan?
Collaborating in the Evaluation Process

For education related to certain specific competencies, it may be important to evaluate beyond whether staff members are complying with newly learned behaviors. For certain high-stakes education that is important to many stakeholders in the organization, it may be important to determine what impact staff learning has upon organizational goals such as infection rates, staff retention, or other organizational priorities.

For some education, it may be desirable to determine the return-on-investment and cost/benefit ratio. Evaluation at the fiscal level requires quantifying the dollar value of the impact, such as cost savings related to reduced infection rate, savings in staff time or supplies or, other impacts of the education. A major contributor to the cost of education is paid staff time and educators’ time.

Because many variables in addition to education enter into performance improvement, it is rarely possible to attribute progress in organizational goals and priorities to education alone, but education does often make a significant contribution.

Evaluation of impact, return-on-investment, and cost/benefit ratio is difficult and time consuming. To effectively evaluate at these levels, educators and managers must collaborate to identify data points and collect data that will provide meaningful answers.
The BIG Picture of Staff Competency

Think about the competencies you expect of staff members.

Take a view from 30,000 feet to get the BIG picture of staff competency.

Think about any given competency that you expect of staff members, whether it’s completing the initial patient assessment, documenting pain assessment and management, precepting effectively, or any other competency you expect of staff. In the BIG picture of staff competency, you can take a long look and notice that there are 3 distinct, and yet interrelated components to staff competency (Case Di Leonardi, 2008).
The Select-Education/Train-Support Model

**Select:** You choose staff members for your unit based upon the credentials they present: licensure, certification, experience, expectations, and other criteria that you set for unit staff. You select staff members to participate in certain education programs, such as charge nurse training or preceptor training because of their willingness and potential ability to serve in these roles.

**Educate/Train:** You know that staff educators, or perhaps others in your organization, will provide the education and training that staff need to function competently in their roles: orientation, charge nurse training, preceptor training, and other learning opportunities for staff members.

**Support:** Nurse managers provide support by scheduling and expecting staff to participate in education, by enforcing the expectation that staff members will practice what they have learned, and by managing the environment in a fashion that facilitates staff members’ ongoing practice of what they have learned.
Selecting Preceptors: Who Are You Looking For?

The four categories of the effective preceptor’s attributes include (Case Di Leonardi & Gulanick, 2008):

1. Person Attributes
2. Attitude Attributes
3. Knowledge Attributes
4. Skill Attributes

Selecting Preceptors: Person Attributes

<table>
<thead>
<tr>
<th>Person Attributes</th>
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<tbody>
<tr>
<td>Warmth</td>
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<tr>
<td>Sense of humor</td>
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<tr>
<td>Maturity</td>
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<tr>
<td>Self-confidence</td>
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<tr>
<td>Charisma</td>
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<td>Experience with success &amp; failure</td>
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Case Di Leonardi & Gulanick, 2008
Preceptor as Authentic Leader

The concept of authentic leadership describes an inspirational style of leading others, based upon the leader’s ability to know and accept himself in a positive way. The leader can then, with integrity and confidence, engage and motivate others around a common set of values (George, 2006).

Findings of one study (Giallonardo, et al, 2010) suggest that preceptors’ authentic leadership plays a role in promoting work engagement and job satisfaction of the new nurse. As an authentic leader, the preceptor displays self-awareness and self-regulated positive behaviors that foster development.

The confidence and integrity that the preceptor demonstrates as an authentic leader support the orientee’s identification with the preceptor and the organization, and promote a sense of trust and optimism.

Selecting Preceptors: Attitude Attributes

<table>
<thead>
<tr>
<th>Attitude Attributes</th>
<th>Description</th>
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<tbody>
<tr>
<td>Enthusiasm</td>
<td>Nurturance, patience</td>
</tr>
<tr>
<td>Desire to teach</td>
<td>Cultural awareness &amp; sensitivity</td>
</tr>
<tr>
<td>Willingness to take time with orientees</td>
<td>Acceptance of the responsibilities of the preceptor role</td>
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<tr>
<td>Respect for orientees</td>
<td>Effecting coping with work setting ambiguities</td>
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<tr>
<td>Support orientee autonomy</td>
<td>Comfort with the preceptor role</td>
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<tr>
<td>Concern for the orientee &amp; the orientee’s</td>
<td>Value for professional growth</td>
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<td>progress</td>
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Case Di Leonardi & Gulanick, 2008
### Selecting Preceptors: Knowledge Attributes

<table>
<thead>
<tr>
<th>Knowledge Attributes</th>
<th>Knowledge regarding interdisciplinary resources</th>
<th>Knowledge regarding P&amp;P:</th>
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<tbody>
<tr>
<td>Solid specialty knowledge base</td>
<td></td>
<td>• Unit-based policies</td>
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<tr>
<td>Knowledge regarding orientation plan, including:</td>
<td></td>
<td>• Personnel policies</td>
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<tr>
<td>• The orientee’s learning in general orientation &amp; nursing orientation</td>
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<tr>
<td>• The plan for unit-based orientation</td>
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<tr>
<td>• The tools used to guide, track, &amp; assess the orientee’s progress toward the necessary competencies for safe practice on the unit</td>
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<tr>
<td>Knowledge regarding orientee learning style, learning needs, &amp; objectives</td>
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Case Di Leonardi & Gulanick, 2008

### Selecting Preceptors: Skill Attributes

<table>
<thead>
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<th>Skills Attributes</th>
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<tbody>
<tr>
<td>Clinical skills</td>
<td>Problem-solving &amp; decision-making skills</td>
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<tr>
<td>Teaching skills</td>
<td>Delegation skills</td>
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<td>Coaching skills</td>
<td>Conflict management skills</td>
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<tr>
<td>Managerial skills</td>
<td>Team building skills</td>
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<tr>
<td>Corporate leadership skills</td>
<td>Communication skills</td>
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Case Di Leonardi & Gulanick, 2008
Assessing Staff Members’ Precepting Potential

You probably will not find every desirable attribute in one particular staff member. But you will find more of them present in some staff members than others. And perhaps you can awaken some of the lacking attributes. For example, you may identify a staff member who is an excellent clinician, with outstanding interpersonal skills, and an interest in professional development, both her own development and that of others.

But, this great candidate doesn’t express much interest in precepting. Talking the nurse into it may engender resentment and prove ineffective. But, can you awaken in that nurse a desire to contribute to someone else’s professional development? Can you help the nurse connect with the great value of precepting in building a competent staff whose members work well together? Can you offer to support the nurse in the process, including scheduling the nurse for the preceptor education/training program?

Observe your staff members in their interactions with patients, families, and other staff members. Look for the preceptor attributes in their behavior.

Preceptor Burnout

One hazard to avoid in selecting preceptors is burning the preceptors out by continually calling on the same staff member to precept. There may be some who so enjoy precepting that continuous precepting contributes to their job satisfaction. But there are others who need a break from precepting and feel most satisfied when there is variety in their practice.

Most preceptors continue to develop their skills in precepting as they gain experience in the preceptor role. However, when the role adds additional stress to the staff nurse role, even experienced preceptors who enjoy precepting are likely to decline the preceptor assignment.

Identify the stressors that affect preceptors on your unit and take all reasonable measures to alleviate the stress for the preceptor. Possible measures include adjusting the preceptor’s patient care assignments, assigning an “associate preceptor” when the work schedules of preceptor and orientee do not coincide, giving other staff members roles with the orientee during orientation, and other measures that will be explored later in the course.

Selecting and assigning preceptors is an easier task when potential preceptors perceive the manager’s active support for the role.
A Prevention Plan for Preceptor Burnout

One plan that both prevents preceptor burnout and enhances development of staff creates a team approach (Beecroft, et al, 2008). A team of two staff members precepts the orientee. One team member has approximately one year’s experience on the unit. The other team member has longer experience in the specialty, on the unit, and has also precepted previously.

During the early weeks of orientation, the lesser experienced staff member serves as primary preceptor, in consultation with the more experienced team member. The less experienced staff member can recall the experience of initial introduction to the unit and the many questions and challenges during the first weeks. As the novice-to-expert model (Benner, 1984) recommends, often the person who is only one phase ahead on the novice-to-expert continuum serves as a better guide than one who is more advanced.

After the initial weeks, the more experienced preceptor takes over precepting the orientee. The preceptor team members consult with each other, facilitating professional development for each of them and for the orientee as well.
Selecting Preceptors with Education/Training in Mind

Leaders in most healthcare organizations recognize the key importance of preceptors in helping new staff gain competency, confidence, and a desire to remain with the organization. Most organizations offer programs to help preceptors gain the skills they need to function effectively.

The education department may periodically offer a preceptor course or the organization may support online preceptor education programs from outside sources. And if no program is offered, the manager might consider sponsoring preceptors’ participation in outside programs.

When selecting preceptors, it is important to consider which of the desirable preceptor attributes the preceptor can acquire in an education/training program. For example, patience, sense of humor, history of both successes and failures, clinical expertise are all desirable attributes. However, the potential preceptor probably will not develop those attributes in a preceptor education program. The potential preceptor probably WILL learn coaching skills, skills in assessing learning needs, giving feedback, and other important preceptor skills.
Assessing Characteristics of Effective Preceptors

You might supplement your own observations of potential preceptors with a formal unit-based process. One ICU established an Orientation Committee to develop, monitor, and improve unit-based orientation (Davis, et al, 2009).

The Committee designed an application that asked preceptor candidates to indicate why they are interested in precepting and to identify their strengths, previous experience, and qualities they believe to be important for a preceptor. The application also asks that they list unit and professional involvement.

The Committee also created a Staff Feedback Form for Preceptor Applicants. Using this form, staff members express their opinions of the applicant’s readiness to precept. The Committee then reviews the application and feedback forms and makes recommendations.

If the Committee determines that the applicant is not ready to precept, it provides specific action plans to guide the applicant in working toward the role. Recommendations have directed applicants to work on professional development in the areas of clinical skills, communication, organization of patient care, and unit involvement.

Applicants who are accepted as new preceptors receive guidance and support in the form of strategies for developing teaching skills and formal classes. After initial guidance and education, the Committee determines whether the applicant should begin precepting, function as a co-primary, or act as a primary preceptor.
Think About It

Your organization has a well-developed preceptor training program. Generally you have been satisfied with what your preceptors have gained from the classes. They plan their assignments well and give appropriate attention to the orientees’ learning needs. They give continuous, clear feedback to the orientees’ about their performance and set weekly goals for orientation with the orientees.

However, when it comes time to prepare the orientation competency documentation, the preceptors do a very superficial job and you are finding that you have to supplement the documentation by meeting with the preceptor and the orientee together and then adding additional information.

What can you do to improve this situation?

Identifying Resources for Preceptor Education/Training

Some organizations set a standard that all preceptors must complete preceptor training. If your organization has no such standard, you might start a trend by establishing such a standard for preceptors on your unit.

The opportunity to receive preceptor education, often for continuing education credit, may be an incentive in recruiting preceptors. Preceptor education is well worth the investment. When you set the expectation that your unit preceptors receive training, you are indicating the value you place upon competent precepting and the preceptors.

If your organization offers a preceptor education program at regular intervals, you are fortunate. Not only because preceptors receive needed training for their role, but because as a part of the organization and a consumer of this “education product,” you have the responsibility and opportunity to give input about the skills nurses need to precept effectively on your unit.

Give feedback to the educators who conduct preceptor education. Draw upon your own experiences of orienting with a preceptor, or perhaps serving as a preceptor for others.
Interfacing with Your Organization’s Preceptor Education/Training

If your organization offers a preceptor education program,

- What are the objectives?
- Do they include the skills that are most important for a preceptor on your unit?
- What are the content and learning methods of the program?
- What can you do to reinforce the preceptors’ learning when they are functioning in the role?

When you learn the objectives of the education program and the skills that preceptors have mastered in the program, you can enforce the expectation that the preceptor will demonstrate those skills when functioning in the role.

If you identify skills that your preceptors need, but if the program fails to address, give that feedback to the program planners. They will value your input as a part of the learning needs assessment.

You will need to schedule your preceptors for in-house education. Select staff members to participate and schedule them as far in advance as possible to demonstrate the value you place on the preceptor role and those staff members who precept.

State Resources for Preceptors

Nursing leads in formalizing preceptorship and preceptor training. Although many healthcare disciplines use preceptor models for clinical teaching of students and staff members, nursing has led in developing and improving preceptor programs. Both medicine and pharmacy have developed resources for preceptors, mostly targeted toward preceptors of students and residents. Respiratory therapy has identified the need for standardized preceptor training (Rye & Boone, 2009). A Canadian study identified needs of dietitian preceptors (Nasser, et al, 2011).

Some states, such as Wisconsin and Vermont, and Canada have developed resources for preceptors, including the following websites:

- Vermont Nurses in Partnership
  http://www.vnip.org
- Wisconsin Nurse Residency Program
  http://www.marquette.edu/nursing/nursing-residency-program/
- Centralized Preceptor Education Project Canada
  http://www.cpep-net.ca/
Outsourcing Preceptor Education/Training

If your organization has no preceptor education program, assess the appropriateness of learning opportunities such as workshops, self-study programs, and online courses. Enlist your unit-based educator and preceptors to assess these resources and make recommendations to you.

If you have identified outside resources in the absence of an organizational program, you will need to sponsor the preceptors from unit educational funds and establish a policy about if and how the preceptor’s time spent in the education process is compensated.

Supporting Preceptorship: Policies & Procedures

Your organization’s P&P may describe the orientation process, the competency assessment and management process, preceptorship, timeframes, and expectations for documentation.

As with all aspects of practice, it is important to comply with organizational P&P. In the event that you decide to dismiss a new employee after the probation period, it will be important to show that the employee received an orientation in compliance with P&P.

Within the framework of organizational P&P, you may find it useful to establish and formalize specific practices as a part of your unit-based orientation plan.

Whether as a policy or as a best practice, schedule the preceptor and orientee to work together consistently. To promote effectiveness and efficiency in the orientation process, the orientee must work with the same preceptor to the greatest extent possible, especially at the outset.

When another preceptor must become involved for whatever legitimate reason, a hand-off report system will facilitate continuity.
Your Unit’s Preceptorship Model

Your organizational and unit structure and resources define what preceptorship looks like on your unit, but not entirely. You may have a strong education department, a unit-based educator, a shared governance structure that includes an education council, orientation resources within a healthcare system of which your organization is a part, and other resources – or maybe not.

Whether you have many resources or few, a unit-based orientation with a strong preceptorship component can help your unit soar in staff satisfaction and staff retention. Create an environment that highlights the high value you place on unit-based orientation.

You might appoint a unit-based orientation committee to empower staff. You might charge the committee to take an evidence-based approach by searching the literature for effective approaches to orientation and preceptorship and to create a plan for ongoing evaluation and improvement of your unit-based orientation.

Organizational & System-Wide Networking for Preceptors

Preceptors grow professionally and experience support when they have the opportunity to network with other preceptors. Your unit could take the lead in the organization by proposing house-wide preceptor meetings recurring at regular intervals. These “Preceptor Grand Rounds” could include preceptors’ presentations of challenging precepting situations and best practices, discussion of journal articles about precepting, educational sessions about clinical teaching, and other topics and activities.

A virtual networking process and/or preceptor listserve via your intranet might be a great support and opportunity for ongoing improvement.
Building Preceptor-Orientee Rapport

The relationship between orientee and preceptor is key to the orientee’s progress in developing competency, confidence, and rapport with staff colleagues.

When preceptor and orientee each knows his or her own learning style and the learning style of the other, the preceptorship is more effective – even when their learning styles differ (Brunt & Kopp, 2007). Several learning style assessments are available on the Internet at no charge, or perhaps your education department has resources to offer. Even without a formal learning style assessment, including some discussion of how each learns in their introductions to one another may enhance their working together.

A welcome letter from preceptor to orientee in advance of unit-based orientation may help get the relationship off to a good start (Pierson, 2009).

As in any relationship, clear and mutually understood expectations of one another are crucial to success (Case Di Leonardi & Gulanick, 2008; Barker & Pittman, 2010). Expectations may be formalized and shared in written form with both parties at the outset of the relationship and revisited throughout the course of preceptorship.

One reasonable expectation of the orientee is that the orientee should take an active role in the relationship. The RN.com course, Orienting with a Preceptor, offers some specific suggestions for becoming a proactive orientee.
Supporting Preceptorship: The Preceptor’s Patient Care Assignment

Selecting the preceptor, providing for preceptor education/training, and assigning the preceptor to precept the orientee is only the beginning. The manager makes preceptorship effective by adjusting the preceptor’s patient care assignments and by intentionally engaging staff members who are not precepting in the orientation process.

To precept effectively, the preceptor needs a reduced patient assignment. Two specific precepting techniques require more time than a full patient load permits:

*Thinking-out-loud*

The preceptor not only demonstrates patient care and coaches the orientee, but also explains what the nurse does in a given situation and the rationale. The rationale includes not only “why we do it this way,” but also “what adverse events might occur if we fail to do it this way.”

*Coaching and Feedback*

As a learner, the orientee will take more time to complete patient care activities than experienced staff. The preceptor needs to be able to allow the orientee time to actually perform care and receive coaching and feedback. Certainly it would be more efficient to just let the orientee observe the preceptor, but the learning process depends on active involvement and feedback on performance.
Supporting Preceptorship: Staff Assignments

_It takes the whole unit to “raise” a new nurse._

Every staff member benefits when a new staff member is ready to take on a full patient assignment. Every staff member has a role to play in the orientation process. Roles may include:

- Taking an extra patient assignment to free the preceptor to precept.
- Acting as an “associate preceptor” who receives a hand-off report when the preceptor and orientee are not scheduled together. The associate preceptor or off-shift preceptor role facilitates continuity in the orientee’s learning experience. When the preceptor collaborates with the associate preceptor, the orientation process continues more effectively, and more efficiently as well.
- Working with the orientee on specific aspects of care. All staff members have particular strengths and particular aspects of care they enjoy. Staff members and orientees can get to know one another and begin to build collegial relationships while building the orientee’s skills.

Promoting staff involvement requires an ongoing communication process about the orientee’s learning needs and opportunities. With the many activities that occur simultaneously on a busy nursing unit, staff involvement will not occur naturally. Someone must accept responsibility for overseeing staff involvement – it may be the preceptor, unit-based educator, assistant nurse manager, or charge nurse.

Set the expectation that all staff members have roles to play in orientation, and then delegate the responsibility to make it happen. When everyone is responsible, no one is responsible.
Supporting Preceptorship: Performance Appraisal

As a manager, you accept responsibility for documenting staff competency in the performance appraisal process. Precepting is but one dimension of staff nurse competency and does not apply to every staff member. However, it is important that precepting performance has bearing upon the performance appraisal of those staff members who do precept.

By including performance as a preceptor in the performance appraisal process, you are underscoring the high value you place upon precepting and those who precept.

The performance appraisal process includes setting goals and identifying professional development resources. For preceptors, some of the goal setting and resource identification should relate to professional development in the preceptor role (Ricchetti & Jun, 2011).

As a nurse manager, you will need to carefully appraise a preceptor. To do this correctly, you should not rely solely on your own observation of the preceptor. Other important sources of information should come from:

- The orientee’s performance
- The orientee’s evaluation of how well the preceptor facilitated learning
- The preceptor’s self-evaluation
- Feedback from others who have interacted with the preceptor such the unit-based educator
The One-Minute Preceptor

The One-Minute Preceptor has gained popularity in precepting and is often included in preceptor education programs. As a manager, you may find this tool useful when coaching preceptors and other staff members.

The tool provides a situation-specific guide for communication with a staff member whom you are coaching. It is particularly useful to facilitate development of critical thinking skills.

The One-Minute Preceptor: 5 Microskills

1. Get a commitment: “What do you think is going on?”
2. Probe for supporting evidence: “What led you to that conclusion?”
3. Teach general rules: “Many times when…”
4. Reinforce what was right: “You did an excellent job of…”
5. Correct mistakes: “Next time this happens, try…”


The One-Minute Preceptor: A Coaching Tool

The preceptor uses the tool to help the orientee think through a particular situation. When coaching the preceptor or other staff member, you might use the tool similarly. You may use the tool to help that person think through a situation, whether with an orientee, a clinical situation, or a situation involving other staff members.

Ask the staff member you are coaching: What do you think is going on?
Ask the staff member you are coaching: What led you to this conclusion?
Tell the staff member:
   • “Many times when this happens …” (Describe your view of the causes)
   • “You are doing an excellent job of …” (State specifically what the staff member is doing right)
   • Next time this happens, …” (Give advice)
Ask the staff member:
   • “What do you think? Do you have some other ideas that might work just as well?” (Get feedback)
   • “Let’s check in on this next week to see if this approach is helping.” (Follow up)
Using the One-Minute Preceptor to Coach Your Staff

- You ask the preceptor how the orientee is doing.
- The preceptor tells you that the orientee is still very dependent and keeps asking the preceptor what to do.
- The preceptor believes that the orientee knows what to do, but just needs reassurance and is afraid of making a mistake.

Putting the One-Minute Preceptor to Work

Ask the preceptor: “What do you think is going on?”
- What questions will you ask to get the preceptor to explore the situation?
- Is the orientee dependent about EVERYTHING? Just certain specific aspects? Or at specific times during the shift? Or when there’s a need to approach other team members or patients?

Ask the preceptor: “What led you to the conclusion that this orientee is too dependent?”
- Compare this orientee with others you may have precepted or observed on our unit.
- Tell me some examples of this orientee’s dependence.
- What did you say and do when the orientee asked you what to do?

Tell the preceptor: “Many times when you make it clear that you expect the orientee to go ahead, or at least tell you what she plans to do next, the orientee will rise to the occasion. It may be time to urge her out of her comfort zone by letting her know you expect her to act, or if truly uncertain tell her to plan before acting.

You are doing an excellent job of encouraging her and she is gaining competency. It is excellent too that you identify this need to foster independence while she’s still in orientation.

Next time this happens, resist the urge to answer her question or tell her what to do. Instead, ask her to tell you what she thinks she should do, or what specifically makes her uncertain. Give her corrective feedback if needed and be sure to congratulate her for signs of increasing independence.”
The One-Minute Preceptor: Feedback and Follow-Up

Ask the preceptor:
• “What do you think? Do you have some other ideas that might work just as well?” (Get feedback)
• “Let’s check in on this next week to see if this approach is helping.” (Follow up)

Think About It

Let’s suppose that you ask the preceptor how things are going with the orientee. The preceptor tells you that time management is a real problem for this orientee. What specific questions and statements can you use to help the preceptor address this problem? Think of some examples that fit with your own style of communicating.

Ask the preceptor:
• “What do you think is going on?”

Ask the preceptor:
• “What led you to the conclusion that the orientee has a problem with time management?”

Tell the preceptor:
• “Many times when …”
• “You are doing an excellent job of …”
• “Next time this happens …”

Ask the preceptor:
• “What do you think? Do you have some other ideas that might work just as well?”
• “Let’s check in on this next week to see if this approach is helping.”
Supporting Preceptorship: Quality Management Techniques

Managers have an opportunity to support preceptorship by incorporating aspects and outcomes of unit-based orientation into unit-based quality management projects. Research findings suggest potential quality indicators.

Outcomes of residency programs for new graduate nurses (Goode, et al, 2009; Lee, et al, 2009; Sandau & Halm, 2010; Welding, 2011) include increased comfort, confidence, and competence of the new graduate and decreased staff turnover. Research (Sandau, et el, 2010; Lee, et al, 2009) has documented positive patient outcomes, error reduction and organizational outcomes of organizational commitment, job satisfaction, and cost-avoidance achieved through staff retention.

Nurses who participated in residencies have maintained more realistic views of the professional nursing role. Though residency programs include educational support in addition to preceptorship, preceptorship is a key ingredient. Preceptors were perceived to be the most supportive of all the resources used during orientation (Saudau, et al, 2010).

Did You Know?

Some have suggested that the Centers for Medicare and Medicaid Services (CMS) should provide financial support for nurse residency as it does for medicine, surgery, and pharmacy residencies (Goode, et al, 2009).
Supporting Preceptorship: Quality Indicators

Indicators of quality directly related to preceptorship might include:

- Staff retention rate
- Length of time needed to achieve orientation competencies
- Measures of unit culture/morale/work environment
- Participation of staff in education/development activities
- Interdisciplinary feedback

More indirectly related, but potentially associated might be:

- Patient satisfaction
- Quality of care measures

Findings using these indicators might lead to quality improvement, including feedback to the preceptor selection process and the preceptor education/training program.

Supporting Preceptorship: Recognition and Rewards

When the healthcare organization and managers recognize and reward performance, staff members will be more likely to continue those behaviors. In the case of preceptorship, recognition and rewards might encourage staff members to take on the preceptor role.

Recognition and rewards function effectively ONLY when the recipient values the specific recognition and rewards. If you ask your preceptors what recognition and reward they would value, you will probably hear that they prefer a bonus or salary increase.

Many organizations reward preceptors in the clinical ladder system by granting credit toward advancement for precepting experience which is documented in orientation materials, preceptor and preceptee evaluations, and other forms of documentation. Some organizations give bonuses to preceptors and designated mentors based upon retention of the staff members who the preceptors and mentors guide. One organization pays a bonus upon successful completion of the new employee’s first, second, and third years of employment.

If your organization has no such program, might you and your manager colleagues propose one? Even if you don’t succeed, your preceptors will notice your efforts.
Supporting Preceptorship: One Organization’s Recognition Program

In most organizations, you will probably need to explore “What else?” besides monetary rewards which can help preceptors to feel valued.

Employers and peers must recognize preceptors in a simple and cost-effective way that is easy to implement and sustain (Biggs & Schriner, 2010; Lee, et al, 2009). One organization used the acronym PRIDE to represent its preceptor recognition program:

- Professional: The professional role of the preceptor
- Recognition: Development of a reward system
- Individual: Unique quality of preceptors used to enhance learning
- Dedication: Caring and commitment displayed by preceptors
- Education: Ongoing preceptor development

That organization holds an annual preceptor celebration which includes a photographic display of the organization’s official preceptors, cake, preceptor pins, and certificates.

The organization offers online preceptor education. The Staff Development Department publishes a biannual preceptor newsletter. The Nursing Excellence Awards, awarded during Nurses’ Week, include a preceptor category. Each preceptor who completes the preceptor education program receives a tote bag with the Preceptor Pride logo (Biggs & Schriner, 2010).

This is but one example of an organization’s plan to recognize and reward preceptors. What might work in your organization?

Supporting Preceptorship: Alternatives to Monetary Rewards

Some of the most popular preceptor recognition efforts include (Hyrkas & Shoemaker, 2007):

- Differential in pay
- Educational offerings
- Dinners
- Subscriptions to journals
- Tuition reimbursement
- Option to attend various conferences

But the important beginning point for developing programs to recognize and reward preceptors is to identify what rewards and recognition your preceptors perceive to have value. Rather than offering a list of choices, talk with them about possibilities. And then, before implementing the program validate with the preceptors that they support the proposal.
Summary

The nurse manager plays a key role in professional development of staff members. Nowhere is this role more evident than in effective preceptorship programs:

- Managers select preceptors.
- Managers facilitate preceptor education and training by giving input to staff educators about specific training needs, by scheduling potential preceptors for education, and by reinforcing the preceptor practices learned in the education program.
- Managers support preceptorship in a variety of important ways, including:
  - Developing and enforcing policies and procedures that support effective preceptorship.
  - Making staff assignments that facilitate effective preceptorship, including involvement of all staff members in the orientation process.
  - Validating and developing preceptors’ performance through performance appraisal and coaching.
  - Developing systems to recognize and reward preceptors.
  - Applying quality management techniques to measure and improve aspects of preceptorship.

Conclusion

By studying this course, you have learned:

- The role of unit leadership in professional development of staff, as described in the Select-Educate/Train-Support Model.
- How effective collaboration between nurse manager and staff educator fosters professional development of staff members.
- Characteristics of effective preceptors and how to assess those characteristics.
- How the nurse manager interfaces with the preceptor education/training program.
- Specific strategies unit leaders can employ to support effective preceptorship, including:
  - Policies and procedures
  - Staff assignments
  - Performance appraisal and coaching
  - Quality management techniques
  - Recognition/reward systems
Resources

**Centralized Preceptor Education Project Canada**
*CPEPnet is an online community, based at the University of Calgary Faculty of Nursing. The goal of the community is to provide clinical nursing instructors and preceptors with helpful hints, tricks of the trade and wisdom from the front line.*
http://www.cpep-net.ca/

**Distance Learning Courses**
Many preceptor training programs are available, including distance learning courses: *Being a Preceptor in a Health Care Facility* (Indiana University) http://nursing.iupui.edu/continuing/courses/hcfpreceptor.shtml and *Mosby's Preceptor Course* (MCStrategies/National Nursing Staff Development Organization) http://www.mcstrategies.com/preceptor/child/coursecontent.htm

**Journal for Nurses in Staff Development**
Subscribers can access collections of articles on various topics at the journal's website. Recently the editor compiled a collection of 33 of the best preceptor/precepting articles, 2007 - 2011.
http://www.jnsdonline.com

**National Nursing Staff Development Organization (NNSDO)**
NNSDO is a professional organization that advances the specialty practice of staff development for the enhancement of healthcare outcomes.
http://www.nnsdo.org/

**Preceptor Skills Resource Center American Society of Health-System Pharmacists**
http://www.ashp.org/preceptorskills

**Vermont Nurses In Partnership, Inc. (VNIP)**
Has more than a decade of experience with nurse internship program implementation and evaluation in agencies of varied demographics and location. Through this evolving work they have identified that three distinct levels of support are needed by those making transition into professional practice. These levels include:
- Precepting or clinical coaching
- Clinical mentoring
- Professional mentoring
http://www.vnip.org/
References


References (cont.)


**Please Read**

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