

Roles and Responsibilities

Becoming a Preceptor



Learning a new role requires 2 things:

1. Internalization of the values of that role. You don't just acknowledge what the values are, but you believe in them and apply them. Because you are a preceptor, you are considered a leader on your unit. You are expected to excel in service excellence. A few reminders:

- Avoid speaking negatively about the patients, other staff, the unit and the organization. Manage up those around you!
- There is a time and place for cell phone usage. If a call must be taken, be a good role model and take it in a private location.
- Strive for excellence in all you do.
- Use the acronym AIDET when communicating.

AIDET is a simple acronym to follow when communicating. AIDET stands for:

- **A**cknowledge: Make eye contact and greet people with a smile. Use their names if you know them. Create a lasting impression.
- **I**ntroduce: Introduce yourself to others politely. Escort people where they need to go rather than pointing or giving directions.
- **D**uration: Let others know if there is a delay and how long it will be. Apply service recovery methods when necessary.
- **E**xplanation: Inform others what you are doing, how procedures work and whom to contact if they need assistance. Talk, listen and learn. Ask, "Is there anything else I can do for you?"
- **T**hank you: Thank somebody. Foster an attitude of gratitude. Use reward and recognition tools.

(Rubin, 2014)

**Use AIDET to promote excellent
customer service!**

Becoming a Preceptor

2. You must have the knowledge, attitudes and skills necessary to carry out the responsibilities of the new role. You would not have been asked to serve as a preceptor if you didn't already have them!



Becoming a Preceptor

- Take a moment to think about some of the people that served as preceptors to you. What were they like?
- What qualities did your preceptors have?
- What made one stand out above others?
- What characteristics do you think of when you are describing the ideal preceptor?

Characteristics of a Preceptor

- There are 3 major categories of qualities that define an ideal preceptor, knowledge, attitude and skills. Please review the specific characteristics displayed within each of these categories. Notice which qualities you identified while thinking of your past preceptors.

Knowledge of...

- Policy and Procedure
- Practice Standards
- Unit routines
- Documentation
- Available resources
- Principles of teaching and learning
- Teamwork



- Principles of adult education
- Biculturalism

Attitude

- Respectful and respected
- Realistic
- Patient
- Open-minded
- Dependable
- Enthusiastic
- Supportive



- Positive
- Sense of humor
- Constructive
- Mature
- Competent

Skills

- Patient Care
- Communication
- Use of equipment
- Use of resources
- Interpersonal relations
- Work organization
- Problem solving



- Decision making
- Priority setting
- Delegation

Now Assess Yourself...

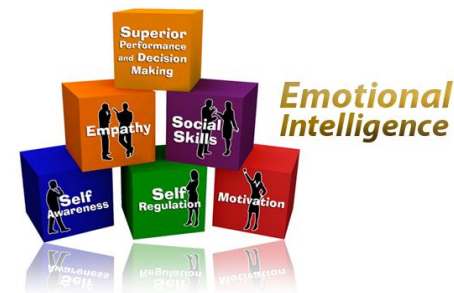
- Which preceptor qualities do you possess?
- Which do you feel are your best qualities?
- Which do you feel you could improve on?
- By answering these reflective questions, you are evaluating your own persona, a must when you are working with other people! Self-awareness is a necessity when evaluating your emotional intelligence.

What is Emotional Intelligence?

- Emotional intelligence is what helps us with people skills. It can be defined as “the ability to recognize your emotions, understand what they are telling you and realize how your emotions affect people around you. Emotional intelligence involves your perception of others; when you understand how they feel; this allows you to manage relationships more effectively”

www.mindtools.com

- Emotional intelligence is just as important, if not more important than technical skills.
- There are 5 personality characteristics that are displayed in people with emotional intelligence.



The Elements of Emotional Intelligence



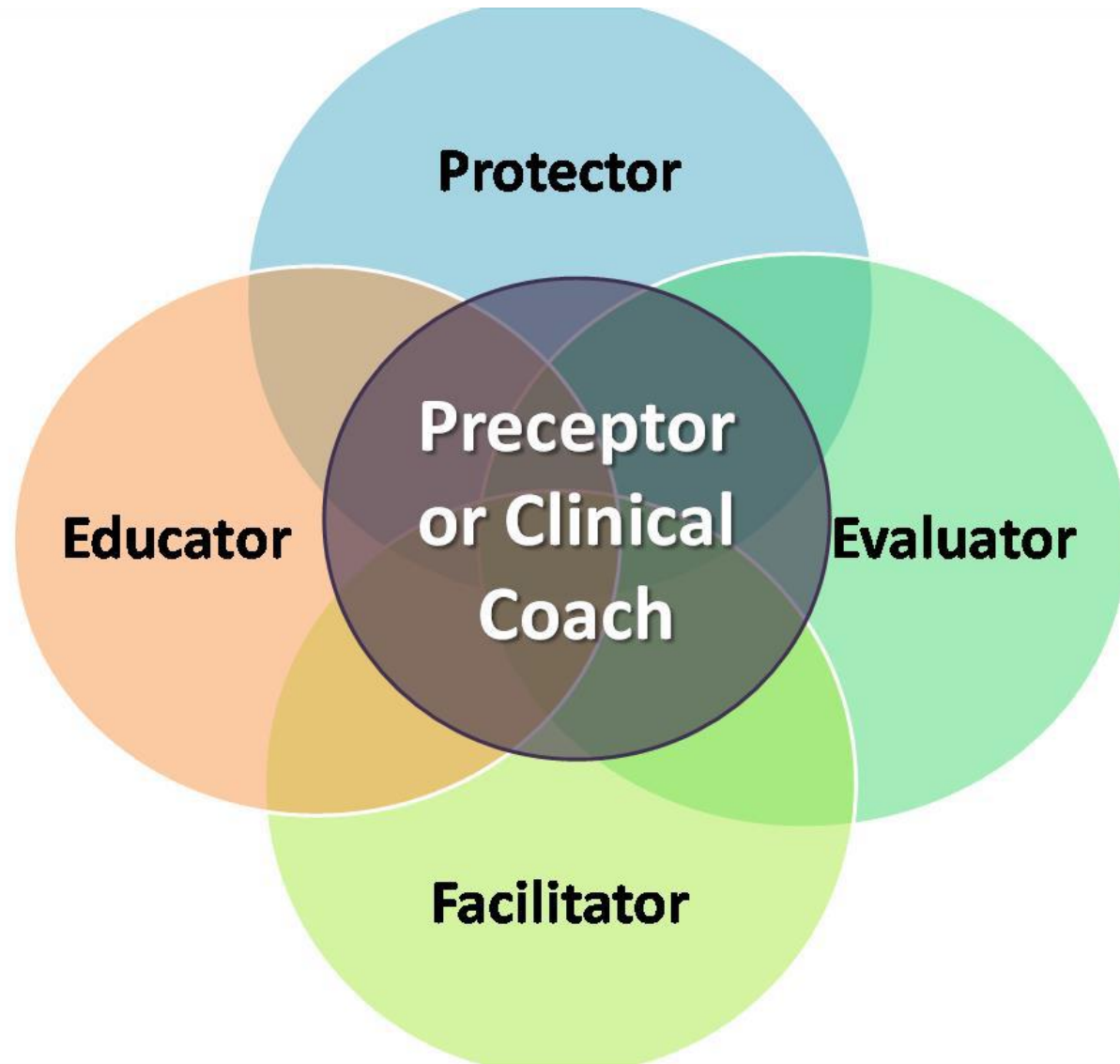
1. Self-awareness is the ability to recognize your own emotions and knowing what your strengths and weaknesses are.
2. Self-regulation is the ability to control your emotions and impulses. Think before you act. The ability to say no is included in self-regulation.
3. Motivation can be seen as productive, challenging and effective. Love what you do...it is your passion.
4. Empathy allows you to identify with and understand the people around you. You are able recognize emotions of others even before it becomes obvious.
5. Social skills help build and manage relationships. Being a team player and a good communicator enhances social skills.

Emotional Intelligence

- By striving to become emotionally intelligent and displaying characteristics of a preceptor, you are taking the first step to successful precepting!
- Now that we have identified which qualities make effective preceptors, lets discuss what a preceptor's role is.



Primary Preceptor Roles



The Protector Role



Protector – *Protects both patient and novice from adverse outcomes*

- o Ensures safe learning environment for the novice to study and practice in
- o Considers licensed scope of practice when assigning and delegating.
- o Ensures adherence to policy and procedure (standards of practice)
- o Supports developing skills while ensuring safe care, safe practice
- o Protects preceptee from adverse behaviors of others
- o Protects patients from errors in healthcare delivery
- o Protects the novice from making errors that might threaten self/others
- o Protects the profession of nursing – as the most trusted of HC professionals



The Evaluator Role

Evaluator: *Gathers evidence of safe and effective practice capability*

- Observes preceptee's clinical practice to collect evidence of capability level
- Ensures adherence to policy, procedures and standards of practice
- Discusses performance issues/concerns with preceptee & manager
- Documents observations of capability, or lack thereof
- Recognizes capability limitations in self and others
- Identifies delegation and/or accountability concerns
- Ensures that assignments are within scope of practice

The Educator Role

Educator: *Provides instruction and support*

- Assesses learning needs & learning style
- Plans learning activities collaboratively
- Implements effective learning plan
- Develops capability of preceptee
- Fosters Critical Thinking development
- Evaluates & communicates progression
- Provides safe environment for experiential learning
- Facilitates progression of “novice towards expert”
- Documents accomplishments & concerns daily



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Critical Thinking

- As preceptors go about their daily routine of nursing care, the preceptee absorbs much of what the preceptor says and does in situations with which they are confronted and then they seek to assimilate this role into their own practice. This is a great way to learn, but when the logic behind the actions is discussed critical thinking enhances.



Critical thinking develops through experience. The ability to critically think requires a knowledge base, interpersonal, technical and critical thinking skills. Over time one learns to recognize change in patient status, interpret assessment data and make appropriate decisions. They know when to ask for assistance and learn how to anticipate risk. Each of these requires the critical thinking ability.

(Alfaro-LeFevre, 2004)

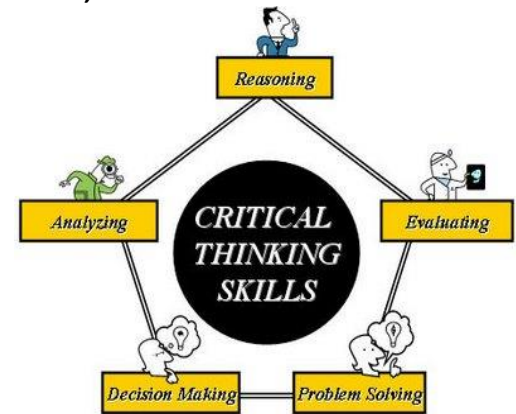


How you can Promote Critical Thinking

- Use open ended questions such as those starting with why, what, or how.

Examples include:

- How will you prioritize your care today?
 - What other interventions might work in this situation?
 - What else could be causing your patient's symptoms?
 - How will you know if your intervention was effective?
 - What if...?
- Look for patterns and trends. Discuss these with your preceptee.
 - Use intuition when problem solving. Critical thinking is logical and intuitive!
 - Seek advice when needed.
 - Think out loud and reflect on situations. Think and do together!



**The goal when critical thinking is to learn how to solve
problems in real life situations!**

Feedback: It is Imperative to Understand How to Give it and How to Receive it!

- “Feedback is a must for people who want to have honest relationships. A powerful and important means for communication, feedback connects us and our behavior to the world around us.”

(Rich, P., 2008)

- Often times feedback is viewed negatively so the delivery of feedback is extremely important. Watch this short video demonstrating the not so ideal way to give feedback! (Link to click on is in the course content.)

<http://www.youtube.com/watch?v=oQTl9JaHecE>

Here are a Few Suggestions for Providing Effective Feedback:



- Be supportive. Deliver feedback in a non-threatening and encouraging manner.
- Be direct. The focus of the feedback should be clearly stated. Be specific, genuine and honest. Focus on specific behaviors rather than general observations and keep it directed at the behavior, not the learner. Suggest alternatives to the behavior. Incorporate the word “could” rather than the word “should” when appropriate. Should can give the impression that a mistake occurred when often times feedback is given to help strengthen skills, not necessarily correct them.
- Be objective. Use “I noticed” instead of “you did/did not.”

- Be empathetic. By empathizing we can understand and acknowledge another's feelings, but we do not try to take on these same feelings.
- Be sensitive. Deliver feedback with sensitivity to the feelings of the other person. If in fact an error did occur, the new staff member will need encouragement. They may feel shame, weakening their confidence.
- Be considerate. Feedback is intended to not insult or demean. It is intended to be of value to the other person. Discuss areas needing improvement but don't dwell on the negatives. You must include positive feedback too! Tell them what their strengths are; what they do right.

- Be descriptive. Focus on behavior that can be changed, rather than personality. Feedback should be thoughtful rather than impulsive. Relate what effect the observed behavior had or could have had on the patient, co-worker, physician, etc. Describe the who, what, when, where and why of the situation. Focus on the safety of the patient!
- Consider timing. Provide feedback as soon as possible at an opportune time. Remind yourself...When will it be most useful for the preceptee?

feedback

It is Important to Give Feedback Often!

- If an emergency or event occurred during a shift, provide feedback as soon as possible regarding this situation.
- If a mistake occurs, provide immediate feedback to prevent further errors.
- Compliments are feedback. Praise their strengths daily!
- Discuss progress and goals frequently throughout orientation to assure you and your preceptee are on the same page. It is not fair to leave new staff wondering how they are doing!

So now pretend you are on the other end...Are you prepared to receive feedback?

- Since feedback is often perceived as criticism most people would rather give than receive feedback. But it all depends on the manner in which the feedback is presented.



- If feedback is given effectively by a respected individual, we should be open to hearing it. The next slide offers a few tips to consider when feedback is offered to you.

Tips for Receiving Feedback

- **Remain open:** Try to understand the meaning of the feedback.
- **Be responsive:** Be willing to hear what is being said and ask for clarification when needed. Try not to become defensive.
- **Stay respectful:** Recognize the value of what is being said and try to understand the personal behavior that led to the feedback.
- **Be sincere:** Be genuinely interested in getting feedback to improve yourself.

- Without feedback, we would never know what we are doing right or where we can improve. Receiving feedback shows that others care about us; They want us to do well. Don't fear feedback!
- Your preceptee will become more successful because of the feedback you provide and you will become a stronger preceptor when you accept feedback about your precepting style. Realize what can be gained from feedback!



If you find your preceptee struggling in a particular area look to these items as possible culprits:

- **Perfectionism:** Are they or you expecting too much? Setting goals can bring a realistic perspective on things.
- **Interruptions:** How can these be limited to enhance focusing?
- **Disorganization:** How are they organizing their shift from the start? Can you offer suggestions on what might work better?
- **Lack of prioritization:** Talk through the work with them to problem solve. Rationalize why you would choose what you do.
- **Inability to say “no”:** Wanting to tackle everything sounds ambitious, but too much can have a negative effect! Help them delegate the priorities as needed.
- **Too much information:** Are they overloaded or overwhelmed? Can you take a step back and focus on a particular topic or 2? Would taking a break to decompress help the situation?
- **Work style variation:** They might do things different than the way you like to do it. Offer them alternative tools to utilize.

What Should You do if the Preceptee Continues to Struggle?

- It is frustrating to both the preceptee and preceptor when goals are not being met or progression is not being made. It is important to identify any areas of concern early in the orientation process. As a preceptor, take the initiative to discuss the situation with your resources, such as Staff Development Nurse or Clinical Educator, the core and/or the Service Leader. Adding new staff to a unit is a team effort. You are not in this alone! Many times through discussions additional ideas may be drawn upon aiding in solutions.
- Be discrete when you do identify areas of concern. Do not to spread the concerns to the whole unit. Doing so may cause anxiety for the preceptee if he/she feels everyone knows of the struggle.

- The most common reason for employees to leave their job within the first year is because they do not feel that they “fit in.” (Baltimore, J, 2004)
- Because of this, it is so important to ensure teambuilding occurs. Co-workers must provide support and assistance to the preceptee during the orientation process! It is a joint effort of the entire team to promote safe practice and retention of the new staff member.



“It takes a whole village to raise a child”

African Proverb

***“It takes a unit to raise
a nurse.”***

Dr. Ruth Freed



The Facilitator Role

Facilitator: Acts as Role Model, Socializer & Team Leader:

- Introduces preceptee to team & other staff.
- Fosters integration into workplace culture
- Provides role model of “How to access the evidence”
- Role models reflective practice, reflective learning
- Acknowledges own limitations and uses available resources
- Helps preceptee settle into new role, environment and team.
- Gives constructive feedback, Speaks for self, Listens attentively
- Resolves issues as they arise; resolves conflict in proactive manner
- Acts as role model for self-development, professional comportment and attitudes
- Supports adjustment to all the new elements that the novice faces within transition
- Ensures consistent communication between manager, novice, and/or educator
- Enlists support of full interdisciplinary team for socialization and orientation process



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Test your Knowledge

- You are training a new staff member. A physician approaches her and angrily shares his displeasure regarding the care she is providing to his patient. Which preceptor role would you take in this situation?
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 - B. Educator
 - C. Facilitator
 - D. Protector

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Test your knowledge...

- You notice your preceptee is having trouble staying organized during the shift. Which would not be an appropriate intervention to explore with her?
 - A. Assess how she starts her shift and provide feedback.
 - B. Monitor how she prioritizes throughout the shift and provide feedback.
 - C. Help her identify a more efficient method to organize her information.
 - D. Go to the manager. You don't have time for this.

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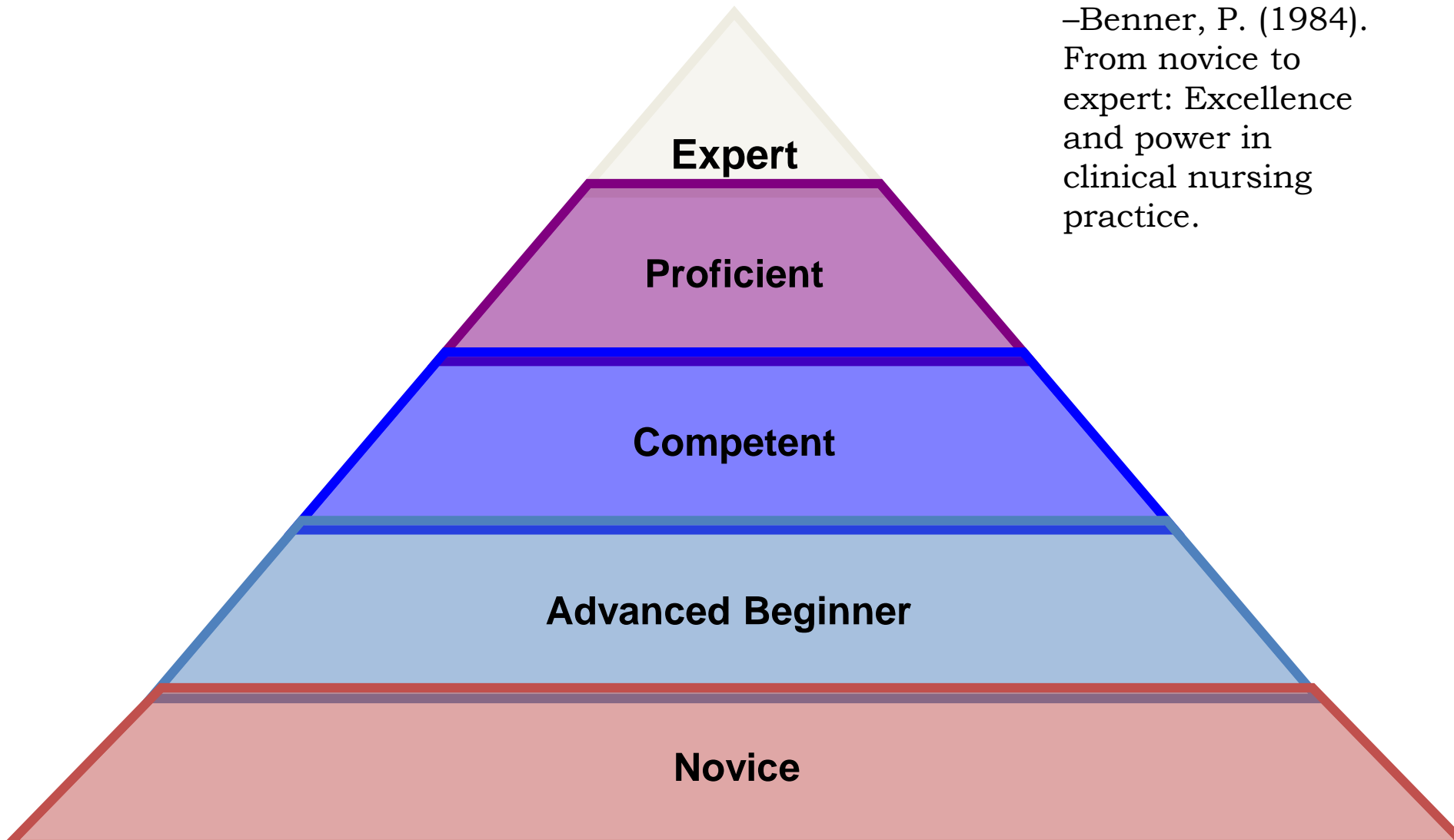
Novice to Expert



- Dr. Patricia Benner studied nurses in clinical practice. During this time she identified stages that nurses move through as they grow as practitioners. Many of you will recall the Novice to Expert Stages of Nursing Proficiency. Some organizations, including Methodist Hospital, have adopted this theory as part of their professional practice model. The model is displayed on the next slide.

Dr. Patricia Benner's Model of Skill Acquisition

Novice to Expert



-Benner, P. (1984).
From novice to
expert: Excellence
and power in
clinical nursing
practice.

During skill acquisition, three things happen.

1. There is movement from relying on abstract principles to the use of past concrete experiences.
 2. There is a change in perception of learning. Instead of seeing pieces, one starts to see the whole picture.
 3. There is passage from detached observer to involved performer. One becomes engaged.
- It is important to understand the different stages in order to identify your preceptee's progress and how you can help them work toward achieving the next level. The next slides will provide a brief review.

Stage 1: Novice

- The novice is a beginner. They have had no experience of the situations in which they are expected to perform, therefore they have identified limitations.
- Novices are task oriented. They need structure and repetition.
- Novices are taught rules to help them perform. The rules are context-free and independent of specific cases; therefore, they tend to be applied universally.
- A novice has no "life experience" in the application of rules.
- A person is typically considered a novice until they have 12 months of experience.



Stage 2:Advanced beginner

- Advanced beginners are those who can demonstrate marginally acceptable performance. They are capable. They have coped with enough real situations to note the recurring meaningful situational components. They still need guidance.
- Principles to guide actions begin to be formulated. The principles are based on experience.
- An advanced beginner can recognize common patterns and develops professional habits. They can perform tasks as asked but cannot think ahead, change course, or prioritize.
- The advanced beginner stage is met sometime during the first 1-2 years of experience.



Stage 3: Competent

- Competence develops when the performer begins to see his or her actions in terms of long-range goals or plans of which he or she is consciously aware. They are able to recognize their own thinking and analyze problems using abstract, analytic and deliberate contemplations of the problem.
- The competent person begins to see the big picture and they are able to perform independently. They have good prioritization skills and are able to critically think.
- A competent performer still lacks speed & flexibility unlike that of the proficient nurse, but does have feeling of mastery.
- A level of competence is typically obtained after a person has been on the job in the same of similar situations for 2-3 years.



Stage 4: Proficient

- The proficient performer perceives situations as wholes rather than in terms of chopped-up parts or aspects. They are able to see the entire clinical picture connecting to the big picture.
- A proficient performer takes in the patient's total needs and care and can recognize when the expected normal picture does not materialize. They are able to recognize abnormal findings.
- The proficient performer has the ability to think critically. They are organized and efficient.
- Can usually be found in nurses who have worked with a similar patient population for 3 to 5 years.



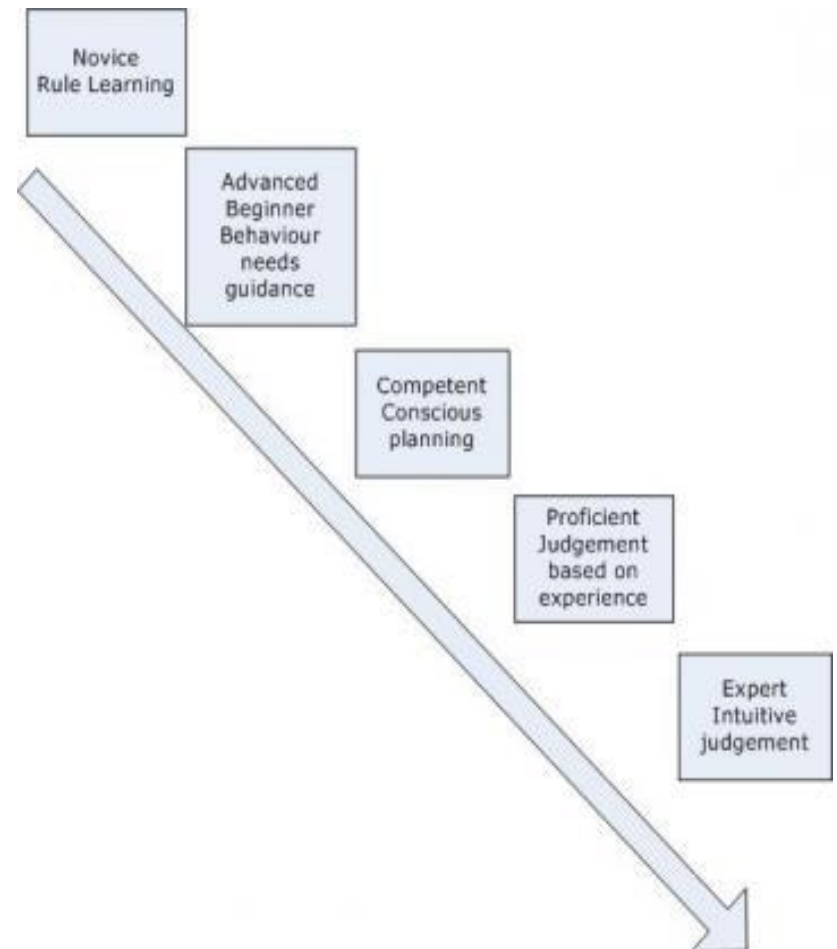
Stage 5: Expert

- The expert performer no longer relies on an analytic principle to connect his or her understanding of the situation to an appropriate action. He/she zeros in on the problem and goes straight to the solution rather than breaking it down into steps.
- The expert has an enormous background of experience and an intuitive grasp of each situation. The expert operates from a deep understanding of the total situation.
- The expert is able to recognize patterns and quickly make decisions.
- When critical thinking, intuition becomes prominent for the expert.



Novice to Expert

- Novice to expert progression happens over time.
- Keep in mind that orientees may perform at different levels in different situations.
- An example: Your preceptee may be an Advanced beginner in familiar situations, but a novice in unfamiliar situations.



What are the Differences Between Training a Staff Member with and without Experience?

- Inexperienced:
 - Longer time frame
 - Start off slower
 - More skill oriented
 - More feedback needed
 - Need time to build confidence
- Experienced:
 - Less time (usually)
 - More policy oriented rather than task oriented
 - Moves faster



* *Caution: an experienced new staff member may have too much confidence in themselves or the preceptor may be overconfident in an experienced new staff member's skills up front. Just remember.. they are new to the unit no matter how much experience they have!

How about a student?



- As a preceptor you may be asked to precept a new employee or a student. The roles and responsibilities are very similar, but the big thing you need to remember is that a student does not have a license!
- A student practices with you and your license. You must be cognizant of this when considering allowing them to independently perform tasks. If you are not sure, ask the clinical instructor.
- The school the student is affiliated with will have various forms of paperwork for you to complete when you precept a student. It is different than an employee's orientation paperwork. Be sure to inquire about the student paperwork once the student arrives to the unit to work with you!

Test your knowledge...

- You are training a new staff member. She completes tasks when asked, yet still needs guidance. She is developing professional habits, yet struggles with prioritizing and change. Which of Benner's novice to expert stages is she in?
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 - C. Competent
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