Fast Facts for the Nurse Preceptor

Keys to Providing a Successful Preceptorship in a Nutshell

Maggie Ciocco

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This book is dedicated to my family . . . thank you for your patience and love.
This book is also dedicated to all preceptors . . . remember, you model the future of nursing.
Contents

Foreword Linda J. Hassler xi
Preface xiii

Part I: Introduction to the Role of the Preceptor
1. Preceptorship in a Nutshell 3
2. Critical Thinking Skills 15
3. Organizing the Clinical Day 29

Part II: Components of Effective Preceptorship
4. Prioritization and Communication 45
5. Feedback 59
6. Delegation 71
7. Recognizing and Helping the Preceptee Who Is Struggling 81

Part III: Preparing the Preceptee for the Future
8. Conflict Resolution and Bullying in Nursing 97
9. Preparing for the Future 109
10. Helping the Preceptee Deal With Reality Shock 123
Part IV: Problem Solving and Clinical Tools

11. Concerns of the Preceptor  135
12. Preceptorship Competency Forms and Clinical Tools  149

Bibliography  163
Index  169
Foreword

Maggie Ciocco’s *Fast Facts for the Nurse Preceptor: Keys to Providing a Successful Preceptorship in a Nutshell* is one book you will want to crack open today! It is full of practical how-to guidance, evidence-based resources, and references for further reading, and it is a must for any nurse who has been a preceptor or may become a preceptor.

Ms. Ciocco unlocks what every new nurse preceptor needs to know to be successful with a preceptee, whether the preceptee is a nursing student in his or her final semester or a new nurse on orientation. The book covers everything necessary in a fast, factual, easy-to-read format. However, you do not have to be a new preceptor to benefit from it.

Many of us have had the misfortune of being “tagged” to be a preceptor without any formal nurse preceptor education. This book is a great resource for these seasoned nurses as well, with its comprehensive review of basics like shift organization, prioritization, communication, delegation, and conflict resolution. It also covers the dreaded reality shock that new nurses will face after the honeymoon phase, how to recognize those who are struggling, how to encourage critical thinking, and how to prepare for the future when the preceptorship is over. Throughout the book, Ms. Ciocco
gives great examples of problem-solving dos and don’ts, checklists, and forms.

Fast Facts for the Nurse Preceptor is also an excellent resource for educators looking to implement nurse preceptor programs in their workplaces, and a great textbook for preceptor students.

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As a nurse preceptor, it is your professional obligation to ensure that a preceptorship of the highest standard is provided. A high-quality preceptorship will help to ensure that the nurse or student, hereafter known as the preceptee, will deliver quality, patient-centered care that is safe and has its foundation in evidence-based practice.

The Institute of Medicine (IOM) and other health care agencies have conducted and published studies regarding the health care system in the United States. Two major themes emerged from their research: the issues of quality and safety, and their pertinence to professional nursing practice. In its year 2000 report *To Err Is Human: Building a Safer Health System*, the IOM revealed that as many as 98,000 Americans die every year “not as a result of their illness or disease, but as a result of errors in their care” (Ulrich, 2011). This report was followed in 2001 with *Crossing the Quality Chasm: A New Health System for the 21st Century*, which “identified health care quality issues, called for a radical redesign of the U.S. health care system, and proposed six quality outcomes: safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity” (Ulrich, 2011). In 2003, the IOM published *Health Professions Education: A Bridge to Quality*, which introduced a core set of competencies it felt
was essential to integrate into the education of all health care professions. In 2004, in response to a request from the Agency for Healthcare Research and Quality (AHRQ), the IOM published a report “specifically addressing the role of nursing and the nursing work environment in assuring patient safety” (Ulrich, 2011). In 2007, the Robert Wood Johnson Foundation (RWJF) supported a program called Quality and Safety Education for Nurses (QSEN). The purpose of the QSEN is to address “the challenge of preparing nurses with the competencies necessary to continuously improve the quality of safety of the health care systems in which they work” (Ulrich 2011). Quality and safety are paramount issues in nursing practice. It is because of this that they should be emphasized throughout nursing education and preceptorship. The QSEN team adapted the competencies developed in 2003 by the IOM and outlined the knowledge and skills for each competency. They are now utilized throughout areas in which nurses are educated and practice. They include:

- Recognizing that the patient should be regarded as a full partner in his or her care (patient-centered care)
- That nurses should be offered the opportunity to be full members of the health care team, able to openly communicate and share in the decision making to ensure quality patient care (teamwork and collaboration)
- That all care provided should be based on the most current standards (evidence-based practice)
- That patient care data should be collected and monitored to ensure that the outcomes of care and patient safety standards are continually improved (quality improvement)
- That the risk of harm to a patient is minimized (safety)
- That information and technology is used to communicate among health care professionals in order to lessen the chance for error, collect data, and support decision making (informatics)
In 2008, the RWJF collaborated with the IOM and instituted the two-year RWJF Initiative on the Future of Nursing at the IOM. The goal of the collaboration was to study the possibility of “transforming the nursing profession to meet the challenges of a changing health care landscape” (IOM & RWJF, 2010). The report produced by the committee, *The Future of Nursing: Leading Change, Advancing Health*, “makes specific and directed recommendations in the areas of nurse training, education, professional leadership, and workforce policy” (IOM & RWJF, 2010). Many of the recommendations have a direct impact in nurse preceptorship. For example recommendation number 3, the implementation of nurse residency programs, maintains that “state boards of nursing, accrediting bodies, the federal government, and health care organizations should take actions to support nurses’ completion of a transition-to-practice program (nurse residency) after they have completed a pre-licensure or advanced practice degree program or when they are transitioning into new clinical practice areas” (Ulrich, 2011).

The recommendations that apply to preceptorship of nurses are as follows.

- Implement nurse residency programs
- Increase the proportion of nurses with a baccalaureate degree to 80% by 2020
- Double the number of nurses with doctoral degrees by 2020
- Ensure that nurses engage in lifelong learning
- Prepare and enable nurses to lead change to advance health

The full list of recommendations and how they are being implemented on a state and national basis can be found at http://thefutureofnursing.org.

The goal of this text is to present a foundation for preceptorship of newly graduated registered professional nurses and student nurses.

*Maggie Ciocco*
REFERENCES


PART

Introduction to the Role of the Preceptor
Preceptorship in a Nutshell

Have you been made a preceptor because it was your “turn” to be one or you were assigned to be a preceptor by staff development? Many nurses are not given the choice of becoming a preceptor, and this is unfortunate. Preceptorship is a very important time for a nurse or nursing student. It is an important time for the unit and facility as well, because it lays the groundwork for future employees and their relationships within the facility. Preceptors should receive proper training on how to be a preceptor in order to provide the best experience to the preceptee. Not every nurse can or should be a preceptor. If you have an interest in becoming a preceptor, then take advantage of training opportunities available to you through your facility. Ask your staff development educator about continuing education opportunities that are available outside the facility as well.

After reading this chapter, the reader will be able to:

1. List five qualities of an ineffectual preceptor
2. List five qualities of an ideal preceptor
3. List 10 responsibilities of a mentor
4. List the phases of preceptorship
5. Describe the benefits of preceptorship
THE INEFFECTUAL PRECEPTOR

Why start a book on preceptorship listing the qualities of a bad preceptor? Because, as has been stated, the preceptorship of a nurse or student has far-reaching effects, influencing everything from the safety of the patient, to the quality of care the patient receives, and the employment, retention, and job satisfaction of the new nurse. If, when reading the following behaviors attributable to an ineffectual nursing preceptor, you notice that they reflect your teaching style, then take advantage of preceptor education. Recognize that these behaviors can be changed and that the most successful preceptors do not exhibit these qualities. You are an ineffectual preceptor if:

• You are unclear about the goals of orientation.
• You do not ascertain the preceptee’s skill and knowledge level prior to the start of orientation.
• You do not question the preceptee to determine if there are any patient care areas in which he or she feels weak (e.g., skills not experienced during nursing school or in a previous work experience).
• You do not introduce the preceptee to fellow team members and do not help the preceptee feel like part of the team.
• You do not orient the preceptee to the unit so that he or she does not know where items are located or typical procedures to follow.
• The goals and expectations for orientation are unclear and are not stated in writing.
• The goals you establish are not measurable.
• The goals you establish are not achievable.
• You do not review the goals for the day or for orientation with the preceptee.
• You are inconsistent in your communication style.
• You do not allow the preceptee time to practice skills prior to attempting them.
51. PRECEPTORSHIP IN A NUTSHELL

- You do not build new skills upon current skill level.
- You delegate to the preceptee beyond his or her skill level.
- You do not seek out new learning experiences for the preceptee but instead allow the preceptee to find learning situations on his or her own.
- You fail to provide guidance in the completion of a new skill, assessment, or other nursing function.
- Your clinical skills and technique are not evidence based or correct; you take shortcuts to save your time but in doing so may unknowingly endanger the patient. You pressure the preceptee to perform these skills as you do.
- You leave the preceptee alone during new patient care situations, endangering the patient.
- You allow the preceptee to do the work that other staff do not wish to complete.
- You are continually rude to the preceptee, fellow staff, families, and patients.
- You allow the preceptee to experience a lot of “down time,” for example by allowing him or her to “hang around” the nurses’ station rather than engaging in patient care or learning new skills.
- You frequently cancel scheduled meeting times with the preceptee, the unit manager, the unit educator, or faculty members, therefore allowing communication to break down among all parties.
- You allow the preceptee to be utilized as staff prior to the end of preceptorship.

FAST FACTS in a NUTSHELL

The preceptorship experience will be remembered long after the preceptee has left the facility. How the preceptor conducts both himself or herself and the orientation period will not only influence how the preceptee feels about the profession of nursing for years to come but the quality of care his or her patients receive.
6

1. PRECEPTORSHIP IN A NUTSHELL

YOU MIGHT BE A GREAT PRECEPTOR IF…

Preceptors affect how the preceptee “fits” (or does not fit) into unit society, as well as the preceptee’s skill development (or lack thereof) and his or her proficient (or poor) patient care. It should never be assumed by the facility or the nurse manager that a registered nurse with excellent clinical skills will automatically translate those skills to this new arena by naturally performing as an effective preceptor. The preceptor has many roles and must be able to understand and conduct them all well.

The ideal preceptor:

• Provides learning and practice objectives that are concrete and measurable and in writing
• Introduces the preceptee to members of the health care team and explains their role in the care of the patient and how they can be contacted
• Provides or shows the preceptee the location of key unit policies and procedure documents
• Accompanies the preceptee in all new tasks, skills, assessments, and experiences (never leaves the preceptee alone in a new situation)
• Never allows the preceptee to work above his or her scope of practice, and never allows others to ask this of the preceptee
• Objectively assesses the preceptee’s skills
• Provides constructive, not belittling, argumentative, or nonsupportive feedback
• Consistently seeks out new learning opportunities for the preceptee, introducing him or her to new skills and opportunities
• Identifies areas of concern in the preceptee’s learning and provides additional help and teaching, either by himself or herself, or by referring the preceptee to staff education or to the appropriate faculty member
• Completes all necessary paperwork and documentation regarding the successful (or unsuccessful) completion of the steps or preceptorship
BEING A MENTOR

Many mentors are preceptors, but not all preceptors are mentors, and that is unfortunate. The *Oxford English Dictionary* defines a mentor as “an experienced and trusted advisor.” Isn’t that what a nurse preceptor should be? To mentor another person is a form of fostering human development. The mentor is investing time, energy, and passion into assisting another nurse in becoming what he or she was truly meant to be. A mentor is above all a role model, not only to the preceptee, but to others in the profession. Mentors model the best of their profession in their interactions with others. A mentor is a respected and valuable resource not only to fellow nurses but also to many members of the health care team. So, knowing all this, shouldn’t all preceptors be mentors?

Do you have what it takes to be a mentor to a nurse or student?

- Mentors are usually the most enthusiastic and “gung-ho” members of team.
- They are the leaders, they desire to nurture a preceptee in their new role.
- They are the ones who think “outside the box” and will seek out situations in which to teach fellow team members.
- They actually embrace change rather than shying away from it, and see change as a way to improve patient care rather than impede it.
- They don’t just punch a clock or view their responsibilities as being limited by their time at work. They work until they have completed a task or project.
- They don’t hoard their knowledge, but are willing to share it with others.
- Mentors are also fully aware that they don’t have all the answers and are continually learning. They continually seek out situations in which the preceptee can grow both in skill level and in experience.
81. PRECEPTORSHIP IN A NUTSHELL

- Mentors don’t shield the preceptee from situations in which they may surpass them in experience and knowledge, and aren’t jealous, but actually cheer them on to excellence.
- Mentors exude empathy, knowledge, and patience for the preceptee, their patients, and fellow staff.
- Mentors are approachable and have good communication skills.
- Mentors have a strong sense of ethics. They incorporate ethical behavior into their teaching and communication in order to pass it on to other members of staff.
- They don’t take themselves too seriously and have a good sense of humor.
- They show respect for other nurses, students, fellow staff, families, and patients.
- They are organized and dependable.
- They have excellent clinical skills.
- They have a varied background in nursing.
- They are realistic in their goals for the preceptee and in their own practice.
- They know and understand that they are shaping a preceptee’s attitude about what constitutes excellence in nursing.

The key responsibilities of a preceptor who is a mentor include:

- Creating a welcoming environment for and working to develop a rapport with the preceptee (Hint: Take the preceptee to lunch or organize a mid-morning breakfast break to introduce him or her to the rest of the staff)
- Identifying the learning needs of the preceptee
- Organizing and coordinating the learning activities and ensuring that learned skills take place in practice
- Assisting the preceptee in meeting his or her stated goals
- Working in collaboration with staff education or faculty to set goals for the preceptee
- Supervising the preceptee in new learning situations
91. PRECEPTORSHIP IN A NUTSHELL

- Always acting in a professional and appropriate manner in any given situation; being a role model
- Providing patient care according to evidenced-based nursing practice standards
- Following facility policy and procedures and ensuring that others do the same
- Working in collaboration with other members of the health care team
- Acting as a leader to other members of the team
- Taking pride in being a nurse, no matter the degree earned or specialty
- Sharing stories of success and offering helpful tips on how the preceptee can be successful

There are many ways in which a successful preceptor who is a mentor positively impacts the preceptee. A few examples follow.

- Preceptees or staff members feel comfortable asking questions, irrespective of whether they think their questions might be “silly.” No one is belittled when they ask a question. The preceptor realizes that there are no “stupid” questions and never makes anyone feel as if they have asked one.
- Preceptees feel respected for what they can bring to a patient care situation, their interactions with fellow staff, and the learning environment as a whole.
- Preceptees are never made to feel uncomfortable or incompetent.
- Preceptees perceive that the mentor is able to empathize with them in their new role by being able to recall what it was like to be a new nurse, student, or employee. New or stressful situations are introduced by letting the preceptee know that the mentor was once in the same situation and understands.

Characteristics of a Successful Mentor

The list of responsibilities and characteristics of a mentor is practically endless because being a mentor can mean different
things to different people. It is clear, however, that mentors are committed professionals with a passion for nursing and a true interest in furthering the profession by giving of themselves. Once preceptorship is over and the preceptee has moved on, either as a student or in the role of staff nurse, the preceptor may take on the role of mentor. This should be considered when taking on the responsibility of preceptorship because your role in the life a preceptee extends past the end of the preceptorship. Characteristics of a great mentor include the following:

- The mentor is an active listener. He or she doesn’t assume to know the thoughts or feelings of others in any given situation but instead allows people time to express themselves in conversation.
- The mentor is consistent, and anyone working with him or her will know what is expected in their practice. Clinical and professional development goals are mutually agreed on, and they remain constant.
- The mentor shows a true desire to continually learn and to pass that love of learning on to others.
- The mentor continually challenges the preceptee to go beyond the expected, to continually question the norm and go further than current limits, and to envision the future of the profession.
- The mentor provides feedback based on objective observation of the progress (or lack thereof) of the preceptee.
- The mentor participates in continuing education activities and encourages others to do the same.
- The mentor assists with the growth of the preceptorship program by participating in ongoing evaluation and quality assurance.
- The mentor must also know that not all new nurses or students were meant to be nurses. He or she is not judgmental, or critical, but understand that a person’s skills, talents, and abilities may be suited to another area or practice or profession and will point this out in a caring and understanding way. The mentor will also guide the preceptee to the specialty or profession for which the nurse may be better suited.
1. PRECEPTORSHIP IN A NUTSHELL

The greatest impact a preceptor or mentor can have on the career of a nursing student is to treat that student as if he or she was already a fellow professional, whose contributions have a valuable impact on the care of the patient, because they do!

PHASES OF PRECEPTORSHIP

As with any relationship, preceptorship involves phases through which the preceptor and preceptee move. There is not always a clear demarkation between the end of one phase and the beginning of another. Many goals and tasks are ongoing throughout the preceptorship period. But all preceptorships involve at least two main phases: (a) an establishment phase, in which the preceptorship relationship is initiated and trust is established, and (b) a working phase, in which the educational plan is established.

Establishment Phase: Trust is Established

In this phase the preceptor:

• Seeks to provide a structured preceptorship, recognizing that anxiety felt by the preceptee may be decreased accordingly
• Begins, prior to the commencement of orientation, with the review of employee/orientation documentation, including competency documentation
• Meets and assists faculty or staff education in the planning of the preceptorship process
• Encourages review of the preceptee’s nursing skills through simulation prior to clinical placement, allowing
the preceptor to assess the preceptee’s preparedness for patient care
- Understands what the preceptee already knows, and needs to know
- Reviews with the preceptee his or her past clinical experiences, future career goals, and personal objectives; understands the preceptee’s learning style and how that can be addressed with resources available within the facility
- Thoroughly outlines the orientation plan with the preceptee
- Orients the preceptee to the unit/facility and introduces him or her to fellow team members
- Discusses how often formal communication will occur (weekly or biweekly) and with whom, in addition to daily informal meetings.
- Provides great continuity in the first days of preceptorship, when roles are established and boundaries are outlined
- Provides feedback to the preceptee in determining his or her progress
- Encourages open and honest communication

**Working Phase: Implementation of the Education Plan**

In this phrase, the preceptor:
- Is above all the role model for the preceptee, acting as consultant and resource person
- Presents experiences in such a way as to develop critical thinking skills in the preceptee
- Models professional nursing skills as they apply to theory and science, problem solving and decision making
- Encourages the preceptee to observe the preceptor and other staff as they care for patients and interact with other members of the health care team and families; discusses those interactions and observations with the preceptee
1. PRECEPTORSHIP IN A NUTSHELL

- Observes the professional skills of the nurse and provides regular feedback throughout this phase, including the preceptee’s goal achievement
- Evaluates the preceptee’s progress in learning and addresses any issues that are hindering learning
- Communicates regarding the care of patients, the feelings of the preceptee, and the recognition that ongoing learning is a daily occurrence
- Ensures that the preceptee is moving from a directed to a self-directed role, with the preceptee becoming more independent and the preceptor taking on a more observational role
- Ensures that goals are met, or that goals are reestablished, reassessed, and reevaluated as needed
- Ensures that the preceptee is completing facility- or institution-required documentation such as daily logs or competency checklists, thus enabling both the preceptor and preceptee to visually track progress
- May feel a sense of loss as the preceptor–preceptee relationship progresses and changes (This is normal; the change can be discussed between the two, acknowledging its existence, but realizing they are moving forward)
- Formally discusses any progress (or lack thereof) on the part of the preceptee with the appropriate institution or facility personnel, and documents same as required

WHAT’S IN IT FOR YOU?

Being a preceptor is not easy! Although this text speaks about an ideal setting in which preceptorship takes place, in reality it often occurs under less than ideal conditions. For instance:

- The preceptor may have his or her own patient assignment while orienting a new nurse who also has a personal assignment, thus doubling the work (but not the compensation) of the preceptor
1. PRECEPTORSHIP IN A NUTSHELL

- The preceptorship may be an attempt to satisfy unclear goals from the facility or school of nursing
- There may be a lack of support from nursing administration
- The preceptor may be unable to honestly evaluate a new nurse due to staffing pressures
- Preceptorship may result in a doubling of the amount of responsibility due to staffing pressures and decreasing patient safety

Preceptors may not be compensated for their time as a preceptor. They may be chosen because they are “next in line” to be used to orient new staff, and may not have received education in precepting. The institution may not value the preceptorship concept, and may utilize a new nurse as staff before orientation has ended or may not offer a comprehensive preceptorship program from the start. Perhaps, after reading this text and understanding how your facility supports (or does not support) the preceptorship model, you will feel empowered to begin the process of advocating that preceptors become valued by the facility, nursing management, and fellow staff at your facility.

What benefit does preceptorship have for both the preceptor and the preceptee? The rewards for the nursing staff, facility, and patients are many, such as:

- Both nurses learn new skills.
- A quality preceptorship ensures that excellent, safe care is provided.
- The preceptor assists a nurse in realizing his or her dreams.
- The preceptee grows in skill and confidence, utilizing evidence-based practice experienced in preceptorship.
- Educated preceptors help to ensure a decrease in staff turnover.
All nursing faculty and staff development educators agree that the skill of critical thinking is essential in providing safe and comprehensive patient care. Although all educators agree on this point, they are unable to agree as to what actually defines critical thinking. Because of this lack of consensus, teaching someone how to think critically can be difficult. It follows, then, that if there is no clear definition of critical thinking and no agreed-upon curriculum, the determination of how to evaluate the skill in the preceptee is also unclear. Even more challenging is how to integrate critical thinking into everyday nursing practice. With all this in mind, it is still essential that the preceptee be taught to think critically and that his or her ability to do so be evaluated. Critical thinking, problem solving, and decision making are crucial to the practice of the registered professional nurse.

After reading this chapter, the reader will be able to:

1. Define critical thinking
2. List the habits of critical thinkers
3. List three methods that promote critical thinking
4. List 10 teaching methods that promote critical thinking
5. List the steps of the Five-Minute Preceptor
2. CRITICAL THINKING SKILLS

WHAT IS CRITICAL THINKING?

The term critical thinking has been discussed in relationship to how a nursing student or new nurse is performing. “Are they thinking critically?” is an often-heard phrase in clinical nursing education. But what is critical thinking? Everyone from Socrates to Jean Piaget has a different interpretation and definition of critical thinking. However, there are commonalities among them and, generally speaking, scholars agree that critical thinking involves the following:

- It is an interpretation or analysis of an issue or problem, followed by evaluation or judgment.
- It requires that a person have knowledge about a particular subject.
- It is not a natural skill and it takes time and effort to learn.
- A person must be “willing to pursue ‘truth’ to wherever it may lie, persist through challenges, evaluate [his or her] own thinking fairly, and abandon faulty thinking for new and more valid ways of reasoning” (Nilson, 2014).
- It is learned by answering “challenging, open-ended questions that require genuine inquiry, analysis, or assessment” (Nilson, 2014).

In order to think critically, the preceptee should be able recognize patient care problems, identify alternative nursing interventions to provide care, and anticipate the outcomes of the care provided. Interventions should be based on the most current best practices. When preceptors ask questions of preceptees, they assist them in analyzing patient problems and finding the best possible solutions.

HABITS, CHARACTERISTICS, AND COGNITIVE SKILLS OF CRITICAL THINKERS

According to Rubenfeld and Scheffer (2015), critical thinkers have the following habits, characteristics, and cognitive skills:
• Confidence—in their reasoning abilities
• Contextual perspective—to consider the whole of the situation, rather than just parts
• Creativity—to be able to think “outside the box,” able to discover or restructure ideas
• Flexibility—to adapt, modify, or change thoughts, ideas, and behaviors
• Inquisitiveness—to actively seek new knowledge and understanding by multiple means
• Intellectual integrity—to seek the truth through honest processes
• Intuition—a sense of knowing without use of reason
• Open-mindedness—being open to different views and sensitive to own biases
• Perseverance—determination
• Reflection—looking back on an action to better understand and self-evaluate

Those that think critically have the following cognitive skills: analyzing, applying standards, discriminating, information seeking, logical reasoning, predicting, and transforming knowledge.

HOW TO PROMOTE CRITICAL THINKING

There are several ways to promote critical thinking in the preceptee.

Questioning (the Number One Strategy)

Questions should not be posed in rapid-fire succession or used to make the preceptee feel that he or she is not knowledgeable. On the contrary, questions should be used to elicit information and help the preceptee pull together information. The underlying purpose for the questions should be
clarified until the preceptee becomes used to this teaching style. For example, the preceptor might state, “I’m going to ask you a series of questions that will help you reason through your care of the patient.”

**FAST FACTS in a NUTSHELL**

Ask “why” and use open-ended questions to elicit information; it will lead to more questions that go into greater depth.

The nursing process is the basis for the care that we provide, and every nursing action should be addressed within that process, including critical thinking. The following list of questions that can be used to elicit responses based on the nursing process is adapted from Twibell, Ryan, and Hermiz (2005).

**Assessment**

- “Tell me about your patient.”
- “After assessing your patient, what other information do you feel that you need?”
- “What do you think is contributing to this lab (or test) result?”
- “What do your findings represent?”

**Planning**

- “Based on your assessment, what are the nursing diagnoses you’ve assigned to this patient?”
- “What are the next steps you are going to perform for this patient?”
- “What do you hope to achieve for your patient with these planned steps?”
- “If you take these steps, what will happen?”
- “What might happen if you don’t take these steps?”
• “Are the goals you have established for the patient measurable?”
• “Are the goals you have established for the patient attainable?”
• “Is there any aspect of care you can delegate to another member of the health care team”?
• Establish a priority list for the care of this patient. “What should be done immediately?” “What should be done next?” and so on.

**Implementation**

• “Why are you completing ___________ in this way?”
• “What action should you take right now?”
• “What are your plans for meeting the goals you have established for the patient?”
• “Why is this medication (treatment, lab work, etc.) needed?”
• “What are the side effects of this medication (treatment, etc.)?”
• “How will this medication (treatment, intervention) affect this patient?”
• “What assessment findings do you need to check prior to performing this action (e.g., obtaining vital signs, lab results)?”
• Prior to a skill being performed ask: “Why it is being done, how should it be done, what could happen if it is performed incorrectly, what precautions should be taken?”
• “What can the nurse do to assist the patient through a particular situation?”
• “How can you act as the patient advocate in this situation?”

**Evaluation**

• “How do you know the actions you have taken have been effective?”
• “Did the interventions you performed for the patient affect them positively or negatively?”
• “What evidence can you provide to demonstrate that your plan of care was effective?”
• “After evaluation, what changes would you make to the plan of care?”
• “What data are you reviewing that prompted you to change your plan of action?”
• “How would you reprioritize your care?”

**FAST FACTS in a NUTSHELL**

If the preceptee is unable to answer the questions, the preceptor should begin again with basic questions and build back up to more complex questions.

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**Review of Documents, Written Work, and Policies and Procedures**

It is helpful to have the preceptee review the written care plan already established by the nursing staff. By reviewing the care plan together, the preceptor can question the preceptee about different aspects of the plan. Even more helpful for the preceptee is for him or her to develop a care plan for the patient and then have the preceptor review the document and question the preceptee using the nursing process–related questions presented earlier. A few suggestions follow:

• Give the preceptee his or her assignment and ask the preceptee to review the patient record.
• Ask the preceptee to formulate a plan of care for the patient using principles learned in the classroom or clinical setting.
• Ask the preceptee what he or she thinks should be done, and to explain the rationale for the action.
• If you are reviewing a care plan that has been completed by another nurse, ask the preceptee to identify any alternate or additional ways he or she feels care could be completed.

Take time to review unit-specific and facility policies and procedures with the preceptee.
Conferences

Discussing the care that the preceptee will provide or has also already performed is important to developing critical thinking. Use the following positive comments and behaviors when speaking with the preceptee:

- “Tell me what you think.”
- “That’s a great idea! Let’s share it with others and see what they think.”
- “You’ve heard the issue; do you have a different idea how to solve it?”
- “If we do it that way, what are some of the possible outcomes?”
- “How did you come to this conclusion?”
- “Let’s explore some options.”
- “What are the possible reasons for ________?”
- “What would you do if __________ happened?” (You can also provide specific examples of a patient care issue and ask how the preceptee would handle the situation.)
- If a patient develops a condition or issue, ask the preceptee to draw a conclusion as to what may cause symptoms that are occurring. Also ask what assessments should be completed on the patient.
- Listen quietly, use patience, be enthusiastic.
- Find out what motivates the preceptee and utilizes this in your teaching.
- Be confident in the preceptee’s ability and skills.
- Acknowledge and reward the preceptee when he or she has used critical thinking skills. Document positive performance.
- Have high standards and do not deviate from them.
- Foster teamwork on the unit and with other health care team members.
- If an error occurs, point out what was right and then work to improve the system that may have led to the error.
- Use real-life case studies and stories.
2. CRITICAL THINKING SKILLS

- Assist the preceptee in getting involved with his or her profession.
- Encourage the use of the SBAR system (see Chapter 5 and the form in Chapter 12), which is an excellent format for critical thinking and planning of care.
- Help the preceptee discover new knowledge by research, questioning, and discovery.

Still More Ways…

To think critically, nurses must be capable of three actions: thinking ahead, thinking in action, and thinking back (Nurse Preceptor Academy, 2008). Break these down by encouraging the following lines of action and inquiry:

- **Thinking Ahead**: The preceptee must be proactive and be able to plan ahead for any complication or patient issue that could occur. Encourage this ability by asking:
  - “What complications could occur in this patient?”
  - “What issues will you have to manage?”
  - “What supplies or resources will you need to care for the patient?”
- **Thinking in Action**: The preceptee must be able to think while caring for the patient or think on his or her feet in the midst of stress. Encourage this ability by having the preceptee plan a simple procedure through to its conclusion, including assessments, gathering of supplies, and postprocedure assessment. Review with the preceptee the reasons the procedure is needed, the steps of the procedure, any potential problems and risks, and finally, any solutions to any problems that may occur.
- **Thinking Back**: The preceptee also needs to be able to think back to the actions that were taken in caring for a patient. He or she needs to be able to reason and analyze why these actions were taken and whether anything could
2. CRITICAL THINKING SKILLS

have been done differently. Asking the following questions will help in this analysis:

- “What was the most important patient issue to consider?”
- “Was the most important issue addressed?”
- “Of the facts that you have gathered, which was most important? Tell me why.”

--- FAST FACTS in a NUTSHELL ---

Another method of teaching critical thinking is to tell the preceptee what you are thinking and why you are doing what you are doing. Talk to him or her as you are performing a procedure, completing care, and so on. For example, you might state “I’m doing this because __________.” “I anticipate that this will happen, so I’m doing __________”

--- DOES YOUR TEACHING STYLE PROMOTE CRITICAL THINKING? ---

As a preceptor, your actions and teaching methods also influence how the preceptee learns critical thinking. Review your teaching style and ask the following of yourself:

- Do I evaluate the preceptee’s thinking style and give credit for his or her thinking process (i.e., “thinking out of the box”)?
- Am I confident in my reasoning ability?
- Am I inquisitive; do I look for answers and seek new knowledge?
- Do I use differing techniques in teaching to appeal to different learning styles?
- Do I encourage multiple questions?
- Do I assist others in finding information and resources?
- Am I open-minded?
- Am I able to describe to the preceptee what I am thinking?
2. CRITICAL THINKING SKILLS

- Do I decrease the anxiety of the preceptee by explaining my actions and reviewing care prior to providing?
- Do I use humor in my teaching?
- Do I acknowledge that competency in performance goes beyond merely performing the skill (copying the skills of another) to include being able to transfer knowledge learned into action?
- Do I use mistakes as an opportunity to learn and grow?
- Do I ask the preceptee to expand his or her answers by using open-ended statements such as, “Tell me more…”?
- Do I encourage collaborative learning between myself and the preceptee, knowing that we can learn from each other?
- Do I allow and encourage the preceptee to teach me?

THE FIVE-MINUTE PRECEPTOR

Medical schools have been utilizing a technique called the One-Minute Preceptor (OMP) to ascertain their students’ current knowledge level, cognitive process, and perceived plan of care. The medical preceptor can then provide immediate feedback within a short period of time. This method is not appropriate for use during nursing education and preceptorship because medical and nursing care are not interchangeable. Nurses must plan their care of the patient, incorporating aspects for all professions involved with the patient. Bott and colleagues (2011) changed the OMP principles, incorporating nursing processes and wording, and extended the time frame to better encompass all that the nurse must consider in the patient’s plan of care. Thus, the Five-Minute Preceptor was developed. The tool should be used when a specific situation is occurring with a patient, not for general information about the patient. (See Chapter 12 for further information.)
ARE THEY THINKING CRITICALLY?

You can determine if your preceptee is thinking critically by asking questions and observing behaviors. Review your preceptorship evaluation tools. Are critical thinking indicators built into them? If not, recommend that they be updated. Use the Critical Thinking Evaluation Check-Off List in Chapter 12 to assess the preceptee’s critical thinking skills.

HOW TO NOT PROMOTE CRITICAL THINKING IN THE PRECEPTEE

Unfortunately there are many nurses who don’t think creatively or innovatively, don’t act on their assessment findings, don’t follow up on a change in patient condition, or don’t advocate for their patients. These nurses may be using “traditional thinking” and have poor critical thinking skills. Elements of traditional thinking are found among the following list of ways to not promote critical thinking in your teaching style.

- Not learning from mistakes made by yourself or others
- Demanding that nothing changes; the “we’ve always done it this way” attitude
- Treating each patient issue in isolation rather than attempting to see how this action connects to other issues or causes
- Not connecting events with knowledge
- Not seeing beyond what is possible in the future
- Solving problems in isolation
- Demanding that things be done your way and no other
- Completing a task for the preceptee instead of allowing him or her to do so
- Allowing personal dislikes and prejudices to cloud your judgment
- Having a lack of self-confidence
2. CRITICAL THINKING SKILLS

- Having poor communication and documentation skills, and not working well with others
- Not furthering your personal education in both nursing and beyond.
- Imposing strict time limitations on decision making

As stated before, what you say and the behaviors you model to preceptees stay with them long past preceptorship and will affect them far into their nursing careers. We’ve all heard negative comments in our nursing education, perhaps used them ourselves on fellow staff or preceptees. Using the following statements when speaking to a preceptee (or any staff member) will stifle their thinking, learning, and creativity and negatively impact their self-esteem. Imagine the impact on patient care as well.

- “That’s a dumb idea” or “That’s a stupid question!”
- “We’ve always done it this way here” and “That won’t work here.”
- “You ask too many questions!”
- “It’s too complicated so I’ll just show you.”
- “Just memorize how to do this and don’t deviate.”
- “You spend too much time with your patients.”
- “We’ve tried that and it didn’t work.”
- “I can’t believe they didn’t teach you that.”

Also to be avoided are the use of nonverbal signs of boredom, anger, frustration or irritation, such as eye-rolling, smirking, sighing, finger-tapping, or constantly looking at a watch or clock.

EVIDENCE-BASED NURSING PRACTICE

Evidence-based practice (EBP) involves consciously using current best practice (clinical expertise, backed up by best available research evidence and taking into consideration patient and family preferences) in making well-informed
decisions in care of the patient. For years, schools of nursing and staff development have been teaching tradition-based nursing skills because “that’s how it’s always been done.” Now nursing is systematically analyzing current skills and care practices in light of best research evidence and ensuring that they are scientifically based. Schools of nursing and staff development are obligated to teach scientifically based skills and procedures, and this has changed the way we teach nursing in the clinical area. You must ensure that what you are teaching is evidenced based and not tradition based. In doubt about where to find the best possible literary sources of evidence based nursing for your practice area? Follow the guidelines listed in Chapter 12.

Remember:

- Although schools of nursing have revamped their curricula to reflect these changes, there are still practicing nurses who are not aware that skills and procedures have been updated. Before allowing another nurse to oversee your preceptee, ensure that what he or she is teaching reflects EBP.
- EBP has been proven to improve patient outcomes.
- EBP decreases unnecessary procedures and treatments.
- EBP decreases complications from procedures and treatments.
- EBP expands a nurse’s skill level.

REFERENCES

