CORE CONCEPTS for PRECEPTORS & FACULTY

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SCHOOL *of* NURSING

Core Concepts for Clinical Preceptors & Faculty

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Foundations of Precepting Module

Module includes:

- Roles
- Creating Safe Environments
- Personal Precepting Plans

Roles

Preceptor Roles:

- **Socializer:** Assist learner in interacting with/ becoming a team member, acculturating to the workplace, and balancing work roles and lifestyle priorities.
- **Educator:** Plan learning experiences, evaluate outcomes, provide feedback, adjust teaching styles to meet learner needs, and remember that the learner may have a style different from yours.
- **Role Model:** Show learner what to do and how to do it, encourage participation, and employ many communication pathways.

Creating Safe Environments

- Ensure that the learner is practicing within the scope of his/her competency while learning.

- Build a positive working relationship with the preceptee, and support similar relationships with coworkers.

- Establish clear goals and expectations for preceptees.

- Provide assessment, evaluation, and feedback for preceptee's improvement.

- Encourage preceptee's curiosity and self-direction.

Get the preceptee's perspective on the learning environment. This can assist the preceptor in becoming even better, assuring that the learning experience is adjusted to best provide a safe, supportive environment. Ask the preceptee to answer the following:

- Describe what went well for you today.

- Describe what did not go so well for you today.

- Today, I felt cared for by my preceptor because:

- Today, I did not feel cared for by my preceptor because:

Personal Precepting Plans

Five key aspects of a well-structured precepting plan:

- Knowledge and skills: Clarify what knowledge and skills are expected. Explore course objectives and unit orientation information to define expectations.

- Establish goals: Share learning objectives and expectations with the preceptee and collaboratively establish goals. Solicit preceptee's expectations and commitment to goals.

- Define your roles: Discuss your role with the preceptee, emphasizing facilitation of their learning. Define and develop a learning partnership to reduce preceptee anxiety.

- Identify questions: Generate debriefing questions you can use to discuss clinical situations, such as:

  ‣ "What went well with your intervention?"

  ‣ "What would you do differently?"

  ‣ "Are there components of care that were confusing?"

- Feedback approaches: Reinforce correct actions with affirmative language. Reassure the preceptee that you will work with him/her to avoid errors and improve practice. Be clear about correct behaviors.

Module includes:

- Evaluation Timing
- Feedback
- Supportive Learning Environment
- Measurement
- Constructive Feedback

Evaluation Timing

Evaluation conducted during clinical experiences is **formative.** Evaluation conducted at the very end of clinical experiences is **summative**. Both are useful when determining if a preceptee is meeting expectations as described in the course syllabus or preceptor program expectations.

Key components:

- What are you evaluating (and how is success measured)?

  ‣ Based on the specific objectives outlined in the syllabus for clinical courses

  ‣ Based on specific clinical objectives for orientations for preceptor programs

- Confirm that the preceptee has the same goal.

  ‣ Ask preceptee what he/she thinks he/she needs to know/learn from clinical time, and ensure these expectations are aligned with the program.

- Provide clinical experience.

- Measure achievement of goals.

  ‣ Use specific clinical tasks, knowledge of content, application, clinical reasoning; return demonstration and skill tests.

- Document success, failure, and/or remedial activities.

Feedback:

A key skill in evaluating a preceptee's progress is successful feedback. Ensure that you:

- Provide a private space for discussion.
- Describe behaviors specifically—reinforce positive behaviors and correct mistakes.
- Clearly identify and explain the performance that is required to succeed, as well as how to achieve that performance.
- Provide feedback at a regular time, and maintain the expectations you set regarding communication of feedback.

Supportive learning environments:

- Be open to questions.
- Provide constructive feedback to help learning and minimize stress.
- Role model effective behaviors and practices.
- Respect preceptee's dignity and self-esteem.
- Secure performance notes.

- Provide feedback privately.
- Understand preceptee's expectations, and provide a thorough orientation.

Measurement

The timeline for evaluation begins before the preceptee even arrives in the course or on the unit; keeping notes is essential. Remember that the process for conducting evaluation is as follows:

- Obtain a copy of the course syllabus/orientation objectives from the School of Nursing or unit administration.
- Meet with the preceptee to establish expectations. Encourage the preceptee to conduct an initial self-evaluation.
- Observe the student/preceptee.
- Complete formative evaluations and provide constructive feedback to the student/preceptee.

- Complete the summative evaluation tool and provide constructive feedback to the student/ preceptee.
- Provide the completed summative evaluation tool to the School of Nursing or unit administration.

Constructive Feedback

Preceptees should know exactly what will be required during evaluations as well as be able to gauge their own effectiveness at each of the evaluative components.

- Minimize all surprises with clear expectations and transparency in process.

- Private space for discussion

- Describe behavior—reinforce positive and correct mistakes.

- Performance needed to succeed and how to achieve—make it clear

- Regular time, clear expectations communicated

Evaluation Module

- When providing critical feedback, "sandwich" the feedback between two positive comments.

Module includes:

- First-Order Problem-Solving
- Second-Order Problem-Solving
- Selected Preceptor Challenges

First-Order Problem-Solving

First-order problem-solving means dealing with the issue immediately. This can often lead to difficult conversations because of confronting the problem immediately.

- Stop and think about the desired outcome from discussion.

- Think about how to confront the problem before anything is said.

- Dominating, "lashing out," or retreating means it is time to pause and rethink the approach and goal for the interaction.

Second-Order Problem-Solving

Second-order problem-solving means dealing with issues that contribute to the problem and preventing the problem before it occurs.

- **Proactive approach:** Create structured opportunities for sharing information regularly about patients, experiences, and expectations.
- **Timing:** Preemptive solutions need to be used before the problem arises. By the time someone's upset, it's too late for before-the-problem tactics.

Generally, preceptors combine first- and second-order problem-solving, depending on the situation.

Selected Preceptor Challenges

Disorganization:

- Provide feedback regularly and respectfully.
- Divide complex tasks into smaller pieces.
- Provide opportunities to develop successful practices that build confidence and capability.

Dangerous situations:

- Calmly correct patient safety oversights.
- If necessary, remove the preceptee from the environment.
- Debrief as soon as possible to clarify what happened.

Ethical problems:

- Confront preceptees because it's better to address ethical gaps early.
- Provide feedback on what meets and what fails to meet expectations for ethical conduct.

Culture of Caring Module

Module includes:

- Caring and Coworkers
- Caring and Patients
- Caring and Self

Caring and Coworkers

Role modeling: Role model caring behaviors to facilitate preceptees' development of a caring framework. Preceptors role model:

- The way nursing care is delivered;
- How the patients and families are addressed; and
- How coworkers are treated.

Six Types of Caring:

- Advocating:
  - ‣ Take the time to understand how preceptees learn.
  - ‣ Filter clinical experiences to best meet preceptees' needs, deferring experiences that would be too challenging and creating opportunities that match preceptees' readiness and learning.
- Welcoming:
  - ‣ Greet preceptees, and make them feel part of the unit, experience, activity, or event.
  - ‣ Smile, have an approachable personality, and encourage questions.
  - ‣ Through welcoming, preceptees feel more comfortable being open and asking questions.
- Including:
  - ‣ Include preceptees in activities on the unit, making them part of the "team."

Culture of Caring Module

- ▸ Introduce new activities such as unit committees, meetings, and other events to make preceptees feel welcome.
- ▸ By including preceptees, you help them begin to feel comfortable in the place of work/learning.
- Autonomy:
  - ▸ Provide preceptees enough autonomy to be challenging yet appropriate for the position and point-of-time on the unit.
  - ▸ Be physically present to help preceptees with complex problems and tasks, and be present emotionally to address questions and provide support if needed.
- Human connections:
  - ▸ Take preceptees "under your wing," and help new team members to become socialized to the unit and the profession.
  - ▸ Outstanding preceptors take extra time to make sure nursing interventions are understood and explain the correct way to conduct procedures.

- Feedback:
  - ▸ Provide feedback to help preceptees understand what they are doing well and/or need to improve.
  - ▸ Provide continuous, instructive feedback, concise information, and non-punitive discussions about ways a procedure may be done better or an intervention performed more seamlessly.

Caring and Patients

Heart, head, heart: Show empathy, caring, and emotion first; then focus on tasks, plans, and fixing. End with caring and empathy again.

- When role modeling care to the novice nurse, exhibit compassion and caring behaviors.
- The nurse is sometimes mistakenly seen as uncaring because of the focus on tasks. Make sure that the caring comes across to patients and families.

Caring scripts:

- **Actively listen to your patients' and their families' concerns:** Focus all your attention on the patients, acknowledging their feelings and reflecting them back.

- **Show caring nonverbally:** Match posture, tone, face, and emotions to your patients.

- **Utilize the blameless apology:** Express regret without taking the blame or blaming others.

- **Express your positive intent:** Explain why it is important and how it will help.

- **Express gratitude and sincerity:** Give the personal gift of positive regard.

- **Show patients that they are the main focus:** Be present in the moment and maintain eye contact.

Caring and Self

Concepts in this section include self-care, self-concept, and building resiliency. Preceptor should role model personal health.

Consequences of poor self care:

- Nurses leaving the profession
- Burnout
- Negative impact on patient care outcomes, increased medical errors

Self-care includes **self-renewal**, a core concept in stress management. Self-renewal involves holistic health promoting activities that foster a state of well-being:

- **Yoga:** Improves balance, core strength, lean muscle mass, and overall well-being. Stimulates mindfulness, and enables us to have a greater awareness of stressors and how we cope with them.

- **Walking:** Reduces rates of chronic diseases such as heart disease, diabetes, and obesity— an inexpensive and easily accessible form of physical activity.

- **Prayer:** Provides a sense of purpose, hope, and meaning.

- **Mindful meditation:** A process focused on paying attention to what is happening in the present moment and not allowing the mind to wander, solve problems, or think about the past or future. Increases mental clarity, improves concentration and the ability to handle everyday stressors in a more productive manner.

- **Progressive muscle relaxation:** Sequentially tenses and relaxes major musculoskeletal groups. Helps to reduce feelings of tension and stress while inducing relaxation.

- **Guided imagery:** Uses a combination of memory and imagination to recreate a relaxing scene.

Self-concept is a related concept. Self-concept is the perception a person holds of himself/herself. It affects thoughts, emotions, and behaviors. Preceptors can assist the development of positive self-concept among preceptees by:

- Gradual increases in workload
- Gradual increases in responsibility
- An organized orientation
- A positive preceptor relationship

Resilience is the ability to rebound from traumatic or stressful experiences.

Strategies to build resilience in nurses include:
- Focus on positive thinking, especially in the face of adversity.
- Work on emotional insight.
- Become more reflective.
- Taking care of your physical well-being.
- Achieve life balance and spirituality.
- Connect with friends and family.
- Take time and opportunity to laugh more.

- Writing can help build resilience:
  - ‣ Write an intention statement—identify areas in your life where you may be out of balance and describe how you want them to change.
  - ‣ Write down professional goals.
  - ‣ Identify experiences that validated you as a nurse.
  - ‣ Keep a gratitude journal.

Module includes:

- Effective Listening
- Constructive Feedback
- Conflict Resolution

Effective Listening Strategies

Focused attention:

- Devote your full attention to the immediate conversation.
- Demonstrate clear, visible engagement.

Appropriate body language:

- Use your body to demonstrate your focus and attention on the speaker.
- Turn your body to face the speaker, and keep an open body posture (i.e., not crossing arms).

- Nod and maintain eye contact* to show continued engagement and interest.

*Please note that eye contact is considered appropriate in some cultures, but it's not appropriate in others.

Acknowledgement:

- Paraphrase and repeat what you think you've heard.

- Clarify important details.

- If you've misheard or misunderstood a remark, use this time to resolve the miscommunication.

Suspension of judgment:

- Avoid judging or providing solutions until the speaker has finished.

- Avoid praise and positive feedback until the speaker has finished.

- Actions that prematurely end the conversation can discourage conversational partners from fully sharing in later dialogues.

Constructive Feedback

Constructive feedback definition:

- Specific to a learner's current behavior
- Validates a well-done performance
- Identifies behaviors to be improved, and includes specific suggestions for how to do so

Four frames:

When giving constructive feedback, pay attention to the four frames:

- **How is feedback being given?** (Timing, "I" statements, private, defined plan)
- What is being critiqued? (Start with learner self- assessment, describe behavior as "more or less," plan for improved performance)
- **When is feedback being given?** (As soon as possible, mutually convenient time)
- **How much is just right?** (About 10 minutes, focus on most important point)

Conflict Resolution

Ways to resolve conflict:

- **Denial:** Refusing to acknowledge or avoidance of the conflict

- Suppression: Smoothing over, de-emphasizing or minimizing differences temporarily

- **Power:** Use of dominance

- **Compromise:** Negotiating to meet needs

- **Collaboration:** Pooling expertise

- **General Strategies:**

  ▸ Directly communicate about the issue in a timely fashion when you are both calm.

  ▸ Focus on the patient's needs rather than your position.

  ▸ Seek a reasonable resolution, provided it does not negatively impact patient safety.

  ▸ If unable to resolve the conflict, "agree to disagree."

▸ Conduct conflict resolution in private and, ideally, in a neutral location.

▸ Employ mediators as needed.

The resolution process

Many people use this guide to help work through conflict. Sometimes, you may need to vary the formula to better meet the needs of the situation.

- Acknowledge the misunderstanding. Take responsibility, and apologize as needed.

- Actively listen.

- Explain your position.

- Review the facts of what happened and the collective goals (the patient).

- Brainstorm while deferring judgment.

- Appropriate management strategy to determine solution (compromise or collaborate)

Module includes:

- Clinical Reasoning
- Strategies to Teach Clinical Reasoning

Clinical Reasoning

Clinical reasoning is the application of critical thinking with other care factors to make better decisions regarding patient care and outcomes. Critical thinking is usually only applied to one problem at a time.

Clinical Reasoning and the Nursing Process:

- Assessment:
  - ▸ **Consider patient:** The explicit information is usually available on a chart or health record.

- ▸ **Collect cues:** Look for more information, conducting formal and informal assessments. Consider as many sources of information as possible. Be aware of filters and assumptions during this process.

- ▸ **Process info:** Explore context and meaning of the information, thinking about what data mean when compared together.

- Planning and Diagnosis:

  - ▸ **Identify problems:** Draw conclusions from data to identify possible problems in treatment or patient recovery.

  - ▸ **Establish goals:** All the problems are listed and prioritized, and the main problems become nursing goals.

- Intervention:

  - ▸ **Take action:** Implement nursing interventions based on goals and related case information.

- Evaluation:
  - ▸ **Evaluate outcomes:** Regather and reconsider whether expected outcomes were attained or not.
  - ▸ **Reflect:** Examine the whole process and evaluate thinking and reasoning, looking for ways the process could be improved.

Strategies to Teach Clinical Reasoning

Thinking aloud:

- Used to demonstrate the thinking process by speaking aloud thoughts and actions
- Allows the preceptor to model clinical reasoning
- The orientee is asked to think out loud to ensure all components of clinical reasoning are considered when making judgments about patient care.
- When thoughts are expressed out loud, you'll be able to more easily identify and address any issues with clinical reasoning skills.

Repetition:

- Use repeated structure and support to form a consistent model, which the preceptee can slowly internalize and routinize.

- Use a question-based script: don't tell the preceptee exactly what to do. Repeatedly ask questions that guide his/her thinking and care.

- Examples:

  ▸ What is the drug you should be administering to this patient?

  ▸ What is the appropriate dosage for Mr. Harris's medication?

  ▸ What is the time frame for administering dosages of this medication?

  ▸ How do you know this is the right patient for this medication plan?

  ▸ What is the appropriate delivery system for these meds and patient?

Correlation:

- Encourage the preceptee to broadly consider cues using many different realms of experience and thinking about the relationship of factors together.

- Connect relevant knowledge from nursing school, personal experience, or hospital work to the clinical situation at hand.

- Examples:

  ‣ Granddad had hypertension. He couldn't eat potato chips.

  ‣ Chips have too much salt for someone with hypertension. So why does Mr. Harris have chips in his room?

Sequencing:

- Direct the preceptee to order information and events into sensible, real-life patterns and processes.

- "Why" is important for sequencing—why do you think the next step is right?

- Examples:
  - ▸ Why question the patient after finding salty food?
  - ▸ Why educate after talking with the patient?
  - ▸ Why talk with the family after patient education?
  - ▸ Why talk with the doctor after meeting with the family?

Questioning:

- Shift the burden of learning from the preceptor to the preceptee.
- Your questions keep the preceptee's thinking moving. Ensure the preceptee drives the process with his/her responses.
- Examples:
  - ▸ What's the first thing you think you should do?
  - ▸ How can you find out if he's supposed to be wearing a nasal cannula?

▸ Do you think Mr. Harris should be eating chips and soda? Why?

▸ How can we find out who brought these foods into the room?

Accountability:

• Engage and connect learning with real-world outcomes.

• Move beyond completion of routine tasks, focusing instead on the bigger picture of patient outcomes.

• Instead of providing one-time answers directly, build independent thinking skills for the preceptee.

• Restructure and return comments and questions to force the burden of exploration to the preceptee. He/she should be responsible for learning and how to acquire knowledge.

- Examples:
  - ‣ What can happen to Mr. Harris if he can't control his hypertension?
  - ‣ How might repeated visits to the hospital affect his quality of life?
  - ‣ If soda is a factor, how can I help Mr. Harris now?
  - ‣ Where could we find out if soda is a problem for someone with hypertension?
  - ‣ What resources do we have available to find more information?