Preceptor Handbook

Faculty of Nursing
University of Manitoba

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2008

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REFERENCE LIST

PURPOSE OF THE PRECEPTOR PROGRAM

The preceptor program facilitates role transition from student to practicing nurse. Through the preceptor experience, the staff nurse assists the student to understand roles and functions of nursing, for example, decision-making, problem solving, how to communicate with other health professionals, organizational skills, and facilitates increased competencies in technical skills.

PRECEPTOR

A preceptor is a registered nurse selected to work in the clinical area with an undergraduate student on a one-to-one basis to enhance the preparation for clinical practice in professional nursing.

ROLE OF PRECEPTOR

OUTCOME	STRATEGIES
1) Provides an orientation for the student.	Develops and implements an orientation plan to include: • location of equipment, physical lay out of unit, process to acquire supplies, location of client record, the charting process, shift scheduling, and staff rotation, and explanation of nursing unit routines. • orientation of student to facility's emergency and special code procedures.
2) Maintains a current knowledge base which serves as a resource nurse role.	Explains policies and procedures to student highlighting interpretation and key points. Coaches student in solving clinical problems, recognizing and differentiating between the novice and expert learning curve. Recognizes novice practice in the development of expertise. Directs student to appropriate resources in seeking additional problem-solving information. Observes student demonstrating clinical skills and facilitates student's development of skill competencies. Incorporates principles of adult learning by explaining plans for assignments and soliciting student feedback on progress. Explains unit philosophy and incorporates application into unit operation and client care assignment.
3) Models professional nursing practice.	Demonstrates application of clinical procedures and coaches student in the execution of complex skills. Provides direction in problem-solving, advising on information generating and examining alternatives, while considering all resources available.

ROLE OF PRECEPTOR	
OUTCOME	**STRATEGIES**
	Assists student to set priorities which may include delegation of tasks.
	Guides and coaches student providing verbal and written communication by questioning and explaining relevance of required information.
	Participates in the socialization process introducing student to situations which will establish interpersonal/collegeal relationships.
	Demonstrates professional accountability by explaining rationale for decisions and client care outcomes.
	Demonstrates dependability by being available to student and providing constructive support.
	Coaches student in the art of acquiring peer respect.
4) Provides clinical supervision	Constructs a daily assignment, in collaboration with student.
	Provides learning activities appropriate to student's abilities.
	Constructs a learning environment to facilitate achievement of the student's goals and objectives.
5) Assists the student to adapt to the new role inherent in professional practice.	Provides a forum to reduce anxiety inherent in adjusting to new professional role.
	Schedules meetings to review student progress and exchange constructive feedback.
	Accepts feedback from student by collaborating in each other's professional development.
6) Contributes to the evaluative system which measures the student's progress.	Reviews progress and outcomes on identified student's goals and objectives.
	Observes student completing nursing care considering knowledge and utilization of nursing knowledge and experience.
	Submits a written evaluation of student's performance according to program standards and criteria.
	Recognizes importance of on-going collaborative communication with student to determine progress towards experience expectations.
7) Communicates with faculty and student to facilitate the functioning of the preceptorship experience	Understands the process for contacting the faculty member, as the need arises.

STUDENT

A student in the four year baccalaureate nursing program who is completing his/her final clinical practicum.

ROLE OF STUDENT	
OUTCOME	**STRATEGIES**
1) Student will exhibit responsibility with regards to preparedness prior to and during the preceptorship program.	Schedules meeting with faculty advisor (as negotiated). Understands the roles of preceptor/student. Knows the background of the facility and the unit. Identifies in writing his/her learning needs and objectives. Schedules an interview with his/her preceptor prior to the beginning of the preceptored experience.
2) Student will exhibit an understanding of the clinical area and the responsibilities expected of him/her during the preceptorship.	Knows and understands the philosophy of the unit. Knows the routines of the nursing unit. Familiarizes self with equipment, physical layout of unit, and acquisition of supplies. Familiarizes self with patient charts and records, and orientation of charting process. Familiarizes self with special emergency codes.
3) Student will exhibit professional nursing practice.	Delivers safe nursing care. Exhibits an ability to organize patient care. Communicates well with patients and staff. Demonstrates accountability. Demonstrates dependability. Gives and receives respect to and from peers.
4) Student will communicate with preceptor and facility in a mature and responsible manner.	Conveys his/her goals and objectives to preceptor. Revises his/her goals and objectives consistent with the clinical area. Is aware of faculty contact for "trouble shooting." Knows channels of communication for problem solving. Schedules meetings with preceptor to review progress and exchange constructive feedback.
5) Student will improve/increase knowledge base.	Uses his/her problem solving skills. Seeks out and utilizes available resources.

ROLE OF STUDENT		
	OUTCOME	**STRATEGIES**
		Seeks out challenging assignments and completes nursing care.
6)	Student will contribute to the evaluation system which will measure his/her progress.	Evaluates achievement of goals and objectives. Completes self-evaluation. Evaluates preceptorship experience.
7)	Student will contribute to the professional development on the unit.	Promotes understanding of nursing theoretical knowledge, shares his/her clinical knowledge with unit staff. Provides feedback to preceptor about the preceptorship experience.

FACULTY ADVISOR

A faculty advisor is a University of Manitoba faculty member/sessional instructor with an appointment in the Faculty of Nursing.

ROLE OF FACULTY ADVISOR		
	OUTCOME	**STRATEGIES**
1)	Prepares student for the clinical experience.	Advises student regarding preparation and revision of student's goals and objectives. Assesses student's readiness for preceptor experience, eg., assists student in understanding how preceptor functions, as compared to clinical teacher. Provides student with information about the unit, e.g. contact person. Ensures that student completes self assessment of clinical skills.
2)	Provides orientation to the preceptor.	Ensures preceptor has course objectives. Ensures preceptor knows how to contact faculty advisor and/or course leader.
3)	Maintains current knowledge base which serves as a resource to student and preceptor.	Understands novice behaviour. Knows clinical teaching. Knows questions to ask to facilitate student learning in increasingly independent nursing practice.
4)	Models professional practice	Ensures student accessing pertinent resources, eg. literature, professional. Facilitates conflict resolution. Facilitates development of problem solving and critical thinking skills.

ROLE OF FACULTY ADVISOR	
OUTCOME	**STRATEGIES**
5) Assists the student to adapt to the new role.	Establishes a dialogue with the student regarding their experience. Provides a sounding board as the student works through adapting the "ideal" world of school to the realities of clinical practice. Provides feedback regarding the student's decision-making, dilemmas, concerns, and actions. Facilitates the relationship between the student and preceptor.
6) Contributes to the evaluation of the student.	Assists the student to write clear and realistic goals and objectives. Provides guidance to the preceptor, as needed, to evaluate the student's growth and document the summative evaluation.
7) Engages in regular communication with the student and preceptor to facilitate a productive working relationship.	Is available to the student and the preceptor, both on a regular and emergent basis. Develops strategies to manage unusual situations and circumstances.
8) Provides mechanisms for ongoing relationships.	Ensures feedback to the preceptor. Solicits feedback from the preceptor and student regarding the experience and the overall course.

PRECEPTORS' COMMON QUESTIONS

1. ***How do I help students integrate theory with nursing practice in the clinical setting?***

    Preceptors can assist students to understand the theoretical aspects of nursing care by questioning and answering student questions, cuing and prompting students in situations in which they are uncertain, modelling nursing care, helping students make connections between experiences and nursing theory, explaining complexities, and directing the student in unfamiliar situations. The students sees nurses in a variety of situations and you will be modelling professional practice when you least expect it, for example, at the desk, discussing patients with physicians, talking at coffee breaks. In addition to the observable aspects of your nursing practice, it is helpful to "talk aloud" about what you are thinking of before, during, or after a situation with a patient, family member, or other health care professional. Talking aloud assists students to understand your thinking and the possibilities that you may think of when coming to a decision about a particular patient. This alerts the student to the most salient aspects of any given situation.

2. ***How do I select patients for students?***

    The selection of the right assignment reveals the student's capabilities to manage in a variety of circumstances. The right assignment can either bolster the student's confidence or destroy it. You need to consider the objectives for the clinical experience which the student has shared with you. Initially, students are preoccupied with their ability to carry out psychomotor skills. It is helpful to have the student gain confidence in this area before moving him/her to more complex types of nursing care. Initially, begin with a reduced work load, one that the student can manage. This will build the student's confidence. There is a myth that more is better. In fact, leaving the student with a similar patient assignment enhances the student's ability to cope in a new situation. Gradually introduce new patients and skills to the known situation. Observe how the student adapts to the clinical situation. In addition, consideration should be given to selecting patients outside of your workload to meet the student's learning needs.

3. ***How much supervision should I give the student?***

    The dilemma of whether to stay with the student or let him/her practice independently is difficult. Initially, you probably will want to observe the student in a variety of situations to ascertain his/her overall capabilities. The complexities of the patient situation or new situations are signals that you should observe the student. At the beginning of a shift, discuss with your student his/her overall plan for the day and when your presence might be necessary. As a experienced nurse, you can anticipate the areas in which there might be difficulties. Several factors which may help you decide to stay or go include:

    i.   Is this a situation that the student has managed in the past? How has the student performed? What are the elements of risk for the student and the patient?

    ii.   If the student has made errors, does s/he understand the nature of the error, has s/he accepted responsibility for the error, is s/he likely to repeat the error?

iii.   What do you know about this student? Will s/he ask for assistance when necessary or is s/he overconfident? Is the student overwhelmed in new and different situations? Does s/he ask pertinent questions or are the questions irrelevant?

If the student is having difficulty, do not increase the work load or supervision. This will only increase the student's anxiety. Leave the student with the known patient assignment. Gather information about how the student is coping by:

i.   Observing directly or indirectly.

ii.   Asking other staff members who can provide you with information about the student.

iii.   Asking the student how s/he is doing?

iv.   Looking at the results of the student's nursing care and asking the patients how the student has been managing.

4.   *How do I evaluate students?*

Evaluation can be a difficult, emotionally charged practice. It requires you to make a judgement of someone else's abilities and reflects, in part, your overall values and beliefs about what is important in nursing care. However, with good preparation, evaluation can be a positive experience. The following can assist you:

i.   Gathering information and recording information.
        Data can be gathered through either direct or indirect observations. Observing how a student interacts with a patient, family members, and other health care professional provides valuable information. It is helpful to record your ideas and observations as close to the time as possible or at least daily.

ii.   Providing feedback.
        Timely and accurate feedback to the student is essential. During nursing care, you can give the student positive oral feedback about his/her practice. It is important to provide privacy when giving the student feedback which is negative. Try to schedule regular times to meet with the student to give feedback, for example, every Friday at lunch.

iii.   Formal evaluation
        Included is a copy of the student evaluation and guidelines. Review these with the faculty advisor and student prior to the onset of the experience and clarify your role in the evaluation process.

        Students receive written evaluations at mid-term and at the end of the Senior Practicum experience. The mid-term evaluation should be considered to be formative (the grade does not count towards the final mark); clearly specified areas of strength and areas for growth should be described. The final evaluation is summative; the final mark will be calculated using this evaluation.

GUIDELINES FOR COMMUNICATION

Preceptor

1. Determine method/timing of communication with faculty member.
2. Initiate contact with faculty member when issues/concerns arise with student
3. Negotiate strategies to manage unusual circumstances.

Faculty

1. Call preceptor before student starts (1-2 weeks)
2. Meet with preceptor within first two weeks of the experience to facilitate sharing with preceptor regarding student issues relevant to clinical practice.
3. Encourage student to discuss personal issues with preceptor which might impinge on practice.
4. Determine method/timing communication with preceptor.
5. Negotiate strategies to manage unusual circumstances.

DEVELOPMENT OF EXPERTISE IN NURSING PRACTICE

A nurse scientist, Patricia Benner, has studied the development of expertise in nursing practice. Nurses in practice are functioning at one end of the continuum, while nursing students are at the other end. The stages in the development of expertise are helpful for the student and preceptor to understand some of the differences in their practice.

Types of Knowledge

- theoretical "scientific"
- practical "experience"

Development of Expertise

- move from theoretical understanding of practice to responding based on experience
- shift from rule based analysis to intuition
- move from detachment to engagement in practice

Levels of Expertise

1. **Beginner**

   - focus on pieces rather than the whole
   - try to match theory to what they see in clinical practice
   - do not have experience on which to base judgements
     e.g., unable to identify what is most important amongst group of data

2. **Advanced Beginner**

   - concerned with technical mastery and organization

- "delegate up" to senior staff
  - notice change but cannot cope with it
- formal, rule based understanding of aspects of nursing care
- focus on learning
  - do not feel capable of full responsibility for patient

3. **Competent (after 2 years of practice)**

- see relationships among aspects of the situation
- structured by desire to limit the unexpected
- not as overwhelmed as beginners
- able to make deliberate plans and set goals for patients
- shift in skill of involvement
- more able to reflect on impact of situation on patient and family
- feel sense of responsibility

Critical to movement beyond competent level

- learn pattern recognition and how to grasp whole situation
- if focus only on technical mastery of work, will not be able to become expert because become stuck in the analysis

4. **Proficient**

- **sees** changing relevance in situation
- increased sense of salience in the situation because of experiences.
- increased ability to recognize patterns
- more involved/engaged in patient care situations

5. **Expert**

- grasps situation as a whole
  - smoothly incorporates the technical and psychosocial care
- manages rapidly changing situations
- attends to both context and environment

Qualitative distinctions

- make decisions in the situation based on qualitative data
- cannot use quantitative data because need to take into account the nuances of the situation

Benner, P., et al. (1992). *From beginner to expert: Clinical knowledge in critical care nursing*. (Video) Helene Fuld Health Trust.

KNOWING STUDENTS

Clinical teachers "know students" much the same way as nurses "know patients". Knowing about students in general will help preceptors to understand the individual student with whom s/he is working.

1.   Knowledge

- overwhelmed with theoretical information and unable to sort out what is significant on when and where they use it
- information in "pieces"

2.   Practice

- preoccupied with psychomotor skills
- focus on only one aspect of nursing care at a time
- students begin to "put things together" towards completion of program
- practice based on rules and concrete guidelines
- fear hurting the patient
- need concrete descriptions of nursing care

3.   Characteristics

3.1   Anxiety
- common amongst all students
  - patterns
  - overtalkative
  - ask unnecessary questions
  - passive
  - hiders - avoid clinical teacher or preceptor

3.2   Strong students
- project image of confidence
- capable of meeting clinical expectations
- take information about patient and use it as a basis for nursing care
- pick up and respond to patient cues
- able to problem solve in the clinical area
- ask questions, seek assistance when in doubt
- aware of personal strengths and weaknesses
- able to use information about themselves in order to grow and develop professionally
- accept and use constructive criticism

3.3   Weak students

- often no self-awareness, if self-aware, have difficulty using information to develop professionally
- unable to accept constructive criticism
- disorganized and slow to complete work, unable to identify priorities for care

- unable to assume increasingly complex patient assignments and therefore, reluctant to take on more challenging assignments
- unable to understand and use directions which would facilitate patient care
- unable to move beyond information given to them regarding the patient, therefore have difficulty independently gathering new data regarding patient
- unable to develop collegial relationships with clinical teacher or preceptor

3.4   Challenging students

- not afraid to speak their mind
- challenge status quo
- make demands on clinical teacher
- depending upon social skills
- "pain in the neck"
- stimulating, often seen as enthusiastic and high achiever

Scanlan, J. M. (1996). *Clinical teaching: The development of expertise.* Published doctoral dissertation, Winnipeg, MB.

2nd year skills

Medical Asepsis and Routine Practices
Vital Signs
Calculation of Medications and Administration of Oral Medications
Blood Glucose Monitoring
Therapeutic Use of Hot and Cold Application
Bandages
Administration of Topical Medications
Charting
Effects of Immobility
Body Alignment/Positioning/Body Mechanics Lifting & Transferring/Safety
Aids to Movement
Oxygenation/Deep Breathing & Coughing/Spirometry/Inhalant Medications
Urinary Elimination
Bowel Elimination
Sterile Technique Wound Healing
Wound Care - Sterile Technique
Wound Care - Clean Technique
Urinary Catheterization
Preparation of Medication from Ampules and Vials
Administering Subcutaneous and Intradermal Medications
An Intramuscular Injection

3rd year skills

IV Fluids and Basic IV Mechanics
IV Complications and Head-to-toe Assessment
Reconstitution and IV Push Medications
Secondary Medication Infusions
IV Pumps
Minibag Infusions and Mini Infusers
Introduction to Central lines and Central Line Dressing Change
Central Line Medication and Blood Sampling, TPN
Pediatric IV Therapy
Blood Administration
Venipuncture
Suctioning, Airway Management, & Tracheostomy Care
Ostomy Care
Wound Management and Drains
Insertion, Maintenance and Removal of Nasogastric Tube
Enteral Feedings and Medications via Nasogastric Tube
Isolation Techniques
Pain Control Management and Subcutaneous Infusion Therapy
Chest Drainage
Pin Care, Traction, Cast Care,CAPD,Telemetry

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