
Preceptor Resource Guide: Supporting Clinical Learning





Introduction

Vancouver Coastal Health is committed to helping students and new employees become comfortable and develop competent practice in their work settings. Preceptors play an important role in this process. Being a preceptor can be tremendously rewarding but it can also be challenging.

This pocket guide is not meant to duplicate or replace the VCH Preceptorship Workshop. It is intended to be a quick reference guide that you can use for **reminders, practical tips and ideas** to help make the preceptorship experience a positive one for both you and your preceptee.

You do not need to read through this guide from start to finish before you become a preceptor. Use the sections of this guide that have meaning to you and refer to it if you need assistance with some aspects of the preceptorship role.

Most of the examples given are specific to clinical situations. If you are precepting someone in a non-clinical area (e.g. clerical, admitting, facilities planning) then you will need to adapt the strategies suggested in order to meet the learning needs of your preceptee.

Throughout this preceptorship guide the words “preceptee” or “learner” are used to describe both students and new employees. If a particular strategy applies to only one of those groups – students or new employees – then that is indicated in the text.



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A: Getting Ready

In this section you will find a description of the primary components of the preceptor role and a quick self-assessment. If this is your first time as a preceptor you may find this section especially useful. If you have been a preceptor before it may be worth reviewing this section in order to identify any areas of weakness that you may wish to strengthen or sections of this preceptorship guide that you may wish to read.

What is a Preceptor?

A preceptor is someone who is a **teacher, mentor, role model and colleague**. As a preceptor you are helping to welcome the preceptee to VCH and to help them successfully adjust to a new role in your work area or unit. Remember that preceptees can be students doing a clinical placement or new employees who may be:

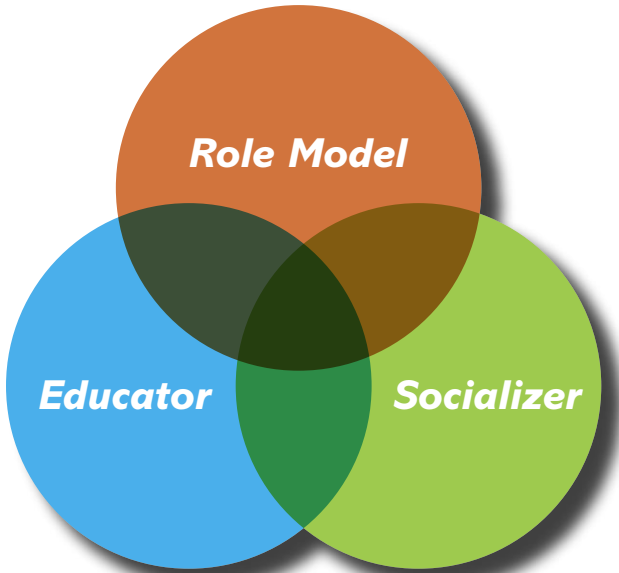
- a student (Undergrad program or working while attending school),
- a new graduate, or
- experienced staff who have moved to VCH.

Being a preceptor is more than being a mentor or a “buddy”; it is more than having them follow you around for a day. Your goal is to have the preceptee become a competent, confident colleague and to help socialize them into their new role. For the preceptee the goal is to have a successful

clinical learning experience and to transition into the new role.

Role of the Preceptor

One way of thinking about the responsibilities of the role is to envision the three overlapping parts of the role:



Role Model

- Demonstrate safe, competent and confident care.
- Demonstrate collaboration and professional communication.
- Demonstrate clear boundaries and expectations.
- Demonstrate life long learning and where and how to use available resources.

Educator

- Create a safe learning environment.
- Challenge, guide and direct.
- Collaborate on learning needs and priorities.
- Give information, facts and rationale of care.
- Ask and answer questions.
- Use a variety of teaching and learning strategies.
- Give constructive feedback.

Socializer

- Provide introductions and connections to other staff and team members.
- Help them understand the workplace culture and relationships.
- Orient them to the values and mission of the work unit and of the organization.
- Advocate for the learner.

Preceptors are not:

- A therapist or psychologist.
- A best friend (although friendships may develop later).
- An expert at all things.
- Responsible for teaching basic professional skills.
- Solely responsible for passing/failing a student or determining continued or terminated employment of new staff.

When you consider the different roles of a preceptor – **where are you strongest and what areas can you work on to be a better preceptor?**



Reflective Activity

Reflect on the following statements and identify which parts of the preceptor role you feel confident about and which areas that you wish to learn about and improve upon.

<ul style="list-style-type: none"> I have a reasonable energy level and overall motivation / interest in taking on a learner. 	Section A, D
<ul style="list-style-type: none"> I do not have any personal crisis or difficulties that are distracting me in my work. 	Section D
<ul style="list-style-type: none"> I have reflected on previous experiences as a teacher / learner and any impact this has on my preceptor approach. 	Section A, D, F
<ul style="list-style-type: none"> I have a good basic understanding of adult learning principles and effective teaching strategies. 	Section D, E
<ul style="list-style-type: none"> I know how to ask questions to help learners develop their thinking and problem-solving skills. 	Section D, E
<ul style="list-style-type: none"> I have a method for teaching skills and procedures. 	Section E
<ul style="list-style-type: none"> I have communicated with colleagues that I will be precepting and asked for their support. 	Section A, G
<ul style="list-style-type: none"> I have taken training (VCH preceptorship workshop, instructional skills workshop, other training or reading) to prepare. 	Section B

<ul style="list-style-type: none">I understand the three roles of Educator, Role-Model, and Socializer.	Section A
<ul style="list-style-type: none">I know my strengths and what components of the preceptor role I need to continue to develop.	Section A
<ul style="list-style-type: none">I know how to work with a learner to identify learning goals.	Section F
<ul style="list-style-type: none">I know how to use goals in concert with a learning plan.	Section F
<ul style="list-style-type: none">I know how to give timely, professional, and effective feedback.	Section E
<ul style="list-style-type: none">I am able to discuss differences and handle conflict professionally.	Section C



B: Setting the Stage for a Successful Preceptorship Experience

Given the pressures around time common to most preceptorship settings, you may be tempted to just jump in. But taking a little time to prepare can be well worth it.

In this section you'll find a checklist of things to cover with your preceptee in your initial meetings. This will help build a **trusting relationship** and set the stage for goal-setting and developing a learning plan.

Your First Meeting

Though not always possible an effective strategy is to meet for lunch or coffee before the first day. Exchange contact information so you can be in touch with each other if necessary.

Let them know:

- Some brief, appropriate personal information (your experience, a little about yourself).
- That you remember how challenging it is to be a learner and to be “new” to an area.
- What your role with them will be and how long it will last.

- Your expectations of the preceptorship experience.
 - >> That it is an active learning experience requiring their participation.
 - >> That it will be safe – you will not let them do things they are not ready to do.
- Information about the schedule and rotation so they know when their days of work are.
- Who to call if they are sick.
- Information about the dress code in your workplace.
- Any other specific expectations (e.g. you will encourage their independence but will intervene if patient safety is at risk.)

Ask them:

- What work experience they have had in health care or other previous careers (include clinical placements as students etc).
- How they learn best.
- What they see as their areas of strength and weakness.
- What kind of support they want from you.
- What expectations they have.
- How they like to receive feedback.
- If there is anything in particular they want to focus on.

Preparing the Unit

Alert health care team members, unit clerks and other relevant staff to the fact that you will have a preceptee.

Ask for their active participation in orienting and welcoming the preceptee to the unit and in helping to find learning experiences.

Let other staff know that you may need to request a lighter assignment on some days in order to teach and that at times you may be seeking a **specific assignment** that fits with the preceptee's learning needs.

Learning Activities for the First Few Days

In the first few days you will want to introduce them to the unit or area and begin setting learning goals. Be careful not to overwhelm them with details. Focus on what is really important and what they need to know first.

Give them a tour of the unit or use another strategy to have them find the following information:

- Where to put personal belongings.
- Where to sign in and find daily assignments etc.
- Where to find schedule and rotations.
- Washrooms.
- Where to find coffee-maker, water etc.
- Break times.
- Fire extinguishers, exits.
- How to use the phone system.
- Information on daily and weekly routines.
- Location of supplies **give explanations of important points of specific supplies (e.g. pros and cons of devices, dressing supplies) at the time that you will be using them in an actual client care situation. The preceptee will better understand and remember the information if it is given in reference to a specific clinical situation.
- Where to find information (computer, policies and procedures).

Other learning activities for the first few days can include:

- Allowing time for some hands-on exploration of equipment that they will need to be familiar with (let them practice with glucometers, IV tubing sets or dressing supplies. They may be familiar with IV tubing but not the particular brand or model that you are using on your unit.)

- Finding forms used on the unit and allow them to review and practice documentation as per your unit protocol.
- Sharing any informal or unwritten protocols on the unit.
- Discovering the client groups that are cared for in this area.
- Identifying emergency protocols/codes.
- Practicing the most frequently performed skills.
- Reviewing policies/procedures and expectations (re: patient care on your unit).

Introduce them to Other Staff

- The preceptee will meet many new people and don't need to be introduced to everyone the first day, as it will be overwhelming. Some introductions can be done within the first few days or weeks.
- Share any tips that can help to ease communication with others on the unit (e.g. She doesn't like to be interrupted at rounds but is okay if you ask her questions later.)
- At break times invite them to sit with you and the group so they are not alone. You won't always have to sit with them, but at the beginning ensure they are welcomed and are starting to feel connected.

Choose Appropriate Patient Assignments

Things to consider when choosing patient assignments:

- Try to choose patient assignments that show a good cross-section of the types of patients normally seen on the unit and provide opportunities for them to observe you doing some of the skills commonly performed on the unit.
- Choose less complicated or lighter patient assignments especially

at the beginning of the preceptorship.

- Remember not all patients are appropriate for a preceptee. If the patient has a complex health problem or has challenging communication or behavioural issues it is best not to initially have the preceptee with them.
- Introduce the preceptee to the patients. If the preceptee is a new employee ensure the patient understands the preceptee is licensed to practice. If the preceptee is a student, reassure the patients that before doing any skill the student will have received instruction and practice doing the skill and will be supervised.
- Let the patients know that you are still in charge of their care, are aware of their health concerns and are available to them if they need you.





Reflective Activity

Based on your own beliefs, experiences and knowledge about the role of a preceptor what kinds of qualities/traits do you think a preceptor should exhibit?

Write your ideas down. Do you have all or some of these traits, how can you find out what are you need to work on, who or what can help you?



C: The Preceptor/Preceptee Relationship

Knowing how to build a trusting relationship, how to communicate effectively and how to handle conflict are important to help keep the preceptor/preceptee relationship working smoothly.

Building Trust

The learner should feel like a partner. This partnership can evolve over time as the learner is permitted to function to the full extent of their skill and knowledge level.

Build trust by:

- Remaining open to new ideas that the preceptee may bring and information that may challenge what we have always done.
- Maintaining an environment of respect and acceptance. Give them meaningful tasks to do.
- Seeing the preceptee as a valuable addition to your work unit. Don't treat them as if they are a "5th wheel", slowing the work or flow of patients.
- Being honest. Don't be afraid to say "I don't know."

- Supporting learners when they need support but don't make them dependent on you.
- Understanding the individual, attending to the little things, keeping promises, **clarifying expectations**, being consistent, having personal integrity and apologizing if necessary.
- Modeling professional and respectful ways of working through conflict.

Communication

- Listen first and then respond. Understand before you try to be understood.
- Before you react to a message try to clarify that you correctly understood what the other person was saying. Paraphrase what they said to check if you received the message correctly. "What I heard you say was ...Is this correct?"
- Be aware of your non-verbals—make eye contact, and try not to be distracted or focused on other tasks at the same time as you are listening.
- Pay attention to the other person's body language.
- Be generous in providing praise, support and encouragement.
- Be gentle and constructive when offering feedback on the preceptee's performance.
- You can never communicate too much or too often. **They may forget what you said but they will never forget how you made them feel.**

Managing Conflict Effectively

- Address the problem, situation and behaviour in question. Be hard on the problem, not the person.
- Ask questions to understand what is happening. Resist making assumptions and hypotheses.

- Talk about your feelings in a professional manner and express yourself respectfully — even if reciprocated from the person you’re talking with.
- Figure out if you may be inadvertently contributing to the problem. If you are, take ownership of your role and explore options that might be more helpful.
- By listening to someone else’s perspective you can gain insight into their point of view. See the issue from their perspective — even though you may disagree. You can understand AND disagree!
- Move from a problem-based discussion to figuring out what is needed. It’s easy to get stuck in a circular discussion, trying to debate and establish who is “right” and who is “wrong.” Instead, direct the conversation to identifying what the underlying need(s) may be and talk about how you can work together to address those needs.
- You may find it helpful to revisit the expectations and original agreements about the learning experience. It’s possible that something has changed since that initial contact and discussion. Perhaps the preceptee has some difficulties in their personal life or perhaps you were less available than anticipated. Remember that most of the time, multiple factors come together to create a conflict.
- If you continue to feel stuck after trying to work it out, talk to the unit educator and consider involving a third party to get input from or facilitate a discussion.
- Keep communicating. Almost every problem in a preceptor/preceptee relationship is related to a lack of communication.





Reflective Activity

Reflect on a conflict that you may have had or observed recently. Which of the points related to trust, communication, managing conflict were used effectively? Which were not? How might you (or they) have handled the situation more effectively?



D: Understanding Yourself and the Learner

We all have a particular set of beliefs that direct how we teach. We may not be aware of them but it can be helpful to clarify some of our beliefs about teaching and learning.

Examples of beliefs about teaching and learning:

- Anyone can get this if they just try.
- I am the expert – they need to learn from me.
- Preceptees need to be supported in their own learning process – I am just the facilitator.
- Preceptees will learn best by watching me work.
- I coped with less support when I started so they should too.

Preceptees may begin a clinical placement with assumptions and misunderstandings that can hinder the learning process.

Some examples of assumptions that preceptees may bring include:

- They are supposed to listen and not ask questions.
- You will tell them everything they need to know.
- They will get in trouble if they give a wrong answer.

It can be helpful to have a discussion with your preceptee about what

you expect of them and what they might expect of you in order to clarify your beliefs and perspectives about teaching and learning.

Principles of Adult Learning

Adults are autonomous and self-directed. Involve preceptees in choosing goals and keep them actively involved in the learning process.

Adults have accumulated life experiences and knowledge. Connect learning to this knowledge and experience base. Respect the wealth of experiences that the preceptees bring to this clinical setting.

Adults are goal-oriented (they usually have ideas about what goal they want to attain) and **relevancy-oriented** (they need to see a reason for learning something). Help them to see the larger picture and where things fit. Use examples to help them understand when or why a particular intervention is important.

Adults are practical. Focus is centred on aspects of information that will be most useful to them in their work.

Adults use critical thinking to explore new information and make sense of it. They evaluate the credibility of sources of information, seek themes or patterns and ask “Why?” and “Why not?”

Novice and Expert Thinking

Remembering and understanding what it is like to be a novice on the job can help you facilitate the learning experience and not set unreasonable expectations.

Some of your preceptees may be new graduates or students. Other preceptees may have been experts in other work settings but, since they have moved to a new area, are back in the novice role. Don't assume that a new but highly experienced preceptee requires little or no support.

Novice learners may be:

- Highly anxious and lack confidence.
- So focused on tasks that they miss some assessment information (tunnel vision) or have trouble anticipating

problems and prioritizing care.

- Have more difficulty multi-tasking.
- May benefit from a more directive approach at the beginning (telling them what needs to be done rather than asking them).
- Easily distracted and need to concentrate on learning new skills.

Strategies you can use:

- Create a positive learning environment and help to reduce their anxiety before teaching something new.
- Remember what it was like to be a beginner at something—have empathy for the learning experience.
- Acknowledge their strengths and help them to identify and clarify their fears.
- Avoid information overload at the beginning. The more anxious the person is, the less information it takes to overload them.
- Move from simple to more complex information, when teaching something new. Focus on what is relevant.
- Build information onto things that they already know.
- Break down a task for them into smaller and more manageable parts.
- Expect to repeat information. Repetition helps to consolidate learning.
- Encourage the preceptee to ask questions, and if they are feeling overwhelmed, normalize the feelings and try pacing the information differently.
- Create an environment where there are no “stupid questions.” Let the learner know that you encourage them to ask questions. Tell them it is easier to trust people who ask questions when they don’t know something.
- Some preceptors feel that they will be expected to know everything—this is not true. Chances are that sooner or later you will be asked something you don’t know or something that is

new to you. **Don't be afraid to say "I don't know."** Turn it into a joint opportunity to learn together. This will demonstrate that learning is an ongoing process and that they are not expected to know everything in the first weeks.

- Remember that someone can be very novice in one content or skill area and yet be quite advanced in others.
- As your preceptees progress through the preceptorship your role will change.
 - » At the beginning you will need to give them simple and clear directions. As they gain confidence you will give less direction and function more as a consultant or resource person to them.
 - » You will monitor them more closely at the beginning to create a sense of safety. As they progress you will shift to occasional check-ins with them to see if they need or want help.
 - » You will give them basic principles and information at the beginning. As they gain in competence you will facilitate their own problem solving and help them to refine their clinical judgment and give them more advanced information.

Stages of Reality Shock

Reality shock occurs when values that the preceptee learned in school come face to face with the values of the workplace.

Most if not all **new employees** will pass through four stages of reality shock: honeymoon, shock, recovery, resolution (Kramer). Students do not necessarily go through reality shock.

Understanding which phase of reality shock new employees are in can help you to plan your interventions and teaching strategies for maximum benefit. Your approach should change depending on where they are in this process.

Remember, this is a natural adjustment process, not an abnormal one;

your support is important to help them survive reality shock.

Honeymoon Stage:

This is the earliest phase of adjustment and is usually easy to identify.

- The preceptee feels excited and positive about the new setting.
- They have high energy, enthusiasm and optimism.
- The preceptee may only see the positive pieces (everything is rosy) and idealize the setting, feeling like they have “finally arrived” at their goal.
- This is a natural and normal phase and it helps the learner stay optimistic and energized for the learning challenges and stressors ahead, as well as helps them to connect positively with others in the group.

Strategies to use at this phase:

- They may be over-confident so help keep them grounded without being cynical or pessimistic.
- Help them to pace themselves with the learning experiences. This is where it might be very important to make sure they aren't setting more than three learning goals and that the goals are realistic.
- Harness their enthusiasm; be realistic but don't stifle their enthusiasm.
- Help them to see what they need to learn now and what they can learn more about later.

Shock Stage:

This phase stands in sharp contrast to the honeymoon period. It **may** begin as a result of a particular incident that is difficult or upsetting for the learner (such as making an error on the unit or getting negative feedback about a practice) or just happen with no specific trigger.

The preceptee may:

- Have low energy, motivation and lack self confidence.
- Have increased anxiety and narrow vision.

- Appear more discouraged and disorganized.
- Be expressing self-doubt. “Am I in the right profession? Will I ever be able to do this?”

Strategies to use at this phase:

- Avoid teaching new and complex skills. At this stage learning is difficult, so try to maintain where they are at.
- Support them and help to build confidence. Be a good listener.
- Remember how anxiety can hinder learning.
- Don't assign complex patients to them.
- Avoid putting time pressures on them.
- Assist them to view the situation objectively and remind them we all went through this.
- Emphasize successes and how far they have come.
- Provide problem solving strategies, validation and support. The learner is vulnerable in this phase and giving a “snap out of it” message is not helpful.
- Realize that some people internalize their fears and signs of shock may not be visible right away.
- Be open with them to the fact that this may not be the particular unit where they end up working – they will find their niche.

Recovery Stage:

In this phase, the preceptee is starting to find more balance in their perspective and experience. They are fully aware of the less than positive aspects of the role, work, and/or setting, but are beginning to better manage things. As their skills and knowledge develop, they are beginning to have more success and are developing a sense of basic competence.

You will see:

- Cautious optimism. “This might be possible.”
- They start to learn again, ask questions and show initiative.

- They seem more energetic and their sense of humour returns.

Strategies to use:

- Verify and support their critical thinking efforts.
- Continue to help them see how far they've come and what they've learned.
- Start giving them more detailed feedback as they become ready to hear and manage the information.
- Set new goals as their energy returns.

Resolution Stage:

In this stage the learner has found a sense of balance about the work. They now understand and accept the negative and positive aspects of their role. There is a feeling of “belonging” or familiarity. This stage often comes after the end of the preceptorship (1 – 2 years of practice).

Strategies to use:

- Introduce them to the processes/procedures to use if they want to initiate any changes in practice.
- Help them with any conflicts that persist and assist them with constructive problem-solving for anything they find difficult with the work.
- Reassure them that as their career progresses they will learn more about their strengths and interests and will eventually find their niche if they find that this work setting isn't where they want to be.
- It is thought that each time we change roles we may go through these strategies as well. As a new preceptor you may find yourself exhibiting signs of the honeymoon or shock stages.

Steps to Competence

Learners generally progress through four stages as they gain competence with skills.

Unconscious Incompetence

The learner does not recognize what skills and knowledge they lack. They don't know what they don't know.

Strategy:

- Get them to tell you what they plan to do or get them to “rehearse” the skill with you.
- Help them to set realistic goals.
- Gently guide them without being negative about what they can and can't do.

Conscious Incompetence

The learner realizes it may not be as easy as they thought. They know what they don't know.

Strategy:

- Let them know that you are confident they will eventually be a competent practitioner.
- If they are hesitant to try new skills, remind them that you will help them succeed.
- Break down skills into steps and sequences so they will be easier to learn.

Conscious Competence

They are now competent but may be focused on every step of the procedure. Learners who are consciously competent are often good teachers since they can easily explain the steps and the clinical reasoning behind the skill.

Strategy:

- Help them to mentally or physically rehearse skills before doing them.
- Don't distract them when they are doing a skill unless a mistake is about to be made.

- Talk with the patient while the preceptee is doing the skill so they can focus on the steps without also trying to engage in conversation.
- Provide opportunities for independent practice as they become more confident. Encourage self-assessment and be available for support.

Unconsciously Competent

At this stage the learner stops thinking about every step and performs based on extensive experience. They practice without consciously thinking. They may find it difficult to explain the steps in their clinical decision making.

Strategy:

- You may need to spend some time remembering the principles and steps of each procedure. You may need to slow down and pay attention to what and how you are doing things.
- Talk out loud about how you do the skill. As a preceptor you will need to articulate what you are doing, how you are doing it and why you are doing it.
- If appropriate, give explanations to the patient while you are providing care. This teaches the client and the preceptee at the same time. Additional information that is not appropriate in front of the patient can be given later. Review actions you took and the rationale for those actions.
- Be in control without being controlling – the preceptee has the right to develop his or her own style of practice as long as it meets the criteria for safe, effective and ethical practice. With practice they will find a method that is comfortable for them.
- Be a role model but not a show off - it is easy to get carried away showing how easy it is to do a complex task - unfortunately the ease with which you do a complex task may make the learner feel that it is hopeless and that he or she will never develop that ease and confidence.

Learning Styles

Learning is an active and continuous process and learning styles vary from one person to another. By tailoring your teaching to their learning style, they can become clinically competent faster and retain greater amounts of information.

- Ask them how they learn best. Some of the more common learning preferences include reading about information, hearing information, observing a skill, or “hands-on” learning.
- Allow time for their pace and style of learning and for reflection.
- Allow the preceptee the opportunity to test ideas, analyze mistakes, take risks and be creative.
- Use multiple strategies to address various ways of learning.
- Meet with them and try to determine if another teaching approach might work better for them, if the preceptee does not seem to be progressing.





WE REMEMBER

10% of what we read

20% of what we hear

30% of what we see

50% of what we see and hear

70% of what we discuss with others

80% of what we personally experience

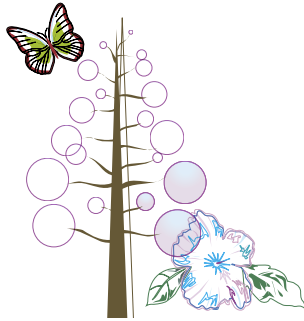
95% of what we teach others



Reflective Activity

If you go to www.teachingperspectives.com you can take a helpful survey that will clarify some of your beliefs about teaching.

Reflect on your own experience as a new practitioner or on your experience as a preceptor. Can you remember behaviour that reflects a stage of reality shock or competence development?



E: Teaching Tips and Strategies

In this section you will find **information, strategies, techniques and tips** to help you in your role as a preceptor. You do not need to know about or use all of these strategies – it is not an expectation that you are an educational expert. These suggestions are offered to help provide a deeper understanding of teaching techniques that can be used. If you want to strengthen the teaching part of the preceptorship role then this section may be useful to you. Everyone develops their own particular teaching style over time – reading through the information in this section may provide some inspiration for adding to your repertoire of teaching techniques.

Active Learning

The more a new preceptee is actively involved in the learning process the more learning is likely to occur.

- Make sure they are active in setting goals and that you alone are not providing them – provide guidance when appropriate.
- Make sure that as the preceptee progresses, the amount of responsibility he/she has in providing client care is increased. Limit how much they are “shadowing” you as they progress unless there is something very specific you wish to demonstrate.
- Set up learning experiences for them in other parts of the hospital (e.g. visits to pharmacy, community agencies, or attending rounds).

- Make sure you are practicing TAPS – Think Aloud Problem Solving – so they can see and hear what you are thinking while you are doing a particular task.
- Rehearse tasks ahead of time with them. Role-playing with the preceptee is a great way to rehearse care strategies with challenging or sensitive patient care situations (e.g. calling a doctor for orders).
- Make sure they begin formulating care plans as soon as possible. At the beginning you will be reviewing the patient history and your plan of care with them. As they progress in competence have them do the assessment and plan care priorities before you review it with them.
- Focus on clinical reasoning – help them to develop clinical judgment. Ask guiding questions to prompt them thinking out loud. “Can you think of some of the potential problems with someone taking this medication?”
- Ask the learner to explain the concept to you in their own words. “Teach me what you would do.”

Learning from Mistakes

Preceptees need to actively participate in the clinical area in order to become confident. Sometimes mistakes will occur. This is an inevitable part of the learning experience.

- Create an environment in which preceptees feel okay acknowledging that they lack knowledge or skill or have made a mistake. Give them permission to ask questions.
- Share stories about things you did wrong. This models the ability to admit to and learn from mistakes, and helps your preceptee to see that you also fumbled at the beginning and that it is possible to be improve.
- Feel comfortable with the idea that mistakes can occur and that they can be valuable learning experiences.
- Plan in advance with the preceptee what you will do if there is a

mistake (e.g. use a signal or just step in without making an issue). If you have to intervene in a procedure the preceptee is doing on a patient then do it in a matter-of-fact manner that protects the patient from harm and the preceptee from embarrassment.

- Correct errors quickly and quietly. Try to avoid making corrections in the presence of the patient or other staff. If there is a serious error, the error should be corrected and follow-up done immediately to determine what went wrong. This is rare but in this situation the patient's needs take priority over the preceptee's learning needs.

Questioning and Dialogue

Asking questions and having dialogue or discussions is an extremely effective teaching strategy. Many of us may have bad memories of how we were "questioned" or "grilled" during academic learning experiences. Questioning as part of a preceptorship learning experience needs to be a gentler form of questioning. Here are some ideas you can use to stimulate learning through questioning.

- Take advantage that you are in a clinical learning environment. Use real-life patient examples to stimulate discussion questions. Avoid lengthy discussions about atypical or individual cases and avoid teaching the entire topic. Pull out the key message from each case.
- At the beginning of the preceptorship you may want to answer their questions directly. As the preceptorship progresses you can help preceptees work through the problem by asking them specific questions. Good preceptors want the learner to "know" things (facts, concepts, skills) and be able to utilize critical reasoning (critical thinking and judgment).
- Ask the preceptee questions so you can determine their level of understanding but try to avoid seeming confrontational.
- The point of asking questions is not to embarrass the preceptee but rather to clarify misconceptions, determine what additional information or experiences they may need and help them to integrate information they have learned.

Examples of questions that can be asked:

To explore the learner's perspective:

- What do you think is going on in this case?
- What do you see as your options?
- Can you tell me about....?
- What was interesting to you?
- What surprised you in this case?
- What is your perception of this situation?
- Is there a difference between what you learned about this and what actually happened?
- How would you feel if you were the patient/relative in this situation?
- What is the most important thing you learned from this situation?

To explore the learner's reasoning and promote clinical decision-making:

- What are the signs we should be looking for to see if the patient is getting worse?
- What three problems might you anticipate?
- What do you see as the three priorities in this situation?
- Can you think of the worst thing that could go wrong?
- Do you have a plan for dealing with that worst thing?
- What are the options for treating this wound?
- What could happen if we didn't change the dressing every four hours?
- Can you think of any risks of doing this procedure?
- What kinds of information should we teach the patient about this medication?

- What other possibilities did you consider? What made you rule them out?
- Is there a difference between what you learned about this type of situation and what actually happened?

Giving Feedback

Giving appropriate feedback is one of the most important skills preceptors can use. Learning to give feedback can take practice. It can feel awkward at first to give feedback, but becomes easier once you see how beneficial it can be when properly done.

Common reasons that preceptors hold back from using feedback include:

- Not wanting to hurt the learner's feelings or upset them.
- Thinking that feedback isn't needed because the learner will figure it out on their own.
- Thinking that feedback is criticism or judging.
- Not knowing how to use feedback.

When you withhold giving appropriate feedback, it can have the following unintended consequences:

- The learner may feel that what they do and how they do it is not really important.
- Lack of accountability.
- An increase in learner anxiety because they are unsure as to how they are doing.
- No learning will take place.
- They will assume they are doing it correctly.

Effective Feedback is:

- Focused on the behaviour and not on the person.
- Directed towards something important and changeable.
- Specific to what was seen and not a general or ambiguous statement. Don't elaborate at length.

- Given at the time the observation is made and not delayed. Avoid giving feedback in front of others or when the listener is highly emotional. If the opportunity is missed you can provide feedback at the next earliest meeting. (e.g. “Last night I was thinking about [the situation] and I think I missed an opportunity to give you some feedback about it. Is it okay if I give you my feedback now?”)

How to give feedback:

Let your preceptee know that you will regularly be debriefing situations and giving them feedback throughout your time together.

First, ask them to reflect on how they did. Avoid the temptation to just “jump in” and tell the preceptee what to do differently. Feedback sessions should always start with questions, so you get a sense of their experience and what was happening for them.

Some easy ways to start this conversation include questions like:

- Let’s review the procedure you just did with Mrs. Jones...tell me, how was that for you?
- How did it feel for you to try that procedure with Mrs.. Jones?
- What went well? What things did you think you could improve on?

Next, **describe your own observations about what you saw.** Keep it factual, and avoid using a lot of interpretations. **Tell them what was done well, what you saw, and what needs improvement.**

Offer specific suggestions. Use the “**More/Less/Same**” approach here: let the learner know what you would like to see more of, less of, and what you would like them to keep doing the same in regards to the situation you are discussing. Help them to develop a plan for next time and share any tips or techniques that might help.

Use positive reinforcement regularly, not sparingly! Try to avoid a relationship where the learner feels they only get feedback or “recognition” when they have made mistakes. At the same time make sure you don’t only give positive feedback. **Give them something with substance** that they can work on.

Use I statements such as: “I noticed” or “I thought.”

Make your feedback constructive not destructive – as part of a supportive learning environment where learners are encouraged to learn from their mistakes. Make sure you are giving feedback about things that are **important and changeable**.

If there are a lot of things to say just **focus on 2 – 3 key points at a time**. You don't want to overwhelm the preceptee.

Do a self-check – Am I trying to be helpful? What is my motive? Am I unloading some of my own feelings? Am I trying to show that I know more?

Evaluation

Many people are unsure about the differences between feedback and evaluation.

Feedback is given on the day-to-day progress and helps the preceptee to see the progress towards their learning goals. It evolves naturally from learning experiences throughout the day.

Evaluation is summative feedback and is usually done at or near the end of the preceptorship or learning experience.

You may be asked to contribute information for a written evaluation. Make sure that anything you say has already been discussed with the preceptee. If there has been honest ongoing feedback during the preceptorship experience then the written evaluation should hold no surprises for the preceptee.

If you have Performance Concerns

If there is a learning problem or performance is not meeting expectations, document your observations and bring them to the attention of the program manager and/or educator as soon as possible. Don't wait until the end of the preceptorship to share concerns with the educator or program manager.

- Try to be **objective**. Understand that your personal opinions can affect the way you view someone. Make a conscious effort to

keep your views in check during evaluation.

- Put the **problem in context** – is it real, is it important? Was it just a misunderstanding, miscommunication, a rumour or a bad day? While you may wish to overlook smaller problems, remember that these problems could be part of a pattern and could indicate a significant problem.
- Consider other reasons for the problem. The preceptee can perform poorly due to illness, stress or not understanding what was expected of them. Review your expectations with the preceptee and clarify any differences. Have them deal with any health problems. Help them to manage their stress or encourage them to contact appropriate resources (e.g. Employee and Family Assistance Program).
- Evaluate if there is an attitude problem. Does the preceptee exhibit behaviour that is interfering with their learning on the job? This can be very difficult to deal with and you should seek assistance from your program manager, unit educator or clinical instructor.
- Remember that you are not responsible for deciding if this person passes or fails their probationary period or clinical rotation. You are responsible for giving feedback to the preceptee and for consulting with the educator and program manager if you have real concerns about performance or other issues. If you are unsure about your evaluation ask to have another staff person work a shift with the preceptee to see if their evaluation is in agreement with yours.
- Remember that both the preceptor and preceptee are practicing on their own license. Both are accountable to the full extent of their knowledge and experience. Standards of care dictate that the client's needs take priority over learning needs of staff if a choice must be made.

Miscellaneous Tips and Ideas

Some tips from experienced preceptors:

- Remember how you felt when you started a new job and how incompetent you felt. If you can remember how overwhelmed you felt then you can understand your new preceptee.
- Listen to what the preceptee wants to learn and don't present only what you want to teach.
- Take time in the beginning to explain clearly what is expected – this will help decrease anxiety.
- Remember that every individual is unique and that you must sometimes modify your approach to help them learn.
- Learn from your preceptee.
- Be patient and understanding – don't rush the teaching.
- Take 10 minutes at the end of each shift to review what was learned, answer questions and set goals for the next day.
- Share safe short-cuts but make sure they know how to do the procedure properly with all the steps.
- Remember that they will not be able to do things as quickly as you can.
- Share your “cheat sheets” or other ways that you organize your day and prioritize care.
- Be open and available after the preceptorship period has ended.





Reflective Activity

Do you have other questions that you have found work well when working with learners in your setting?

Think back to a time when you were receiving feedback or an evaluation in terms of your learning what was positive about the experience and what could have been more constructive or useful?

What additional tip/idea would you add to the list?



F: Goal Setting and Learning Plans

Spending a few minutes talking about and setting **simple goals** is an essential ingredient for having a successful preceptorship. Learning is more effective if it occurs in response to the needs of the learner.

Why Set Goals?

Even if you are precepting someone for just one shift, it's still worth doing. Goals don't need to be complicated—you want to find something that is simple and straight forward. Having a plan helps clarify expectations, identify learning opportunities and establish a basis for ongoing review and feedback. Knowing what goals your preceptee is focusing on each day will help you to choose the right clinical experience for the day.

Setting goals is a collaborative process. Your preceptee is an adult learner and can identify many of their own learning goals. Gently guide them if you think there are goals they should be working on in order to become competent in your work area. You can assess their learning needs by asking them questions, observing them at work and by listening to the questions they are asking.

Identify a maximum of three goals to work on. When one goal is accomplished it can be crossed off and a new one added. Having a maximum of three goals allows you and the preceptee to focus on what

is important without either of you being overwhelmed. As goals are completed we can see forward progress.

Use PERCS to guide goal-setting and the development of the learning plan.

- **Purpose:** What can be learned in this clinical setting that can't be learned in classrooms or other settings?
- **Expectations:** What expectations do you have for the preceptee? What do they expect of you?
- **Roles:** What role might the learner assume on the first day? Mid-way through the preceptorship? At the end of the preceptorship?
- **Context:** What can preceptees learn about in your work environment by observing what goes on around them? How will they learn that?
- **Strategy:** What is your strategy for teaching?

The Learning Plan

A learning plan is used to help you and the preceptee **identify the strategies and resources** that will be used to help accomplish one of the identified learning goals. It should be simple and informal.

This is a sample format that could be used.

<i>Learning Needs</i>	<i>Strategies/Activities/Resources</i>	<i>Evidence of Accomplishment</i>
The goal or learning need that you and your preceptee have agreed to focus on.	What will be done to help meet the learning goal (what you will do and what the learner will do).	How you and the preceptee will know if this goal was accomplished.

Goals and Learning Plan Checklist

Learning goals are...

- Clearly stated and specific.
- Achievable and realistic for the preceptee's experience and level.
- "Doable" in the time frame the preceptee has.
- Broken down into smaller sub-goals when a large or complex goal is identified.
- Relevant to the purpose of the preceptorship.

The learning strategies chosen...

- Are appropriate for the end goal in mind.
- Will provide adequate opportunities for observation and practice of needed skills.
- Will allow the preceptee to make full use of the available resources.
- Will give the preceptee sufficient time for input, reflection, and feedback.

The evidence of accomplishment...

- Is clearly understood by both learner and preceptor.
- Is measurable or observable.
- Is realistic and appropriate to the goal.

The Learning Plan in Action

The **learning plan will evolve over time** as expectations are met and new goals established. It needs to be flexible and adaptable. Circumstances can change quickly on the unit and learning opportunities may arise that you and the preceptee will want to take advantage of even if it isn't on your plan for the day.

No amount of planning can account for all the learning experiences that arise. Always take advantage of the **“teachable moment”**. Let your preceptor go with another staff member if they have an interesting learning experience and modify the learning goals as needed

Take a few moments at the beginning of the shift to **review the learning goals** for the day or week with your preceptee. Have a short conference at the end of each work day. Use it for feedback (what went well and what needs more work) and to plan for the next day. Quickly look over the goals and adjust the learning plan if necessary.

Make sure that the preceptee **does not see the learning plan as a learning contract** that might be used to address poor performance. It is a document that benefits both of you by helping to focus your efforts. It can also be useful if they have a different preceptor each day.





G: Support and Resources

Being a preceptor means taking on new challenges. There may be times when you need to find some support to help you with the demands and stresses of being a preceptor and doing your regular job.

You do not need to be the only clinical teacher for the preceptor. Learners at different stages in their preceptorship can learn from other staff. You can ask them to spend one or two shifts with someone else. As well as giving you a bit of a break it broadens the learning experience for the preceptee.

Get support from your unit educator, supervisor or program manager. Sometimes talking about any problems and how you are feeling is all you need to do to feel better.

Remind yourself of the reasons you are being a preceptor:

- Your skill and competence have been recognized.
- Teaching others reinforces your own clinical knowledge.
- You are sharing your nursing knowledge with others for the benefit of patients.
- You possess the confidence and competence to be a preceptor.
- Having a preceptee can stimulate discussion about practice on your unit and help improve the quality of care.
- You are helping to prepare a competent or future colleague for your work setting and helping to improve recruitment and

retention at the workplace.

- It is an opportunity to help a new employee gain confidence.
- You are giving back to your profession and leaving a legacy.
- Being a preceptor may help with your career ladder. You are developing skills that can take your career in a different direction.

Additional resources

Teaching Skills for Community Based Preceptors

www.facdev.med.ubc.ca

CNA guide to preceptorship and mentoring

http://cna-aiic.ca/CNA/documents/pdf/publications/Achieving_Excellence_2004_e.pdf

Tips for Effective Clinical Precepting

http://www.son.washington.edu/faculty/support/teaching_preceptor-tips.asp

Teaching tools

<http://www.fhs.mcmaster.ca/facdev/teachingtools.html>

Learning Styles

<http://www.metamath.com/lswweb/dvclearn.htm>

Preceptor Handbook

<http://www.sru.edu/pages/4404.asp>

Teaching Perspectives Inventory

www.teachingperspectives.com

Conclusion

We hope you have found this guide to be a practical collection of tips and strategies to make your precepting experience a positive one. We encourage you to go further with your training as a preceptor if you are interested. Workshops and inservices on educational topics are offered periodically within Vancouver Coastal Health as well as through many of the affiliated schools.

Your work as a preceptor is extremely valuable to the Vancouver Coastal Health Authority and to the individual learners whose lives you touch along the way.



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