Clinical Preceptor Training Module

Florida State University College of Nursing
Graduate Program
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Learning Outcomes

* Upon successful completion of this course, the preceptor will be able to:
    * Define clinical preceptorships;
    * Analyze the roles and responsibilities of a preceptor;
    * Assess Benner's "Novice to Expert" theory in the role of preceptor;
    * Apply strategies of an effective preceptor;
    * Select principles of adult education applicable to the role of preceptor;

Learning Outcomes (continued)

+ Be familiar with the 5 minute preceptor model

+ Discuss strategies to resolve problem student behaviors that may arise;

+ Evaluate legal issues and the Code of Ethics for Nurses as related to preceptorship;

+ Score 100% on Post test.

Pre test

- Select the correct answer(s):
    1) True False The student works under the license of the preceptor
    2) True False The nurse practitioner student is an expert during clinical
    3) True False Adult learners prefer learning from a textbook
    4) The final evaluation is the responsiblilty of: Student/preceptor/or faculty

Pre test (continued)

5) True False Clinical preceptorships is common in nursing education

6) True   False Problem student behaviors should be communicated to the student, then reported to the faculty as soon as possible

7) True False Ethical principles are not important during clinical preceptorships

Who?

- A clinical preceptorship is a clinical teaching/learning strategy that uses a one-to-one (Altmann, 2006; Myrick & Yonge, 2005) nursing student   preceptor couplet.

- Nursing Student: Graduate or Undergraduate

- Preceptor: ARNP, PA, MD, DO, other professionals

Preceptor Qualifications

- Graduate Students: Board Certified Nurse practitioner, BC physicians, other credentialed professionals with a minimum of two year of clinical experience, as deem appropriate by faculty

What?

- Professional expertise facilitated through integrated of educational preparation and clinical practice experience

- Faculty maintains responsibility for final evaluation and clinical course grade

- Preceptor is responsible for a final evaluation of students clinical performance

- If question or concerns arise contact the faculty or contacts at the end of this presentation

Where?

- Valid clinical contracts with Florida State University, College of Nursing (if a facility requires affiliation agreement)

- Clinical sites and preceptors must be approved by Assistant Dean of Graduate Programs/faculty

When?

- Dates and times negotiated with preceptor by student

- Dates of clinical must fall within the beginning and ending of each semester

- Preceptor acceptance form must be signed by the preceptor

- Final clinical hours log filed in student's file in the College of Nursing/Student Services

- Faculty site visits conducted as outlined by faculty and will be accomplished at least once a semester

Why?

- Bridge the gap between education and practice(Brooks & Niederhauser,2010; Myrick & Yonge, 2005)

- Practice knowledge acquired at the level of the patient is recognized as a valued educational strategy (Altmann, 2006; Myrick & Yonge, 2005)

Benner's "Novice to Expert"

-Five stages: "novice, advanced beginner, competent, proficient, and expert" (p. xvii)

- *Novice (student nurse or nurse in a new practice setting):* rule-governed, limited, and inflexible

- *Advanced beginner* (first 2 years in practice setting): marginally acceptable performance, need to grasp context

- (Benner, 1984)

Benner (continue)

- *Competent* (same or similar job for 2-3 years): grasps context, but lacks speed and flexibility of a proficient nurse

- *Proficient*: perception of the whole based on experience; vision of "what is possible" (p. 35)

- *Expert*: fluid, flexible, highly proficient clinical judgment, analytic tools less important; able to provide consultation for other nurses

Preceptor Roles

- Facilitator of student success (Luhanga, Dickieson, & Mossey, 2010)

- Teacher, student advocate, and   performance evaluator (Luhanga,   Dickieson, & Mossey, 2010)

- Professional role model (Altmann, 2006; Hayes, 1998)

- Experienced, competent RN

- Resource person

Preceptor Responsibilities

* Follow specific course policies as outlined by faculty

* Provide direct supervision of the student

* Welcome and assist the student to feel safe (Hayes, 1998) and valued

* Appreciate the level of knowledge and limitations of a nursing student

* Allow the student to observe and participate as instructed by faculty

Preceptor Responsibilities (continued)

* Determine learning needs (discrepancy   between current and desired performance) through dialogue, meetings, observation, reflection

* Outline expectations

* Facilitate professional socialization (Hayes, 1998)

* -Maintain professionalism; the student is developing the concept of the new role

Preceptor Responsibilities (continue)

* Participate in collaborative meetings with faculty and the student

* Complete evaluation as instructed by faculty

* Evaluate student performance and submit completed and sign preceptor evaluation form; Faculty member will also evaluate the student an assign the course grade

* Review *ANA Code of Ethics* with student (link provided at end of presentation)

Communication

-Effective, timely communication is key to successful preceptor-faculty relationships (Luhanga, Dickieson, & Mossey, 2010; Lyon & Peach, 2001)

- Provide encouragement and give regular constructive feedback on performance

- Preceptor, faculty (Luhanga, Dickieson, & Mossey, 2010), and student maintain accurate contact information

Clinical Preceptorship:

* **Strengths:**
  * Student enters practice with more clinical experience and knowledge base (Altmann, 2006)
  * Opportunities for preceptors to "give back" (Luhanga, Dickieson, & Mossey, 2010; Lyon & Peach, 2001; Raines, 2011)
  * Enhanced student communication and collaboration skills,
  * Brings into focus the critical nature of interpersonal relationships, and
  * Link between nursing theory and practice (Brooks & Niederhauser, 2010; Myrick & Yonge, 2005; Raines, 2011)

Clinical Preceptorship:

* **Opportunities:**
  * Increased demands on preceptor (Luhanga, Dickieson, & Mossey, 2010; Lyon & Peach, 2001)
  * Communication (Luhanga, Dickieson, & Mossey, 2010; Lyon & Peach, 2001; Seldomridge & Walsh, 2006)
  * Faculty and preceptor must focus on support, relationships, and communication (Luhanga, Dickieson, & Mossey, 2010) Brooks & Niederhauser, 2010; Lyon & Peach, 2001)

- **Opportunities continue**
    - Lack of formal collaboration between academia and practice may lead to conflict (Luhanga, Dickieson, & Mossey, 2010)
    - Preceptors often lack teaching or evaluation skills (Altmann, 2006; Seldomridge & Walsh, 2006)

Principles of Adult Education

- Life Experiences: application of new knowledge to solve real-life problems; "war stories"; build on knowledge

- Learning readiness based on developmental needs: set goals, explore interdisciplinary collaboration, focus on quality/safety concerns, evidence-based practice, and legal/ethical issues

Adult learner continue

- Time perspective: present rather than future oriented; do not be rigid; share case studies

- Problem-centered rather than subject-centered: pragmatic, holistic thinking rather than textbook

- Life long process: learner assumes responsibility for learning (Knowles,   1970)

Application of the 5MP steps
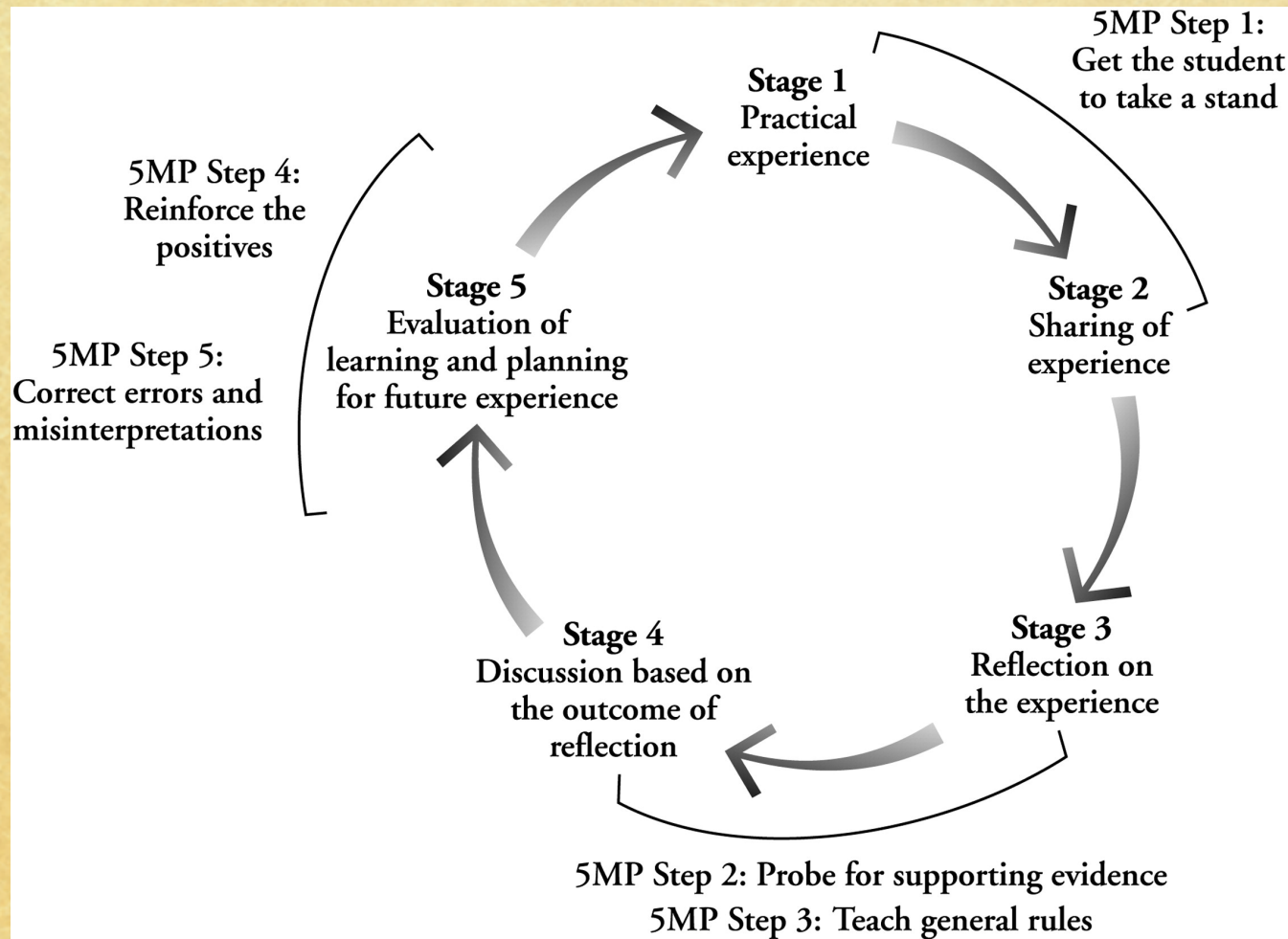
(adapted from Neher et al., 1992) to Burnard's stages in the Experiential Learning Cycle for Education (adapted brom Burnard, 1987).

Problem Resolution

- Patient safety is the *priority*

- -Seek *first* to understand, *then* to be understood (Covey, 1989)

- Communicate concerns, problems, or unsatisfactory performance *first* with the student and then with faculty as soon as possible; include suggestions for improvement

- Written documentation

Feedback and Evaluation

- Give precise, specific, timely feedback

- Use verbal and visual cues for procedures and skills

- Provide feedback in private

- Give ongoing feedback at the time of learning (no surprises)

- Adapt feedback to learner's needs

- Use forms provided

- Faculty provides final evaluation/grade

Legal Issues

- Preceptor is accountable for own actions and
          supervision of the student

- Student is responsible for actions within scope of a student (does not work "under the license" of the preceptor)

- Student must be under the direct supervision of the preceptor

- Preceptor may assign learning experiences to a qualified preceptor; however, supervision of the experience(s) remains the responsibility of the preceptor

Code of Ethics for Nurses
(American Nurses Association, 2010

- The *Code of Ethics for Nurses* (ANA, 2010) outlines professional relationships, nursing practice, and expectations, duties, and role of the professional nurse.

- The preceptor and student must understand and
        apply the *Code of Ethics for Nurses*

- Free access to the *Code of Ethics for Nurses* is located at http://www.nursingworld.org/MainMenuCategories/ EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics.pdf

Post-test (select correct answer(s)

1) **True False** The student works under the license of the preceptor

2) **True False** The nurse practitioner student is an expert during clinical

3) **True False** Adult learners prefer learning from a textbook

4) The final evaluation is the responsibility of: **Student/ preceptor/or faculty**

Post test (continue)

5) **True False** Clinical preceptorships is common in nursing education

6) **True False** Problem student behaviors should be communicated to the student, then reported to the faculty as soon as possible

7) **True False** Ethical principles are not important during clinical preceptorships

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