

# Preceptor as Educator

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# Components included in this module

1. Understanding Learning
2. Understanding Development
3. Foster Reflective Practice
4. Exemplar from a Preceptor

# Objectives

1. Describe how to apply principles of adult education in preceptor role
2. Identify strategies to facilitate clinical reasoning skills
3. Utilize real patient situations to enhance clinical reasoning skills

# Definition of a preceptor

A registered nurse (RN) who has the preceptor training and is assigned to work with the new graduate nurse to provide expert feedback, to foster reflective practice, to role model safe and quality patient care, and to socialize the novice nurse into the RN role



# Understanding Learning

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# The adult learner

Understanding how adults learn will

- Help you maximize your time with your orientee
- Enhance the orientee's learning to prepare for safe patient care
- Help the preceptor improve teaching

(Ambrose, S., Bridges, M., DiPietro, M., Lovett, M., & Norman, M. 2010)

# The adult learner- principle 1

## **Prior knowledge can serve to help or hinder learning**

### Help

- When learning in the clinical area is connected to prior learning it can increase retention of information

### Hinder

- When prior learning is inaccurate or incomplete
- When prior knowledge is not applied correctly to current learning

# Prior knowledge can serve to help or hinder learning

Recommendations to apply this principle

At the beginning of orientation learn about the experience of your orientee

- Clinical experience as student, RN and other roles/jobs
- Ask orientees what they know about a patient or subject and build on their knowledge
- Make distinctions if procedures or interventions are different from what they have done in the past and explain the reason for the differences
- Link new learning to prior understanding



# Prior knowledge can serve to help or hinder learning

## **Clinical example**

You are orienting a new graduate nurse, who worked as a CNA on a medical acute care unit for 2 years prior to graduation, to the CCU. Consider how you will evaluate this orientee's basic care skills and adapt orientation plan to meet the orientee's needs

# Prior knowledge can serve to help or hinder learning

## Plan

1. On first shift together discuss orientee's experience as a CNA
2. Review skills on unit checklist and ask orientee to do a self-evaluation of competency
3. List and discuss with orientee the differences between care of the critical patient and the acute hospitalized patient
4. Ask orientee to describe the differences between RN and CNA role

# The adult learner – principle 2

## Organization of knowledge impacts how orientees learn and apply what they know

- Learners will make connections between information
- These connections help them organize and retrieve information
- Inaccurate connections can hinder correct application of information

# Organization of knowledge impacts how orientees learn and apply what they know

## Recommendations for application of this principle

- Experienced nurses will have developed ways they organize information- talk with them about how they remember
- Orientation needs to be organized, with a plan for presenting new information - share plan with orientee
- Share connections between concepts (i.e. how renal function and cardiac function are connected)
- Have students track concepts they have learned and when they have used those concepts

# Organization of knowledge impacts how orientees learn and apply what they know

## **Clinical example**

You are making plans to orient 3 new nurses to your medical unit. Your patient population is primarily patients with renal failure including pre-transplant work-up, diabetes, and hypertension. Design a plan to organize orientation for the new graduate nurses; consider patient care skills and special care required by diagnosis

# Organization of knowledge impacts how orientees learn and apply what they know

## Plan

Order of patient care over 9-week orientation

1. Begin with general care for all patients
2. Care for patients with renal failure; include class on kidney function, implications for overall health, nursing implications
3. Care for hypertensive patients; tie hypertension to learning about kidney function, add information about other causes of hypertension
4. Care for diabetic patients, include specifics about disease and implications for nursing care. Connect diabetes and renal failure

# Organization of knowledge impacts how orientees learn and apply what they know

This plan example is one of many ways you could organize your teaching for orientees. It is important to have a plan that helps orientees organize the information they receive. This will help them use information accurately when they have completed orientation

# The adult learner- principle 3

## **Motivation determines, directs and sustains what orientee learns**

- Explore why orientees became nurses, connect what they are learning to the reason they went into nursing
- Keep the work “real”- if making a difference is the reason orientees became nurses, help them see how they are doing that
- Role model your passion for the work
- Ensure successes as they learn their new role
- Give orientees an opportunity to reflect on experiences during orientation and how their purpose may have evolved



# Motivation determines, directs, and sustains what orientee learns

## **Clinical example**

You are orienting a new graduate nurse who worked as an EMT throughout nursing school. Describe how you would enhance the orientation plan in a way that impacts the orientee's motivation to learn

# Motivation determines, directs, and sustains what orientee learns

## Plan

1. Discuss with orientee reasons for going to nursing school
2. Ask orientee to describe how work as an EMT made a difference
3. When reviewing plan for orientation, describe how the plan will help orientee carry out the reasons for going back to school
4. Periodically discuss how orientee's nursing care makes a difference

# The adult learner- principle 4

## **Orientees must develop skills, practice integrating them and know when to use them**

- Start with developing skills/tasks common to the practice of nursing on your unit
- Learn how to integrate skill components and adapt skills in the care of patients
- Teach when/when not and how to apply skills

# Orientees must develop skills, practice integrating them and know when to use them

Skills/tasks have many components beyond the critical elements



# Orientees must develop skills, practice integrating them and know when to use them

## Clinical application

- Identify the skills/tasks that are common to the patients on your unit and that your orientee will be expected to perform when off orientation
- This list will be unique to each unit. Remember the skills of organizing work as well as communication (safe handoff, calling an MD, etc.)

# The adult learner- principle 5

## **Goal directed practice coupled with targeted feedback enhances learning**

- The definition of a preceptor includes helping the orientee achieve safe and quality patient care – orientation is the practice time to help the orientee achieve this goal
- Feedback is essential to direct and redirect the orientee to improve their performance

# The adult learner- principle 6

## The orientee's development should impact the orientation plan

- Learning is impacted by the orientee's growth and development as well as the climate in which they are learning
- Orientation should build on a new nurse's development, and be adapted and individualized as the nurse progresses
- The *relationship* between the orientee and the preceptor *impacts* learning

# The orientee's development should impact the orientation plan

## Clinical application:

You have been orienting a new nurse for 3 weeks on day shift and are getting ready to hand off to a night shift preceptor. During your time together, the new graduate nurse has made great progress in skill development and organization of care. Describe your plan to report to the new preceptor so development can continue



# The orientee's development should impact the orientation plan

Information about orientee to include in handoff

- Has cared for up to three patients
- Passing medications (oral and IV) on time and using proper technique
- Charting is accurate, though needs help with plan of care. Does need reminder to not leave charting until end of shift
- Has admitted one patient from clinic and accepted one transfer from ICU- required a lot of support. Multiple experiences with discharge, needs help with teaching
- Only experience with medical team is observing rounds, has called MD for critical lab value successfully

# The adult learner- principle 7

**Learners need to monitor and adjust their learning, leading to self-directed learning**

- Orientees need to be able to evaluate their own knowledge and skill attainment
- They also need to participate in the plan modification as they progress through their orientation

# Learners need to monitor and adjust their learning, leading to self-directed learning

## Clinical application:

You are in week 4 of orientation. A new nurse prepares to catheterize a patient; you have helped the orientee perform this task 3 times plus learning lab practice. Today the orientee gathers supplies, forgetting sterile gloves, and does not explain procedure to the patient. You intervene to remind orientee to get sterile gloves and you explain procedure to the patient. Describe how you will help this new graduate nurse evaluate performance of this task

# Learners need to monitor and adjust their learning, leading to self-directed learning

## Reflection

- After the task has been successfully completed, ask orientee how procedure went and what could be done differently.
- Discuss adequate preparation of supplies and patient teaching if orientee does not recognize these opportunities

## Use these times of reflection with an orientee to

- Reinforce the things done well
- Evaluate self-assessment and how the skill to reflect on practice will serve well in nursing career
- Discuss the difference orientee has made for patient

# Understanding Development

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# Nursing practice development

Understanding how nursing practice develops will help you to

- Evaluate your orientee's current practice skills
- Anticipate developmental needs and undeveloped areas of practice
- Individualize learning of orientee based on developmental challenges

# Nursing practice development

- Patricia Benner researched nursing practice development and compared what her team saw nurses doing with the Dreyfus Model for Practice Development
- Dr. Benner confirmed that these five stages of development are also found in nurses

(Benner, 1984)



# Novice

- Have **no experience** (nursing students)
- Practice is **rule-governed**: must learn by rules to guide their actions
- Behavior is **limited and inflexible** because they have no experience to draw upon
- **Following the rules is good** practice
- Most new graduates entering hospital practice are beyond this stage



# Advanced beginner

- Limited experience to build on
- Excited to learn
- Tasks are most important work
- Miss subtle changes/trends
- Do not automatically tie what they see to what they should do
- All things show up as equally important
- Trust others to decide
- Working to gain control of all tasks demanded of them

# Competent

- Now has experience to build on
- Work to prioritize and organize
- Recognizes familiar patterns
- Planning for and anticipating likely events
- Utilize trajectories, protocols, plans; think about what's good for the majority

# Proficient

- Sees patient as unique individual
- Immediate grasp-sees changes quickly
- Changing relevance
- Reasoning in transition-interpreting direction of change
- Ability to change direction based upon notice-shift in priorities
- Orchestrate skilled responses based upon recognition of situation
- Manage breakdown

# Expert

- Fluid performance--embodied
- Habits of practice
- Seeing is specific to each patient, sees ethical issues
- Notices subtle changes
- Searches for answers to jarred expectations
- Remains open to what the situation presents

# Learning strategies for advanced beginners

Many new graduate nurses are advanced beginners; here are some strategies that will specifically meet their developmental needs

- Utilize situated coaching--teach in the clinical setting with actual patients
- Interactive supervising--teach as you care for patients, supervising and overseeing the orientee's interventions
- Set up safety nets--step by step guides, plans of care, helpful hints

# Learning strategies for advanced beginners

- Establish role models or practice partners when off orientation
- Protocols, policies, order sets, etc. to support thinking of new nurse
- Practice safe handoffs that include handing off the judgment of the more experienced nurse
- Give them time to learn what to do with their hands
- Make appropriate assignments – stable, routine

# Foster Reflective Practice

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# Developing clinical judgment

Clinical judgment is the way a nurse skillfully cares for patients

- Grasping or seeing--**noticing**
- Thinking about or **interpreting** what is noticed
- Deciding what needs to be done and intervening or **responding**
- **Reflecting** and adapting

Teaching orientees to understand these components of their work will help ensure their ability to care for patients as each situation demands



# Developing clinical grasp

- Understanding how a nurse makes clinical judgments will help preceptors tease out the specific areas of practice being evaluated in orientees and enhance development
- Dr. Christine Tanner developed a model to illustrate the clinical judgment of nurses

# Techniques for enhancing thinking

- Noticing
- Interpreting
- Responding
- Reflecting

(Tanner, 2006)

# Enhance noticing

- Show orientees things you want them to “see” or grasp in the clinical setting (wounds, IV sites, rashes, breath sounds, pressure ulcers, etc.)
- Distinctions and comparisons – help orientee to discern degrees or differences
- Practice patient assessment and language to describe what is seen

# Evaluate ability to notice

## Ask

- What do you see and where have you seen it before?
- How is it the same/different?
- What do you think it means?
- How does it compare to what you thought you would see?
- Tell me about your patient...
- What do you know about this patient that will alter your care?

# Enhance interpreting

- Monitor progress of patients (care for patients over time); discuss what interventions have influenced progress
- Discuss priorities for each patient and for whole assignment
- Frame expectations of interventions: what is expected response; what alternatives are available?
- Develop resources for orientee that are specific to patient population

# Evaluate ability to interpret

## Ask

- What will you do next?
- What is important, what can wait?
- What response do you expect from your patient after \_\_\_\_\_ intervention?
- Do you have any concerns that need immediate attention?
- What do you need more information about?
- Which of your patients do you need to see first? Last?
- What information do you need before we get started?

# Enhance responding

- Practice skills that will be used frequently by orientee until they demonstrate competency in performing independently
- Distinguish what skills they should seek help for
- Evaluate not only the orientee's technique but amount of time it takes to complete a task
- Point to patient safety during all interventions

# Evaluate ability to respond

## Ask

- What nursing skills do you need to care for your patient today?
- What interventions do you need help with?
- Talk me through the steps of the activity we are about to do
- Review with me the supplies you will need for this activity
- What skills do you feel you need to practice on so you can perform them safely?



# Enhance reflecting

- Schedule a time every shift and weekly to review and reflect on activities
- Give orientees a chance to evaluate their experiences, give feedback on progress and plan for next clinical experience
- Draw on information from orientation classes or self studies and how it applies in the clinical setting
- Use one experience to expand learning by changing the components and reviewing how it might change interventions

# Evaluate ability to reflect

## Ask

- What went well? What would you do differently?
- How did the patient respond to your intervention?
- What difference would you make to your plan/assessment/concerns if your patient also had recent surgery, latex allergy, diabetes, etc.
- Suppose that your patient does not respond in the way you anticipated, how would that change your plan?

# Exemplar from a Preceptor

## Application of concepts in a clinical situation

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# Exemplar from a preceptor

- The following is a clinical story from an experienced nurse (in the role of preceptor in this story) interacting with an orientee
- Read each section and evaluate the actions of the preceptor and the responses of the orientee

# An apnea and bradycardia lesson-part A

I was charting in the nursery when I heard one of the cardiac apnea alarms sound. As I headed toward the baby alarming, I saw a new graduate nurse, still on orientation, at the baby's bedside.

Not uncommon for a new nurse, Susie was staring at the monitor. "Is it real?" she asked me.

"Look at the baby" I said. "Is she breathing?"

Indeed, it was a true apnea and bradycardia (A&B) and I needed to intervene.

"Give her a gentle rub on the back to stimulate her to breathe," I said.

Baby's heart rate quickly increased from 62 to the 150's and she was breathing again. "What do you see, Susie?" I asked.

# Questions-part A

1. What did this preceptor understand about advanced beginners and how did that influence her care?
2. How did the preceptor re-direct the orientee's focus?
3. What did the preceptor notice about this patient that was important to teach the orientee?

# Answers-part A

1. Susie was staring at the monitor and not looking at the patient. This is a common behavior for new nurses.
2. Preceptor redirected orientee's attention to the patient and pointed out what was important to look for: "Is she breathing?"
3. This was a "true" apnea and bradycardia spell, she noticed the heart rate and the change after stimulation.

# An apnea and bradycardia lesson-part B

Although Baby's heart rate was now fine and she had a regular respiratory rate, her color remained dusky and her O2 was 78%. Susie noticed the monitor reading, and validated it's accuracy based on a correlation of heart rate and pulse rate, but didn't notice the color change. "She's still desating, so we need to give her some oxygen." As I reached to disconnect the oxygen tubing from the manual resuscitator to give blow-by O2 to Baby, I explained my actions to Susie. "You take the oxygen tubing and cup it around Baby's nose like this so she breathes in the concentrated oxygen." I handed the tubing to Susie to hold and I walked her through the weaning process. Her hand was shaking as she held the oxygen. When I asked if she was okay, she said it was the first "real" A&B that she had seen and it scared her. I told her that Baby was doing fine thanks to her quick response.



# Questions-part B

1. How did the preceptor enhance the orientee's understanding of the situation, enhancing her noticing?
2. How did the preceptor help the orientee interpret the patient condition and set up her responses?
3. How does the preceptor support the orientee through this new clinical situation?

# Answers-part B

1. Susie noticed the biox reading and that it was accurate. Preceptor pointed her to the coloring of the baby and told Susie that “she was still desating”
2. Preceptor role-modeled the appropriate emergency response and explained her interventions to Susie step-by-step. Then she handed the oxygen tubing to Susie to allow her to do the same intervention
3. She stays by her side. Showed her the intervention then helps her do the same thing. Preceptor notices that Susie is nervous, confirms that this is her first experience and reinforces that Susie is doing the right thing for the patient

# An apnea and bradycardia lesson-part C

I asked Susie if her assigned preceptor had reviewed A&B's with her yet and she said no.

I sat down with her and reviewed how to assess apnea and bradycardia and together we looked at the written, laminated criteria in the front of the bedside charts. Then we went to Baby's monitor and looked at the recall function.

Because I remember how long it took me to learn the sequence of "button pushing" to find what I wanted, I went through the process and had Susie observe. Then, I had her do it and I was there if needed.

She completed the task successfully.

# Questions-part C

1. What was the specific clinical knowledge that the orientee needed and how did the preceptor enhance her learning?
2. Describe how the clinical experience of the preceptor was important to the training of a new nurse.

# Answers-part C

1. Preceptor reviewed how to assess a patient who has had apnea and bradycardia, how to use information from the monitor to describe the incident and how to use unit resources for this patient emergency. Preceptor also reviewed the skill of retrieving information from the patient's monitor
2. Preceptor's embodied skill to manage a patient emergency as well as her ability to recall how she learned to use the monitor helped her give specific information to the orientee

# An apnea and bradycardia lesson-part D

We reviewed Baby's episode. "How long was the apnea episode?" I asked Susie. She used her pen on the monitor to count the time increments. "It looks like it was almost 1 minute," she said. "How about the heart rate, how low did it go and how long did her bradycardia last?" Again, Susie used her pen to count the heart rate increments.

We stayed at the monitor and Susie answered all of my questions. I was asking the questions to provoke thought, but also so she would be able to document the episode thoroughly.

As we completed documentation, Susie's assigned preceptor came back from lunch and I updated her on Susie's experience. Susie completed her orientation 4 weeks later.

# Questions-part D

1. How does this preceptor enhance learning through the task of documentation?
2. What patient conditions or emergencies in your clinical area does a new nurse need to learn prior to completing orientation?

# Answers-part D

1. What is required to accurately and completely document a patient situation can set up the thinking and noticing of the orientee as to what is important to know; not just to be able to chart it, but because it is salient to the understanding of the situation
2. Consider preparing a list of important patient emergencies or situations in your clinical area and what details are salient



# An apnea and bradycardia lesson-part E

About 4-5 weeks after Susie completed her orientation, I was staffing the nursery. Again, I heard an alarm and went to answer it. Susie was there, giving mild stimulation, “Jacob, you turn an ugly color when you do that,” she said. I asked if she needed any help. “No, we’re good, he responded nicely to the stimulation, and didn’t even need to give any oxygen,” Susie answered with confidence. “Thanks for checking on me!”

# Question-part E

1. How does the preceptor interpret the progress of this orientee through this interaction?

# Answer-part E

1. Keeping track of your nurses off orientation, seeing them care for patients and manage clinical situations can be a great way to assess their practice and ability to use the information that was included in their orientation

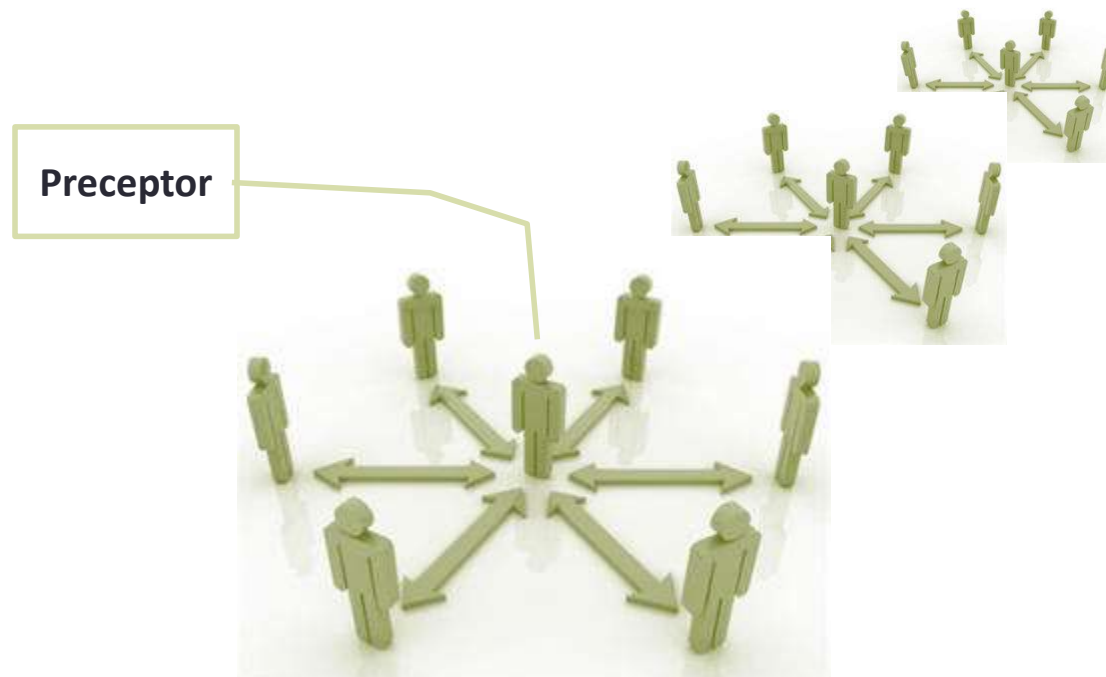
# Using clinical stories

Real experiences, stories from preceptors and orientees, can be a meaningful methodology for teaching

- Unique patient conditions or responses
- Emergency care
- Best practices, use of clinical standards or protocols
- Unusual or infrequent situations that require all staff to be prepared for
- When common patient situations just are not available during orientation

# Preceptor impact on learning

Nurses have the privilege to touch many lives through their career; preceptors exponentially multiply that number through every new nurse they usher into the profession



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