

Overview of the Preceptor's Role

<p>Purpose</p>	<p>The purpose of this segment is to familiarize the participants with preceptor and mentor roles, learning styles, barriers to learning and strategies to enhance learning.</p>
<p>Time</p>	<p>45 minutes</p>
<p>Objectives</p>	<ul style="list-style-type: none"> • Examine the roles and responsibilities of the preceptor • Discuss similarities and differences between the preceptor/mentor roles • Recognize adult learning concepts
<p>Outline</p>	<p>Introduction: Mission Statement, Vision and Values Roles of the Preceptor — Function of Each Role Characteristics of Adult Learners — Barriers to Learning Transfer of Training Characteristics of Generational Learners Steps to Empower Learners — Strategies to Enhance Motivation Preceptor/Mentor Similarities and Differences Precepting Differences for New and Experienced Orientees Watson's Theory of Human Caring Summary: 10 Tips for Effective Precepting</p>
<p>Materials Needed</p>	<ul style="list-style-type: none"> □ Flip Chart — to list participant responses □ Beret, nurse's cap, safari hat, top hat, party hat (optional to illustrate the roles a preceptor plays)
<p>Note</p>	<p>Suggested answer keys for the charts in the participant materials are found at the back of this section, beginning on Page 6. There are no PowerPoint slides for this section. It's important to set the tone of the program and engage the participants with a lively, interactive session.</p>

Introduction: Mission Statement, Vision and Values

Welcome the participants to the Nurse Preceptor Academy. Point out the Mission, Vision and Values statement in the front of the participant notebook.

Optional: If you plan to have the participants write their personal mission statement at the end of the program (see Tab 8 of the instructor guide), mention that now.

Introduce the next discussion by asking the audience how long they have been in nursing by a show of hands (1-5 years, 5-10 years, 10-15 years, 15-20 years and more than 20 years). Then, ask how many of them previously have been preceptors. State that they wear many hats as preceptors.

This is an active discussion. Use actual hats or paper cut out hats that you place at the top of the page for each category.

Discuss role model, educator, evaluator, protector and socializer roles. For example, put on the nurse's hat (role model) and ask the participants what specific things they do as a role model when they are a preceptor. Have a scribe write the participants' responses in a list on the flip chart. Then, when no one else has anything to add, mention the things that the audience has missed (see key in this instructor guide).

Do this through each of the roles.

Ask participants to identify characteristics of adult learners (see suggested answer key in this instructor guide).

Then, ask participants to identify barriers to learning (see key in this instructor guide). Refer to the "Transfer of Training" graph. Read it and, at the end, explain why it is important to present material more than one way. Give an example such as: A nurse may ask you how often do I need to take off the

***Chart* Roles/Functions of Preceptor**

***Chart* Characteristics of Adult Learners/Barriers to Learning**

Transfer of Training

restraints of the patient in room 13? You could then direct her to the hospital policy that is online and show her how to print it. Then, ask her what is the time frame for patient assessment and re-evaluation of patients with restraints. You will then have her demonstrate putting on and taking off restraints.

How Do You Learn?

To discuss learning styles, ask the audience: “How do you learn?” Have the “visual” learners stand up. Ask them what they need from a lecture in order to learn. Add characteristics of visual learners that the audience may have missed. Then, do the same with “auditory” and “kinesthetic” learners. You may notice very few “auditory” learners. Reflect on the teaching style of nurses; don’t we usually “tell” someone how to do something?

Characteristics of Generational Learners

Refer participants to the “Characteristics of Generational Learners” chart in their notebooks. Highlight a few generational differences if time allows.

Chart Steps to Empower Learners

State: Because we are represented by multiple generations and multiple types of learners, we need to know how to empower these folks to learn. Tell me, what can you do to empower your preceptee to learn?

Mention any steps on the suggested answer key that participants do not identify.

Chart Strategies to Enhance Motivation

Ask: What can the nurse do to enhance motivation to learn?
Discuss and mention any strategies on the suggested answer key the participants do not identify.

Chart Differences: Precepting and Mentoring

Discuss the differences between precepting and mentoring.

**Chart
Differences: Precepting
Inexperienced and Experienced
Orientees**

Watson's Theory

**Caring Community
and Environment for Growth**

Code of Conduct

State and Ask: We have talked about precepting. How many of you have precepted the new nurse/graduate nurse? How many of you have precepted the new and experienced nurse? If you have precepted both, did you notice a difference in what the preceptees needed? Can you name some differences between these two roles?

Nursing theories put into written words what we, as nurses, hope to achieve in our daily nursing practice. They provide a foundation that can represent our personal and professional values. Given this philosophy, perhaps it makes sense to use nursing theories in a preceptor/preceptee relationship and not limit them to merely a nurse/patient relationship.

Watson's Theory of Human Caring serves as the theoretical foundation for the Nurse Preceptor Academy. Note the two carative factors listed in the participant notebook.

Optimally, these carative factors will be used by ALL staff within your institutions.

What are we, as nurses, as people, without the human element of caring and compassion?

Preceptors can encourage the development of caring relationships throughout the department. Is providing an optimal orientation experience within a caring environment for new nurses our responsibility as preceptors? YES! Preceptors can be/should be . . . very positive role models!

State: As I worked on this presentation, I began to think about what behaviors and qualities would be present in the finest preceptor? I was introduced to a book, "The Four Agreements" by Don Miguel Ruiz. These "agreements" are a powerful "code of conduct" based on ancient Toltec wisdom, and they assist us in removing our self-limiting

Summary

beliefs, as well as provide a guide to daily living. *(If a copy of the book is available, hold it up when you refer to it.)*

In his book, Ruiz describes the second agreement — don't take anything personally. He is telling us “don't eat the garbage of others because then it becomes your garbage.”

Nurses often have the most difficulty with this “agreement” because we can be sensitive to what others say.

Review 10 Tips for Effective Precepting.

State: I'll bet you didn't realize the many hats you wear as a preceptor or the hard work it entails.

If there is time, ask participants to share a memorable experience either as a preceptor or preceptee. Be sure to end when time is up because participants are very interested in sharing stories. This is a fun, interactive session.

KEY	Preceptor's Roles				
	 <p data-bbox="358 401 513 428">EDUCATOR</p>	 <p data-bbox="586 401 769 428">ROLE MODEL</p>	<p data-bbox="821 401 990 428">PROTECTOR</p>	 <p data-bbox="1050 401 1218 428">EVALUATOR</p>	 <p data-bbox="1289 401 1456 428">SOCIALIZER</p>
Function of Each of the Preceptor's Roles	<ol style="list-style-type: none"> 1. assesses learning needs and style 2. plans learning activities 3. facilitates/organizes learning 4. evaluates progress 5. confirms, critiques, modifies and adds to 6. provides performance appraisal 7. ensures communication with manager 8. develops critical thinking in novice nurses 	<ol style="list-style-type: none"> 1. models standards of practice 2. models "how to access the evidence" 3. listens well 4. speaks for self 5. gives constructive feedback 6. works to resolve difficulties with preceptee 	<ol style="list-style-type: none"> 1. protects patients from novice error 2. provides safe learning environment 3. supports developing skills while ensuring safe care and practice 4. ensures adherence to policy and procedures 5. acts as advocate and protects from adverse behaviors of others 	<ol style="list-style-type: none"> 1. ensures adherence to standards of practice 2. validates the competent practice of the new person 3. identifies delegation or accountability concerns 4. recognizes limitations 5. discusses performance issues with manager 6. evaluates and documents competent care delivery 	<ol style="list-style-type: none"> 1. helps preceptee settle into new role and environment as part of the team 2. understands and supports social needs 3. fosters integration into work role/culture 4. works to ensure colleague support 5. resolves conflict issues if they arise 6. works as team builder

Characteristics of Adult Learners	Barriers to Learning KEY
Self-directed Bring past experience Ready to learn Participate in life-long learning Adults 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 say 90% of what we say and do	Self-confidence Time Family and individual obstacles Institutional factors Diversity

How do you learn? **KEY**

Visual Learners

- Need to see body language and facial expression to understand content
- Prefer to sit at the front of the room to avoid visual obstruction
- May think in pictures and learn best from visual displays, including diagrams, illustrations, overheads and flipcharts
- Often take detailed notes during lectures to absorb information

Auditory Learners

- Learn best through verbal lectures, discussions and listening to others.
- Interpret the underlying meaning through listening to tone of voice, pitch, speed and other nuances
- Often benefit from reading aloud and using a recording device

Tactile/Kinesthetic Learners

- Learn best through a hands-on approach
- Actively explore the physical world around them
- May find it difficult to sit for long periods of time
- May become distracted by their need for activity and exploration

Steps to Empower Learners <i>KEY</i>	Strategies to Enhance Motivation
Mutual goal setting Assess learners' needs Shared planning Active participation Mutual respect	Want to learn what is vitally important Want to use what they are learning Like to have choices Value information Learning is reinforced by the organization and department

Preceptor <i>KEY</i>	Mentor
Want to learn what is vitally important Want to use what they are learning Like to have choices Value information Learning is reinforced by the organization and department	Evolves naturally No time limit imposed Roles: role model, educator, socializer, friend, confidant

Precepting Differences *KEY*

New — Inexperienced	New — Experienced
Longer time frame More skill oriented More socialization More evaluations/feedback; more often Start off slower Needs more policy review Lighter patient loads that lead to fuller patient load at end of orientation period Need to build confidence, critical thinking skills, delegation skills, reporting skills	Less time (usually) More policy oriented than task oriented Full load sooner Pitfalls: Too much confidence