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# THREE

## Preparing Clinical Preceptors

■ Sandra E. Walters and Stephanie Brown

### ■ Learning Objectives

- Identify CNL roles in preceptorship.
- Identify core values for the CNL in becoming a preceptor.
- Identify core competencies needed for the CNL as a preceptor.
- Define preceptorship.
- Identify a model for use by clinical preceptors.
- Identify an exemplar of preceptorships in the implementation of the CNL role.

**“As the true object of education is not to render the pupil a mere copy of his preceptor, it is rather to be rejoiced in, than lamented, that various readings should lead him into new trains of thinking . . .”**

William Godwin

## Key Terms

Preceptor

Instructor

Mentor

Pupil

Mentee

Apprentice

## CNL Roles

Educator

Member of a profession

## CNL Professional Values

Altruism

Integrity

Human dignity

## CNL Core Competencies

Communication

Critical thinking

## Introduction

In 2002, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), now called the Joint Commission, issued recommendations for aligning nursing education and clinical experience as a means for addressing the nursing shortage. In 2007, in its *White Paper on the Role and Education of the Clinical Nurse Leader*, the American Association of Colleges of Nursing (AACN) recognized that a simple increase in the number of nurses would not suffice, and that instead the nursing profession must produce graduates who contribute to the profession by practicing at the full scope of their education and ability. Among the roles of the CNL identified by AACN, that of *educator* makes the CNL responsible for supervising and evaluating other healthcare personnel. This makes it essential for the CNL to develop and maintain skills as a clinical preceptor. Additionally, the role of the CNL as a *member of a profession* makes the CNL accountable for acquisition of skills and

knowledge to effect changes in the profession. Functioning as a preceptor provides the CNL with a mechanism to ensure evidence-based practice at the point of care and thus make a positive impact on the profession of nursing.

The transition of nurses from education to practice settings has long been recognized as producing high levels of stress for new graduates. As the CNL enters the healthcare system, it is expected that the new role will provide a mechanism to support nursing education initiatives aimed at making the role transition for novice nurses easier.

Among the values to which CNLs must be committed, those of altruism, human dignity and integrity are critical to the ability of the CNL to function effectively in the role of a preceptor. *Altruism*, the concern for the welfare of others allows the CNL to develop an understanding of the cultures, beliefs, and perspectives of other persons. The willingness to take risks on behalf of clients and colleagues will provide a strong foundation for protective actions undertaken as a preceptor.

*Human dignity* is the value that allows the CNL to view each individual as unique and to ascribe to each inherent worth. Actions of the CNL as a preceptor will be supported by the CNL's efforts to protect the privacy and confidentiality of others and to design interventions that reflect compassion and sensitivity.

*Integrity*, maintaining accepted standards of practice and ethical conduct, are essential to the preceptor role because the CNL must provide honest and accurate appraisal of the care delivered by others. By demonstrated accountability through actions such as identifying and correcting errors, documenting accurately, and providing honest information, the CNL will be able to gain the trust and respect of the individuals they are a preceptor to, and this will enhance their effectiveness.

Concurrently, the CNL will be expected to lead experienced nurses to better function as preceptors to less experienced staff (AACN, 2007). In order for this goal to be realized, the role of the CNL will require assimilation of the preceptor role.

**“As the man who digs obtains water by use of a shovel, so the student attains the knowledge possessed by his preceptor through his service.”**

Chanakya Pandit

## Defining Preceptorship

The *American Heritage Dictionary* (2007) defines *preceptorship* as “a period of practical experience and training for a student, especially of medicine or nursing that

is supervised by an expert or specialist in a particular field.” The related terms *preceptor* and *precept* were adopted in the 14th century from the Latin words *praecceptum* and *praecipere*, which meant to admonish or teach (*Merriam-Webster Online Dictionary*, 2008).

Many individuals use the terms *teacher*, *mentor*, and *preceptor* synonymously, but a distinction should be made to clarify these. A teacher is someone who instructs or imparts knowledge to an individual or a group, with knowledge going predominantly from the teacher to the student or pupil. There is no personal relationship implied except as an instructor/learner dyad, and the teacher and students are often assigned. Whereas a mentor also imparts knowledge, this implies a relationship between two individuals in which both often agree to be actors. The less formal mentor/mentee relationship often spans the length of a career or lifetime, and both the mentor and mentee help determine the course of information and evaluation. Like the mentor relationship, the preceptor/preceptee (or protégé) relationship is also between two individuals but is more formal. The individuals are often assigned, have specific goals, and are generally together for a shorter duration (as in a year or semester). The core competencies of the CNL, as identified by AACN, must all be integrated into the abilities of preceptors because they define the essential components of the CNL’s skills and abilities. Nonetheless, the preceptor function requires that the critical thinking and communication abilities of the CNL be applied at a higher level of complexity.

*Critical thinking* is essential to the preceptor role because the CNL applies research, theories, and models to nursing practice. In using critical thinking, the CNL must be able to evaluate practice and make decisions while considering multiple perspectives regarding issues and problems identified. This skill will facilitate reflection on the outcomes of care given and will allow meaningful dialogue with others regarding professional practice. In effect, one of the primary goals of a preceptor is to assist in the development of critical thinking skills in others and is thus an essential element in the preceptor’s competencies.

*Communication* is a complex process that will allow the CNL to impart and receive information through a variety of mechanisms. As a preceptor, the CNL must be able to interpret oral, written, and nonverbal communications. Communications themselves may require a high level of technological skills because modalities include videoconferencing, computerized applications, and a wide array of personal devices. Additionally, the ability to express ideas in a clear, effective manner to maintain positive relationships is critical to the preceptor function. The CNL focus is believed to be primarily that of a preceptor/preceptee in this writing.

**Box 3-1 EBP Toolbox**

Specific indicators for performance should provide clearly defined expectations that are objective and measurable. The following can be used to classify performance levels.

1. *Identified limitation*: requires direct guidance with skill
2. *Capable*: familiar but needs some support with unfamiliar skill
3. *Performs independently*: performs safely; often goal of preceptorship
4. *Proficient*: extensive experience and can teach others
5. *Expert*: develops thinking in others + assures evidence-based practice

## Model for Clinical Preceptors

Although studies demonstrate that retention of nurses can be improved through the use of preceptor programs, there has been less of a focus on specific strategies to be used. A meta-analysis conducted by Salt, Cummings, and Profetto-McGrath (2008) compared preceptor models and demonstrated that retention strategies that focused on the new graduate nurse showed higher retention rates than those that focused on the experience of the clinical preceptors. Regardless of the focus of the retention strategies, preparation of the preceptor is essential because many expert clinicians lack the ability to function as preceptors.

The focus on the need to increase safety in the healthcare environment has rendered the role of the preceptor as a protector to be essential. Boyer (2008) delineated preceptor responsibilities as including the need to provide a safe learning environment, collect evidence of competence to practice, and build networks for support, communication, and nurturing to take place. The performance and self-assessment key presented by Boyer uses a novice to expert orientation and provides a guide by which to evaluate practice.

The One-Minute Preceptor is a model designed to guide the actions of preceptors in the clinical setting and was originally designed to educate medical residents in family practice. This five-step tool has been used to enhance the skills of nurses in the preceptor role (Kertis, 2007). The steps are presented with an explanation, example, and important aspects for implementation.

## The One-Minute Preceptor

Step 1: Get a commitment.

- Have orientee present his/her plan of care or interventions plan for problem.
- Ask: What do you think should be done first?
- It is important to accept orientee's response without being judgmental.

Step 2: Probe for supporting evidence.

- Establish the knowledge basis for decisions in step 1.
- Ask: What do you think should be done first?
- Ask: Why were these choices made?
- Thinking out loud allows assessment of knowledge and critical thinking skills.

Step 3: Teach general rules.

- Provide correct information or provide location of resources.
- Tell: Provide location of resources and expectations for knowledge or review.
- This step may be omitted if orientee presented all information correctly.

Step 4: Reinforce what was right.

- Provide positive feedback to promote confidence and self-esteem.
- Tell: Specific information regarding what was done.
- Positive praise encourages repeated behavior and imitation by others.

Step 5: Correct mistakes.

- Provide specific information regarding necessary improvement.
- Tell: Improvement needed and rationale.
- It is essential to provide privacy and protect the dignity of the orientee.

## Exemplar of Preceptorship

When the first nurses from the VA Tennessee Valley Healthcare System (TVHS) enrolled in the Clinical Nurse Leader (CNL) program at Vanderbilt University, there were no individuals in the CNL role to serve as preceptors. Master's-prepared nurses who had previously been in the role of case managers transitioned to the role of the CNL. The nurse executive became the preceptor for the CNLs, and soon there were CNLs in multiple settings including ambulatory care, medical/surgical, hospice, rehabilitation, and mental health units. Interest in the CNL role at the national level grew

rapidly, and it was a short period of time before other facilities were requesting to visit TVHS to learn about the CNL role.

As the CNLs served as preceptors for CNLs from the region, as well as from distant parts of the country, several lessons were learned regarding the preceptor role. The lessons were extracted from journals maintained by the CNLs and are summarized as follows:

- When staff has been deemed ready to perform independently, it is important to assist them to build confidence in their ability if they disagree.
- Providing a written evaluation plan at the beginning of the preceptorship is critical to maintaining a focus on the level of progress to be attained.
- It is critical that the preceptor act as gatekeeper to prevent the novice from taking on too much responsibility. Sharing expectations with everyone is important as a mechanism by which to limit what others will attempt to assign the novice.
- Celebration of every success is important in serving as publicity, as well as in garnering the interest and support of stakeholders.
- Keeping a journal of the preceptorship experience facilitates program evaluation and encourages self-appraisal for all participants in the preceptorship. It is more important that entries be meaningful than that they be lengthy.

The College of Nursing at University of South Alabama introduced the CNL role and has made it a central focus of its participation in Transforming Care at the Bedside (TCAB), a joint initiative between the Robert Wood Johnson Foundation, the Institute for Healthcare Improvement and the American Organization of Nurse Executives (<http://www.ihl.org/IHI/Programs/StrategicInitiatives/TransformingCareAtTheBedside.htm>). The experience in the development of the CNL preceptor in the clinical partner institution resulted in the identification of additional skill sets necessary for preceptors including:

- Willingness to let go of initiatives that were previously tightly controlled;
- Understanding that although the CNL may focus on the microsystem, an understanding of the macrosystem is essential as well;
- Ability to be a champion in preceptorship without the need to take over;
- A willingness to learn while engaged as a preceptor;
- Ability to assist others to reach out to those around them; and
- A sense of humor.

**“A disciple attains prominence by carrying out the orders of his preceptors, given with the intention of illuminating his intellect—however harsh they might be. Even though a gem found in a mine might be precious, it needs to undergo the rigors of a grindstone, before it adorns the crown of monarchs.”**

English Translation of  
Sanskrit Quote

## Summary

- For the CNL, the ability to incorporate the roles of educator and member of a profession into the preceptor experience will require the application of the values of altruism, human dignity, and integrity.
- Both communication and critical thinking skills are identified as essential for successful preceptorships and can be evaluated using tools such as the Boyer’s Evaluation of Practice Criteria.
- The One-Minute Manager provides a succinct manner in which to organize the clinical experiences of staff while offering an uncomplicated approach to the communication process.
- Exemplars of preceptorships have been reviewed with elements of success identified.

## Reflection Questions

1. Discuss the difference between the relationships of course faculty and clinical preceptors.
2. Compare the formation of a preceptorship with the development of a partnership as discussed in Chapter 1.

## Learning Activities

1. Utilize the One-Minute Preceptor model to “precept” a staff member in a new procedure or one used infrequently. Evaluate strengths and weaknesses in the approach.
2. Working with your preceptor, describe your microsystem’s readiness for change. Identify tools to assist with recognition of strengths and barriers to success in your CNL-precepted experience.

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