**PRECEPTOR ESSENTIALS INTRODUCTION**

Nursing Education Services

Topic Content Developer: Michelle A. Schutt, EdD, MSN, RN, CNE

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**Preceptor Preparation Program**

- Preceptor and orientee feedback to CNO during 2012 employee meetings spoke strongly for a more robust preceptor program and standardized orientation process.
- Need to improve outcome data:
  - Nurse retention rates
  - Nurse Satisfaction scores
  - Employee Engagement scores
  - Patient Satisfaction scores
  - Clinical indicators level of performance

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**Introductions**

- Name
- Years in your professional role (nurse, therapist)
- Unit
- List one thing that you want to take away with you at the end of class tomorrow.

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**Objectives**

- Review the UVA Health System mission, vision, and values.
- Discuss need for program revision.
- Describe impact of successful preceptorship on multiple stakeholders.

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**Our Mission, Vision, and Values**

- Did you know that you are the only person who will be in a unique position to make our Mission, Vision, and Values come alive for the orientee?
- Once they are off orientation, it is highly likely that they will never really understand how their practice contributes to our core foundational statements.

Project “Making it come alive!!”

Directions:
Using the laminated documents provided at your table, discuss with your colleagues the answers to the questions about our Mission, Vision, and Values.

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**Our Leadership Standards**

- Know yourself, your people, and your business.
- Encourage cross-boundary perspective.
- Teach, coach, and develop others.
- Be accountable for outcomes.
- Inspire trust.

Vision
- Is all that we do, we work to enhance and improve the quality of life.

RISE
- Respect
- Integrity
- Service
- Excellence
- Leadership

I CARE
- Live Our Values

I HEAL

I BUILD

What do you do to encourage cross-boundary perspective during orientation?
UVA PNSO Nursing Vision Statement - Discussion

Using the laminated document provided at your table, discuss with your colleagues the answers to the questions.

Professional Nursing Staff Organization: Nursing Vision Statement

We Make the Difference!

UVA nurses are leaders empowered to make the difference by:

- Leading in the provision of expert, compassionate care in partnership with the patient, family, and healthcare team.
- Leading innovation in the development of new nursing knowledge.
- Leading in the education of new healthcare professionals and inspiring the pursuit of lifelong learning.
- Being internationally-recognized leaders for achieving the highest outcomes for our patients.
- Constantly striving to optimize the health of the local and global communities entrusted to our care.

UVA Nurses…… We Make the Difference!

Nursing Vision video

Preceptor Program: Impact on Nursing Profession

- US nursing shortage expected to be as high as 1 million by 2020.
- Demand for full-time registered nurses (RNs) is expected to increase 41% from 2000 to 2020; 43% in Virginia. (Health Resources and Services Administration, September 2004)

What are some reasons for the widening gap in the graph above?

- A. Poor management
- B. Stressful work conditions
- C. Change clinical area

Which reason below was identified as the number one reason?

- A. Poor management - 42%
- B. Stressful work conditions - 37%
- C. Change clinical area - 34%

What is our current RN turnover rate?

- 1. 7%
- 2. 9%
- 3. 16%
- 4. 20%

UVA Health System: Key Stakeholder Turnover Rates

What are some reasons for the widening gap in the graph above?
UVA Health System: Key Stakeholder Turnover Rates

1. 7%
2. 22%
3. 46%
4. 34%

Turnover Cost

1. ½ million
2. 5 million
3. 12 million
4. 20 million

What is our current overall turnover rate for all positions and all departments in the Medical Center?

Turnover Cost

1. ½ million
2. 5 million
3. 12 million
4. 20 million

How much does that turnover cost our organization every year?

UVAHS Onboarding Programs

- HR Onboarding Essentials
  - Rolled out to Managers April 30, 2013
  - Onboarding Web-site: http://www.healthsystem.virginia.edu/pub/human-resources/leadership-tools/onboarding
  - U-team Onboarding Essentials handbook (paper-based)
- Nursing Orientation and Preceptor Program
  - Preceptor Essentials Curriculum & Annual 4 hour requirement
  - Standards & Policy Development
  - Preceptor Standards Policy (handout page 1-3)
  - Nursing Orientation Standards – Inpatient Policy (handout page 4-8)

Fun Fact:
70% of hospital new hire turnover occurs as a result of poor fit, not technical ability. Onboarding program provides information about hiring for fit.

Hire for Fit:
- UVA Medical Center Hiring process
  - Required interview training
  - UVA Medical Center Expectations Agreement
- Behavioral-based Interviewing
  - Applicant Assessment Tool (training manual and video)
  - Interview questions
  - Peer Interviewing tools
  - Job Shadowing tools

UVAHS Onboarding Program (continued)

Welcome and Assimilate (day 1 – month 3):
- Pre-hire checklist
- New Employee meetings
  - Week 1/Week 2 meeting guide
  - Month 1 meeting guide
  - Month 3 meeting guide
- Buddy Program – someone different than their preceptor, a peer who can answer questions about work environment, culture, resources, and serve as a friend.
- Welcome and Resources Toolkit – 15 assorted guides, templates, tools, resources
- Welcome event
- New employee Identifiers
  - New employee profile
  - ID Badge holder

UVAHS Onboarding Program (continued)

Follow up for Success(month 6 – Year 1):
- New Employee meetings
  - Month 6 meeting guide
- Year 1 meeting guide
- Opportunities for employees to provide confidential feedback
  - After Day 1
  - 7 months of employment
- 6-Month celebration – coincides with quarterly Uteam meetings, special invitation, short reception, ID badge holder exchanged for new one
Preceptor Program: Key Stakeholder - UVA Health System

- UVA Medical Center
  - Current UVAS turnover rate = 14% verses top ten UHC performers = 7.7%
- Human Resources
- CNO
- Our goal is to gradually decrease turnover in the next 5 years.
- Division
- Unit – Nurse Sensitive Indicators - Turnover data
- Clinical team

How does the Orientee benefit from an excellent preceptor program?

- Improved problem solving & critical thinking skills
- Increased application of theory to practice
- Positive changes in role expectations and self-image
- Less reality shock
- Improved sense of clinical competence and self-confidence
- Solid nursing values and beliefs
- Opportunity to apply nursing practice standards in a safe protected environment

What about you, the preceptor?

- Personal growth
- Professional clarification through working with orientee on:
  - Problem solving,
  - Critical thinking skills,
  - Applying theory to clinical practice
  - Assisting in the analysis of the clinical picture
  - Guiding decision making regarding nursing interventions.
- Gratification in supporting the orientee’s professional development.
- Opportunity to improve your own skills.
- Recognition by your peers and other system employees for your contribution to your unit and UVA HS as a whole.

References


References cont.

Preceptor Role

- Understanding role = improved performance
- Successful precepting = improved retention rates and satisfaction scores

Objectives:
- Identify the four roles the preceptor fulfills during orientation.
- Identify two behaviors for each of the four preceptor roles
- Describe the impact of the preceptor as a role model

Definitions

- Preceptorship
  - "An intense one-on-one reality based clinical rotation for a student or new hire" (Lockwood-Rayermann, 2003)
- Preceptor
  - Handbook page 2-9
  - Preceptor Standards policy (handout page 1-3)
  - "An experienced staff member who possesses excellent clinical skills and facilitates learning through caring, respect, compassion, understanding, nurturing, role modeling, and excellent use of interpersonal communication skills." (Speers, 2004)

Precepting

- Precepting is:
  - An art that is crafted over time based on knowledge, skills, and experience.
  - Performed with little experience or preparation
  - Preceptors learn from on-the-job training/experiences
  - Proficiency comes from:
    - Experience
    - Studying, deciphering, and testing teaching techniques to discern what works
    - Exchanging ideas with other preceptors

Characteristics & Selection Process

- Preceptor Characteristics
  - What strengths do you bring to the role?
- Preceptor Selection Tool – use to self-assess & compare to your Manager's assessment

Preceptor Standards Policy (handout page 1-2)

- Primary preceptor:
  - Principle preceptor
  - Responsible for facilitation of orientation
  - Coordinates all learning experiences, monitors orientee progress and completes orientation documentation.
  - In charge of preceptor team and communication to members
  - Spends >80% of time with orientee
- Secondary Preceptor: (fill in/backup)
  - Reports orientee progress to primary preceptor
  - Collaborates with primary to assess orientee, establish goals, and document progress
  - No more than 2 on each team

Challenges

- Caring for same patient load while assuring that all regulations and policies are followed
- Navigating the challenges of undesirable personal and professional behaviors (Hill, 1999)
- Figuring out how to handle orientees with lack of:
  - Technical skills
  - Independence
  - Communication skills
- Feeling responsible for success or failure of orientee (Barker, 2010)
- Resisting the urge to use the same strategies that were used "on us" (Barker, 2010)

Why does successful precepting matter? – Your success ensures that others will become preceptors
Preceptor Model

Protector

Educator or Clinical Coach

Facilitator

Includes Role Model and Socializer

Includes Role Model, Socializer & Collaborator

Safety of Patient

- Preceptor/patient ratios
- Protects from novice/new hire errors
- Ensures policies/procedures are followed
- QR Reporting
- By end of orientation, ensures orientee’s practice reflects the depth of clinical reasoning and skill acquisition necessary for safe and competent nursing practice (Paton, 2010)

Healthy learning happens in a safe environment

- Work environment
- Other disciplines, coworkers, colleagues
- Horizontal violence
  - overt or covert non-physical hostility
  - criticism, sabotage, undermining, bickering
- Workplace violence
- Behavioral escalations
- Resources
- Environmental safety
- Belongings
- Forensic patient procedures
- Law enforcement responsibilities
- Shuttle/bus schedule
- Bus GPS live interactive map: http://www.uva.transloc.com/
- Mobile apps for iPhone, Android, and BlackBerry devices.
- Complete instructions, including app information: http://www.virginia.edu/parking/utc/
- Hooswhere hotline: 434-244-5180

Protector: Orientee Safety

Protector

- Positive learning climate
  - Employs teaching methods that promote understanding and retention of knowledge and skills
  - Reminder: learning occurs publically
- Controls orientation by focusing, planning, & pacing learning
  - Links education/life experiences to practice
  - New grad is a generalist nurse
- Incorporates evidence-based learning and practice into nursing care
- Coaches through encouragement
- Guides/helps rather than corrects

Educator

- Ensures safe and effective practice & quality care
- Understands the difference between novice and experienced nurse
- Ensures readiness for practice through orientation assessment/feedback/evaluation
- Evaluation and validation of competencies
  - Technical
  - Interpersonal
  - Critical Thinking
- Ethical responsibility
  - By end of orientation, orientee is practicing in a manner that reflects the depth of clinical reasoning and skill acquisition necessary to provide the public safe and competent nursing practice (Luhanga, 2009)

Evaluator

- Includes Role Model, Socializer, and Collaborator
- Quote: "...it’s more like a colleague with a bit more than that, because she is my preceptee I will take that extra special interest in her. I’ll take extra care of looking out for things that she is doing or if there is something on the ward or a study course, then I would automatically think: “she hasn’t done that but ought to do it” (Prent, 1999)
- Definition = to make easy
- Its an ongoing process whose success depends on the exchange of ideas, knowledge, and experience (Prent, 1999)
Facilitator: Socializer & Collaborator

- Artfully connecting
  - Why?
  - How?
  - Sharing professional experiences, talking about personal lives, learning about orientee's life.

- Leadership role model
  - Personal goals
  - Collaboration with other disciplines
  - Professional organizations
  - Conflict resolution
  - Goals and expectations expressed clearly

- Facilitator: Role Model
  - Why an hour?

References (continued)


Lunch Break
References (continued)

Adult Learning Theory
Nursing Education Services

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Learning Objectives

• Identify three domains of learning.
• Review adult learner characteristics and the role of the adult educator.
• Discuss the guiding principles for adult educators, guidelines for planning learning experiences, and common teaching formats.
• Consider possible educator and learner barriers.
• Discuss impact of preceptor and orientee’s learning style preference.

Bloom’s Three Domains of Learning

• Three domains (categories) of educational activities
  • Cognitive – mental skills (knowledge)
  • Psychomotor – manual or physical skills (skills)
  • Affective – Growth in feelings or emotional areas (attitude)
• Knowledge, Skills, and Attitude (KSA)
  Handbook pg. 14-16

From birth we learn and assimilate what we have just learned into what we already know.

Why learn about the domains and their levels?

• Helps you tailor teaching to meet the needs of the orientee
• Writing orientation learning objectives is easier when associated action verbs are used

Questions

• The following slides have questions related to the learning domains.
• Please use the laminated sheets at your table to figure out the answers to the questions presented.

Orientee #1:
Your orientee has been with you for about 2 weeks. You are getting ready to go into a patient’s room to place a Foley catheter. The orientee stops you outside the door and asks if she can go over the steps for inserting the catheter prior to going into the room.

What learning domain does this relate to?

A. Affective
B. Cognitive
C. Psychomotor

Orientee #1 (continued):
Your orientee has been with you for about 2 weeks. You are getting ready to go into a patient’s room to place a Foley catheter. The orientee stops you outside the door and asks if she can go over the steps for inserting the catheter prior to going into the room.

What level within the Psychomotor domain does this relate to?

A. Naturalization
B. Articulation
C. Precision
D. Manipulation
E. Imitation
Orientee #2:

Your orientee is almost done with orientation. For the second time, your two patient assignment involves caring for a patient that is a living donor. The first time this happened, you felt like you had to push/drag her into the room. Since this was several weeks ago, you figured it was due to the orientee being new and not feeling comfortable with her skills. Now, you notice the same behaviors and you are confident that she can provide the needed care.

What learning domain is your orientee struggling with?

A. Affective
B. Cognitive
C. Psychomotor

Orientee #2 (continued):

Your orientee is almost done with orientation. For the second time, your two patient assignment involves caring for a patient that is a living donor. The first time this happened, you felt like you had to push/drag her into the room. Since this was several weeks ago, you figured it was due to the orientee being new and not feeling comfortable with her skills. Now, you notice the same behaviors and you are confident that she can provide the needed care.

You share your observations with the orientee. The orientee responds with “I just don’t know how you can take care of someone that is already dead! Don’t you feel like you are wasting your skills and time?”

What level within the Affective learning domain is your orientee at?

A. Affective
B. Cognitive
C. Psychomotor

Orientee #3:

You work in the Heart Center. Your orientee is very bright, energetic, motivated, and articulate. He has been a breeze to orient. He is passionate about healthy living as evidenced in his life choices. He confides to you that he used to be overweight in high school and understands what being overweight can do to your self-esteem. He does a really good job teaching newly diagnosed overweight heart patients about healthy living choices and connects with them on a personal level. Lately, you have noticed that he is displaying judgmental attitudes towards patients that are “frequent flyers” on the unit.

What learning domain is dominate in this situation?

A. Affective
B. Cognitive
C. Psychomotor

Orientee #3 (continued):

You work in the Heart Center. Your orientee is very bright, energetic, motivated, and articulate. He has been a breeze to orient. He is passionate about healthy living as evidenced in his life choices. He confides to you that he used to be overweight in high school and understands what being overweight can do to your self-esteem. He does a really good job teaching newly diagnosed overweight heart patients about healthy living choices and connects with them on a personal level. Lately, you have noticed that he is displaying judgmental attitudes towards patients that are “frequent flyers” on the unit.

When you consider your orientee’s commitment to Healthy living, what level in the Affective domain is your orientee at?

A. Internalization
B. Organization
C. Valuing
D. Responding
E. Receiving
F. Unable to determine

Orientee #3 (continued):

You work in the Heart Center. Your orientee is very bright, energetic, motivated, and articulate. He has been a breeze to orient. He is passionate about healthy living as evidenced in his life choices. He confides to you that he used to be overweight in high school and understands what being overweight can do to your self-esteem. He does a really good job teaching newly diagnosed overweight heart patients about healthy living choices and connects with them on a personal level. Lately, you have noticed that he is displaying judgmental attitudes towards patients that are “frequent flyers” on the unit.

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When you consider your orientee’s interactions with the “frequent flyer” patients, what level in the Affective domain is your orientee at?

A. Internalization
B. Organization
C. Valuing
D. Responding
E. Receiving
F. Unable to determine
Domains of Learning: Cognitive
- Includes memory, recognition, understanding, reasoning, application, and problem solving. (Handout pages 9-11)
- Avoid "parrot pitfall" - easily memorized information

Higher Order Thinking Skills
- Analyzing
- Applying
- Understanding
- Remembering

Lower Order Thinking Skills
- Knowledges
- Remembering

Examples:
- Creating
  1. Prepare a writing project and self-evaluate it by comparing it to a grading rubric or peer-reviewing a project
  2. Predict treatment regimen and nursing interventions
- Evaluating
  1. Write essays and papers
  2. Safe verses unsafe rhythm; inverted "T" wave
- Analyzing
  1. Analyze problems with words and grammar
  2. Identifies normal and abnormal EKG rhythms
- Applying
  1. Understand the sounds of letters and put words together
  2. Applies EKG leads and verbalizes rationale for placement
- Understanding/Comprehension
  1. Recognize the actual letters
  2. PQRST = heart rhythm; P = atrial depolarization
- Knowledge/Remembering
  1. Learn the ABC song without understanding
  2. Remember PQRST acronym

Includes memory, recognition, understanding, reasoning, application, and problem solving. (handout pages 9-11)
- Avoid "parrot pitfall" - easily memorized information

Domains of Learning: Psychomotor
- Includes the performance of skills that require some degree of neuromuscular coordination and emphasize motor skills.
- OCAE form
- Examples: dressing change, injections, catheterizations, medication administration

Five stages:
- Naturalization (automate, become expert)
- Articulation (combine, integrate related skills)
- Development precision (repeated competent performance)
- Manipulation (follow instructions)
- Imitation

Refer to handout pages 12 & 13 for list of action verbs

Techniques to Assess the Domains
- Cognitive Learning – Ask questions
- Use correct verb
- See Critical Thinking handout

Psychomotor – Observe
- Only way to validly evaluate performance

Affective – Observe & Ask
- Can ask questions to understand attitudes, values, beliefs
- How of practice is the evidence of affective domain mastery
- Satisfactory affective domain learning occurs when orientee show respect for the values and sensitivities of others during interactions

Loyola University

Adults Learner Considerations
- Physical characteristics related to aging
- Sociocultural characteristics related to life phases
- Generational differences
- Psychological characteristics related to developmental stages

Adult Learning - Building on Experience

Did you know?
- If your orientee has experience or a related experience, their learning is faster.
- Use those previous experiences; draw on them; make connections – this will enhance learning!
- Experience is the richest source of adult learning.
- Adults have a deep need to be self-directing with their learning.
Adults Learner Characteristics

- Self-directed learning – learning preference of adults
  - Self-directed learning = learner ownership and responsibility for the learning process to include the planning, implementation and evaluation of the learning experience (Brockett, 1985; Caffarella, 1993; Herrman & Brackett, 1997).
- The desire for self-directed learning becomes increasingly prevalent as learners mature over time.
- Learners may resist self-directed learning efforts due to increased personal demand and responsibility placed on them as they are required to take a more active role in the planning, organization, and evaluation of their learning (Brookfield, 2006).

Adult Learning Style

<table>
<thead>
<tr>
<th>Characteristics of Adult Learners</th>
<th>Implications for Preceptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have rich reservoir of their own experiences</td>
<td>Provide sharing of experience</td>
</tr>
<tr>
<td>Learn by own and others' experience</td>
<td>Teach through such experiences</td>
</tr>
<tr>
<td>Have many methods for learning</td>
<td>Be open-minded to alternative ways of teaching</td>
</tr>
<tr>
<td>Have established belief and values</td>
<td>Explore beliefs and values and incorporate into teaching</td>
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<tr>
<td>Are accustomed to responsibilities &amp; ownership</td>
<td>Actively involve in learning/assignment</td>
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<tr>
<td>Are busy with many obligations</td>
<td>Avoid wasting their time</td>
</tr>
<tr>
<td>Can be less secure in learning situations &amp; reluctant to change practice</td>
<td>Make applications to practice</td>
</tr>
</tbody>
</table>

Adult Learning Style (continued)

<table>
<thead>
<tr>
<th>Characteristics of Adult Learners</th>
<th>Implications for Preceptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear inadequacy and failure Keep expectations realistic Provide support and guidance Ensure chances for success</td>
<td></td>
</tr>
<tr>
<td>May need more time to learn Give learner some control over pace &amp; provide specific timelines</td>
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<tr>
<td>Time perspective is immediate Make learning applicable to work</td>
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<tr>
<td>Don't see teacher as all-knowing Relate to as a colleague</td>
<td></td>
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<tr>
<td>Are problem-centered learners Address perceived problems first</td>
<td></td>
</tr>
</tbody>
</table>

Andragogy = teaching of adults

Six assumptions*: 

1. Need to know – “Why is this information important to me?”
   - Benefit of learning new content
   - Consequences of not learning content. (personal goals, health needs, quality of life)

2. Self-concept – “Can I learn this successfully?”
   - Self-directed learning; may be self-directed in some areas, but not in others.
   - Life experience plays major part of this.

3. Role of experience – “What can I relate this information to?”
   - "the resource of highest value in adult education is the learner's experience" (Knowles, Holton & Swanson, 2005, p. 27).
   - "...the student's experience counts for as much as the teacher's knowledge." (p. 14)

4. Readiness to learn – “How can I use this information right now?”
   - Adults are motivated to learn as they experience needs and interests that learning will satisfy.
   - Must see that there is a gap in their learning that needs to be filled.
   - Also, must value the information being presented.

5. Motivation to learn – “Who cares?”
   - Need to be internally motivated.
   - Sources of such motivation, self-esteem, pride, etc.
   - Motivated to learn information that is useful in their daily life.

6. Orientation to learning – “How can I apply this to my life/task/problem?”
   - Adults’ orientation to learning is life-centered, task-centered, or problem-centered.
   - Information should be linked to real-life situations and events in order to be deemed useful in daily life.

*Knowles, Holton and Swanson (2005)
Role of the Adult Educator

- Collaborate with the adult learner to create a dynamic learning environment wherein all participants, including the educator, engage in the learning process.

- Facilitators of adult education (preceptors) must:
  - Respect unique characteristics that each adult learner
  - Engage each orientee in the act of learning through respectful collaborative effort
  - Build on the adult learner’s personal motivation and desire to learn.

A Teaching – Learning Model

Organizing the Learning Experience

- Continuity - the flow of logical thought.
- Sound organization of material is essential.
- Sequencing - start with simple, easy-to-master exercises or concepts progress to more complex ones requiring greater skill, coordination, or understanding
- Pace the learning to match the ability of the learner
- Integration of various aspects of the material demonstrates how each component fits into the whole.
  - Reduce difficult or confusing concepts to component parts and show learner how to reassemble them one at a time
  - Leave adequate pause for the learner to absorb the material.

Events of Instruction

- Inform the learner of the objectives of instruction.
- Stimulate recall of prior learning – links new knowledge with prior knowledge
- Present the material in clear, organized, and simple manner consistent with learner strengths, needs, and limitations
- Provide learning guidance – with help the learner can transform general information into meaningful information that learner can recall from long-term memory.
- Elicit performance - learner demonstrates what they have learned
- Provide feedback – helps learners modify thinking patterns or behaviors
- Assess performance – Formal assessment to ensure new information was understood
- Enhance retention and transfer of knowledge – help learners apply knowledge/skills to new situations

Possible Learner Barriers

Motivation

- “You cannot motivate anyone. You can only connect with and use the person’s own motivators” (Case, 2007, Module 3, pg. 15)

- Lack of Motivation
  - To learn material
  - To make necessary behavioral changes
  - To apply the material to current and future situations

- Motivation is influenced by three factors:
  - The value component (Why am I learning this?)
  - Orientee needs assistance to see relevance that is so obvious to us
  - The expectancy component (Can I do this?)
  - The affective component (How do I feel about this?)

Possible Learning Barriers – Generations

- When were you born?
  1. Prior to 1946 (Traditionalist)
  2. Born between 1946-1964 (Boomer)
Possible Learning Barriers – Motivating the Generations

• Traditionalists (born prior to 1946)
  - Be tactful
  - Build Rapport
  - Respect privacy
  - Be respectful
  - No news is good news.

• Boomers (1946-1964)
  - Be tactful
  - Create harmony and agreement
  - Use questions rather than statements
  - Treat as equals

• Xers (1965-1980)
  - Be direct and honest
  - Value equity and fairness
  - Be relaxed and informal
  - Provide regular feedback, focused on their performance

• Millennials (1981 – 2000)
  - Public recognition
  - Establish trust
  - Be direct and honest
  - Show confidence
  - Treat them like an adult
  - Provide structure
  - Give continuous feedback

Promoting Motivation to Learn

• Enhance relevance
  - Explain how instruction relates to learners goals (WII-FM)
  - Build on learners’ previous experiences
  - Give many examples
  - Create a need to know; applying learning to practice
  - Recognize and connect with internal motives

• Build confidence-
  - Create positive expectations for success
  - Provide opportunities for learners to successfully attain goals
  - Offer learners control over their learning: offer choices
  - Enhance self-esteem by giving praise
  - HMI-AM – Make me feel important about myself.
  - Allow learner to use newly acquired skills
  - Provide positive feedback
  - Generate satisfaction

Learning Styles Inventory

VAT – Pre-work assessment
  - Visual – includes reading/writing
  - Aural/Auditory
  - Tactile – kinesthetic

Multimodal – combination of learning styles

VAT and VARK:
  - VAT is focused on how you prefer to take in information
  - VARK focuses on your preference for taking in and putting out information (see handout pg. 16)

Learning Styles

Learning styles have 18+ dimensions including:
  - Environmental preferences – room temperature, indoor/outdoor, clutter/clean
  - Food intake – caffeine/sugar
  - Biohythms – morning or evening
  - Working with others – group work/discussions
  - Working alone
  - Taking in information – visual, auditory, tactile
  - Sharing Information – Putting out information (VARK)

References


VARK focuses on your preference for taking in and putting out information (see handout pg. 16)

VAT is focused on how you prefer to take in information

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VARK focuses on your preference for taking in and putting out information (see handout pg. 16)
The Role of the Preceptor in Professional Socialization of the New Nurse

Content Author: Susan Galloway, MSN, RN

Objectives
Following this lesson on professional socialization and development of a new nurse, the preceptor learner will:

1. Define professional socialization as it relates to role acquisition
2. Identify characteristics common to each stage of professional nurse development
3. Explore the differences in precepting and mentoring.

Role Acquisition
- Role Acquisition is a complex and dynamic developmental process
  - Can change over time & role
- Role is the set of expectations placed on the person entering the role
- Expectations come from various sources
  - What sources can you think of that influence expectations for nurses?
    - Social - media
    - Gallup poll: Honesty/Ethical Standards - Nurses #1; rated at 85%
    - associated roles
    - members of the role
    - individual

Stages of Role Acquisition
- Anticipatory
  - Prior to formal training
  - Accurate anticipation is best
- Formal
  - Shift view to internal
  - Expectations coming from others in same role
  - General conformity
- Informal
  - Encounters unofficial expectations
  - Can be source of confusion & stress due to opposition to formal/anticipated expectations
- Personal
  - One's uniqueness influences how they form their own meaning; how role will be carried out
  - Individual modifies role expectations

Socialization to Professional Nursing
- Professional Socialization: Process of acquiring the knowledge base of a specific discipline and internalizing values and attitudes of that professional role – witnessed as progression of stages
- Results in:
  - Professional identity
  - Begins with education and is lifelong

Question: When you think about what constitutes a profession, what characteristics come to mind?
Socialization to Professional Nursing

- How do governance models, professional associations, and workplace milieu impact socialization?

  - Governance model
    - support, clear expectations, adequate resources
  - Professional associations
    - structure and accountability
  - Workplace milieu
    - management style, individual commitment to profession, intra/inter disciplinary team dynamics

Socialization to Professional Nursing - Generational Factors

- Traditionalist (born before 1946)
  - Take time to explain; share the organization’s story
  - Tell them how they can contribute

- Boomers (1946-1964)
  - Emphasize goals and challenges
  - Show them the opportunities

- Xers (1965-1980)
  - Show technology
  - Allow time for exploring
  - Tell them who's who and how to locate resources
  - Repeat the work-life balance message over and over
  - Deemphasize workplace politics

Generational Factors (Clipper, 2013)

  - Raised to be free spirits doing what they want when they want to do it which causes conflict because nursing is very structured with due times for meds and treatments
  - First time holding a job and having responsibility

  Orientation Tips (ICHN, 2009 as found in Clipper, 2013, pg. 73)
  - Be clear about expectations
  - Show opportunities
  - Emphasize quality
  - Offer a lot of support

Benner Novice to Expert Skill Acquisition Model

- Levels of proficiency with close relationship to professional socialization attributes
  - Novice
  - Advanced beginner
  - Competent
  - Proficient
  - Expert

- Levels are a reflection of professional growth & change:
  - Transition from textbook knowledge to use of concrete experience
  - Increased perception of patient situation as a whole versus list of tasks to be completed
  - Increased knowledge that certain pieces of information have more meaning than others

According to the literature, a professional at which of the following levels makes the best preceptor?

1. Novice
2. Advanced Beginner
3. Competent
4. Proficient
5. Expert

Your orientee has the following characteristics:

- She is very comfortable following parameters, algorithms, guidelines, and care plans. She treats each patient care order, information, and task as equally important. All her actions appear to be rule-based
  1. Novice
  2. Advanced Beginner
  3. Competent
  4. Proficient
  5. Expert
You have just been told that your new orientee has 15 years of experience in the profession. Select the level of proficiency you should expect them to have.

1. Novice
2. Advanced Beginner
3. Competent
4. Proficient
5. Expert

Characteristics of Novice to Expert Nurses

Novice:
- Academic stage – learn the "rules"
- Parameters, algorithms, guidelines, care plans
- Minimal experience with patient care tasks
- No discretionary judgment – cannot discern most relevant issues
- All actions are rule-based
- Must have instructor/competent nurse with readily available

Advanced Beginner
- New graduate – first 12 mo. of practice
- Period of significant stress
- Cannot recognize the many components of a patient situation
- May not recognize all the tasks
- Cannot sort out what is most important in a given situation
- Task-oriented, rule based, trouble prioritizing
- Easily overwhelmed
- Personal life can suffer; need to learn work-life balance
- Most vulnerable to leaving nursing
- Beginning to recognize recurrent patterns and common traits
- Skilled preceptor can facilitate recognition of patterns
- Experience is the foundation to developing pattern recognition
- Patient care must be backed up by competent nurse

New Graduate Research Findings

- First few months are a time of excitement, but high stress
- Around 6 months job satisfaction is at a low
- By 12 months
  - Has significantly increased confidence
  - Job satisfaction remains below initial mark and often at same level as at 6 month.
  - Honeymoon phase definitely over
- Between 12-24 months of practice new RNs most likely to leave nursing profession or change jobs

Characteristics of Novice to Expert Nurses

- Teaching strategies for the Advanced Beginner:
  - Help nurse resident identify patterns (aspects) and themes in patient care situations
  - Provide guidelines for taking action to aspects
  - Assist in prioritizing; provide rationale
  - Provoke critical thinking that helps to increase:
    - Problem recognition
    - Clinical decision making
    - Prioritization
    - Clinical implementation
  - Provoke critical thinking by requiring evaluation of situations and questioning
  - Debriefing/reflection is vital to satisfaction, learning & team building
Characteristics of Novice to Expert Nurses

Competent Nurse
- 2-3 years in similar patient setting
- Begins to see:
  - Actions in terms of long range patient goals
  - Prioritization of care aspects
- Still lacks speed & flexibility of proficient nurse
- Increased confidence
- Demonstrates ability to cope with simultaneous care demands
- Deliberate/thoughtful planning = increased efficiency
- May remain at this level entire career (even if move to next clinical rung on ladder)
- Most inservices address this level

Proficient Nurse
- To attain requires deliberate continued practice & motivation
- Perceives patient and unit situation as a whole verses individual aspects/rules
- Sees things from holistic perspective
- Significantly improved and accurate decision making
- Requires thoughtful & reflective practice
- Reflection builds neurocognitive ability to learn from experience
- Promotes ability to anticipate events & plan

Expert Nurse
- Years of experience, continued education & reflection have:
  - Strengthened neurocognitive pathways
  - Appears to practice intuitively; intuitive grasp of the situation is based on enormous background experience
  - Manages multiple complex tasks simultaneously with skill, timing and anticipation
  - Practices highly skilled and rapid analysis of new situations and/or situations where patient condition is changing rapidly or unexpectedly
  - Performance is best evaluated by narrative description of patient outcomes

Kramer & Benner Models Applied to Preceptor Strategies

Transition from academic to practice/professional life includes psychosocial adjustments

Question: What transitions from academic to professional life have you seen in your practice?
- Dress
- Timeliness
- Entitlements – longevity, seniority
- Respect & chain of command – academic setting can be more informal.

Strategies to Mitigate Reality Shock

- Role model
- Someone to copy or emulate
- Learning occurs mainly by observation
- A peer can be a role model
- Sharing experiences, knowledge, frustrations, lessons learned, triumphs
- Mentor
- Preceptor

Precepting and Mentoring are terms that are often used interchangeably.

Table discussion: Is there a difference between Mentor and Preceptor?
Handout pg 18.
Strategies to Mitigate Reality Shock:
Precepting versus Mentoring

**Similarities:**
- One-to-one relationship
- Teaching
- Coaching
- Advocating
- Role modeling
- Supporting
- Guiding
- Facilitating
- Informal feedback

**Differences:**
- Setting
  - Preceptor: Limited time frame but intense
  - Mentor: Mutually agreed to pairing of experienced and less experienced nurse
- Formal evaluation
- Long term relationship


---

**UHC/AACN Nurse Residency Program**

- All new Clinician I’s required to attend
- Assigned into cohorts
- Protected time with preceptor
  - 3 months acute care
  - 5 months critical care
- Program 12 mo. with one 4 hour class/mo.
- Main topic areas include: professional role, leadership, patient outcomes, and communication
- Satisfactory completion is a requirement for advancement to clinician 2
- Outcome surveys

**UHC/AACN Nurse Residency Program**

- Evidence Based Practice (EBP) Project:
  - Capstone exercise
  - Aim is to apply concepts of EBP to promote understanding of use in delivery of safe, informed & high quality patient care
  - Preceptor may help nurse resident identify project topics
  - Projects are presented during last class; preceptors encouraged to attend

**UHC/AACN NRP Preceptor Guidelines**

- Preceptor is key to facilitating successful transition to practice
- Work 1:1 with orientee
- Behavior Model
  - Exemplifies professionalism in knowledge, skills, and attitude.
  - Must be experienced and a competent nurse.
  - Demonstrates commitment to life-long learning.
- Promote independence, but does not abandon orientee
- Help facilitate socialization to unit
- May function in > one role
- Models and promotes critical thinking

**Summary**

- Professional socialization is a dynamic and interpersonal process
- Actions and appearance of individual nurses in and out of the work place contribute to collective image of nursing
- Preceptor has a key role in socialization: must be knowledgeable about characteristics of each level and phase in order to correctly evaluate orientee performance, recognize learning/adjustment difficulties and apply appropriate and effective teaching tools or make timely referrals for assistance
References

- Nursing Practice (5th ed., 43-70). St. Louis, MO: Elsevier
- University of Nebraska College of Nursing Nurse Residency Program (2010). Outcomes Report.
Conducting the Effective Learning Needs Assessment

Content Author: Susan Galloway, MSN, RN

Objectives
Following a lesson on orientee learning needs assessment, the preceptor learner will:
1. Explain the purpose and benefits of conducting a learning needs assessment of the orientee
2. List at least 3 methods for evaluating an orientee’s learning needs
3. Apply preceptor teaching activities based on orientee learning assessment

Beginning a Learning Needs Assessment
You have just been told that you have an orientee that will be with you for your shift today.

What questions immediately come to mind that you want to ask your manager, NEC, OC or the orientee?

Why Assess Learning Needs?
- Increases likelihood of meeting orientation goals
- Decreases stress
- Decreases wasted time and energy spent on material already known
- Builds rapport
- Increase motivation due to clarified expectations

Learning Needs Assessment
- Definition - A learning need is evidenced by a gap between what is known and what needs to be known or what the level of performance is and what is expected.
- Evidence from cognitive scientists: 90-95% of learners can achieve learning goals if given support and time!
- What is appropriate support?
  - Correct assessment
  - Agreement on learning need
  - Consequence of not learning are clear
  - Learning needs are prioritized

What is Your Ideal?
- Preceptor must develop a clear image of his/her competent clinician.
- What are the differences between the orientee and your image?
  - Knowledge, skills, and attitudes
- Tailor the teaching and precepting experiences to bridge that gap
- Keep in mind the typical characteristics of the stage of the learner (novice to expert)
Closing the Gap

- Prioritize learning needs in descending order:
  - What is mandatory?
  - What is desirable?
  - What is possible?

Assessment Methods

**Initial assessment:**
- Prior experience/education
- Review CV, resume, interview notes
- Informal conversation
- Can use e-mail/phone call
- Learning needs questionnaires
- Previous organizational learning
- General Orientation
  - NEO – New employee Orientation
  - OPC – Orientation to Patient Care
  - Children’s Hospital Orientation
- CBLs – organizational & unit-based

**After orientation starts:**
- Observe patient care delivery
- Review patient charting
- Identify “Muddiest Point”

Formal Assessment Tools

- Competency assessment - OCAE form
  - Technical competence
  - Interpersonal competence
    - Organizational behaviors
    - Critical thinking competence
  - Critical Thinking Diagnostic Tool
- Unit-based test
  - BKAT, Peds version of BKAT (PICU)
  - Adult & Peds Med Administration Test
- Quality Reports

Preceptor Actions

During orientation – continue assessment by promote critical thinking:
- Ask critical thinking questions
- Use appropriate verbs! (remember the pyramid?)
- Remembering: define, list, identify
- Understand: classify, demonstrate, explain
- Apply: apply, organize, solve, use
- Analyze: compose, differentiate
- Evaluate: appraise, critique, recommend

Handbook pg. #19; Handout #31-33

I plan to begin using the following assessment tool.

1. Review OCAE self-assessment
2. Review CV, resume, interview notes
3. Call/e-mail/text orientee prior to start
4. Give orientee a learning needs questionnaire
5. Review General Orientation content
6. Review Orientation to Patient Care content
7. Review CBLs orientee completes prior to arrival on my unit.

Summary

- Practice active listening to assess learning needs
- Be aware of orientee’s professional socialization level/stage
- Build a toolbox of assessment tools and strategies
- Practice asking questions using the correct verbs to provoke critical thinking

Next slide has review questions for Day 1 if time allows.
**Team Assignments**

Count off by twos, select your number from the list below.

1. The Incredibles
2. Team Scooby-Doo!

---

**Review Question #1**

Where can you find your unit-specific turnover?

- A. Medical Center Dashboard under Nurse Sensitive indicators
- B. Knowledge link under Organization Information
- C. Human Resources Orientation Web-page
- D. Nursing Education Services Orientation Web-site

---

**Review Question #2**

What were the names of the three learning domains?

- A. Neurological, Physical, Emotional
- B. Cognitive, Psychomotor, Affective
- C. Creative, Physical, Emotional
- D. Intellectual, Expressive, Action

---

**Review Question #3**

What are the names of the four preceptor roles covered today?

- A. Teacher, Motivator, Counselor, and Socializer
- B. Instructor, Coach, Evaluator, and Socializer
- C. Assessor, Protector, Educator, and Solicitor
- D. Protector, Evaluator, Educator, and Socializer

---

**Review Question #4**

Which technique below helps the orientee learn faster and retain more?

- A. Past history that remains in the past
- B. New experiences related to past experiences
- C. New experiences scheduled for every day
- D. Review of recent experiences prior to trying a new experience

---

**Review Question #5**

What are the three items that you need to address for an orientee that seems to be unmotivated?

- A. Who cares? Apply to life? When?
- B. What? When? Where?
- C. Why? Can I? How do I feel?
- D. Can I? Where? Why?
Review Question #6

Which Generation likes continuous feedback in small increments?

A. Traditionalist  
B. Boomers  
C. Xers  
D. Millennials

Review Question #7

Which generation believes “no news is good news”?

A. Traditionalist  
B. Boomers  
C. Xers  
D. Millennials
Effective Communication

In the Preceptor/Orientee Relationship

Content Author: Monica Fearnow, BSN, RN

Objectives

1. Define effective communication.
2. Identify benefits of effective communication.
3. Identify challenges in effective communication.

Effective Communication

Definition

- Both participants involved get what they want out of the interaction and end in a positive way. (Kehoe, 2011)

Communication tip:
- “Speed Gap”: People speak 135-175 words per minute, can comprehend 400-500 words per minute, keep attention/don’t let mind wander

Benefits and Challenges

- Decreases anxiety
- Increases retention of information
- Better reported outcomes

Challenges to communication

- Disconnected from situation (distracted)
- Communication styles differ
- Defensive climates

Now let’s explore a defensive climate and discuss how to create a supportive climate.

Defensive verses Supportive Climates

<table>
<thead>
<tr>
<th>Supportive Climate</th>
<th>Defensive Climate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Descriptive- (“I” language) gathering information</td>
<td>Evaluate - adding judgment and conclusions to the event; “you” language</td>
</tr>
<tr>
<td>Problem focused - goal is collaboration, not a predetermined outcome</td>
<td>Controlling – manipulation; listener is ignorant</td>
</tr>
<tr>
<td>Spontaneous - straightforwardness, honest</td>
<td>Strategic - hidden motives/agendas</td>
</tr>
<tr>
<td>Empathetic - toward the other person; thinking and feeling what the other may feel</td>
<td>Neutral – lack of concern</td>
</tr>
<tr>
<td>Equal - treat others/listener as equals create respect</td>
<td>Superior – feeling of superiority due to position, wealth, intelligence</td>
</tr>
<tr>
<td>Provisional - willing to look at other issues</td>
<td>Certain – wanting to be right/not solve problem</td>
</tr>
</tbody>
</table>

Communication Styles: Pre-work

Director
- Talks in action verbs
- Capable about the bottom line
- Always on time
- Speaks clearly
- Talks about goals
- May seem authoritative

Supervisor
- Speaks rapidly
- Uses animated gestures
- Interjects
- Talks out loud
- Talks about ideas
- May be impatient

Thinker
- Talks about details
- Inquiring
- Often makes lists
- Speaks calmly
- Wants things done right
- May procrastinate

Nurturer
- Talks about people
- Sympathetic to others
- Avoids conflict
- Encouraging and kind
- Speaks softly
- May tearanvas
What was your communication style?

A. Director  25%
B. Expresser  25%
C. Harmonizer  25%
D. Thinker  25%

Communication to Promote a Safe Learning Environment

Establishing relationship at the beginning

- Describe orientation process – goal setting, facilitating learning, providing feedback, and evaluating performance.
- Discuss the overall orientation goal – "Provide care for typical patient assignment."
- Professional image – projects confidence and competence
- Share communication style
- Ask about theirs / use communication style assessment tool
- Assure them that questions are expected and welcome
  - Both must ask questions to assure knowledge and safety

Communication to Promote a Safe Learning Environment

Communication behaviors throughout orientation

- Be approachable: show interest
  - Smile
  - Invite questions/comments
- Active looking - non-verbal communication from learner – signs of confusion or requests for confirmation
- Listen actively
  - Non-verbal communication - eye contact, lean forward
  - Repeat back to them in your own words for clarification the question or concern
- Acknowledge and treat person respectfully
  - Praise inquiry and willingness to seek guidance (no sighing/laughing/scornful response)
  - Discuss method you plan to use to provide answer or address concern

Communication to Promote a Safe Learning Environment

Response

- Legitimize feelings
- Answer question directly or provide guided learning
  - Guiding towards answer using critical thinking questions
  - Independent assignment (CBL, article, procedure, manual)
- Address concerns
- Follow through if you do not know direct answer
  - Keep orientee informed (e-mail)

Closing

- Summarize what was said
- Check for understanding
- Express appreciation
  - Say "Thank you."
    - Honors the value of the conversation
    - Respects the other participant

Which of the following non-verbal is the most offensive?

1. Sighing  17%
2. Arms crossed  17%
3. Hand on hip  17%
4. Frown  17%
5. Eye-rolling  17%
6. Shrugging  17%
Feedback and Conflict Management

Objectives:
1. Identify feedback techniques
2. Identify the 5 techniques used for dealing with conflict.
3. Identify statements that support effective conflict management strategies.

Content Author: Kathryn McGough, MSN, RN, BC

Feedback: Importance

- Crucial element in the successful orientation and retention of new nurses (Greene & Fautzen, 2002)
- Imperative for developing orientee competence and confidence
- Facilitates a successful transition to practice
- Identify patterns and trends in overall performance
- Rewards/celebrate successes
- To help the new employee succeed

Feedback: Why?

- Facilitates and reinforces learning
  - Promotes self-directed learning—the learner is encouraged to seek out learning opportunities (Johnson, Breslin, Marriot, & Swift, 1998)
- Improves and maintains performance and orientation outcomes (Johnson, Breslin, Marriot, & Swift, 1998)
  - Raises awareness of strengths and areas for improvement
  - Identify actions that are needed to improve performance (goals)
  - Encourages reflection to reinforce positive behavior
  - Orientee develops capacity to critically evaluate their own performance
  - Promptly addresses behaviors; eliminate ineffective behaviors
  - Provides the person with an assessment of their progress towards independence in their role
  - Prevents incorrect assessments by the orientee of their own abilities

Preceptor: Evaluator Role

- Discuss your role with orientee
  - You’re not there to interrogate them but must know what they know about providing quality care and protect the patient.
  - Orientee is probably fearful of hurting a patient; let them know you’re working together to keep patient safe
  - Make it clear that you cannot read their minds and you want to help them, not “catch them” doing something wrong.
  - Let them know you will be constantly assessing and observing them, just like you do your patients.
  - You will provide honest, effective feedback to them in a caring manner – this help them want to do a good job so you will be proud of them

Feedback: Discussion

- What was the best feedback you have ever received from someone?
- What is your best practice for giving feedback?
Feedback: Formal verses Informal

- Informal
  - Day to day encounters
  - End of shift
  - In-the-moment feedback
  - Weekly feedback (handout page #34)

- Formal (evaluation)
  - Manager Orientation Checkpoints (handout pages 38-44)
    - required documented meetings on orientation progress
  - 1 week, 3 weeks, 12 weeks, 18 weeks [manager only], & 24 weeks [manager only]
  - End of orientation evaluation

Feedback Types & Methods

Constructive Feedback - corrects or improves performance but conveys its message using supportive language.

Positive Feedback - affirms or reinforces existing behavior.

Feedback methods (p 22 handbook & pg 21 handout)

Wording

Which example is the best one to use when giving feedback?

- Example #1:
  - "Today, first thing this morning when you and I were talking at the front desk ..."
- Example #2:
  - "Sometime last week when we were all ..."

Choices:
1. Example #1
2. Example #2

Wording

Which example is the best one to use when giving feedback?

- Example #1:
  - "You seemed bored when I was talking with you about how to hang blood."
- Example #2:
  - "I noticed you yawned, rolled your eyes, and looked out the window."

Choices:
1. Example #1
2. Example #2

Wording

Which example is the best one to use when giving feedback?

- Example #1:
  - "When you mentioned to the other orientee that my concerns about patient care were exaggerated, I felt ..."
- Example #2:
  - "Your behavior during report today was unacceptable."

Choices:
1. Example #1
2. Example #2

Feedback: How?

- Must be:
  - Timely/soon after event
  - Considerate (is now a good time)
  - Consistent
  - Specific
  - Honest
  - Directed at behavior, not personality
  - Descriptive - act as video camera; play back your observations don't try to figure out the "Why?"
  - Given privately

Tip:
- Proactive guidance & frequent feedback prevent errors and the need for lengthy feedback sessions later.
Principles for Effective Feedback

- Link feedback to orientation goals
- Focus on positive
- Focus on changeable things
- Focus on and explain what you want, not what you don't want.
- Focus on single message
- Use verbatim quotes if you're referencing something the orientee said
- Establish trust by using mirroring or paraphrasing
- Give your feedback succinctly, then stop talking
- Avoid old concerns or previous mistakes (exception: patterns)
- Encourage reflection

Principles for Effective Feedback: Behavioral Focus

- Focus on behaviors; not personality traits
- Reference the behavior you witnessed as ‘an observation’
- Describe specific behaviors and provide specific examples
- Identifiable behaviors, not attitudes or other subjective, intangible characteristics.
  - Example: rude, attitude, etc., are NOT identifiable behaviors
- After referencing the behavior that was unproductive or inappropriate, consider asking the orientee what behavior they believe would be more appropriate or productive.
  In other words, let them come up with the answer or alternative, rather than being told.
- Provide alternate behaviors with negative feedback

What to Avoid!

- Making assumptions, stereotyping or anticipating a “bad” reaction.
- Passing along vague feedback from others.
- Assuming motives of others’ behavior.
- Sandwiching your feedback messages with “but”.
- Giving advice.
- Using phrases such as “always” or “never”.
- Sounding like or acting like a parent.

Feedback: Playback Phrases

- One thing you do very well is...
- A recent problem you handled very well was....
- A value that I see is important to you is....
- One thing you have overcome is.....
- You pleasantly surprised me when....
- One thing I would like to help you with is... (be specific and provide objective description of the deficiency/problem)

Feedback: Competency Assessment

- As a preceptor you will not only assess but provide feedback and evaluations on the new hires job competency in three ways:
  - Technical competence (skills)
  - Interpersonal competence (professional behavior)
  - Critical Thinking (decision making) competence
- When one of the three areas of competence are not meeting expectations, you will need to prepare to give the new employee feedback.
- Do not be apologetic. You have the responsibility as a preceptor to require good performance.
- Identify knowledge deficit from compliance issues (know what to do but will no do it)

Competency Model of Supervision

When giving feedback we help the orientee move through the stages below

![Competency Model of Supervision](image)

(Proctor, 2001; Hill, 2007)
Feedback Tools

- Continuous in-the-moment feedback using five minute preceptor model (C.A.R.R.E)
- Feedback methods (Refer to page 25)
  - Delivering a TACTful message:
    - T - tell the behavior (Describe the behavior, use specific facts or an objective description)
    - A - affect (Tell the effect of the behavior is having on...)
    - C - change (Identify new behaviors; what needs to change)
    - T - trade off (describe what they will gain by making the change)
- Daily and Weekly Orientation Progress report
  - Goal tracking and assessment
  - Investigate unmet goals
- May require a documented remedial plan

Conflict Management

Conflict Definition:
What you have and what you want are different; Nature’s primary motivation for change.

The most common type of conflict you manage in the protector role is with.....?

1. Charge Nurse (assignment)
2. Physicians
3. Other nurses on my unit/department
4. Other Disciplines
5. Patient/Families

Conflict in the work place
What behaviors in the work place create conflict?

Impact on patient safety
- Silence Kills study
- % of care givers regularly work with people who are condescending, insulting, or rude.
- 20% of us have seen actual patient harm as a result of those behaviors

Which two roles in healthcare have the most conflict?

Choose two options and then select correct answer below:
A. RT & Nurse
B. Nurse & PCA/PCT
C. Nurse & Physician
D. Nurse & Nurse

Answers:
1. A & C
2. B & C
3. A & D
4. C & D
5. A & B

Which of the 5 conflict management techniques does the nursing profession use most often?

1. Competing – winning is the objective
2. Accommodating – self-sacrificing
3. Avoiding – conflict/issues go unaddressed
4. Compromising – solution acceptable to all but the issues are not addressed
5. Collaborating – seeks to satisfy both sides
Which conflict management technique is second most commonly used by nursing?

1. Competing – Winning is the objective
2. Accommodating – Self-sacrificing
3. Avoiding – Conflict/issues go unaddressed
4. Compromising – Solution acceptable to all but the issues are not addressed
5. Collaborating – seeks to satisfy both sides

What Constitutes a Crucial Conversation?

Every Crucial Conversation contains three elements
- Strong emotions
- High stakes
- Opposing opinions

- Which one of these three components is missing in a feedback session?
- What are the high stakes during orientation?

There are 2 Choices in a Crucial Conversation:

- Talk it out
- Act it out
  1. Silence (don’t handle it at all)
     - Withdraw (pulling out of communication)
     - Avoid (staying completely away from sensitive subjects)
     - Mask (understating or selectively showing our true opinions; sarcasm, sugarcoating)
  2. Violence (don’t handle it well)
     - Control (coercing others; cutting others off, changing the subject)
     - Label (stereotyping)
     - Attack (abusive tactics; belittling, name-calling)

Learn to Look for Your Style Under Stress

Reflect on “Your Style Under Stress” score (pre-work)

Directions: Select the answer below that best represents the first conclusion you drew based on the situation presented below.

You and your orientee, Luke, work the weekend shift. Luke is a 25 year old new graduate. For the last three weekends, your orientee has shown up on Sunday morning 20 minutes late with messy hair and rumpled clothes. You also notice that he is slow to answer questions and sometimes when he answers a question he is giving the wrong answer despite the fact that he answered it correctly the day before.

- He doesn’t know what time work starts
- He is just having a tough time as a new grad and should be given allowances
- He has been out drinking the night before
- He must be having car trouble
- I have no idea

What is your next action?

A. Agree with your colleague as you have seen the orientee sitting at the computer too much
B. Ask your colleague why they have drawn that conclusion
C. At the first opportunity, pull the orientee aside and explain to them that they cannot sit so much
D. Meet with the orientee and let him/her know that their behaviors do not support the unit’s teamwork values.
E. He doesn’t know what time work starts

What is going on with your orientee?

A. He doesn’t know what time work starts
B. He is just having a tough time as a new grad and should be given allowances
C. He has been out drinking the night before
D. He must be having car trouble
E. I have no idea
Your Orientee has been taking their lunch breaks regularly at the same time you take yours. However, she returns to the unit 45 minutes later. This has happened for two consecutive days.

**What phrase below is the best one for beginning the conversation with her?**

A. Welcome back. You are late again, why?
B. I know finding the cafeteria is challenging. Did you get lost today too?
C. I have noticed that yesterday and today you were late coming back from your lunch break. Can you tell me what is going on?
D. You are late coming back from lunch again. Maybe it would be best for you to start bringing your lunch and eating in our break room.

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**Exercise: Identify the Facts**

- This is a competition
- You have 30 seconds to read the next slide by yourself
- 90 seconds to answer the questions individually
- 2 minutes to come to a group consensus

*Do not look at printouts.*

**Exercise: Find the Facts**

- The Charge Nurse yelled at the new employee
- The young man waited until the Charge Nurse was gone and signed the paper smiling at his sister who also worked there
- Later that month, the manager discovered the problem and fired him. The woman felt bad and quit in protest
What to do: Share your Facts

- Start with what you see and hear
- Facts are facts
- Facts are persuasive; less controversial
- Facts are least insulting

Once you have the facts, move to stories and feelings

- Reminder: Feelings and stories keep us from the facts – you have to take the time to find the facts

What to do: Tell your Story

- Facts by themselves don't always paint the picture
- Complete the picture
- Do your homework
- Don't pile it on
- Look for safety problems

What to do: Ask for Other’s Paths

- Be humble (characteristic of a critical thinker)
- Let others share new ideas and challenge your facts
- Allow others to let you know what they think
- Asking makes it safe for them to share things with you

How to do it: Talk Tentatively

- Strike a blend
- Tell your story as a story not fact
- Be confident but don’t overstate

Examples:
  “I was wondering why...?”
  “Perhaps you were unaware...”
  “I am beginning to wonder if...”

How to do it: Encourage Testing

- When asking for others to share, you must phrase the invitation carefully.
- Invite opposing views
- Use tone and words that conveys to others that you really want to hear what they say and mean it!
- Be humble
- Remember your purpose
- If your goal is to convince, compel, or control, you’ll do a good job of speaking your mind and a SORRY job of encouraging others

Example: “I would really like to hear your side of the story”
Identify the STATE skills

Exercise

- Think about one or two issues with your orientee, the orientation process, or a colleague that are difficult for you to bring up or discuss.
- Take turns sharing your story with the group.
- Feedback or crucial conversation?
- Using your feedback techniques or STATE skills, outline the conversation with the individuals at your table.

How do you handle this?

- Nurse Physician communication
- Troubling observation of a colleague

Practice at your table

Scenario: The Valued Employee

Mary is a valuable orientee and the staff are pleased that she has been added to the team. She is in her last two weeks of orientation. It has come to your attention that some critical work of Mary’s was not completed by the end of the shift. Lately, you’ve noticed that Mary has been spending increased time talking with other staff during the shift.

References

Orientation Planning

Objectives:
• Describe two benefits of orientation goal setting.
• Explain the correlation between learning experiences and orientation goals.
• Describe how, based on orientee progress, the preceptor expands the orientee’s clinical independence.

Content Author: Kathryn McGough, MSN, RN, BC

Goal Setting

Preceptor responsibility
Individually and actively established between orientee and preceptor
Purpose – growth, accomplishment, means to end
Set goals based on your learning assessment results
Benefits
Clearly see progress
Clear expectations; orientee knows what to strive for
Provides structure and direction decreases frustrations
Achievement of goals increases orientee’s confidence and feelings of success and satisfaction
Weaknesses become strengths
Promotes accountability

I set New Years Goals every year.
A. True
B. False

Goal Setting

Barriers to goal setting
Waiting for a miracle syndrome
Fear of losing
• No goal = no fear of not attaining goal
• Fear of winning
• Goal attainment may mean they need to change

Goal Types

• Long term (weekly, monthly)
  • Orientation end goal
    • Successfully complete orientation and become productive members of the unit staff (Fahje, 2001) by caring for a typical patient shift assignment on the unit.
    • Orientee to independently manage a full patient assignment with minimal direction from the preceptor (Neumann, 2004)
    • Preceptor needs to set goals and review achievement from previous week (Neumann, 2004)
• Short term (daily)
  • Set at beginning of shift and reviewed at end of shift (Murphy, 2008)
  • Used to set the goals for the next day (Murphy, 2008)

Goal Model: S.M.A.R.T.

Specific: Tangible, clear and concise
Measurable: Quantifiable
Attainable: Appropriate and achievable
Relevant: Aligned with TIP objectives or orientation objectives
Timely: Tied to a timeframe and deadline

Activity directions (pg 22 & 23 handout):
• Write two - three goals for your orientee and yourself using SMART format.
• Discuss your goals with your colleagues and write selected goals on the board.
Circle of Safety Model (Burst 2000)

- Recognizes that each student has a unique way of learning and allows adults to identify what facilitates their learning.

Model recognizes that learning:
- Occurs when obstacles are removed.
- Is best when reinforced.
- Happens in an environment of shared responsibility and respect.

Circle of Safety: Preceptor Boundary of Safety

- Personal boundary of safe practice made up of the limits of practice.
- Changes and expands with experience.
- Different preceptors have different boundaries of safety for themselves and for the orientee they are working with.
- Experienced and new nurse boundaries are different.
- Different boundary for the same clinical situation.
- Preceptors need to respect each other's variations in practice.
- Believe there might be another way.
- Remember: Insecure clinicians tend to be inflexible.
- Know and be able to verbalize your own personal limits of practice and the rational behind those limits (why you do something a particular way).
- "This is just the way we do things around here" is not an acceptable rationale (Luhanga, 2008).

Circle of Safety in Orientation

- Happens within the boundary established by preceptor.
- Orientee is comfortable presenting their rational for what he/she plans to do and explaining their thought process in relation to the clinical situation.
- Demonstrates critical thinking (Handbook page 19 & handout pages 32, 33, & 34)
- Increased retention because orientee is learning a method of their choosing.
- Not worrying about trying to remember what each preceptors likes/dislikes.

Identifying Learning Opportunities – Using Resources

- Other departments/clinical experts
- Manuals
- Clinical Portal
- Essential Evidence Plus (Evidence Based resource provides systematic review of topics [metaanalysis], daily POEMS [Patient Outcomes Evidence that Matters], & guideline [clearing house])
- Up-to-date – more practice focused versus evidence-based; clinical text book
- Pediatric Medication Text (Juranick & Murray)
- HS Library Resources:
- Skillstat – www.uitatlas.com
- ECG Guru – Instructor Resources: http://www.ukiguru.com/eca
- ECCO

Identifying Learning Opportunities

- No time for haphazard learning.
- Essential for advancing orientee's development as critical thinkers and as professionals.
- Pre-planning of assignments weekly/daily.
- Appropriate patient selection is essential to high quality learning experiences (Simon, 2003).
- Patient selection is not an arbitrary or random process (Simon, 2003).
- Should not be solely left up to the charge nurse; make arrangements with the charge nurse to arrange appropriate assignments (Downing & Huse, 2004).
- Patient selection should help the orientee achieve daily, weekly, monthly goals.

Other departments/clinical experts
- Manuals
- Clinical Portal
- Essential Evidence Plus (Evidence Based resource provides systematic review of topics [metaanalysis], daily POEMS [Patient Outcomes Evidence that Matters], & guideline [clearing house])
- Up-to-date – more practice focused versus evidence-based; clinical text book
- Pediatric Medication Text (Juranick & Murray)
- HS Library Resources:
- Skillstat – www.uitatlas.com
- ECG Guru – Instructor Resources: http://www.ukiguru.com/eca
- ECCO
Identifying Learning Opportunities – Using Resources

- The Dave Project – http://daveproject.org/ (Gastroenterology case studies, pictures, videos)
- Nurse TV - www.nursetv.com/video/21
- Virtual Autopsy - http://www.le.ac.uk/pa/teach/va/titlpag1.html
- Medical Mnemonics - http://www.medicalmnemonics.com/cgi-bin/search.cfm
- YouTube – Psychomotor skills
- Myocardial Blood Flow - Coronary vessels
- YouTube PreOp.Com
- Stent Implantation Coronary Angioplasty
- Endoscopy of Large Intestine Surgery
- Notes on ICU Nursing: ICU FAQ
- Alison - http://alison.com/learn/ (anatomy, health management, & psychology modules)
- Cincinnati Children’s – Heart Institute Encyclopedia

I am planning to use the NES Preceptor web-page in the near future.


- Used
- Mostly
- Slightly
- Rarely
- Never

Identifying Learning Opportunities

Orienteer Assignments
- Gradually increase in complexity and number
- Avoid assigning learning experiences that are beyond the skill level of orientee
- Start with “Fly on the Wall” approach for the first day
- Role model of care on the unit
- Unit routines
- Introduction to other members of the team.
- Adjustment of care based on patient’s needs
- What the preceptor believes is important in each encounter

On my unit, as a preceptor, I can select the patient assignment that is appropriate for meeting my orientee’s learning needs.

A. True  B. False

Which resource are you most likely to use?


References

References (continued)

Implementation

Objectives:
• List the 5 components of the five-minute preceptor model.
• Describe planning strategies that can prevent complications from developing during orientation.
• Describe two methods preceptors can use to help the orientee set priorities.

Content Author: Kathryn McGough, MSN, RN, BC & Susan Galloway, MSN, RN (Critical Thinking)

Strategies to improve the teaching moment

Create optimal learning environment
• Conduct discussions verses mini lectures
  When tempted to mini lecture – sprinkle your comments generously with questions
  (Case, 2007) – ask orientee to tell you the most important pieces of information obtained in report.
• Reduce stress
• Building trust, communication and respect
• Pre-planning (unit routine timeline)
• Talking with orientee prior to first day
• Communication/learning style assessments
• Establish clear expectations
• Notebook/card for orientee to write questions on

Constant invisible planning is imperative to a successful orientation.

Improving the teaching moment: The C.A.R.R.E strategy

• Five-Minute Preceptor (handout pg 24-25)
  CARRE
  • C = Commitment
  • A = Ask
  • R = Rules
  • R = Reinforce
  • E = Errors
  • Helps focus preceptor on the decision-making process used by orientee
  • Not used for teaching directly at patient’s bedside

• Five Minute Preceptor
  Ask/probe for supporting evidence
  • Helps preceptor assess and identify orientee’s knowledge, analytic process, and areas for further learning
  • Cue – when orientee commits and looks to preceptor for confirmation
  • Ask orientee what evidence they have to support their conclusions
  • Ask questions that encourage orientee to “think out loud”
    • Why did you choose that nursing action?
    • What major findings led you to your conclusion?
    • Have you considered any alternative nursing measures?
    • Explain why you would take that nursing action first?
    • What else might you consider here?
    • Were there other options you considered but discarded?
  
  Preceptor Tip: suppress the desire to pass judgment

• Five Minute Preceptor
  Rules: Teach general rules
  • Skip this step if orientee presented all needed information
  • If there is missing or incorrect information, then provide the correct information with available resources.
  • Examples:
    • This is a medication that patients should be informed to take with food to avoid GI upset.
    • Use the 0-10 scale to reassess the patient’s perception of pain 30 minutes after administering a narcotic.
  
  Preceptor Tip: teach no more than three general rules or “Pearls” at a time.
Five Minute Preceptor

Reinforce the Positives/Give Feedback
- Positive feedback builds orientee confidence and encourages the orientee to repeat the right actions.
- Given with rational or explanations that reinforce strengths and competencies.
- How?
  - Praise specific behaviors that can be repeated
  - General praise should be avoided
- Examples:
  - Your assessment was accurate and you included abnormal lab results in your report.
  - Your intervention of encouraging the patient to use their incentive spirometer was correct.

Errors: Correct/Suggest Improvements
- Last step
- Choose correct time/place
- Provide situation specific and behavior focused feedback.
- Choose “not best” verses “bad”
- Provide recommendations for improvement
- Focused on ways to prevent or avoid the same error in the future.
- Examples:
  - Your assessment that an emergency situation was occurring was correct, but leaving the patient to get help was not the best action; next time, stay with the patient and use the call system to get help.
  - You were able to recognize the need to take vital signs more frequently, however the physician was not notified immediately. Prompt notification is important to obtain orders for the needed antibiotic therapy.

C.A.R.R.E in action

http://vimeo.com/39009950

Priority Setting/Organizational Skills

- Fundamental skill
- Most common problem identified in the orientation process
- Orientee is unable to organize and complete work in a timely fashion without leaving something out
- Symptom – orientee focuses on issues in the order they arise
- Strategies
  - Encourage other methods of organization
  - Identify “different” from “ineffective” from “unsafe”
  - Help orientee develop an organized approach to patient assignments (handout pg. 26)
  - Gradual increase in patient assignment
  - Delegation (handout pg. 27-29)

Priority Setting/Organizational Skills

Strategies
- Beginning of shift establish short term goals and plan for day
  - ISSN:
    - Immediate (within first 10 min of shift)
    - Scheduled (must be done when it is due)
    - Sometime (must be done by end of shift)
    - Nice (doesn’t have to be done during the shift)
    - Must do, Should do, Could do (pre-read article)

Think of some examples of things that must be done immediately on your unit?

What are some examples of things that need to be done as scheduled?

What are some things that can be done sometime during the shift?

What are some examples of items that fall into the “Nice” category?

When you think about the student, which category(ies) do you think they will be most comfortable with?

Choose all that apply
- A. Immediate (within 30 minutes)
- B. Scheduled
- C. Sometime
- D. Nice
**Priority Setting/Organizational Skills**

**Strategies (continued)**
- **Middle of shift:**
  - Muddiest point – pre-read article
  - Prioritization of new orders/tasks
  - Do you need to implement that nursing intervention immediately or can it wait?
  - What is essential that you complete now, within 2 hours, by the end of the shift?
- **Tips:**
  - Focus on organizing and prioritizing at the very beginning of orientation
  - Provide orientee with timeline for when things should be done at beginning of orientation (meds by X, dressings done by X, assessment charted by X…)
  - Provide “what you need to accomplish in next two hours” tips

**End of shift Review, Reaction, Reflect (RRR)**
- **Review** – Reviewing events facilitates orientee self-evaluation
  - What did you like about what you did today?
  - If you could do it over, what would you do differently?
- **Reaction** – How did they feel about today (affective domain)
  - How do you feel about how the day went?
- **Reflect** – where might the orientee want to go next or how might they want to change their approach
  - Of all the care you provided today, what part was your best/are you the most proud of?
  - What would you like to work on next shift?

Below are some strategies that preceptors use to carve out time for reflection at the end of the shift.

**Which one(s) do you use or do you think might work for you?**
- Check all that apply
  - A. Walk orientee to bus stop or drive them to their car
  - B. Ask Charge Nurse to cover you for 20 min near the end of your shift
  - C. Organize work load so that you have 15-20 min near end of shift to debrief
  - D. After shift report, spend 10-15 minutes debriefing
  - E. Ask orientee to arrive 10-15 min early tomorrow so that you can debrief today’s shift
  - F. Meet orientee for coffee after work
  - G. Make arrangements for a phone conference outside work hours

**Orientation Challenges**
- Manage issues early for sake of patient safety
  - Study of 1,000 new nurses found that 20% had been involved in errors related to patient falls (Kenward & Zhong, 2006)
  - 1690 adverse events over 5 years - 24% were related to training of staff and human error with inadequate training of new employees attributed to 58% of these errors (Joint Commission, 2004)
- Prevention is the key
  - Trustful relationship
  - Familiar with communication, stress, and learning styles
  - Clear expectations/goals
  - Ensure orientee expectations are aligned
  - Accept other methods of doing things
  - Clarify orientee intentions prior to task or procedure

**Of the 6 challenges listed below, the one I have to manage most often is ....**

1. Patient care tasks/needs are so high it takes precedence over teaching time
2. Working with an unsafe orientee
3. Handling mistakes in progress
4. Communicating areas for growth to orientee
5. Providing orientee with independence (not hovering)
6. Assessing the orientee’s critical thinking
Orientation Challenges

- Patient care demands supersede learning (handout pg 30)
- Unsafe orientee
  - Definition of unsafe: Level of clinical practice is questionable in the areas of safety or with marked deficits in knowledge and psychomotor skills, motivation, or interpersonal skills or an occurrence or behavior with unacceptable risk (Luhanga, 2008)
  - Preceptor’s ethical responsibility = address unsafe practice
- Questions to ask yourself
  - Preceptor reactions

Have you had to work with an unsafe orientee?

A. Yes
B. No

Orientation Challenges: Strategies

Assessing Critical Thinking (decision making) competence (Swihart, 2007)
- Why is it important? – because nursing is about thinking not just doing
- Definition:
  - “Critical thinking entails purposeful, informed, results-oriented thinking that requires careful identification of problems, issues, and involved risks.” (Watson, 1990)
  - “Critical thinking uses both logic and intuition; is based on knowledge, skills, and experience; and is supported by professional standards and ethics.” (Baltimore, 2004)
- Assessment of Critical Thinking helps identify patterns/trends
  - Characteristics of Critical Thinkers #7-18 (handout page 31)
  - COPA Model (handout pg 30)
  - Critical thinking
  - Knowledge integration
- Advisory Board Critical Thinking Toolkit & Diagnostic Tool

Promoting Critical Thinking Exercise

- Independently read case study part 1 & 2
- Discuss questions at end of case study part 2 with each other and identify which core components of critical thinking is represented (see page vi & vii):
  - Problem recognition
  - Clinical decision making
  - Prioritization
  - Clinical implementation
  - Reflection

Orientation Challenges: Strategies

- Handling mistakes in progress
  - Correct in-the-moment
  - Develop intervention plan prior to entering patient’s room
  - Stop event and intervene
- Communicate the problem to the orientee using feedback strategies previously discussed
  - Orientee self-assessment
    - Were they aware?
    - Can they identify source of contributing factor(s)?
- Letting go
  - Handbook page 30-31
  - Post-it notes to communicate what needs to be done in next 1 hour, 2 hours, 3 hours, or 4 hours

Orientation Challenges: Strategies

Re-assessment of learning needs
- Review learning domains, adult learner characteristics, advanced beginner, learning style.
- Advisory Board Critical Thinking Toolkit & Diagnostic Tool
  - Toolkit has 16 targeted exercises designed to increase core components of critical thinking (page vi & vii)
    - Problem recognition
    - Clinical decision making
    - Prioritization
    - Clinical implementation
    - Reflection
  - Critical Thinking Diagnostic Tool (15 minutes)
    - Assesses individual performance over 25 critical thinking competencies
    - NRP Manager will send to preceptors at 0, 6, 12 months
    - Preceptor assesses orientee’s critical thinking abilities by completing an assessment; a six-point Likert scale is used.
    - Orientee has opportunity to complete self-assessment.
- Applicable to all levels of expertise

Developing a plan of action
- Jointly created
- Include specific learning opportunities geared towards learning and improvement
- Use supplemental resources to aide learning
- Get a second opinion from other preceptors, NEC, OC
  - Is it them or me?
  - Am I practicing appropriate techniques?
- Communicating concerns
  - If no apparent improvement in behavior is noted in a reasonable time
  - Get guidance, advice, and support from manager, NEC, OC
  - Consult with NES or NRP manager
Orientation Challenges: Strategies

- Document issues
- Daily and Weekly Orientation Progress reports

When all else fails, then what?

- Must do what is best for greater good
- Change of environment
- Change of preceptor
- Reduction of patient load
- Removal from unit
- Removal from organization

Weekly Orientation Progress Report

- Using page 34 of handout complete a weekly orientation progress report on Tammy.
- Tammy is at the end of her orientation
- Create an action plan
- Create SMART goals for Tammy
- Discuss your action plans and goals at your table and select two of each to put on the board.

References


References (Continued)


References

**Evaluation**

“Competency is the goal of the preceptor process” (Seihart, 2007)

**Preparing for Evaluation**

- Make sure Orientee is aware they are to receive an evaluation
- Clearly define the purpose of the session prior to the outset
- Collect information you need from other people
- Summarize the feedback including positive and areas for improvement with supporting evidence
- Reinforce good practice with specific examples
- Make sure you know how the information given relates to orientation outcomes/goals
- Encourage orientee to self-assess their performance

**Helpful Tool**

COPA: Competency Outcomes & Performance Assessment

1. Assessment and Intervention
2. Communication
3. Critical thinking
4. Human Caring Relationships
5. Management
6. Leadership
7. Teaching
8. Knowledge integration

**Types of Competence**

- **Technical Competence** (Swihart, 2007)
  - Validate only when skills are performed safely and effectively
  - Documents: OCAE form - skills, New Hire Form
- **Critical Thinking (decision making) competence** (Swihart, 2007)
  - Handout Characteristics of Critical Thinkers #1-6
  - COPA Model
- **Interpersonal Competence** (Swihart, 2007)
  - Communication
  - Handout Characteristics of Critical Thinkers #7-18
  - COPA Model

**Performance Evaluation**

In Nursing, evaluation= competency assessment= SAFE care

- Competency documentation is required by Va Board of Nursing, professional organizations, & Joint Commission
- Competency – “the caregiver can integrate knowledge, skills, and personal attributes consistently in daily practice to meet established standards of performance.” (Mc, 2006)

Handbook pg. 17-20

**Definition of evaluate**

Evaluation – Formal Feedback

Verb:

1. to determine or set the value or amount of; appraise
2. to judge or determine the significance, worth, or quality of; assess

Summarizing patterns and trends in overall performance and comparing performance with standards
The UVa way of evaluating competent care

- OCAE form (orientation competency assessment & evaluation; AKA skills check list)
- Manager Orientation Checkpoints - required documented meetings on orientation progress
  - 1 week, 3 weeks, 6 weeks, 12 weeks, 18 weeks [manager only], & 24 weeks [manager only]
- End of orientation evaluation

Remember

- **COMMUNICATION** is the key in feedback, evaluation & successful precepting
- Meet & communicate with unit leadership & include them as well as the Orientee in the evaluation process
- Do not wait to address potential or real issues
- NO SURPRISES
- REGULAR MEETINGS

Preceptor Development Plan

- Page 45 of handout
- Complete development plan for yourself
- If you do not want to keep the Tammy case study, please turn it back in.

Class Take-Away Review

- As instructor reviews each of your statements, please obtain a small computer from the side table
- Sign-in using UVA ID and password
- Computers will take a few minutes to load.
- When prompted, click on Internet Explorer icon and open your e-mail
- Find the e-mail from Kathryn McGough
- Click on the links provided in the e-mail and complete the two surveys.

Class Evaluation: Computer Operation

- Go to lower left corner and click on Windows icon
- Click on “Log off”
- Once you are logged off there will be a “Control/Alt/Delete” message

References: