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Podcast Transcript

Nursing Preceptorship: Cultivating Competence

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Host: **Robin McCormick DNP, RN**

Dr. McCormick has been a nurse leader for over 24 years in nursing practice, leadership, management, and education. Dr. McCormick earned a Doctor of Nursing Practice (DNP) from Troy University in 2018, a Master of Science in Nursing degree from the University of South Alabama in 2007, and a Bachelor of Science in Nursing (BSN) degree in 2000 from Troy University. Dr. McCormick has published and presented on topics relevant to nursing practice and education on the local, national, and international levels. With a passion for improving community health outcomes, Dr. McCormick has a research focus on mental health, maternal-child outcomes, and community health.

Guest: Candace Pierce DNP, RN, CNE, COI

Dr. Pierce is a nurse leader committed to ensuring nurses are well prepared and offered abundant opportunities and resources to enhance their skills acquisition and confidence at the bedside. With 15 years in nursing, she has worked at the bedside, in management, and in nursing education. She has demonstrated expertise and scholarship in innovation and design thinking in healthcare and education, and collaborative efforts within and outside of healthcare. Scholarship endeavors include funded grants, publications, and presentations. As a leader, Dr. Pierce strives to empower others to create and deploy ideas and embrace their professional roles as leaders, change agents, and problem solvers. In her position as the Sr. Course Development Manager for Elite, she works as a project engineer with subject matter experts to develop evidence-based best practices in continuing education for nurses and other healthcare professionals.

Episode 1: Nursing Preceptorship: Cultivating Competence

Transcript

Robin McCormick: This is Dr. Robin McCormick with Elite Learning by Colibri Healthcare, and you are listening to our Elite Learning podcast, where we share the most up-to-date education for healthcare professionals. And we want to welcome you to this series focusing on the roles that nurses play in precepting others. Today, we are going to spend time exploring those strategies that foster a supportive learning environment to cultivate competent and confident nurses. Dr. Candace Pierce is here today as our guest, and she brings a wealth of knowledge

and experience to our discussion today. She has extensive experience in professional nursing development in the hospital setting, as well as a background in teaching in pre-licensure and graduate nursing programs. So, Dr. Pierce is exceptionally qualified to provide insights today. Welcome, Dr. Pierce. And I wanted to just start with a question really, that is a definition. What exactly is preceptorship and how does it differ from mentorship?

Candace Pierce: It's a small question, but first, thanks for having me. I'm really excited to talk about this topic with you today. But to really sum it up, and then maybe I'll just kind of make a comparison between preceptorship and mentorship. But precepting is really an intensive process that has a really narrow focus on verifying a new nurse's clinical competence for that particular role. So, preceptorship means you are serving as a skilled clinical instructor and a role model and you're going to teach, you're going to supervise, you're going to evaluate your students. This can also be new employees who come into a healthcare system, or maybe it's a seasoned nurse that is transitioning into a different role. So maybe you're going from medicine to pediatrics or intensive care. You're still going to fall underneath that preceptorship heading, and precepting really involves you closely observing. You're going to be guiding and evaluating and facilitating the development of those technical skills, that clinical competence and really helping with growing the critical thinking abilities that we have to have for safe and proficient job performance. So precepting is going to be a prerequisite to training. It's that, like I said, that intensive process, narrow focus. Mentoring on the other hand is going to be a sustained professional relationship where an experienced person is the mentor who is going to assist another person who is going to be the mentee, and it's going to be to develop in a particular profession or it could be a life domain. But it's advice, it's guidance, it's counseling, it's motivation. And again, role modeling is going to play both in preceptorship and staffing. So, mentorship is going to provide your ongoing support and growth and you've got a wider view of developing the whole professional of person over an extended period of time. And there really are some key differences in that relationship between a preceptor and a mentor. So, preceptor, formal time bound process for training where mentorship is going to be longer term, less formal, and it's more of a nurturing relationship between two professionals, two coworkers. Preceptorship is going to focus specifically on developing clinical competencies and skills that are needed, that are required to be successful in a role, while your mentorship is going to be about addressing that broader professional growth, career development, personal support, and it's going to go beyond clinical skills. It's more than just your clinical skills. Preceptorship, close observation, direction, and evaluation by an experienced nurse, and your mentorship is going to be more guidance, more sharing wisdom, and nurturing that mentee over time so that they grow in the career that they're already in. Your preceptorship is going to have like a time, like a set period. Usually, you can go anywhere from like what, 6 to 12 weeks. Your mentorship relationship is going to be a lot more flexible in your structure and or duration, and it can go for six months, four months, a year, maybe two years. But your preceptorship is going to focus on real time coaching and feedback, practical hands on experiences, and your mentorship is really going to be a two way module mutual exchange. So honestly, your preceptorship is more of a one way exchange. Your mentorship, you're going to end up learning from each other and you're both going to end up growing together in some areas. And the primary goal of Preceptorship is to really verify that a preceptor meets all of those essential competencies for a safe, proficient job performance and those that you mentor should already be there. So those goals are going to be different. It's going to be about career advancement, work life balance, building confidence and resilience in areas and really just

trying to work towards achieving what it is that they want to do professionally in their career. So, the relationship of both, well for a mentorship should roll into really being good coworkers and working together. Your mentorship is not going to last forever either, or it shouldn't, and your preceptorship relationship shouldn't last for very long either should really roll into being a coworker. So, there should be an ending for both of those relationships and both of them are going to evolve.

MCCORMICK: Right.

PIERCE: Does that help tell the difference between the two?

MCCORMICK: Absolutely. It just brings me back. It really does bring me back to those very first days that I was a nurse when I graduated nursing school, and I was terrified. I was terrified to take care of people. And just the responsibility. And let me just say that as a nurse, that if I have a brand new nurse that I'm working with, and they're not terrified, then I'm terrified of responsibility.

PIERCE: And I remember when I was finishing up my degree in education, my preceptor for education option became my mentor. And now we're I guess you would, our relationship has evolved to where we're like coworkers she comes to me when needing assistance. I go to her when needing assistance. So, your relationships really evolve to where you're just working together.

MCCORMICK: Yes, I agree. I think about when I was mentor or really preceptor in my first nursing job that became my mentor. And even all these years later, that person, they and I still stay in touch. And how nursing comes around, I have actually been working with them with nursing students. And so, I think that that's a fun thing to see that relationship where we can now help each other. So, let's go back to that brand new new-grad role. Got a nurse that just graduated nursing school. Hopefully they've just passed boards and they're getting their very first real nursing job. Can you speak about just that role and the importance of being that effective preceptor that just really how that preceptor helps develop that new grad nurse in that role?

PIERCE: Well, as a preceptor, I mean, that's a vital role, because you are assisting in transitioning new graduate nurses to actual clinical practice. So as an effective preceptor, you're going to hear me say this probably a lot through this podcast, but you're wearing a lot of hats as an effective preceptor. You're a role model, you're an educator, you're an evaluator, and you're that supportive guide during a really pivotal time in a new nurse's life because, I mean, it really is scary moving from being a student to now preparing to become the nurse, the primary nurse. So, your impact being an effective preceptor is huge in cultivating competence and confidence. And that really cannot be overstated. It can't be stated enough because an ineffective preceptor is going to cause the complete opposite where that new nurse is now going to start questioning their knowledge, their skill sets, and even their ability to actually do the job successfully. And there's actually ongoing studies that have been published and data being gathered now. And when compared to years ago, it's the same result. New nurses have rated their preceptor as the most valuable resource for really developing and growing their confidence, their competence, and really helping them to

improve their nursing practice skills and effective preceptors. They foster skills in those new grads like clinical reasoning, communication, and how to lead the organizational skills that they need to be successful. Because if you are not organized and know how to manage your time at the bedside, oh honey, you're going to you're going to be there long after it's time to clock out. And you know that application of evidence based practice to guide to new graduates and how we guide them all goes back to effective preceptors. So, it's really important to the nursing role.

MCCORMICK: Absolutely. And it is kind of a little bit of a thought, but you know, in our world now where nursing turnover is so high, we just can't forget the role of what preceptors. As nursing turnover is high, then our preceptors are getting a little younger and younger. It is just so important that they understand that just the importance of their role and how they are going to help people get ready to and.

PIERCE: Being an effective preceptor can really help with that. We have high turnover not of just nurses, but of new nurses leaving the bedside within two years of graduation. And we need those effective preceptors to help them be prepared and able to feel comfortable in their role at the bedside.

MCCORMICK: I agree. Let's talk about the what are the key ingredients of that aspect of preceptor, If you could have the best preceptor in the world, what would it look like?

PIERCE: Well, I like to say that one of those mission critical qualities, because I cannot teach this quality, is commitment and a desire and passion to actually develop new nurses or even new employees. I can't teach that. So that's huge, because if you don't have a passion, if you don't want to teach, they know you don't want to teach that. And so, then they start to feel a burden. So, number one, I would say mission critical quality is a commitment and a passion and desire to train. But then you also have to have clinical competence. So having that strong clinical knowledge, the skills and that extensive practical experience is really a foundation for preceptor credibility and success. And your preceptee is going to know if you do not have clinical competence. And then of course, within clinical competence, you have to demonstrate it. So, providing that safe evidence based nursing practice, which is going to help inspire confidence in your preceptee, rather than saying, don't do what I do, do what I say. No, you need to actually show that clinical competence. Teaching ability is another one. So, we can teach teaching ability. I can help you learn how to teach, but you have to use varied teaching methods like questioning, creating learning opportunities, and really trying to help facilitate critical thinking. You have to have skills in assessment, planning, and objective evaluation, not an opinion, but actual objective evaluation, and then giving control to feedback. Those are really crucial skills that you have to have. You have got to have some interpersonal skills to teach some interpersonal skills, but not all of them. You have to be an attentive listener, approachable. You have to show that you care and really you have to be able to develop a trusting rapport because those are really cited as important skills and mindsets to a preceptor. Emotional intelligence is also going to play a role in their patients. With them, flexibility is huge. You got to be able to think outside the box and step outside of your normal. Cultural sensitivity, which I think we'll probably talk about a little later, but you also have to have some cultural sensitivity to help you in relationship building with your preceptor professionalism, because you are the role model for our profession. So, you need to role model that and

demonstrate really important values like accountability, integrity and advocacy for your patients and even for your present strong communication skills. You need to be able to collaborate, prioritize, make ethical decision-making abilities. You need to be able to teach those. You have to have those abilities, and then also commitment to the role, which is again goes back to just having a genuine and I like to enunciate genuine, but a genuine desire and enthusiasm for nurturing your preceptee. You got to you've got to motivate them. You got to help instill that confidence that they're looking for before they step into this role by themselves and really create a supportive learning environment.

MCCORMICK: Absolutely. It brings me back to thinking about the various nurses that I worked with. And then, just recently I've been working with nursing students on the floor, and working with nurses, and just noticing some of the shortcuts that they take. And yes, and going back to my students and being like, okay, let's talk about evidence based practice and why we do the right thing. I really like what you said about preceptors, making sure that they do follow the evidence based practice and that they do have integrity in their practice because it's so important. You know, the preceptor is teaching. The preceptee is learning. And so, if you teach them the wrong way, and you teach them the wrong shortcuts, then they're not able to practice safely as your coworker. So, it is so important that they.

PIERCE: Learn now you're putting their license at risk. And that's something I always tell students. You're watching that preceptor put their license at risk. And so, I ask you, how hard did you work for your license? Do you want to lose it because of the choices you made?

MCCORMICK: Right. So that's really good. I think that's one of the most important things that we need to keep in mind is that a nursing license does not come easy, and we need to hold on to it.

PIERCE: For sure!

MCCORMICK: So. as a preceptor, and now I'm kind of working in a role with nursing students. But in the past, I've worked one-on-one with nurses, and you know you teach them the tasks and the skills that they need, and you try to make sure as a preceptor that you question them of like why are we doing what we're doing? Do you know why we're doing it? We don't want to just be task-based, but we want to make sure that they understand the why. And I have to say that I remember as a nurse that first year I look back, I know I was more task-based, like I have to do these things, but it is so important, and especially with our sick patients that we understand the why. So, what are there some effective strategies that you can talk just a little bit about that help us really assess that preceptee's knowledge and understanding of the clinical reasoning skills?

PIERCE: So basically, it's competency assessment. And competency assessment is not a one-time event, it's an ongoing process. And so, you are going to be as a preceptor, continually monitoring the performance of your preceptee and adjusting the support that you provide to them through what you see. And then you're going to have to align with the evolving needs of that competence that you see. Okay, so preceptors should be assessing preceptee skills through observation. So directly observing that preceptee, you have to actually observe that preceptee. Their clinical skills, the procedures, even how they interact with patients. You have

to directly observe to continually evaluate their competency levels. They have to learn from the bottom up. They have to learn how to communicate with staff and with patients and how to navigate those relationships with physicians and the interprofessional people that they work with. For skills, you can use a structured checklist or competency validation tools, whatever your organization has. And if you're working with a student or a new graduate and your organization doesn't have anything like that, that preceptee is going to have something that they can bring to you, either from the school, their textbook, they can bring you something from their nursing program if you need that. You want to ask open ended questions to help you understand the preceptee's knowledge base. You can do that by having them walk through care plans so that you can see their clinical reasoning abilities, because that's really important in this role and we're really trying to grow that ongoing dialog with your preceptee is a huge help in assessing their competency levels, especially when you're taking time to discuss the experiences that they have encounter through the day with you or through the week with you or through their entire preceptorship. Other things that are really worth noting when you're assessing competency levels are trying to find their knowledge gaps. You want to identify their strengths, their even their preferred learning style is really going to help you. Are they visual learners? Do they need to hear it? Do they need to do it? Do they need to do all of it? So that's going to help you because that's going to affect how you teach them and how they receive what your teaching, their confidence level like you were talking about earlier, where you're like, I don't know that I want a preceptor. Who just thinks they know all the things, because that is scary. But it's also scary to have somebody who thinks they know none of the things you, so you want someone kind of like right there in the middle, but you don't always get that. Also, how receptive are they to your feedback That's going to affect how you interact with them, and you have to know their weaknesses. I like to have them identify for me, what are your weaknesses? What do you think are your weaknesses? And I find it funny because a lot of times what they identify as their weaknesses are actually not. Actually, they are not weak in that area. They just don't have the confidence in that area. But all of those assessments are going to help you tailor the experience, which is really going to make or break that preceptor relationship and the overall experience for both of you.

MCCORMICK: Yeah, I agree. I've worked at the bedside precepting several nurses, and there are some that are a joy, because it's just easier to pick up their learning style and assess what they need. And there's others that are a struggle. It is a struggle. Maybe we just don't match as well, and I've had to adjust my teaching for that. But there are times where as the preceptor, I've had to provide that constructive feedback that perhaps they aren't doing as well as they thought they were. And it can be a tough conversation. I mean, I want to be clear. I want to be helpful, I want to be supportive, and encouraging. But I also have to keep patients safe, and I also need them to improve. So just keeping that in mind, do you have some practical strategies about how you can deliver that constructive feedback and help them with their critical thinking?

PIERCE: It's hard. There's such a great question. There's so much to talk about with this question. First of all, you have to provide frequent formative feedback, and that's crucial, you know, detailing what was done, areas to work on and specific steps to improve on. One of the ways that you can do that is through facilitating critical thinking is Socratic questioning. And that's a really powerful technique to really facilitate that deeper clinical reasoning and learning. And your preceptee, and when you use it correctly, it's going to promote clinical

reasoning over just giving an answer to a random question. So, use open ended questions instead of no closed ended questions. You know, preceptors should probe their thought process, the preceptee's thought process. So, you could say, what led you to that conclusion? What other possibilities were you considering? How did you eliminate other potential diagnoses and interventions? And so, when you're using those open ended questions, it's going to force your preceptee to verbalize and examine their own clinical reasoning, which is then going to lend itself to holding on to that information if that situation ever comes up again for that preceptee, they're going to be able to go back in their mind and be like, I remember this conversation and I remember thinking through this. You can reframe questions. So, if you're preceptee asks you a close and a question, you can actually reframe it back to them as an open ended query. So, your preceptee comes up to you and they say, should we give this medication. As a preceptor, I say, I don't know, what data points, what could we use to determine if this medication is appropriate right now? Encourage self-reflection of your preceptee. Those reflective questions are really going to require that preceptor to self-evaluate, which self-evaluation and reflection are also known to encourage deep learning. So, you could say, if you could approach that situation again, whatever that situation is, what might you do differently and then have that discussion? What were the key decision points there and what guided your choice? I'm not saying it was wrong, but what guided your choice to do that and what knowledge gaps did this case expose that you need to research further? So those are just some ways to really use self-reflection to help that preceptor really latch on to some deeper learning. You can create what if scenarios with situations that have already happened that preceptor has already gone through. And that way, you can then introduce some new contextual factors to a situation that's already happened. So, you could say, if there's something going on with the lab, well, what if that patient's lab value was this instead of that, and how would that impact your next steps? You can turn mistakes into lessons for gaps and errors. You could say, can you walk me through your decision making process? So, a really valuable skill for the preceptor is being able to turn all these learning opportunity of finding the learning opportunities in every situation. So that's really my thoughts on a deeper contextual understanding and self-directed learning within a preceptorship.

MCCORMICK: I think you've made some really good points. I really like that Socratic questioning and I think for myself that is a great way for me to learn when I'm trying to make sure I totally understand what's going on with my patient in the patient situation. And so, it really does identify where those gaps are.

PIERCE: Right.

MCCORMICK: And personally, I also have to say that I find that just reflecting back over the day, which does lead to so much deeper learning.

PIERCE: Your goal as a preceptor is really to promote independence and that independent clinical judgment. And so, I did want to mention that the scaffolding theory is a really good tool for preceptors to try to promote that independent clinical judgment, because the scaffolding, it refers to the amount of support that's given during the learning process and then you tailor that support to the student's needs. So, it's going to be different for every preceptee that you have, but when you use it correctly, it's really going to enable that novice learner to be able to solve problems and carry out tasks that would have been beyond their abilities if they were

unassisted. And it's like you just, you're going to start with a significant amount of scaffolding up there. And then as they start to grow in their knowledge and their skills over time, you're going to start to gradually transfer more independence and more responsibility to them. So, you're doing it intentionally, but you can really just think of it as fading. You kind of fading away the support as their confidence grows. So, I really love the visual scaffolding, and we talk about that, and it actually came from educational psychology. That's the background of the scaffolding theory.

MCCORMICK: I really like that. And I think as nurse, one of the things that we can do very well is precepting our students, because a lot of nursing is education, it's just important for us to have that theory, the background into how to do it in scaffolding. I really like that approach and yeah, I know when I was preceptor back in the day, that's one of the things that was still on paper, but they kind of had a scaffold approach to it, and we just have to remember.

PIERCE: And there's four, like you can sum it up into like four points. And, the first point, number one is sharing knowledge modeling, using, giving them hints, and giving them this instructional support. And then number two is continually assessing the learners, current competency levels. Number three is allowing that learner to participate in more or I guess, and increasing like increasing the complexity of the tasks that they get to participate in. And then the fourth one is just you're selectively, selectively is the keyword there, withdrawing your supports to really start to shift more and more responsibility, but only when it's developmentally appropriate for that precept.

MCCORMICK: Yes. So, it's like you're giving them the support until they're able to fly, and then they can fly. And I love that.

PIERCE: Because you're teaching them to fly. But we also have to remember as a preceptor that we are we still have to maintain the safety of our patients, and we still are responsible to ensure that the patients are receiving high-quality safe care. So, we have to enable our preceptor to be able to provide that. But we're responsible for making sure it happens.

MCCORMICK: Well, Candice, I don't know how it happened, but we're almost to the end of our first episode. We have covered a lot of ground, like the importance of preceptors and what makes preceptors exceptional in their practice and how they can provide that constructive feedback to their preceptee. I want to start the next episode, and really delve into some more of the practical aspects of the preceptorship, like training techniques, and how you communicate and have those conversations. And also, just a little bit about work-life balance for preceptors because it does add a whole layer to their job. So, whether you are a seasoned preceptor or a nurse thinking about being a preceptor, we hope that you'll come back for our second episode. And we want to thank you for listening, and thank you, Candice, for helping us have this conversation, and we look forward to continuing in the next episode.

PIERCE: Absolutely.

Episode 2: Nursing Preceptorship: Cultivating Competence

Transcript

Robin McCormick: Welcome back to our deep dive into the world of nursing preceptors. So, in their first episode, we explored the role that preceptors play in shaping the new nurses career, and we talked about a lot of the qualities that make exceptional preceptors, and also a little bit about the art of providing feedback to new nurses. So, if you haven't listened to the first episode, I highly encourage you to go back and listen. In this episode, we're going to talk about some of the practical tools and strategies to excel in this role. And I kind of want to pick up about where we left off in the previous episode. We talk a lot about being a preceptor, and it's such a rewarding experience as you see someone grow in their role, but it also comes with challenges. And so, what are some of the common hurdles that preceptors face and how can they be overcome?

Candace Pierce: My goodness. Okay. So deconstructing bad habits, that is a challenge. There are performance issues. There are interpersonal conflicts, work-life balance, and how to handle unnecessary stresses. And it's going to require a lot of clear communication, emotional intelligence, and problem-solving for the preceptor. But deconstructing bad habits is one of the biggest ones that stands out to me because, it's poor practice habits, and people have picked up poor practice habits. And so new nurses and experienced nurses both, they're going to bring ingrained habits or techniques, or in the case of experienced nurses, they're going to bring old practices that maybe have been changed due to new evidence, and one that still even today sticks out to me the most that I still see the most? Prime example, urinary catheter insertion. And I know you've seen it, too. I've had to correct this often with experienced, really good LPNs who went back to school to become RN, because you start critiquing in both of those scenarios and you're going to have to find the root cause of whatever this bad habit is. Root cause for a urinary catheter is they were taught previously how to do it the other way. Now we have a new way of doing it. So, you will have preceptees that will struggle with their skills, their confidence, their clinical reasoning abilities. Some will be too confident, some will not be confident enough. So, you're going to have to balance your constructive feedback with positive reinforcement. Going back to your ongoing assessments and looking for those competency gaps. Interpersonal conflict is also going to happen and sometimes it's unavoidable, but there's going to be personality clashes. Maybe it's poor communication, maybe it's poor comprehension or perception, maybe is a better word over comprehension. And I've seen respect issues come from both the preceptor and the preceptee. So, you know, during those interpersonal conflicts, you're just going to have to as that preceptor, you're the role model for professionalism, and you're going to have to remain professional. And I tell my students and I tell my kids all the time, you can't control how other people treat you, but you can control how you react to it, because how you control, how you react to that and how you treat them, that's your character, not theirs. So, lead by example, using that emotional intelligence. Processing time versus normal job duties is also a challenge. So, it's going to take time to take care of your patients while also trying to teach and grow a new nurse or a new employee to the unit. It's going to greatly increase your workload. And a lot of times there's minimal compensation, which includes time and money. So, you also have unnecessary stresses, unit politics, demanding leadership, and maybe even wherever you are, organizational dysfunction. There are other examples, examples that that you may be dealing

with. And in this case, my advice is to keep yourself focused on the mission. Why are you precepting? You're precepting to develop a new nurse or a new employee and work, when possible, to really minimize those external noises? Well, yes, we know it's stressful, that external noise, you can still work to create a supportive learning environment.

MCCORMICK: One of the things I had to keep in mind as a preceptor when I was on the floor, is ultimately this person that I'm training, this new nurse is, they're there to fill a hole, but they're to be my coworker, and I want to train them right that way that they are providing safe practice alongside of me. So, then I can depend on this. So, it's a gift that I'm giving them, but later on, it's going to really come back and help me as they're my peers. But, one of the things that you said really kind of stood out to me when I thinking about, we have to keep a supportive learning environment. We want them to learn. We also want them to stay. But we also have to keep a good balance, right? And safety, because ultimately the one constant priority that trumps all other priorities in nursing is patient safety. So how can we strike that good balance?

PIERCE: Yeah, well, it's going to be about creating an environment of high expectations, accountability and continual coaching. It's not about harsh criticism and unsafe practice. Preceptors need enough of that security to help them develop their capabilities as well. While you're still holding them to rigorous patient safety standards, because they should be under prudent supervision. So, establish a blame-free environment of trust and show them respect. But you're also still making sure you're upholding patient safety. It's feeling safe psychologically. You hear the term psychologically safe. It is really big in leadership right now. I teach it in the leadership classes. So, ensure that your preceptee feels safe. It's safe for them to admit uncertainties, ask questions, and voice concerns without ridicule. And you want to be mindful of your body language too, and your word choices, because that alone can shut down communication between you and your preceptee. You want to have your preceptee feel comfortable to not only asking questions, but they're going to make mistakes and we want them to try to learn, and they need to be able to do so without undue anxiety. You hear a lot about just culture, and this is just another area where you can use that by making sure that the aim is continuous learning, system improvement, and not individual blame and punishment. You have to yourself model professional accountability by taking responsibility of our own lapses. We all make mistakes even in front of our preceptee. We're going to make mistakes and we need to own those mistakes. And another way is to set appropriate boundaries with your preceptee. For example, established as I call them, situational triggers for when you're going to step in because something is potentially harmful if they're about to do something that's going to be potentially harmful or harmful. So, if I see something that you're about to do that's unsafe, I'm going to intervene. So, when you see me step in, you quietly step back. The goal is not to embarrass them. So don't make a scene. You just quietly step in and as the primary nurse, you still have a duty to intervene if safety is really at risk. So, in that moment, it's probably not a teaching moment, right? You're going to want to debrief it afterwards, because after any high risk situation or true patients safety issue, you got to take some time to debrief and it needs to be prompt because that's where you're going to reinforce those learning outcomes. And thankfully, it's not going to be an actual error that you're having to debrief.

MCCORMICK: When I'm working with preceptees, I think one of the things that I did, and it's important is to establish that communication beforehand of when we go in this room. And if

there's something that I deem unsafe or that I think that you need a little help with, I'm going to step in, and we'll talk about it afterwards outside of the room. And just to reassure them that you've got their back, but you're not there to embarrass them, you're not there to berate them. You want them to learn, but you also want to keep those patients safe. And then we know that the landscape and healthcare is becoming increasingly diverse. So how does cultural competence play a role in that to affect our preceptor relationship?

PIERCE: That's going to go all the way back to that psychologically safe learning environment that you as a preceptor should be providing. Different cultures are going to have varying norms around even just their communication patterns. And that's really one of the areas that I see the most tension is directness when you're communicating. So cultural backgrounds are also going to shape our own perspectives on health, on healing, on family roles, and even medications versus traditional remedies. So, unfortunately, all have these ingrained biases. You hear them. The hot topic word right now is implicit biases, but they really do inadvertently impact our interactions and our evaluation every day. So, what can you do? Well, mutual understanding of cultural influence on factors like communication styles, health beliefs and respect are really important. You're going to have to adapt your approach depending on your preceptees background. You're going to have to self-reflect on your own implicit biases. There's not a one size fits all approach, and as you take time to get to know your preceptee, you're going to have to tailor your teaching methods to be culturally to their culturally preferred learning styles when it's possible. Because honestly, most of our attention and these relationships are going to be comprehension and perception, which a lot of times is not the true intention of the action or the statement. So do check ins and make sure you are keeping those lines of communication.

MCCORMICK: Absolutely, I agree. I think sometimes we can, as people, shy away from having those tough conversations and find out, I'm trying to think of the word, what influenced behaviors, what made them make certain decisions. And we just don't truly understand. And so, checking in, I think is so important, and checking in not only with them that they're okay, but checking in with ourselves of how we feel about things and how we can improve to help them better. So yes, not every nurse automatically becomes the greatest preceptor. I've worked with some amazing nurses right now, but they are not.

PIERCE: Not good teachers.

MCCORMICK: It's amazing. I worked with a nurse, and I would call him in a crisis every time. If I needed to do a code on a patient, you would want him right there. But I also did not need him to talk to anybody, talking to the patients or the family. He knew his limits, he really did. And so, he knew he was not a good preceptor. And he would say, don't put me in charge of precepting anybody. I'll be the charge nurse, I'll do all the other things. But that is not the role for me. And so, I'm sure that you've worked with people like that before. How can, nursing leadership really identify and empower those people who are the best for this role?

PIERCE: Well, I think, first of all, you hit the nail on the head. Not everybody is meant to be a teacher, and you need to know that you're not a teacher. Thankfully, he knew that he was not a teacher. And that's really important. You need to know whether you can do this or not, but your best preceptors are usually identified by their track record. Their track records are going

to show excellence, enthusiasm. They're going to have good interpersonal skills. And like I said earlier, they want to teach. So, it's as simple as that. They need to have a passion for growing new nurses. You cannot train someone to have passion for something. I can help them grow in other areas to be a good preceptor, but I can't help them grow in that area if teaching is not for them. And then there's also a need to make sure we train and support our preceptors. So it's great to have a preceptor class, something like this where we're talking through what it means to be a preceptor, but, specialized training on preceptorship teaching methods so you can understand how to teach, how to evaluate, how to work through conflict management and even giving feedback, how to give feedback and work through that are really important.

MCCORMICK: Yes, I agree. Giving feedback to me is probably one of the things that I just as a preceptor struggle with the most. I just have to flip it around in my head a little bit and realize what a gift it is to be able to provide that to them. But they need it because that's going to be what helps them to really develop those clinical reasoning skills that we were discussing in episode one. This is a little bit of a transition off of the question flow, but one of the things that I see in some of their preceptor programs is the use of technology, a fabulous thing. Tell me about the role of simulation and simulation training and what a SIM lab can do to help us with training a new nurse?

PIERCE: Yes, simulation, it's really invaluable. I mean, the best part, and you can probably agree with me on this as an educator, but the best part is it's all in a safe, controlled environment. I think that's the best thing. But simulation really gives preceptees a lot more opportunity for deliberate practice, for competency measurement, and it really helps in bridging the gap between knowledge and real world application, all in a safe, controlled environment. When you couple simulation with actual guided debriefing from someone who's experienced in debriefing and experienced in the topic, I mean you've got such an incredibly powerful teaching modality. It's those that deliver it, practice opportunities for more exposure to what we call them the low frequency high risk events like codes and other emergency scenarios that preceptee is probably not going to encounter as much. And the other thing about simulation is your scenarios. They can start so simply and then you can just keep escalating that complexity up. You're going to force that preceptee to really integrate knowledge from a whole different domain and think critically as that situation continues to evolve. Simulation is just really one of the best ways that we have right now to replicate the realities of how to transition when there's theoretical knowledge that we're giving them into actual practical, clinical reasoning ability. So, it's just, simulation is just another way to validate competencies and help you identify gaps so that you know where to focus your training and your feedback.

MCCORMICK: I love that, and I love simulation. It is a great place to practice in a safe environment, and it's really where I want people to make mistakes. If they're going to make the mistakes, let's make them in that safe environment so that we can correct any behavior that we need to and really give them that constructive feedback.

PIERCE: And really their teacher doesn't need to be in the simulation room with them, because most students don't want to make mistakes in front of their teacher or give them a safe place to make mistakes. So, remove yourself and let somebody else who is experienced run the sim.

MCCORMICK: Absolutely, I agree. Well, a little bit more about precepting, we talked about juggling multiple hats and I remember precepting a fantastic new nurse, and she was eager to learn. And she wanted to know all the things, which was fantastic. But it is a juggling act. We had a complex patient, we had a lot going on. She was asking great questions, which is fabulous. But ultimately, I had all these patients to see, all this documentation to complete, deadlines looming, and by the end of the shift, I feel like I barely scratched the surface. I had to stay a little late to finish documenting. And I feel like at the end of the day, she didn't learn everything she didn't know, because it was so busy. So how can preceptors navigate all these competing priorities? Patient care, of course, is important. Patient safety is first, but teaching, how can I put it in there with all the demands without feeling like we're on the verge of dropping the ball?

PIERCE: It's a difficult juggling act. It really is. And the best thing that you can do is to stay organized, set boundaries, prioritize. Well, when you have a preceptee, you try to negotiate having reduced assignments when you can, and delegate effectively, and you and making sure that you are managing your preceptees workload is also very important for their success and your success. And I know this is hard, because you need leadership, you need them to understand the work and the time it takes to be a good preceptor and how important this role is for the development of the future workforce. So, if they're not there, I know it's really hard. It's a difficult juggling act.

MCCORMICK: And let's talk a little bit more about emotions and resilience in nursing, because as a preceptor, I think sometimes it's easier to teach the technical skills, because I can observe whether you can put the IV in. I can teach you how to do the IV but helping them with emotional support and resilience to me is hard. So, what are some best practices for helping with emotional support and resilience?

PIERCE: Worries and being overwhelmed for a preceptee, it's expected to acknowledge those worries, normalize those feelings of being overwhelmed. They're learning. And for a new graduate, they're really getting into seeing what this role actually is. And they may even question if they can do it or if they even did, I make the right decision? And going into this career choice, I don't know. But even the most experienced nurses will find themselves overwhelmed at times with the workload, the patient assignment, the patient care situations and so on. So, you can't let them think that you're superhuman or unfeeling. It really sets an untrue expectation for them, and it's an expectation that they're never going to be able to meet in their role as a nurse. So don't set them up for that emotional and mental failure. You want to really actively build confidence by giving them positive feedback, celebrating their successes. You want to manage their burnout risk and promote self-care habits. And through this relationship you are actually role modeling. So be a holistic role model. Push for holistic care for our patients. But we have to also holistically care for ourselves and our preceptors.

MCCORMICK: And I want to talk about to constructive feedback. It's an art. It's definitely an art. I think even in my own personal life, my husband gave me some constructive feedback, which was not appreciated. But yeah, at work, there have been times where I've had to give that constructive feedback to preceptee needs to improve, and I want it to improve their performance. But it's easy for us to become defensive as the person getting the feedback. Now we want to become defensive and really, I guess defend our own self like this is why, it is

because of these other circumstances. But as a preceptor I want them to hear you're doing great, but these are the areas that you need to improve. So how can we help navigate that and try to reduce that defensiveness?

PIERCE: Communicating is hard even when we're not in a teaching-learning relationship. It's all relationships. So, it's a great question. And where do you even start would be emotional intelligence is really key here. First, you're going to have to separate the person from the performance gap and you want to make it clear that you respect your preceptee as a person and as a professional. So, as an example statement, I know you to be a caring nurse, which makes me confident that you want to improve. You don't want to just walk into it criticizing them. You want to start with asking the preceptee's perspective first. How did you feel that interaction went? Because that's really going to avoid immediately putting them on the defense because you're genuinely showing that you're interested in them and that you're interested in their perspective. You want to make sure you're using nonjudgmental language with them. So, you should be describing the opportunity for improvement, not assigning the blame to anybody, because that's not what's important here. The blame is not important. This is all about learning. So instead of saying you failed, or your performance was unacceptable, you could use more objective, neutral phrasing like the documentation didn't meet the standards because. And you know what, they may become defensive anyway. So, taking feedback, like you say, it's hard and you may have to work through their defensiveness to help them learn. So, if that preceptee becomes defensive, we have to remain composed and reinforce our supportive intentions. I can sense that my feedback has upset you, which absolutely was not my intent at all. This is just about addressing blah, blah, blah, the process, whatever it is. So, the goal is not to criticize the goal is to help them learn. You want to use collaborative problem solving and just kind of let them develop an improvement plan that has concrete steps towards their success. And then of course, that continual supportive feedback takes time also to validate their efforts where they've improved and continually give those positive reinforcement. When you see that incremental growth throughout that entire preceptor relationship, that makes it a little bit easier to take the constructive feedback when it comes and it's going to come.

MCCORMICK: And that's any matter how good we are, we all have areas to improve. And I like how you started with, I know that you're here to take care of the patients and in really bringing it back to what's important is the patient safety, and that we want to get them there. So, I wanted to move to a little bit of a different area. Its legal regulatory areas, because understanding legal and regulatory aspects is key. {receptors play such a crucial role. But with that comes legal responsibilities. So, tell me about the legal and regulatory factors that the preceptors should know about for their role.

PIERCE: Well, of course, the first one is our scope of practice standards. Maybe you're an RN and you're working with an LPN or, you know, an LPN working with a CNA, you have to understand the scope of practice standards and we have to teach our preceptees. Is this scope of practice standards as well, so that they know what they can and can't do. So don't allow a preceptee to take on any type of role or perform any skill that's beyond their professional scope of practice. And you really need to make sure that your preceptee understands and that they're operating strictly within that defined scope of practice for their particular license level or what they've been validated that they can do before you allow them to perform. Delegation

will be a huge gray area. Honestly, delegation really is, but you need to monitor that those accepted delegation standards and policies are being followed and then honestly teach principles of appropriate delegation, how to supervise who's account accountability, like, who's accountable to do what, because all of that is going to fall under legal and regulatory factors and can really get someone in trouble because you may be having someone do something outside their scope of practice, especially when it comes to delegating any task to unlicensed personnel and you didn't know you were doing that. So, we need to make sure your preceptee knows and understands appropriate delegation. And then of course you have those like reinforcing HIPAA, reinforcing data security, reinforcing patient confidentiality regulations. You want to make sure your preceptee actually understands this so that they're not improperly accessing or discussing or sharing protective information. And this goes back to us as preceptors modeling those professional boundaries. And regarding patient safety, when it comes to upholding ethical standards, you want to make sure you're teaching how to report violations through the appropriate channels so the preceptee will know if they ever come into that. And you also want to make sure that we model patient advocacy within the boundaries of our role. So, to sum it up, as preceptors, we have to reinforce that scope of practice standards, our delegation guidelines, our risk management protocols to help avoid liability issues. And you know what the end of the day, it's situational awareness for legal risks and organizational policies are needed, and they're only going to learn that through you.

MCCORMICK: That's good. I really like that reminder. As you know, they're only going to learn what we are able to teach them. So, and I want to talk just a minute too, about precepting. So, precepting the new grad versus a nurse who is venturing into a new area of practice can be vastly different of how you teach and what even needs to be taught. What are some of the challenges that preceptors may face regarding the role of nurse who is transitioning for maybe a one area of practice to another.

PIERCE: Yes, and there is quite a bit of difference between a new nurse versus a transitioning nurse. So, when you're orienting experienced nurses to like a specialty area, you're going to have to assess their remaining knowledge gaps still. So, you might even end up shoring up some supplemental skills for them and transitioning them more as a co learner who can kind of cross apply some experiences. So, it's all going to be about striking the right balance. You're going to want to honor that transitioning nurses expertise because that's again, you can have a point of contention there, but you're also having to ensure that the mastery through that they're going to need for whatever this position is. So, your teaching learning relationship is going to be a different focus than your brand new nurse here. You're going to have existing clinical foundations, so your focus should be more specialty specific or unit specific knowledge gaps. When you're evaluating them, depending on where they're going, you want to assess the understanding of those core conditions, procedures, protocols, standards of care for a new specialty population. And it's also a good time to identify any outdated practices or habits like we talked about earlier. So, they're going to bring a lot of transferable skills when they come to time management. Typically, they're going to bring communication and critical thinking skills. So, you really want to be respectful and validate their current competencies in these skills and then just help them at speed expand on specialty skill application. A big one is assessment parameters, especially like if I went from ICU to pediatrics, I'm going to need a whole refresher on how to assess pediatrics. But because that nurse is really joining the relationship with a hopefully already solid foundation ability, at least we hope so. They're not going to require the

basic level instruction. So don't accelerate their learning too fast without truly validating those specific specialty competencies. But typically, the preceptors can really progress the preceptee more quickly through introductory concepts and really move them right into their new skills. So, you're going to be able to leverage what they have. And typically, in my experience, nurses are going to have stronger self-directed learning abilities. So, you can really use that to do like more self-study and research in that specialty area and then help them apply different concepts through like case studies and simulations and clinical experiences, which is also why you can typically progress them a lot more quickly. I will say a challenge is overconfidence sometimes, because of the prior experience. So, you will find that sometimes they can overestimate their skills transfer ability. So do watch for that. You will also want to use your emotional intelligence and this relationship to you, because there can be an ego challenge between you and your preceptee. You have to be more self-aware, and I can share that my background is ICU and I moved overseas, and I was like, I'm going to work in this military hospital. I'm going to try to work in this med surge unit. And they assigned me to a nurse on the med surge unit, and I felt like they saw my background, they saw my resumé, and from day one, I felt like I couldn't ask any questions. I remember asking how often I needed a chart. And I know that seems like a really technical, you know, but because in the ICU, we chart every 1 to 2 hours, sometimes I chart every 5 minutes, like it just depends. And so, when I ask that question, I kid, you not, I was met with rolling of the eyes, sarcastic comments like this are not the ICU. And so, then I would hear them talking about me and laughing when I wasn't at the nurse's station. And it all started with my preceptor, and I just couldn't effectively learn the ways of the unit because of how I was treated. And I felt so like, I don't even know what the right word was or how I really felt. But I have not chosen to work outside the ICU. So, they say nurses are young, but you know, there's also sometimes we eat our own experienced nurses who are really just trying to try something new and they're not sure. And when we get to the root cause of that, do you know what it is? Jealousy and feelings of insecurity from your preceptor, so pay attention and build rapport. You know, be respectful. Let them ask questions. Create that psychologically safe environment for your transitioning.

MCCORMICK: Yeah, I agree. You know, and it's a shame because when I have an experienced nurse coming to a new unit, there's so much that they can bring with them, and we want to value their experience that they are bring in while helping them learn to transition.

PIERCE: Absolutely.

MCCORMICK: I wanted to ask too about a little bit more about technology. So, because of technology, our healthcare world is always evolving. It's always changing. So, what innovative technologies can we use for precepting, so what are some distant precepting models that may hold some hope?

PIERCE: There are some fun things coming, there's some fun things on the horizon. One of them is immersive virtual reality working to create highly realistic clinical environments in scenarios. Again, high risk, low frequency scenarios. And there's telepresence technology coming about and it's like these cameras or displays that allow a virtual present to be present with you at the bedside. And the preceptor can like zoom in and observe what you're doing and provide real time remote guidance. And I see two things happening with that, and that's enabling preceptor models across multiple facilities or state and also allowing expertise from a

single skill preceptor across like larger pools. Because as you said, we're losing a lot of our experienced nurses, and we have a lot of younger nurses trying to precept and know trying to leverage the skills that we have an AI assisted coaching is coming. We're looking at that to really automate elements of assessment and remediation because the thought is that asking to be able to analyze the psychomotor skills that we see, that the clinical judgment and communication patterns, which is going to then lead to what they call data driven, personalized feedback that is going to be then customized for that preset to something that we're already using. A lot of that you're going to see probably growing and being able to use it more and more as those interactive e-learning modules, you know, the ones with the videos and then those decision making vignettes and knowledge checks. And then there's something really cool that I was reading about, and it's called just in time mobile resources. And so, it's like wearable apps that you can have or apps on your phone or things you can wear, but to provide like on demand virtual preceptors right there when you need them. But it's also the goal is to allow that preceptor to get those bite size guidance videos and those cognitive aids when they are actively already engaged in care activities. So, I guess I would say that the future is more headed towards a blending of digital resources where with in-person.

MCCORMICK: You that healthcare is always involving, and technology is increasing. I'm excited to see, a little scared, but excited as some of the technology in our way. So, we're almost at the end of our time, and so, I want to ask one more question, we've talked about preceptors, we talked about a lot of things, but what would you like to leave nurses with who are either current preceptors or would like to be preceptors?

PIERCE: Well, as a preceptor, when you choose to go into this fight or your voluntold to go to the slot you are shaping and you inspiring the next generation of nurses, the knowledge, the skills, the values and the habits that you impart to that preceptee. You are going to have a lasting impact on the care your preceptee is going to provide for years to come. So, it's more than just teaching clinical skills. You're a role model. Preceptors are going to observe how you communicate, how you make decisions and handle stress and collaborate with teams and even how you uphold professional integrity. So, the way you carry yourself will shape the perception of what an exceptional nurse looks like and should be. So, you know, really, this is a privilege. Take it seriously, be intentional about your presenting approach, remain humble, a lifelong learner yourself, and really work to build a supportive environment of trust and growth and really never lose sight of why you became a preceptor. You know, it's tough to cultivate highly competent, compassionate nurses who are going to go out and uplift the care and your community and our profession. So, each nurse that you touch, each nurse that you develop, and grow is going to be an opportunity to elevate care for countless future patients. Your influence on nursing practice is going to multiply exponentially over time. So, in essence precepting is all about being an exemplary role model who is going to nurture our whole profession and carry the torch for exceptional nursing to future generations. You know, it's a it's a big.

MCCORMICK: It's a big deal. A huge thanks to you, Candace, for coming and sharing your insights and experiences with us today and a thanks also to our listeners who our preceptors or are thinking about becoming preceptors, because it's such a valuable role in nursing. And as end today, to our listeners, I encourage you to explore many of the other courses that we have available on elitelearning.com to help grow in your careers and your CEs.