

CHAPTER

1

WHAT IS A PRECEPTORSHIP?

LEARNING OBJECTIVES

After reading this chapter, the participant will be able to

- explain the need for establishing effective nurse preceptorships in today's complex healthcare environments
- differentiate between coaching, precepting, and mentoring
- describe the role of preceptorships in orientations

The capacity to watch over and guard the well-being of others is an important gift, and one that is learned with great difficulty. For it is one thing to see the situation others are in, but it is quite another to care enough about them to want to help, and yet another to know what to do. —Judie Bopp

Introduction

Why is it so important for nurses to precept others? Why do preceptees need to experience the guidance and facilitation shown by working nurses in clinical settings? We can find many reasons and benefits in recorded literature (see the Bibliography for more information). However, perhaps the most basic and all-encompassing reason is that it works.

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So often, two peers can solve difficulties they encounter in their work together much better than with an educator or manager—no matter how expert or experienced the manager may be. In many ways, the working nurse preceptor can help a new nurse or student preceptee more than the educator or a peer. The problem or issue the preceptee wants the preceptor to explain is one that the preceptor has recently handled. On the other hand, more experienced staff on the unit may have encountered the situation or question so long ago that they have forgotten much that is important to the preceptee. The staff see a multitude of other problems, limitations, needs, and issues that “ought” to concern the preceptee, but do not. The staff also see the problem or situation in such a completely different light that they cannot fully understand what is really troubling the new preceptee (Benner 1984).

Effective, consistent, thorough preceptorships are a major factor in the recruitment and retention of nurses. Magnet Recognition Program® hospitals support professional nursing practice within the context of teaching and learning environments. They provide consistently high-quality nursing care while accommodating excellent preceptorships. Reconciling these two factors requires creativity, flexibility, and a commitment to quality nursing care through facilitated orientations, competency assessments, and competency verifications by preceptees.

The need for effective preceptors continues to rise as companies groom and grow talent from within their ranks. Establishing definitive nurse preceptorships to guide nursing students and prepare new nurses for today’s demanding professional practice environments is efficient and cost-effective when done well. Although nurse managers are the key to nurse recruitment, staff nurses are the key to retention. Professional nurse preceptors demonstrate skill in communication and the ability to work collaboratively with others, embrace servant leadership in their sense of service to others, enjoy well-established credibility, and determine the best possible patient care outcomes in all practice settings. An effective staff nurse preceptorship program with such preceptors is critical to the success of student nurses, new graduate nurses, and experienced nurses moving among the multiple disciplines and specialty areas of our complex healthcare systems.

Key definitions

Many experts have defined and described the concepts of coach, preceptor, and mentor. Yet nurses remain confused as to how to apply these concepts in practice. The definitions presented here draw from multiple resources, so the terms can be standardized in training and implementation.

Coaches

Coaches advise and instruct the nurse primarily on job-related activities and tasks—in other words, how to perform and prioritize technical tasks, documentation, nurse and patient safety issues, organizational relationships and etiquette, professional work habits, and how to organize and delegate work assignments and duties. Coaches introduce new nurses or students to the healthcare team and describe the roles of each member. They make suggestions on effective patient care activities; time and stress management; and how to organize, prioritize, and delegate work assignments. Coaching is generally time-limited and reliant on proximity. Coaches often orient new nurses and students and help new nurses verify their initial unit-specific competencies when they first arrive on the unit or work area.

Mentors

Mentors encourage nurses to move beyond the status quo and help them find groundbreaking professional opportunities, such as exploring new leadership roles, accepting speaking or writing engagements, or acquiring advanced learning experiences. They challenge mentees and step into the background, urging the new or experienced nurse forward. Mentors allow nurses to learn through many of their own failures as mentees grow and develop through debate, active listening, and open communication with one another. By acting as a source of intellectual stimulation and encouragement, mentors help nurses develop trust in their own abilities and skills. They push them to search out professional paths that the nurse might not have known about or taken much longer to discover otherwise.

Mentorships can continue for an indeterminate length of time and are not reliant on proximity. They evolve into mutual or shared mentoring behaviors. Some nurses have continued to mentor one another across years and continents, well beyond the initial phase of the mentorship.

Orientation

Orientation is a period of introduction to the philosophy, mission, vision, goals, policies, procedures, role or position expectations, physical facilities and resources, patient populations, and services of a particular practice setting upon entry into a new position or setting or when roles/responsibilities change.

Preceptors

Preceptors are experienced and competent staff nurses who may have received formal training to function in this capacity and who serve as role models and resource people to newly employed staff nurses, student nurses, or new graduate nurses (preceptees). They merge the knowledge, skills, abilities, and

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roles of both coaches and mentors to help preceptees develop and mature into strong practicing professionals within new or different professional practice environments.

Preceptors introduce preceptees to their new roles and responsibilities, coach them on “the basics” (where to park; when to report; where to find supplies and resources; how to find and use unit/area-specific equipment, unit/area rules or guidelines, and the organization’s strategic plan, etc.), support and shape critical-thinking skills, evaluate performance and give feedback for improvement, and introduce the nurse to a wider network of nurses, frequently recommending preceptees for projects, committees, advancements, and honors within the professional practice environment and community. Precepting is generally time-limited and reliant on proximity. Preceptors orient new nurses and students, help them verify their initial service-specific and unit-specific competencies when they first arrive on the unit or work area, and provide ongoing support and encouragement as preceptees transition into their new roles. Eventually, the preceptorship may evolve into a mentorship as the preceptee matures into his or her new role and responsibilities.

Relationship-based care

Relationship-based care (RBC) is a nursing model for transforming practice (Koloroutis 2004), focusing on the value of relationships—the healthcare provider’s relationships with patients, families, and community; with self; and with colleagues and interdisciplinary team members. RBC and servant leadership ground the professional practice environment of care into one in which care providers are central and able to focus all their knowledge, skills, and abilities on patients and families. This is the essence of staff-centered, patient-focused, relationship-based care. Preceptorships provide a unique context for RBC wherein preceptees and preceptors “experience the essence of care in the moment when one human being connects to another. When compassion and care are conveyed through touch, a kind act, through competent clinical interventions, or through listening and seeking to understand the other’s experience” (Koloroutis 2004), an effective precepting relationship (a preceptorship) unfolds. This, too, is the essence of nursing.

For nurses to be successful preceptors, they must first begin with self. Emotions and personal health affect our reactions to others and may diminish our ability to care for others, to engage in teamwork, or to anticipate or respond to the needs of new nurses or students. Once personal well-being is managed, focus can shift to helping team members and preceptees. Healthy interpersonal relationships are critical for delivering interdependent care to patients and their families. Then, and only then, can

nurses focus on providing care. If one struggles with anxiety, anger, or physical discomfort (self) and cannot work well with his or her colleagues (healthcare team and preceptees), he or she cannot engage effectively in even the most basic aspects or tasks of patient care (patients or their families).

What is a preceptorship?

A preceptorship is a formal agreement between or among individuals to engage in a time-limited apprenticeship. It is a relationship constructed to link seasoned, experienced nurses (preceptors) with students, new graduate nurses, or new orientees (preceptees) to facilitate their orientation and integration into their new roles and responsibilities in the professional practice environment of care.

Preceptorships are intentional, individualized, inspired, and transformational. They occur in multiple formats that may be used for new-employee orientation, monitoring student nurses, or integrating new graduate nurses into the culture of the organization and nursing service. They differ from coaching partnerships, shadowing experiences, or buddy systems where new nurses or students are also assigned to experienced or seasoned nurses. In these, the relationship is loosely organized, coaches or buddies may change frequently, and they do not usually have the training or experience to manage a formal preceptorship.

Although preceptorships may extend beyond the orientation or integration phase, they generally do not facilitate preceptees' career development beyond their present positions on their assigned units or work settings. If a preceptorship evolves into formal or long-term career advancement, it has become a mentorship.

Preceptorships are useful primarily during orientations to the organization; the clinical area or specialty; and professional practice settings, roles, and responsibilities. According to The Joint Commission, orientations provide new employees with initial information and development that includes an assessment of new nurses' competency to safely and effectively perform the responsibilities of the jobs for which they were hired. The scope of the preceptorship must be clearly delineated so that preceptors know what part of orientation rests with them and what part remains with the organization. Initial competency verification of knowledge, skills, and abilities needed to achieve the expectations identified in the new nurse's position description is a critical part of every preceptorship and generally occurs during the clinical orientation.

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Competency assessment and verification are shared during preceptorships in which the initial competencies (knowledge, skills, and abilities) needed to function in specific roles and practice settings are verified. Preceptors help preceptees develop their unit-specific competencies. They evaluate their progress and provide feedback to help preceptees improve their knowledge and skills and develop professionalism while entering their new roles and responsibilities.

Exceptional preceptorships mirror the Relationship-Based Care model

The RBC model (Koloroutis 2004) focuses on positive outcomes in clinical safety and quality, staff and patient satisfaction, recruitment and retention methods, and strong financial bottom lines to measure success and promote organizational health in both a philosophical foundation and an operational framework. The preceptorship design mirrors the RBC framework in transforming the next generation of excellence in caregiving and changing the condition of what currently exists for the new employee or student nurse in the professional practice environment.

Preceptors improve patient care

People want to do a good job. Successful preceptorships clearly define measures and outcomes based on the purpose and vision of the organization, which are articulated and evaluated in the orientation process for the new nurse or student. Coaching, precepting, and mentoring are all essential concepts and roles filled with possibilities for increased self-awareness, commitment, and mutual respect among new nurses and nursing students. Preceptors are nurses talking about difficulties they have met, sharing insights they have gained, and passing on lessons they have learned by caring for patients in the many arenas of need they encounter each day. They facilitate the orientation, growth, and development of nurses who will one day work side by side with them, and who may become their peers, colleagues, and leaders tomorrow. They can connect with preceptees in ways that no one else can, building trust and responsibility as they gently draw preceptees into the “real world” of healthcare.

In summary

Who really benefits from all of this effort? Patients—and us! Effective nurse preceptorships provide the flexibility for the close, trusting relationships needed to develop the new employee, student nurse, or new graduate nurse to his or her fullest potential. The next step in building formal and informal professional nurse preceptorships in your organization is to understand the essential roles, responsibilities, and accountabilities of the preceptor and preceptee within the context of those relationships.