

Introduction

*“Live as if you were going to die tomorrow.
Learn as if you were going to live forever.”
–Mahatma Gandhi*

Preceptors live at the intersections of education and practice and of the present and the future. They practice at the point where theoretical learning meets reality and where the gap between current and needed knowledge and expertise gets filled. Preceptors are the essential link between what nurses are taught and what they do, and between what nurses know and what they need to know. Having competent preceptors is critical to educating nursing students, transitioning new graduate nurses to the professional nursing role, and transitioning experienced nurses to new roles and specialties.

Preceptors teach at the point of practice. They create experiences in which the preceptee can engage and learn. Benner and colleagues (2010, p. 42) note that “only experiential learning can yield the complex, open-ended, skilled knowledge required for learning to recognize the nature of the particular resources and constraints in equally open-ended and undetermined clinical situations,” and that “experiential learning depends on an environment where feedback in performance is rich and the opportunities for articulating and reflecting on the experiences are deliberately planned” (p. 43). Teaching/precepting is a two-way street—it requires a constant back-and-forth communication between the preceptor and the preceptee. Preceptors use listening and observation skills as much or more than talking and doing skills.

Myths

Several myths about preceptors and precepting need to be dispelled. The first is that because you are a good clinical nurse, you will be a good preceptor. While preceptors do indeed need to be competent in the area of nursing they will be precepting, becoming a preceptor is like learning a new clinical specialty. While some previously learned knowledge and skills are useful, there are many more to be learned before you become a competent preceptor. The next myth is that you have to be an expert clinician to be a preceptor. In many cases, being much more expert than the person you are precepting can be a hindrance and is frustrating to the preceptor and the preceptee. Yet another myth is that precepting must work around whatever patient assignment is made and whatever is happening on the unit. Such activity is not precepting. It is ineffective at its best and, at its worse, disheartening and anxiety-provoking for the preceptor and the preceptee. Every nurse deserves a competent preceptor

and a safe, structured environment in which to learn. That is not to say that every precepting activity will go as planned. It will not. There is much unpredictability in the nursing work environment, but precepting activities must start with a plan based on the needs of the preceptee and the outcomes that must be obtained. Part of the competence of preceptors is making the plan, adjusting when the need arises, and recognizing and using teachable moments.

Who Should Read This Book

This book is a survival guide for preceptors and precepting. It is a resource for preceptors from two perspectives—the knowledge they need to become competent preceptors and the knowledge they need to precept others.

The book is both evidence-based and pragmatic. It provides information on the why and the how, and is written in a style that can be easily read by busy staff nurses who are moving into the preceptor role and by current preceptors who want to improve their practice. The information in the book can be immediately integrated into practice. The book can also serve as a resource for preceptor education programs.

Book Content

The chapters in the book build on each other and are designed to be read in order. Chapter 1 is an introduction to precepting and discusses all the aspects of the preceptor role. Chapter 2 discusses how individuals learn. Chapter 3 offers an overview of precepting strategies, beginning with the preceptor and manager setting role expectations and responsibilities. Chapter 4 is about planning the preceptee's experiences and developing and using objectives, goals, and outcomes. Chapter 6 discusses communication skills. Chapter 7 provides information on coaching. Chapter 8 presents an overview of instructional technologies—from web-based strategies to human patient simulation—and details on when and how to use the technologies effectively. Chapter 9 offers information and strategies on specific learner populations—new graduate nurses, experienced nurses learning new specialties or roles, internationally educated nurses, and nurses from different generations. Chapter 10 has details on assessing and addressing preceptee behaviors and motivation. Chapter 11 offers pragmatic information on the day-to-day performance of the precepting role. Chapter 12 is designed for managers and discusses how to select, support, and sustain preceptors. Chapter 13 discusses the need for preceptors to practice self-care behaviors and provides suggestions to prevent burnout and create optimal healing environments. The Appendix contains suggestions for using each chapter in preceptor education programs.

At the end of each chapter, you will find a Preceptor Development Plan. The first part of the plan is a set of questions to reflect on after reading the chapter. These questions help you think about your own strengths and needs. The second part of the Preceptor Development Plan is a template for you to use to create your own plan. The templates are available on our website (*www.RNPreceptor.com*) as modifiable documents and can be used by individuals or by organizations. By putting your own plan in writing, you will be making a commitment to implement the plan. For organizations, the plans can be used to set goals and measure progress for participants in preceptor education programs.

More Information Online

To accompany this book, we have also created a website—*www.RNPreceptor.com*—which provides additional resources for preceptors and preceptor training. It also has a message board for preceptors to communicate with each other and to share problems and solutions.

Final Thoughts

Precepting is a complex endeavor that requires competence and commitment. By becoming a preceptor, you have accepted the professional responsibility of sharing your knowledge and expertise with others. There is no greater contribution to nursing and to patient care than to ensure the competence of the next generation of nurses.

*You raise me up so I can stand on mountains
 You raise me up to walk on stormy seas
 I am strong when I am on your shoulders
 You raise me up to more than I can be*
 (Lovland & Graham, 2003)

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References

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