

Preceptor Skills and Characteristics: Considerations for Preceptor Education

Jean S. Shinnery, PhD, RN-BC; and Tammy Franqueiro, BSN, RN-BC

abstract

The onboarding and retention of new graduate RNs continues to be a critical focus for both nursing as a profession and for health care organizations. A comprehensive residency program, with preceptor engagement playing a key role, is essential to the success of these new nurses in transition. With a focus on preceptor education, this article provides an analysis of the preceptor experience from the perspective of new graduate RNs and how their feedback provided the foundation for preceptor education. The article outlines opinions and recommendations for preceptor development, provided by a convenience sample of new graduate nurses from a multisite, postresidency evaluation survey. The purpose of the analysis was two-fold: (a) to identify preceptor skills and characteristics for presentation at the 2nd annual American Academy for Preceptor Advancement conference and (b) to ensure that the identified skills and characteristics provide the foundation for preceptor education in a national residency program.

J Contin Nurs Educ. 2015;46(5):233-236.

“Just as every patient deserves a good nurse, every nurse deserves a good preceptor” (Ulrich, 2011, p. 225).

The U.S. Department of Labor statistics reports that employment of RNs is expected to grow 19% from 2012 to 2022, which is greater than the average growth percentage for all other occupations (Bureau of Labor Statistics, n.d.). Growth will occur primarily because of technological advancements that support more complicated procedures, with an increased emphasis on preventative care. As a result, the large, aging population will require

more health care services as individuals live longer and lead more active lives. Treating this increase in the aging patient population and managing the complexities of an aging population will require highly competent RNs. However, only 10% of nurse executives believe that new graduate nurses (NGNs) are fully prepared to practice, and NGNs themselves report that they lack the confidence and necessary skills to practice safely and effectively for up to 1 year after graduation (Twibell et al., 2012).

During the first year of transition from academic education to independent practice, NGNs progress from advanced beginner to competent practitioner. Kramer, Halfer, Maguire, and Schmalenberg (2012) described this transition period as a stage of “becoming” (p. 149). Along with professional role development, goals include socialization into the organization and the unit, development of skills to manage stress, improvement of skill competence, and being part of a “cognitive apprenticeship in real life situations” with a preceptor (Kramer et al., 2012 p. 149). It is critical and evident that a structured, encompassing RN residency program supports this period of professional development with a competency-based transition program. A successful

Dr. Shinnery is Executive Director, Versant Center for the Advancement of Nursing, and Ms. Franqueiro is Assistant Vice President, Versant RN Residencies, St. Petersburg, Florida.

The authors acknowledge the tireless efforts of Diana Swihart, PhD, DMin, MSN, CS, RN-BC, and Solimar Figueroa, MHA, MSN, BSN, RN, whose vision of preceptoring has become a reality with the creation of the American Academy for Preceptor Advancement.

The authors have disclosed no potential conflicts of interest, financial or otherwise.

Address correspondence to Jean S. Shinnery, PhD, RN-BC, Executive Director, Versant Center for the Advancement of Nursing, P.O. Box 66308, St. Petersburg, FL 33736; e-mail: jshinnery@versant.org.

Received: January 7, 2014; Accepted: December 1, 2014

doi:10.3928/00220124-20150420-04

program includes a clinical preceptorship and focuses on providing meaningful clinical experiences, with curriculum support and mentoring and debriefing sessions, with the goal of increasing new graduates' confidence and competence at the bedside (Ulrich et al., 2010).

THE NURSE PRECEPTOR

Research strongly supports nurse residency programs as a key strategy to retain NGNs (Hillman & Foster, 2011; Kramer et al., 2012; Park & Jones, 2010). Preparation of the graduate RN to face postgraduate challenges and achieve competency must occur during the NGNs' transition from education to practice—a period that represents the highest learning curve in the RNs' professional life. This is the time when preceptor engagement during onboarding NGNs is vital to the success of the nurse and the nurse residency program.

Evidence suggests that the success of the preceptor experience depends greatly on adequate preceptor role education and support (Luhanga, Dickieson, & Mossey, 2010). All too often, it is assumed that because a nurse is a strong clinician, he or she will have the skills and abilities to precept others. However, in actuality, just because an RN is a good nurse does not mean that he or she will be a good preceptor. Consideration for preceptor selection is based on multiple factors. Those nurses who demonstrate the mission, vision, and values of the organization, who have the experience needed in a specific area of practice, and who are willing to precept for a specific period of time are good candidates.

A successful preceptor needs to be accomplished in skill acquisition, goal setting, evaluation, and feedback. The preceptor role is complex and requires a special set of personal characteristics and abilities.

WHAT MAKES A GOOD PRECEPTOR?

In preparation to speak at the 2nd annual American Academy for Preceptor Advancement conference on preceptor development, the authors reviewed evaluation data from a national, multisite RN residency. The Evaluation of the RN Residency Survey is a 52-item tool that is administered at the end of the 18-week clinical immersion preceptorship phase of a yearlong residency. All components of the residency are evaluated, and NGNs are asked to describe what they liked and disliked about their preceptor experience. Using a convenience sample, participant free-text responses ($N = 838$) from 30 hospitals were aggregated and entered in Wordle™ software, creating a word cloud to identify the NGNs' perceived skills and characteristics of a good preceptor.

NGN responses provided a list of key preceptor skills and personal characteristics that were found to be con-

sistent with those in the literature (Luhanga et al., 2010; Ulrich, 2011; Zilembo & Monterosso, 2008). Five top preceptor skills were identified by the NGNs, which are described in the sections below.

Feedback

The ability to provide feedback in a meaningful way was ranked first in importance by NGNs. The preceptor continuously evaluates clinical and professional performance, recognizes delegation and accountability, ensures that adherence to standards of practice are met, and offers timely feedback in a constructive manner.

Teacher Role

Ranked second, the preceptor's role of teacher is a dynamic function that is critical in engaging the participation of the NGN. In this facet, the preceptor constantly scans the clinical situation for contextual learning opportunities and works with the NGN to appreciate the complexity of their role. The role of teacher is inherent in the preceptor while they instruct, support, encourage, assess learning needs and styles, collaboratively establish goals, and facilitate effective clinical progress.

Role Model

As a role model, preceptors must remember that their preceptee will imitate what they see the preceptor do in both clinical and professional practice. Throughout the residency, preceptees constantly watch and often imitate their preceptor, modeling their own performance on what they see. The preceptor as a role model provides the resident with guidelines for attitude and behavior development, modeling what is acceptable and what is not. These human skills greatly contribute to the resident's perception of acceptable patient, family, and inter-professional communication.

Facilitator

As a facilitator, the preceptor relies on skills that ease the transition process for the NGN. These skills include effective communication, conflict management, goal setting, and monitoring goal progression within a given period of time. The facilitator helps in the socialization of the NGN, with introductions to the health care team and by identifying and resolving issues as they arise, fostering integration into the work culture, building rapport, and seeking clinical opportunities for the new nurse.

Clinical Leader

Preceptors are clinical leaders. As leaders, preceptors utilize previously identified skills to foster critical

thinking and clinical judgment. Critical thinking is a learned skill that includes both knowledge and behavior. It requires conscious effort by the preceptor and practice opportunities for the NGN to be successfully developed. Clinical judgment is the application of those skills to positively impact outcomes. The preceptor as leader also influences value identification for the NGN. Creating time for reflection and thoughtfulness in a safe environment in which to identify core values influences nursing practice, the unit, and the organizational culture and the interprofessional team as a whole.

NGNS' PRECEPTOR PROGRAM RECOMMENDATIONS

When NGNs were asked to provide recommendations to develop a successful preceptor program, participants noted that preceptor education that stresses communication is key. Other considerations include an awareness of preceptor–preceptee teaching–learning styles, making sure that preceptors are chosen because they enjoy the challenge of precepting, and that there is a proven process that goes into determining a good preceptor–preceptee match.

IMPLICATIONS FOR PRECEPTOR EDUCATION

Orienting and sustaining RNs in the role of preceptor requires initial and ongoing education and support, acknowledgment, and guidance in articulating their own unique professional teaching practice, which is distinct from the preceptor role as a clinically competent RN (Luhanga et al., 2010). Nurse educators may consider multiple learning strategies that meet this need, including attending live preceptor workshops, using textbook and online resources, or seeking and taking advantage of other learning opportunities. The authors' residency model includes the use of a preceptor subcommittee, which is responsible for preceptor selection, education, and ongoing support. Initial preceptor education consists of a 4-hour interactive workshop—Preceptor Essentials. Anticipated workshop outcomes include defining concepts, applying adult learning principles, identifying best-practice communication for all preceptor competencies, and focusing on NGN competency validation and documentation at the point of care. Ongoing preceptor education is visible, with targeted learning opportunities to further develop crucial preceptor skills. Preceptor support is essential, and preceptors are supported by organizational forums and quarterly meetings, as well as national preceptor certification.

The authors recognize that not all organizations have a formal nurse residency program; however, the findings of the current study can be used to influence the devel-

key points

Preceptor Education

Shinners, J.S., Franqueiro, T. (2015). **Preceptor Skills and Characteristics: Considerations for Preceptor Education.** *The Journal of Continuing Education in Nursing*, 46(5), 233-236.

- 1 The art and science of precepting is not intuitive but a learned skill.
- 2 Organizations that rely on preceptors must commit to an evidence-based preceptor program that provides the tools and support needed for preceptor development and sustainability.
- 3 The nurse educator plays a key role in advocating for and designing, implementing, and evaluating a successful preceptor program.

opment of a preceptor program in any situation where precepting occurs. Before an organization can design an appropriate preceptor educational activity or select an already existing activity, it is critical to understand the needs of the preceptors and to better support them as they use content and skills to develop a new nurse into a valuable team member in the unit and in the organization.

The authors believe that using NGN feedback has significantly contributed to providing a foundation for effective preceptor education within our practice framework—the nurse residency. The responses and recommendations from NGNs have been incorporated into a preceptor continuing education activity that encourages preceptors to focus on the skills and characteristics needed for a positive experience. The success of any preceptorship program depends on adequate preparation of preceptors to maximize this important clinical experience (Zilembo & Monterosso, 2008).

CONCLUSION

In many health care facilities where NGNs transition seamlessly from the academic world into practice, evidence-based strategies include having an established, dynamic residency program that is supported by a strong preceptor pool, a healthy work environment, trusting relationships with peers, and visible leadership support. NGNs experience clinical practice positively when the preceptor has the skills and characteristics to serve as a bridge between the world of academics and professional practice, leading by example while teaching necessary new graduate competencies.

The preceptor–NGN relationship is one of support that must be nurtured if it is to achieve its full poten-

tial. Increasing support for preceptors must come from within the organization. Only then can the preceptor and the new graduate RN develop the partnership necessary to develop, sustain, and retain quality nursing care during this time of transition.

REFERENCES

- Bureau of Labor Statistics, U.S. Department of Labor. (n.d.) *Occupational outlook handbook, 2014-2015 edition, registered nurses*. Retrieved from <http://www.bls.gov/ooh/healthcare/registered-nurses.htm>
- Hillman, L., & Foster, R.R. (2011). The impact of a nursing transitions programme on retention and cost savings. *Journal of Nursing Management, 19*, 50-56.
- Kramer, M., Halfer, D., Maguire, P., & Schmalenberg, C. (2012). Impact of healthy work environments and multistage nurse residency programs on retention of newly licensed RNs. *Journal of Nursing Administration, 42*, 148-159.
- Luhanga, F.L., Dickieson, P., & Mossey, S.D. (2010). Preceptor preparation: An investment in the future generation of nurses. *International Journal of Nursing Education Scholarship, 7*(1), Article 38.
- Park, M., & Jones, C.B. (2010). A retention strategy for newly graduated nurses: An integrative review of orientation programs. *Journal for Nurses in Professional Development, 26*, 142-149.
- Twibell, R., St. Pierre, J., Johnson, D., Barton, D., Davis, C., Kidd, M., & Rook, G. (2012). Tripping over the welcome mat: Why new nurses don't stay and what the evidence says we can do about it. *American Nurse Today 78*(6), 1-3.
- Ulrich, B. (2011). Precepting—A key nursing role. *Nephrology Nursing Journal, 38*, 225.
- Ulrich, B., Krozek, C., Early, S., Ashlock, C.H., Africa, L.M., & Carman, M.L. (2010). Improving retention, confidence, and competence of new graduate nurses: Results from a 10-year longitudinal database. *Nursing Economic\$, 28*, 363-375.
- Zilembo, M., & Monterosso, L. (2008). Nursing students' perceptions of desirable leadership qualities in nurse preceptors: A descriptive survey. *Contemporary Nurse, 27*, 194-206.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.