



# Preceptor Essentials

AMC Advanced Practice  
Providers



Albany Medical Center

# Objectives

1. Analyze the four roles of the preceptor
2. Demonstrate knowledge of educational theory as applied to the preceptor role
  - Adult Learning Theory
  - Learning/Teaching styles
  - Novice to Expert/Benner
  - Reality Shock
3. Create a structured curriculum and plan relevant to the medical specialty, experience or position of the new APP
4. Create teaching points and recommend clinical resources to help providers develop knowledge, clinical reasoning, and critical thinking skills

# Objectives

5. Give feedback that helps the APP in their development and future practice
6. Complete an honest evaluation of the APP, highlighting both successes and opportunities for improvement
7. Describe the 5 elements identified in the “One Minute Preceptor” paper and integrate them into practice
  - get a commitment
  - probe for evidence
  - teach a clinical rule
  - reinforce what was done well
  - correct mistakes
8. Demonstrate an understanding of the different skills, roles, and requirements of various types of health professions including physician assistant (PA), certified registered nurse anesthetist (CRNA) and nurse practitioner (NP) .

# Getting started

Go to [Albany Medical College Continuing Education \(cloud-cme.com\)](https://cloud-cme.com) on desktop

Or

Cloud CME App on smartphone



# Self assessment

- Take the pre-test
- Complete the Preceptor Self Evaluation Tool

- Consider:
- What attributes of your previous preceptors were beneficial or not?

# Role delineation of advanced practice providers

- [AMC APP Intranet home page](#) describes the different advanced practice providers and their roles
- Provider Resources can be found at [intranet.amc.edu/display/FacultyPractice/Provider+Resources](#)

# The Role of the Preceptor

## 4 Overall Responsibilities

- Role Model
- Socializer
- Educator
- Protector

Ulrich, 2012





# Preceptor Skills & Characteristics

- Read
- *Preceptor Skills & Characteristics: Considerations for Preceptor Education* by Shinner

# Preceptor Roles & Responsibilities

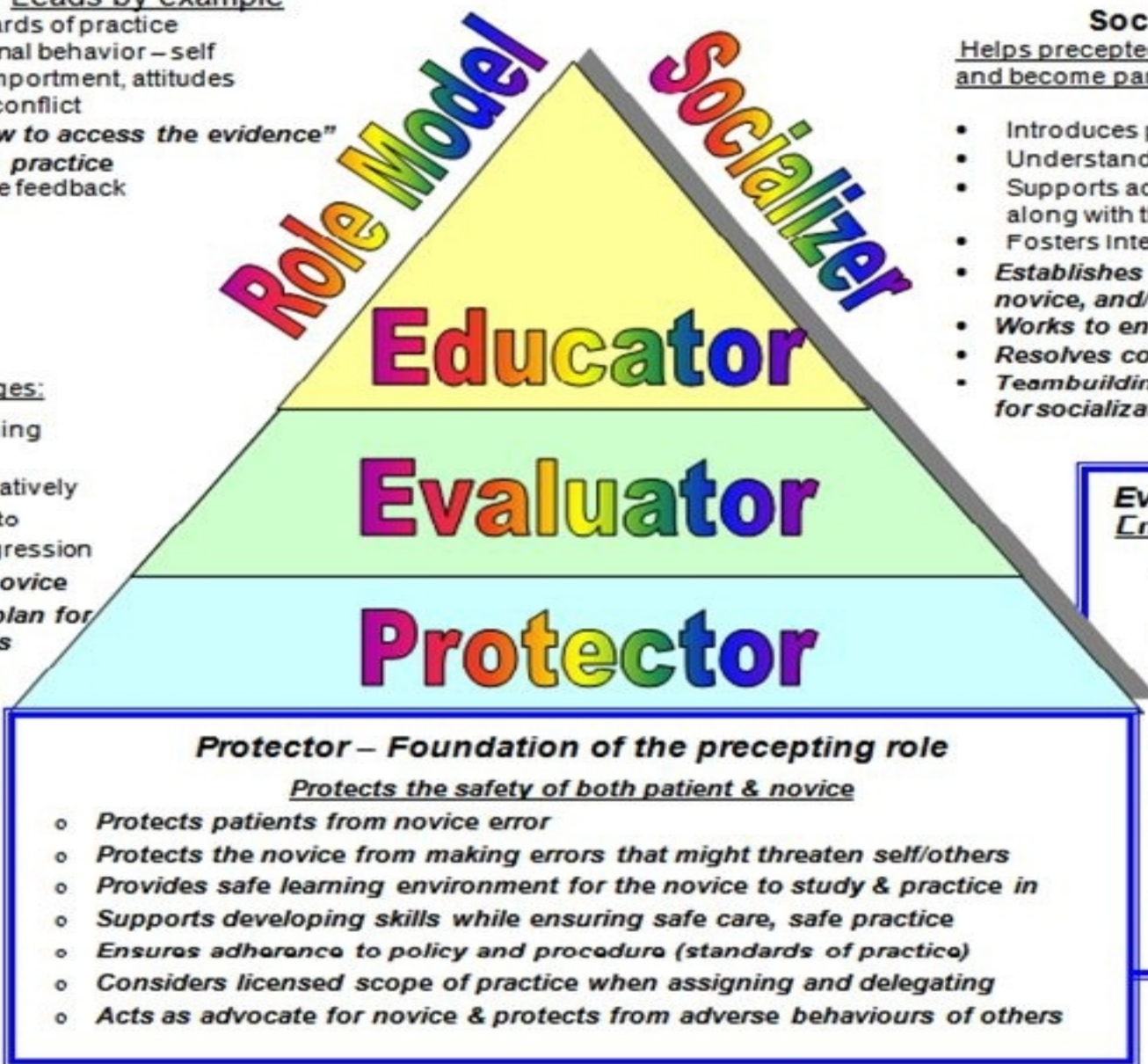
## Role Model - Leads by example

- ~ Adheres to standards of practice
- ~ Models professional behavior – self development, comportment, attitudes
- ~ Resolves issues/conflict
- ~ **Exemplar of "How to access the evidence"**
- ~ **Models reflective practice**
- ~ Gives constructive feedback
- ~ Speaks for self
- ~ Listens well

## Educator & Coach

Instructs, supports and encourages:

- Assesses learning needs & learning style
- Plans learning activities collaboratively
- Confirm, Critique, modify, & add to
- Evaluates & Communicates progression
- **Develops Critical Thinking in novice**
- **Customizes clinical coaching plan for specific learning styles & needs**
- **Provides experiential learning**
- **Facilitates "novice to expert" progression**
- **Develops capability of novice**
- **Gathers evidence that shows level of capability**



## Socializer & Team Leader

Helps preceptee settle into new role and environment and become part of the team.

- Introduces preceptee to team & other staff.
- Understands/supports social needs.
- Supports adjustment to all new life/role elements along with their new work role
- Fosters integration into workplace culture
- **Establishes communication between manager, novice, and/or educator**
- **Works to ensure colleague support for novice**
- **Resolves conflict issues as/if they arise**
- **Teambuilding – ensures support of colleagues for socialization & orientation process**

## Evaluator – Competency Validator

Ensures safe and effective practice

- o Ensures adherence to P & P and standards of practice
- o Works within scope of practice
- o Identifies delegation and/or accountability concerns
- o Validates the competent practice of the novice/new hire
- o Recognizes capability limitations
- o Discusses performance issues/ concerns with manager
- o Evaluates and documents competent care delivery

## Protector – Foundation of the precepting role

Protects the safety of both patient & novice

- o Protects patients from novice error
- o Protects the novice from making errors that might threaten self/others
- o Provides safe learning environment for the novice to study & practice in
- o Supports developing skills while ensuring safe care, safe practice
- o Ensures adherence to policy and procedure (standards of practice)
- o Considers licensed scope of practice when assigning and delegating
- o Acts as advocate for novice & protects from adverse behaviours of others



# Role Model

- Clinically competent, responds well to change
- Follows policies and procedures
- Maintains effective working relationships
- Uses resources appropriately
- Demonstrates effective communication and leadership skills
- Competent in problem solving, organization and priority setting, crisis management
- Remains calm in an emergency

# Role Model

Think of a preceptor you'd like to emulate.

What characteristics make him/her the model preceptor?



# Socializer

- New employees are more likely to stay in positions if they are well socialized.
- Establish a non-threatening positive working environment. Debrief when needed.
- Be a clinical & professional role model.
- Avoid short cuts, explain things as you go even if it takes longer.
- Follow policies & procedures, share useful resources with preceptee.
- Introduce orientee to other members of the team. Include in breaks, lunches. This fosters integration into the work role/culture.
- Assists learner through 'reality shock'.

# Socializer

- Recognizes importance of first impressions
- Creates and maintains a positive learning environment, debriefs as needed
- Ensures colleague support
- Team builder

# Educator

- Uses competency-based orientation tools to plan and document the orientation process.
- Applies adult learning principles
- Understands orientee learning style and own teaching styles and applies them
- Makes a plan each day for what needs to be accomplished.
- Given open and honest feedback.
- Talking through own tasks helps orientees learn how to think critically and problem solve and understand the “whys” of tasks.

# Educator

- In what area in the role of Educator do you need to grow in preparation to precept?
- How might you achieve this goal?
- What gaps do you see for yourself as you move forward as a preceptor based on the 4 roles? How can you develop in those areas?





# Protector

- Protect patient from error & protects orientee or student from making error.
- Provides safe learning environment.
- Advocates for the novice.
- Supports developing skills of the learner.

# Evaluator

- Observe clinical practice to determine level of capability & ability to perform independently.
- Be honest with orientee from outset to avoid poor performance and communication.
- Monitor progress with daily/weekly updates.

# Educational Theory for Preceptors

Questions to think about:

How is teaching a peer different from teaching a patient?

How is it alike?

# Educational Theory for Preceptors

This next section will review the following:

1. Adult Learning Theory
2. Learning/Teaching style
3. Novice to Expert/Benner
4. Reality Shock



# Adult Learning Theory

How do you or your peers like to learn?



Sandridge, S., Newman, C., & Lesner, S. (2011).

# Adult Learning Theory

# The Cone of Learning

*I see and I forget.  
I hear and I remember.  
I do and I understand.*  
— Confucius



After 2 weeks,  
we tend to remember ...

- 10% of what we READ
- 20% of what we HEAR
- 30% of what we SEE
- 50% of what we SEE & HEAR
- 70% of what we SAY
- 90% of what we SAY & DO

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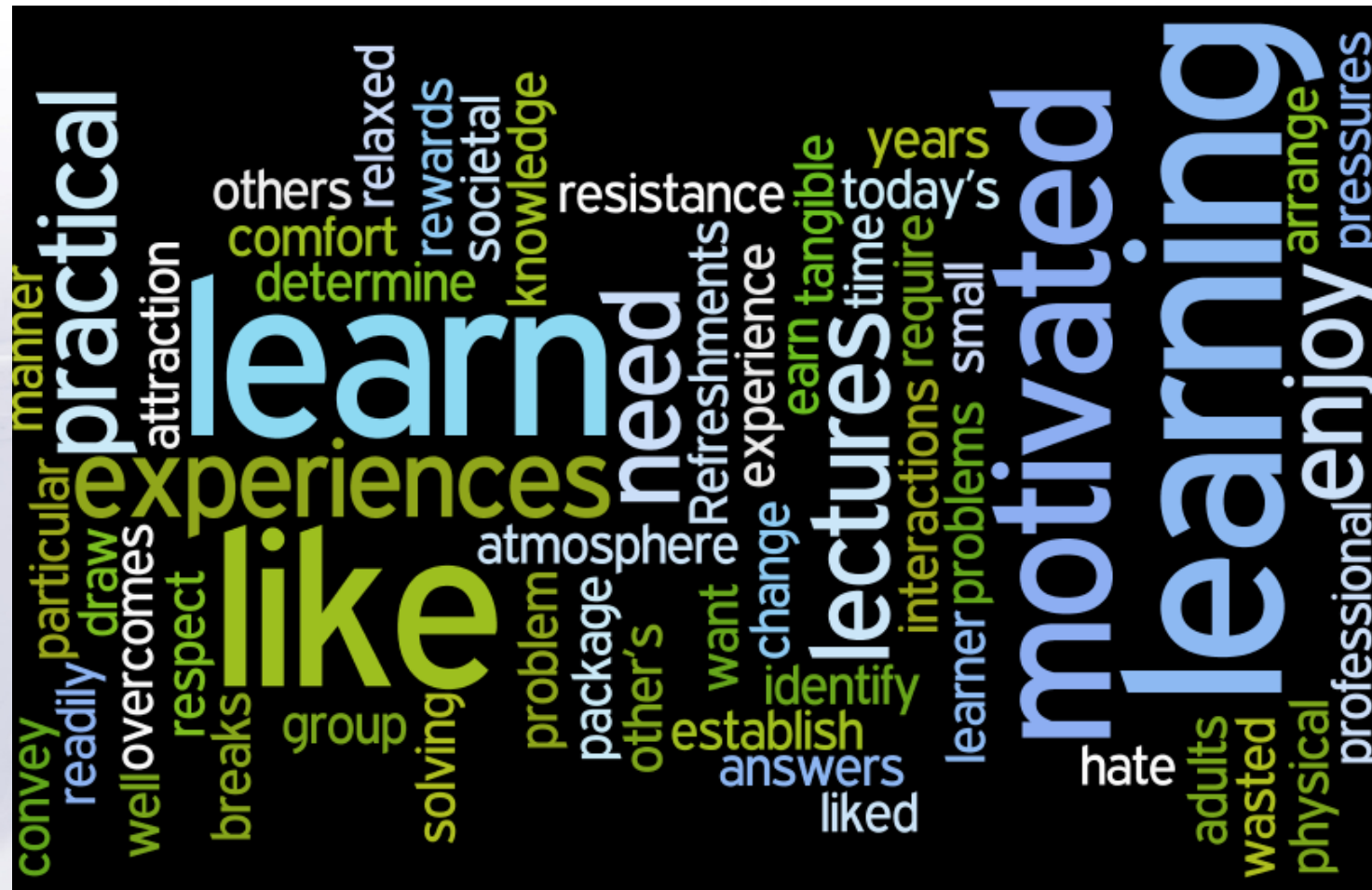
Source: Edgar Dale (1969)

# Knowles adult learning theory

The main principles of Knowles' adult learning theory identify adult learners as:

- Autonomous and self-directed.
- Having accumulated a foundation of life experiences and knowledge
- Goal-oriented
- Relevancy-oriented
- Practical
- Having a need to be shown respect (Knowles, 1970)

# Adult Learning Principles



*What do these mean to you as a Preceptor?*



# Incorporation into practice requires:

- A respectful, safe environment
- Mutual planning of methods
- Encouraging professionalism from the beginning through self evaluation
- Asking questions for critical thinking rather than providing answers directly
- Active participation in weekly documentation for self –evaluation / accountability for practice
- Providing support for completion of objectives

# What type of learner?

- Somatic learner
  - Hands on, active exploration, may get distracted by their need to explore and be active
- Auditory learner
  - Learns through verbal lectures, discussions and listening
  - Can more easily interpret underlying meanings through vocal change
  - Benefits by reading out loud and/or recording and listening again
- Visual
  - Needs to see body language and facial expressions
  - May think in pictures and use diagrams, illustrations, charts easily
  - Detailed note taker to see words and review
- Intellectual
  - Often needs time to process and think through a new activity
  - Will ask many questions in preparation for something new for help in obtaining the big picture
  - May take a longer time to begin a new activity

# SAVI – learning styles/tips

- Somatic – learning by doing
  - *Less talking, more physical show/tell, demonstration*
- Auditory – learning by talking/listening
  - *Debriefing/paraphrasing*
- Visual – learning by observing
  - *Draw diagrams for relationship (mind maps), use manual pictures, charts, videos*
- Intellect – learning by thinking
  - *May need more processing time to analyze, think through the why/how*

# Conflicting learning styles

- It's natural to teach the style we prefer to use to learn
- Take a moment in the beginning to discuss with your orientee their preferred style (if they are aware of it or ask questions to discern) and discuss your own
- Integrate their style into your way of teaching according to the previous tip slide
- Ask if what you are doing is working and how it could be better
- Use other resources to brainstorm if needed especially if there is conflict.



# What does it look like when your learning styles are different?

- Your preferred style is visual, observing first.
- Your learner's style is intellectual.
- You prefer to take your orientee in with you and show the learner right away. This approach may cause anxiety in the intellectual learner that may inhibit learning.
- You will choose to remember the learner's style and allow them to review materials, ask questions and then debrief using the big picture.
- Break into parts as needed and appropriate. Allow questions in a supportive manner.



# Conflicting learning styles: empowerment

It may not always be possible to incorporate the learner's style particularly in an emergency. Resiliency and flexibility on the part of the learner is also necessary.

What can the learner do to assist with their style?

- Somatic: use down time to have them look up resources for skills, knowledge, etc.
- Auditory: paraphrase events for teaching and repeat verbally, have the learner verbalize steps to take prior to performance
- Visual: use down time to find visual resources (uptodate.com for example)
- Intellectual: Use resources in preparation for learning, list questions to be on point in preparation

# Benner's Theory

This model suggests that in the acquisition and development of a skill, a student passes through 5 levels of proficiency.

- Novice
- Advanced beginner
- Competent
- Proficient
- Expert

# Novice / Advanced Beginner

## Novice:

Beginners have no experience of the situations in which they are expected to perform

Extremely limited and inflexible

Since they have no experience, they need rules

Do rules always work?

## Advanced Beginner:

Can demonstrate marginally accepted performance (They have enough experience to cope)

They can formulate principles that dictate actions

Principals=Guidelines

## Novices and Advanced Beginners:

Can take in little of the situation

Easily overwhelmed

Concentrating on remembering the rules that have been taught

Need assistance with prioritizing, organization, and following through





# Competent

- APP in job 2-3 years (average)
- Begins to see actions in terms of long-range goals or plans of which he or she is aware
- The patient plan is developed out of the problem (diagnosis)
- Beginning to incorporate evidence-based practice
- Has a feeling of mastery

# Proficient

- Perceives situations as wholes rather than in terms of aspects
- Experience based ability to recognize similarities / differences in patient problems
- Has deep understanding of situation
- Has typically worked with similar patient population for 3 to 5 years
- Usually preceptors and mentors

# Expert

- Has enormous background of experience
- Intuitive grasp of each situation
- Focus on accurate region of problem
- No longer uses rules (EBP needed)
- Work is fluid and flexible and highly proficient
- Anticipates problems and the unexpected – forethought and foreknowledge
- Mentors

# At which stage are you?

- Would you consider yourself to be a beginner?

Competent?

Proficient?

Expert?



# Reality Shock

- Common stages the new graduates or people changing roles experience during the first 6 months to 2 years in a new role
- Similar stages occur with other life situations (new baby, big moves, divorce, etc)
- May impact the ability to learn and socialize into the work environment

About a Nurse



"I know it's been a rough shift,  
but look at the bright side...  
only 7 hours to go."

# Honeymoon Phase

- Everything is wonderful!
  - “rose colored glasses”
  - gentle reality check
- Eager to learn skills
  - use and focus the energy
  - appropriate for the time period
- Eager to fit in
  - Introduce to co-workers
  - socialize to unit culture

## About a Nurse



*"I know she's happy that she's out of nursing school and now doing what she loves, but the constant happiness is getting on my nerves."*

# Shock

- Inconsistencies noted with organization, colleagues, weaknesses
  - Listen, vent productively, model ideals, present reality, support without undermining
- Outrage, fatigue, perceptual distortions, frustration; discontent with others' behaviors; issues with report; inadequacy; negative interactions with peers possible
  - Model correct responses, promote positivity, encourage correct behaviors, build confidence in colleagues, organization, long term commitment

# Recovery

- Recognize there are positives and negatives in the workplace
  - Offer a realistic view/balance of control
  - Continue support and encouragement
  - Incorporate suggestions for improvement
- Heralded by a return of humor



# Resolution

- Able to blend work and school values (theory practice gap)
  - Constructive problem solving
  - Assist in combining the best of both worlds
  - Keep standards high rather than lowering to fit in (peers may not be modeling following “right way to do things”)
- Reject school or work values
  - Poor fit
  - Burnout or leave (inadequate coping)

# Educational theory conclusion.....

- Empowering the orientee to be an active participant is very important.
- Support through the various stages of reality shock can alleviate burnout and increase retention.
- Learning theories are tools that will allow you to be proactive in teaching and also help diagnose potential problems during the process.

# Next steps:

- Read *Qualities of Effective Preceptors*, by Blevins.
- Read *Becoming a super preceptor: A practical guide to preceptorship in today's clinical climate*, by Barker & Pittman.
- Read *Improving Nurse Practitioner and Physician Assistant Preceptor Knowledge, Self-Efficacy, and Willingness in a Hospital Medicine Practice: An Online Experience*. by Heuskinvelt et al.

# The One-Minute Preceptor

Watch

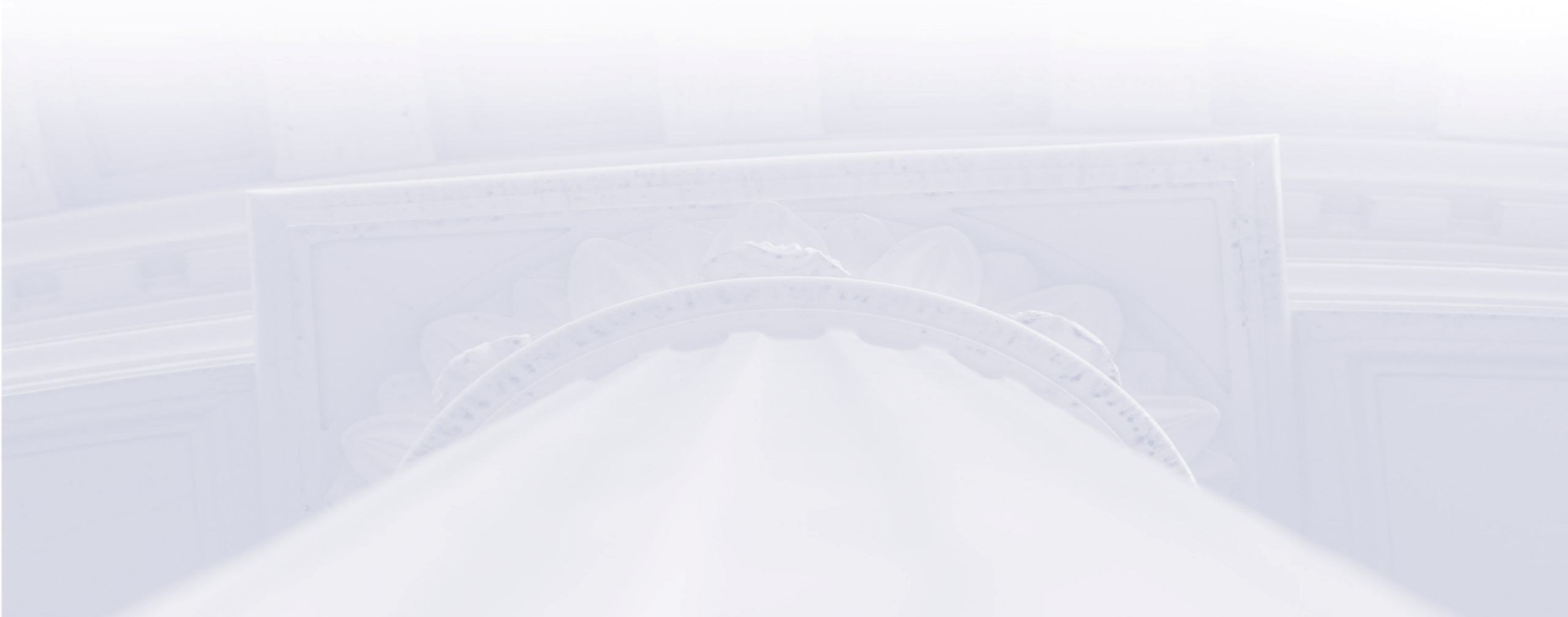
- <https://www.youtube.com/watch?v=a3qiyNiSaNg>

Read

*The One Minute Preceptor* by Kertis



# One minute preceptor teaching strategy



# Tools for Success

- APP Orientation Training Tracker  
link
- Differences between new graduate & experienced APP

# Progression through Orientation

- Complete Progress Narrative for strengths, areas of opportunity, action plan
  - Ask, *“What are 1 or 2 areas of strength this week?”*
- Self evaluation – adult learning theory
  - Ask, *“What is an area of opportunity? Something you are currently doing you would like to do better?”*
  - This allows for further self examination of progress and provides a double check for any constructive feedback you have given. Confirm or deny their evaluation, provide any of your own thoughts on progress, and document.
- Develop action plan in agreement for assigned areas of opportunity with input from your orientee as appropriate.
  - Ask questions –
    - “What can I do to help you achieve this?”*
    - “What can you do to improve in this area?”*
    - “Do you have any ideas for changes that you can make in practice to improve in this area?”*

# How to give feedback

Watch this quick teaching tip on feedback

- <https://www.youtube.com/watch?v=SYXgMobMU8U>
- The ARCH model <https://www.youtube.com/watch?v=jrGdLnk7wFU>

Read article

- Hardavella, G, Aamli-Gaagnat, A & Saad, N. (2017) How to give and receive feedback effectively. *Breathe(13)* 327-333.



# Feedback

- **Specific:** contains specific information rather than generalizations.
- **Accurate:** factual and clear
- **Objective:** unbiased and unprejudiced
- **Timely:** as soon as possible after completion of a task (in an appropriate time and place)
- **Usable:** related to goals and strategies so the individual can improve performance.
- **Desired by the receiver:** Feedback can still be effective even in those who don't actively seek it. Those who are seeking feedback will often be more motivated to improve performance.
- **Checked for understanding:** clarify to ensure they are getting the most out of their feedback.

(Matua et al 2014; Rose & Best 2005)

# “Feedback sandwich”

Designed to start and end on a positive note and contain the behavior of concern in the middle.

- This feedback tool consists of three components:
  - Begin with the positive feedback
  - Then introduce the constructive or negative feedback
  - Close with specific that which builds up the learner’s trust and comfort
- Minimizes any detrimental effect the negative feedback may have and ensures that the learner is not discouraged and remains motivated to learn

# Feedback (SBI)

# S

## Situation

Describe the situation. Be specific about when and where it occurred.

# B

## Behavior

Describe the observable behavior. Don't assume you know what the other person was thinking.

# I

## Impact

Describe what you thought or felt in reaction to the behavior.

- Three-step process shown to reduce the anxiety of delivering the message and reduce the defensiveness of the recipient.
- First step is to identify the problem, being as specific as possible.
- Describe the problem in terms of measurable behavior, avoiding blaming language. Focus on facts not your interpretation of what is happening
- Explain how the problem impacts the patient or clinical situation.



# Conflict resolution-DESC method

**D:** Describe the negative behavior

**E:** Express the emotions you feel when you see the negative behavior.

**S:** State the positive behavior you desire.

**C:** Explain the consequences that will result with the new positive behavior you desire.

- Get a commitment: “Are you able to do that?” Summarize to wrap up – document as needed.



- Be sure to assess any educational issues versus accountability/compliance issues. Is there an unknown barrier for completion? An example: Describe the specific situation – provide data “I observed you complete a history on a confused patient but did not see you correctly identify the patient. Is that true?”
- Explain or express your concerns about the action “I’m concerned because patient identification is a policy that has to be followed or orders can be given for the wrong patient, and it could result in harm”
- Suggest alternatives and seek agreement

- “Identifying the patient per the policy is correct every time. Is there anything you need from me to make that happen?” Do you know where that policy is housed so you can review?
- Consequences should be stated in terms of impact on goals; strive for consensus “If the policy for patient ID is not followed, then errors may be made. Following the policy is a goal of orientation and is safe practice, would you agree?” “To sum up, you will follow the patient ID policy whenever the policy says to ID the patient.

# What if remediation is needed

- Elsevier for clinical resources to direct orientee to
- <https://point-of-care.elsevierperformancemanager.com/skills>
- Clinical Key ([www.clinicalkey.com](http://www.clinicalkey.com))
- This can be downloaded as mobile app. CE available up to 30 CME/year if registered.
- Involve supervisor

# Horizontal Violence

<https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-issue-24-bullying-has-no-place-in-health-care/bullying-has-no-place-in-health-care/>

- **Examples:** verbal abuse with intimidation, metaphors with name calling, overstate the magnitude of errors to shame, expectations of a new APP to perform above and beyond their level, criticizing versus teaching/encouraging, passive aggressive comments
- Response to Horizontal Violence
  - “Your behavior is unacceptable” “Interesting, tell me more. Why would you say that (or do that or ask that)?” “It is not appropriate to talk to people that way”
  - “What we permit we promote” (Studer group)



# Horizontal Violence

- To correct bullying behaviors that can undermine a safety culture, all health care facilities should consider taking the following specific safety actions, which are highlighted in The Joint Commission's Sentinel Event Alert, Issue 40:15
  - Educate all team members on appropriate professional behaviors that are consistent with the organization's code of conduct
  - Hold all team members accountable for modeling desirable behaviors

# How does a culture of horizontal violence occur?

- Multifactorial (social, individual, organizational)
  - Work culture – “that’s the way we do things here”
  - Change fatigue
  - STRESS
  - Generational conflict
  - Burnout
  - Secondary trauma
  - Compassion fatigue



- **Oppressive/feminist theories**

- Lack of control
- Lack autonomy
- Powerless – fear of retaliation and punishment

- **Crisis and chaos**

- Short staffed, under supported
- Ever high acuity and demands
- Constant changing expectations
- Violence

# What else can we do as Individuals?

- Find a mentor
- Practice self care
- Build a social network
- Practice self awareness via formal education, reflection, self evaluation
- Take initiative to learn how to better respond to conflict





# What can you do as a clinical leader

- Set the tone – create an environment of empowerment
- Building resilience:
  - Kester and Wei – review of the literature, 3 themes
    - Formal education programs (prevention, expectation, self-care)
    - Social support (facilitated debriefing and social activities)
    - Meaningful recognition

# Strategies for Success

- If a potential student requests to be precepted direct them to contact Pamela Slattery, at [slattep@amc.edu](mailto:slattep@amc.edu).

# Precepting NP/PA students

- Review course syllabus, objectives and student's objectives.
- Discuss progress in program
- Is this first or last clinical course?
- What experiences have they had previously?
- How independently are they functioning?
- How many hours will the student need?

# Precepting newly hired NP/PA's

- New graduate vs experienced provider?
- What type of clinical experiences in the past?
- Area of strengths & weaknesses
- Set up plan for orientation with increasing level of independence and timeline individualized to the new provider.
- Complete training tracker.



# Last steps

- Complete Course Evaluation
- Complete post test

# Additional References:

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