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, Sutphen, Leonard, and Day (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. Precepting uses 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. Although 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 worst, 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.

The Second Edition

When we wrote the first edition of *Mastering Precepting*, there was not a lot of information available on precepting, and most of the information that was available was largely focused on precepting nursing students in the clinical setting. The good news is that since the first edition, there has been an increased awareness of the importance of the use of preceptors and the need to educate and support RNs who transition into the preceptor role.

In preparation for developing the second edition, we asked for input and suggestions for improvement from people who had used the first edition of the book—preceptors and those who developed and implemented preceptor programs. In this second edition, all of the chapters have been updated with the most recent evidence. In addition, a chapter has been added on precepting advanced practice registered nurse (APRN) students and APRN new graduates (Chapter 10), and another chapter provides strategies and information on developing preceptors and on developing, implementing, and evaluating preceptor programs (Chapter 15).

Who Should Read This Book

This book is a handbook for individual preceptors and a resource for those who are developing or improving preceptor programs. 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 registered nurses who are moving into the preceptor role and by current preceptors who want to improve their practice.

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 provides an overview of learning theories, learning stages, learning styles, and learning preferences.
- Chapter 3 offers an overview of precepting strategies, beginning with the preceptor and manager setting role expectations and responsibilities.
- Chapter 4 is on core precepting concepts, including developing competence and confidence; critical thinking, clinical reasoning, and clinical judgment skills; and situational awareness, expert reasoning, and intuition.
- Chapter 5 is about planning experiences for preceptees and developing and using goals, objectives, and outcomes.

- Chapter 6 discusses communication skills, preceptee handoffs, and managing difficult communication.

- Chapter 7 provides information on establishing, conducting, and ending a coaching relationship.

- 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—prelicensure nursing students, NGRNs, post-baccalaureate graduate students, experienced nurses learning new specialties or roles, internationally educated nurses, and nurses from different generations.

- Chapter 10, a brand-new chapter, has details on precepting advanced practice registered nurses in student and graduate roles.

- Chapter 11 discusses assessing, addressing, and influencing preceptee behaviors and motivation and providing preceptees with action-oriented feedback as well as using just culture as a problem-solving framework.

- Chapter 12 offers pragmatic information on the day-to-day performance of the precepting role including organization and time management, delegation, problem-solving preceptor-preceptee relationships, and addressing challenging behaviors.

- Chapter 13 discusses the need for preceptors to practice self-care behaviors and provides suggestions to prevent burnout and create optimal healing environments.

- Chapter 14 is designed for managers and discusses how to select, support, and sustain preceptors.

- Chapter 15, another new chapter, includes information on developing preceptors and on developing, implementing, and evaluating preceptor programs.

- The appendix contains resources on precepting.

The first 13 chapters end with a Preceptor Development Plan, a manager plan concludes Chapter 14, and a plan to do an initial assessment in preparation for developing a preceptor program wraps up Chapter 15. The Preceptor Development Plans are templates for preceptors to use to create their own development plans. The templates are available from www.SigmaNursing.org/MasteringPrecepting2 as modifiable Microsoft Word 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 programs.

More Information Online

Follow our @RNPreceptor Twitter handle to engage with us and other preceptors. For tools and other resources, go to www.RNPreceptor.com.

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.

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References

Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating nurses: A call for radical transformation*. San Francisco, CA: Jossey-Bass.