Preceptor Preparation: An Investment in the Future

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Abstract

Preceptor preparation is critical to the success of all orientation programs. This article focuses on the purposes of preceptor preparation and a series of programs developed for the staff of Surgical Services. The programs are leveled and focus on basic and advanced concepts. The advanced program is a means of reward and recognition for preceptors in the various surgical services areas. The programs are designed for nurses and other staff involved in precepting new employees.

The preceptor is the most critical link in the orientation of new staff in any healthcare arena. Learners feel more secure with a preceptor and a one-to-one relationship (Miller & Brosovich, 1991).
This role is critical to the development and promotion of critical thinking (Myrick & Yonge, 2002a). The preceptor makes the difference for every new staff member. The preparation of preceptors must foster their growth and development in this role.

A preceptor can be defined as an experienced staff member who possesses excellent clinical skills and facilitates learning through caring, respect, compassion, understanding, nurturing, role modeling, and the excellent use of interpersonal communication skills (Craven & Enzor, 1996; Ulin, May, & Hallberg, 2001). Precepting is an art that must be crafted over time based on knowledge, skill, and experience (Cuningham, Blatt, Fuller, & Weinberger, 1999). A learner is a staff member new to any given area. This person may be a new graduate or a seasoned employee coming from a different work environment or a similar work environment in another facility.

Preceptors have particular needs in terms of role support. Not only do they need support in the development of their teaching skills, but they also need support in handling the day-to-day demands of being a preceptor. Preceptors need to know how to handle the “I don’t care” learner, and other challenging teaching/learning situations. Support needs to come from educators and managers in terms of recognition for the preceptors’ hard work and the implementation of support systems, such as open feedback and communication with educators, on a routine basis (Ferguson, 1996; Schneller & Hoeppner, 1994; Yonge, Krahn, Trojan, Reid, & Haase, 2002a, 2002b).

The rewards and recognition offered to preceptors can take many forms. Various means of recognition and reward include financial (dollar) incentives, education credits, paid educational leave, luncheons, journal subscriptions, support groups, tuition waivers, preceptor of the year awards, and letters of commendation (Usher, Nolan, Reser, Owens, & Tollefson, 1999). Usher et al. (1999) found a clear commitment to the preceptor role when there were both material and nonmaterial benefits for acting as a preceptor, with the nonmaterial benefits considered of greater relative importance.

The selection of preceptors is critical to the success of the preceptor program. Selection criteria include experience in the field, full- versus part-time status, ability to make decisions, precepting in the area, and potential. Demonstrations of professional development such as higher degrees and certifications are essential. Preceptors must have the ability to positively influence novice nurses and foster their development. The selection process must not only assess individual qualifications, but also consider the needs of the溢.
volume is about 50,000 per year. A major construction project underway will add 16 main ORs and 4 procedure rooms along with all the associated clinical and nonclinical areas. It is projected that staffing will increase by at least 400 employees. The Surgical Services Education Department supports the educational needs of all staff.

The philosophy of the hospital is one that focuses on the patient and the concept that all are responsible for teaching. In theory, this is a wonderful concept, but in reality, some staff are better suited for this responsibility than others. All new staff members participate in an orientation facilitated by a preceptor. There are preceptors in all areas of the department. The eclectic group makes the environment exciting.

INTRODUCTION TO PRECEPTING

A learning needs assessment was done in mid-1999, and it was determined that there was a great need for an introductory preceptor class for all areas. Since the principles for precepting are common, regardless of the job category, one program was recommended. This approach would also allow staff of various categories (e.g., nurses, surgical technologists, anesthesia providers, central processing staff) to meet on common ground and discover that they all had similar learning needs. Once the need for the program was determined, the next step was to develop the objectives and content for the program. Focus groups and a literature review provided the direction.

The content for the Introduction to Precepting for Surgical Services includes the major topics of roles and responsibilities of the preceptor and the learner, principles of adult education, teaching and learning styles, delivering effective criticism, strategies to deal with unique individuals, and clinical evaluation and documentation. The program is open to preceptors from any of the departments within Surgical Services. Surgical Services preceptors from other hospitals in the metro Detroit area have also attended the class. The program is approved for nursing continuing education credits.

The managers identify candidates for the program through the completion of the Preceptor Selection Criteria checklist (see Figure 1). This selection process helps to identify acceptable participants. The manager, educator, and candidate are required to review the form, sign it, and then place it in the employee file. The manager can select as many participants as feasible. A welcome letter provides participants with the information about program location, times, and continuing education requirements.

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FIGURE 1 Preceptor selection criteria.
Two Surgical Services Education specialists and one Surgical Services nurse clinician/educator facilitate the program. This team has worked on the development, implementation, and evaluation of the program. The class is offered four times per year. Class size ranges from 8 to 20 participants, depending on staffing levels and availability. A suitably sized classroom with equipment for PowerPoint presentations is used. The day starts with a continental breakfast. As the program progresses, additional light snacks are available. There are frequent "mini" breaks. As a bonus to the participants, a variety of general interest books was raffled off throughout the day. At the end of the day, the participants receive a "Beaumont Preceptor" lapel pin and a small card that reads "Practical Preceptor Points" (see Figure 2), which can be attached to their hospital identification badge.

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**Practical Preceptor Points**

Never let good work go unnoticed.
(When you see it, say it)

Never let poor work go unnoticed.
(Make it private & positive)

Hehe hehe

Problem Solving Process:
1. State what you’ve observed
2. Wait for a response
3. Remind them of the goal
4. Ask for a specific solution
5. Agree together

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**FIGURE 2** Practical preceptor points.
The teaching strategies include lecture, PowerPoint, handouts, small groups, discussion, and sharing. The participants are encouraged to share successes, non-successes, and strategies that were effective and ineffective. Most of the participants have acted as preceptors in the past, mostly out of necessity, and are now coming to the class.

The program evaluations have been positive and have reinforced the belief that preceptor preparation is crucial. The evaluations identified several areas of need for future programming, such as conflict resolution, goal setting, and dealing with very challenging learners. These suggestions encouraged the creation of an advanced preceptor program.

The preceptors reported increased job satisfaction because they feel better prepared for this role. Since much of the information is new to the preceptors, they have stated that they have a broader knowledge base and can refer to their notes and handouts as needed. The participants have established new relationships with other preceptors in their immediate area, and in Surgical Services as a whole. There is an increased appreciation for the individual work of all staff and the realization that problems and solutions are universal. The new employees have stated that the preceptors who have attended the program demonstrate behaviors and strategies learned in the class. There is a consistency in approach and this has led to increased satisfaction of the new staff.

**ADVANCED PRECEPTOR**

The educators at William Beaumont Hospital believe that preceptors need an advanced program. In addition to providing preceptors with further information, the educators wanted to show them appreciation for their dedication and hard work. The educators developed the advanced preceptor program entitled "Polishing Your Preceptor Skills: A Day of Enrichment and Empowerment."

One of the main goals of this program is to make the preceptor feel special and appreciated. A set of selection criteria (see Figure 3) was developed and each manager is asked to select one preceptor from the area to attend the program. This "by-invitation-only" strategy makes the participants feel special because they were handpicked for the event. They receive a written invitation from the education department to attend the event. Levin (2001) talked about the economic benefit of recognizing staff for their accomplishments and providing educational activities. This contributes to the creation of loyal and satisfied employees. Sunoo (1999) suggested recognizing individual achievements can go a long way in lifting employees' morale.

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**FIGURE 3** Advanced preceptor selection criteria.
The content for the advanced program focuses on goal setting, creative teaching strategies, conflict resolution and communication, and stress and burnout. These topics were selected as a result of literature review, focus groups, and program evaluation comments.

Goal setting is an area that has posed problems for many preceptors. They feel unsure as to the process and need suggestions on how to set goals that are realistic, achievable, measurable, specific, and observable (Rice & Sinclair, 1995). The process of goal setting and the development of action plans is presented and practiced in small groups. The selection of creative teaching strategies can always be a challenge. Cooperation among the learner, preceptor, and clinical educator must be in place in order for creative strategies to be developed and explored. There are many examples of creative strategies in the literature that were explored, such as peer learning and coaching (Aviram, Ophir, & Raviv, 1998; Brosclous & Saunders, 2001; Duchscher, 2001), promotion of critical thinking skills (Chubinski, 1996; Hansten & Washburn, 2000; Kratzke, Melton, & Marshall, 2003; Myrick, 2002; Myrick & Yonge, 2002a; Derman, Truesdell, & Ziolkowski, 2000; Youngblood & Beitz, 2001), storytelling (Evans, 2000; Rittman & Sella, 1995; Yoder Wise & Kowalski, 2003), questioning (Myrick & Yonge, 2002b; Phillips & Duke, 2001), video playback (Hill, Hooper, &Wahl, 2000), and many others (Fahje, 2001; Lowenstein & Bradshaw, 2001).

The importance of the "use of self" needed to be addressed in terms of the effect of teachers' own personal style, characteristics, and tendencies. Behaviors that demonstrate a positive outlook, caring, enthusiasm, openness, and genuineness of spirit and intent are attributes that preceptors need to exhibit (Anders, 2001; Finger & Pape 2002; Jacono & Jacono, 1995; Massarweh, 1999; McDaniel, 1999). The affect of staff of the X and Y generations was included because the teaching strategies for these groups will be very different from those of the baby boomer era (Mallard, 2000-2001; Martin, 2003).

Conflict resolution and effective communication are hallmarks of the preceptor role. Sadly, many preceptors are intimidated by conflict and want only to ignore situations that are veiled by conflict and confrontation, which can be a great source of stress in the preceptor/learner relationship and act as a barrier to the teaching/learning process. Preceptors need to be taught strategies to deal with conflict effectively, accept different personality and learning styles, and
create a win-win situation (Brandt, 2001; Craumer, 2002; Gregory Dawes, 1999; Lachman, 1999; Lee, 1999; Noble, 2001; White, 2002).

Preceptors are subject to burnout, as are other healthcare providers. In the fast-paced environment in which preceptors work and teach, there are too many opportunities for them to turn their backs on themselves. The recognition and valuing of burnout is key, and strategies to avoid and deal with the situation are critical (Burnard, 1986; Collins, 1996; Crotty, 1987; Cullen, 1995; Dick, 1986; Dick & Anderson, 1993; Fong, 1990; Garrett & McDaniel, 2001; Himali, 1995; Husted, Miller, & Wilczynski, 1989; Liller & McDermott, 1990; Macinich & Macinich, 1990; Simoni & Paterson, 1997).

The same educators are responsible for the advanced preceptor program. The class is offered four times per year and has ranged in size from 7 to 14 participants. A room out of the surgical services area is reserved so that the participants feel like they are "out of the building" and away for the day. Teaching strategies are similar to those used in the introductory program with emphasis on informality. The program is approved for nursing continuing education credit. Breakfast, a catered lunch, and daylong snacks are provided. Although there is a posted schedule, a provision for flexibility in the timing allows for generous discussion periods. At the end of the day, the participants receive an "Advanced Preceptor" lapel pin. The symbol for the program is a key and the "key" pins remind the preceptors that they are the keys to the success of the department and hospital. The preceptors are also given a gift bag that contains a variety of items, such as small picture frames, candy dishes, bath sponges, hand lotion, headache tablets, snacks and candy, tissues, pocket calculators, and small candles. There is no symbolism in the contents of the bags; they are tokens of appreciation for the preceptors' contributions. It is important to know that both the introductory and advanced programs are open to all the preceptors in the department, not just nurses. Each work group has new staff and preceptors, and they have the same learning needs.

The program evaluations have been very positive and the participants continue to comment that they were glad to have participated, learned some new information, met some new friends in different parts of the vast department, and felt appreciated and valued. All of these comments have reinforced the belief in the need for this program.

The preceptors who have attended the advanced program demonstrate increased self-confidence. They're appreciated, and in turn, have made their coworkers and learners feel the same way. There have been opportunities for public recognition of the preceptors for their contributions to the department, and this has been a great morale booster.

The length of the various orientations has not changed because of the need to learn a variety of roles, responsibilities, and skills. The learning process has become easier for many of the new staff. This can be directly attributed to the preparation and recognition of preceptors.

**CONCLUSION**

The need for skilled and dedicated preceptors will never end. As patient-care services expand at the hospital, new staff will need to be hired and the need for skilled preceptors will continue.
The educators have taken a proactive approach in the preparation, recognition, and rewarding of preceptors. The educators are confident that their efforts will strengthen employees and the care and services that they provide.

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