❖ ROLES OF THE PRECEPTOR

Demonstrate Critial Thinking

Ask questions

1. Tell me more about why (you think that happened; you chose to _____; that was a priority).
2. What do you think you should do first/now/next?
3. What is the priority patient need/which patient requires your attention first?
4. If/then scenarios that require the preceptee to respond with a plan.

Demonstrate how to **anticipate the outcomes** of interventions and what to expect as patient conditions change.

Help them ask **focused questions** related to patient care needs.

Talk out loud to show how experience nurses think and reason.

Tell stories to develop concepts that can't be "book taught."

Debrief at the end of the day, after new experiences, and after stressful situations.

Use **creative strategies** to stimulate thought.

Teach setting priorities

❖ ON THE UNIT

Daily Planning

Determine Assignment/goals

Document progress (Objective anecdotal notes) and **Safety Concerns** (talk to manager).

Identify Resources–in the event you are not available.

Modify Plans–if unit is too chaotic.

Demonstrate learning from report by:

Listening to how/why priorities are made.

Asking about patient conditions and interventions.

Working with the preceptee **immediately** *after* report to establish priorities.

Deciding what information to be given so priorities can be set.

Learning to use hand-offs as an effective way to receive and report information.

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❖ COMMUNICATION ON THE UNIT

Write Down Read Back Protocols:

Closing the Loop–ensure message sent is what the receiving party heard.

Used for verbal/phone orders:

Issuing party (i.e., physician) initiates a message.

The receiving party (i.e., nurse) hears the message, **writes it down** and **reads it back** to the sender for verification.

The issuing party verifies message issued is the message received by stating an affirmation.

Hand Off Communication:

Nurse to physician, nurse-to-nurse and end of shift, when transferring patients, and to provide feedback to preceptee:

SBAR

Situation–What is the situation?
Background–Pertinent information
Assessment–What do you think is going on?
Recommendation and Request

❖ DIFFICULT CONVERSATIONS

Concerned	Uncomfortable	Safety Issue

TeamSTEPPS CUS words:
(to voice concerns about team members)

I am **c**oncerned about…

I am **u**ncomfortable with…

There is a **s**afety issue because…

TWO CHALLENGE RULE

If concern is not heard the first time, voice it again. If both are ignored, go to the supervisor for support of the patient safety issue.

1 MINUTE Preceptor

Get a commitment from the learner.
Ask what s/he thinks is going on in the situation.

Probe for the preceptee's reasoning.
Ask questions to explore thought processes and rationale for choices.

Teach the general rules. Find an applicable teaching point.

Provide positive feedback. Tell what s/he did right in very specific terms.

Correct errors. Review errors in decision making process for future reference.

❖ FEEDBACK

Performance Feedback:
routine and ongoing accurate feedback to improve performance and ensure patient safety. It should be:

Mutual–given/received by both

Routine–expected daily/weekly

Integrated–throughout transition

Timely–close to situation

Consistent–with established standards no matter who is giving it

Specific–detailed so meaningful changes can occur

Behavior	Effect	Expectation	Result

B.E.E.R.: Structure/direction for communication performance issues.

Behavior–what behavior is not acceptable and/or inconsistent with standards?

Effect–Why is the behavior inconsistent with standards and/or why is it causing concern?

Expectation–What behavior do you expect?

Result–What will be the positive results if the behavior changes as expected? OR what will be the negative consequences if the behavior doesn't change?

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Nursing Preceptor SUCCESS PROGRAM
PROGRAM CUE CARD

Based on the FFNE Nursing Preceptor Success Program online modules available at www.ffne.org.

❖ ROLES OF THE PRECEPTOR

R.A.C.E.S.

Role model–full scope of role

Advocate–ensure safety of patients/nurses while facilitating a learning atmosphere

Coach–assist the preceptee to build on patient care according to standards

Socializer–support integration into team, organizational cure, profession

Tips for Success as a Coach

1. **Teach the formal and informal rules**
2. **Make plans** that use the preceptee's strengths and fit the situation
3. **Develop technical and tactical skills**
4. **Make it fun!** Share your passion
5. **Celebrate wins and learn from losses**
6. **Use "time-outs" or brief huddle** to regroup and modify the game plan
7. **Remain accessible but allow increasing autonomy**