

White Paper

Preceptor Training and Support



PRECEPTOR TRAINING AND SUPPORT

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INTRODUCTION

Preceptors play an important role in the education of nurses and health professionals. Not only do they “extend the reach” of faculty, they also allow more students to be prepared by providing real world experiences. The preceptor is usually an experienced clinician who facilitates and evaluates student learning in the clinical area over a specified time frame. Preceptors take responsibility for the student in the clinical area, in addition to other responsibilities they hold as part of their professional role. Stokes & Kost (2012) suggest that the “preceptor model is based on the assumption that a consistent, one-on-one relationship between the student and the provider provides opportunities for socialization into practice and bridges the gap between theory and practice.”

Although the specific preceptor model may vary among different nursing and health professions programs, the need to prepare the preceptor for their role and continue to offer support throughout the training cycle is critical. This white paper suggests strategies to ensure that the preceptor experience is positive for the clinician, students, and faculty.

Choosing a Preceptor

The first step toward a positive preceptor experience is to select a clinician who is interested in serving as a preceptor and who is enthusiastic about his or her own role in health care. Additional characteristics associated with being an effective mentor and teacher, as described at right, are also important.

Characteristics of an Effective Preceptor

- Skilled in a particular clinical area
- Communicates effectively
- Maintains positive working relationships
- Makes effective decisions
- Skilled in peer evaluation
- Shows genuine interest in others
- Displays sincere interest in professional development for self and others
- Able to articulate reasons for actions while performing them
- Provides constructive criticism in an effective manner

Formal Preceptor Training

Even when preceptors possess the characteristics to be successful, they must also be educated about the particular skills required of a preceptor. A formal preceptor preparation program is often an effective strategy to prepare prospective preceptors. Training programs may be delivered in a face-to-face setting, online, or in a hybrid format. Regardless of the delivery method, learners should have the opportunity to apply the content being presented through a variety of active learning strategies.

Faculty Responsibility for Preceptor Orientation

Even when the preceptor has completed a formal preceptor training program, the faculty member responsible for the student must provide the preceptor with clear educational goals for the student. Eley (2012) suggests that a lack of guidelines defining preceptor responsibilities and a lack of communication between the preceptor and representatives of the educational institution are barriers to a positive preceptor experience. Happell (2009) suggests that an effective preceptor experience requires an investment by a triad of players — the student, the faculty member, and the preceptor. Each has an obligation to make the preceptor experience successful. In addition to these three individuals, the clinical organization must actively support the preceptorship. The extent to which the agency allocates sufficient resources, including time, will dictate the outcome of the preceptorship. When the workload of preceptors is not structured to allow sufficient time spent with each student, the effectiveness of the experience is doomed (Hoppell, 2009).

Suggested Content for a Formal Preceptor Training Program (Adapted from Smedley & Penney, 2009)

- Adult learners and adult learning theory
- Assessing learners' needs
- Methods for planning a learning experience
- Group dynamics and its influence on learning
- Motivational theory
- Strategies for evaluating student performance
- Processes for self-evaluation
- Roles and responsibilities of the preceptor in general and specific situation

Everyone involved in the process must have a clear understanding of the responsibilities of the preceptor and the student's assigned faculty member. This will require faculty to be very specific about the activities for which the preceptor is accountable. Faculty must also provide clear direction regarding clinical objectives the students are to complete during the clinical assignment, as well as the expected capabilities of the student. For example, there are significant differences in the expectations of different levels of students; the preceptor should know the competencies faculty expects of a first-level student as opposed to a student about to graduate. Faculty must also provide explicit instructions regarding the criteria for evaluation and examples of behaviors that indicate the student has achieved the appropriate level of competence. This information is often provided in a written handbook for the preceptor, however, the handbook should not take the place of direct communication between faculty and the preceptor.

Suggested Preceptor Responsibilities (Revised from Smedley & Penney (2009))

1. Introduce students to the clinical setting (daily routine, location of equipment, and planning of the daily routine).
2. Demonstrate time management abilities and strategies to establish priorities of care. Discuss reasons for decisions with students.
3. Direct and supervise student activities, providing explanations for assignments.
4. Delegate care appropriate to the skill level of the student.
5. Evaluate student performance and compare behaviors to expected competencies.
6. Provide verbal and written feedback to students and faculty.

Supporting the Preceptor-Student Interaction

When working with individual students, untrained clinical teachers tend to give mini-lectures, rather than facilitating a clinical discussion with students to encourage critical thinking. They are also likely to provide inadequate feedback and allow students to present their ideas in a haphazard way or bluff their way through questions (Neher, et. al., 1992). To counteract this inexperience, it is helpful for faculty to share “clinical teaching tips” with the preceptor. For example, providing ways to structure questions so as to encourage students to think through problems, can help preceptors build upon students’ current level of clinical thinking.

Neher, et. al. (1992) describe a *Five-Step “Microskills” Model of Clinical Teaching* which can guide the interaction between the preceptor and the students. Although this article was published more than 20 years ago, Bott, et. al. (2011) adapted this guideline to be used by nursing preceptors. This model still provides a helpful framework for preceptors and other clinical instructors. To use the model in each encounter with the students, the preceptor should:

- Get a commitment from the students. The preceptor must require students to articulate their analysis of a clinical situation.
- Probe for supportive evidence. Students should be able to describe how they came to their conclusions.
- Teach general rules.
- Reinforce, in a specific way, what the student did or described correctly.
- Correct mistakes, providing specific information.

There will also be times during the preceptor experience when the preceptor must turn his or her attention to specific responsibilities unrelated to the preceptor role. Faculty can provide the preceptor with suggestions for learning experiences that students can complete without supervision.

Despite the relationship between the preceptor and the student, faculty remains ultimately responsible for the clinical experience of the student. As a result, faculty must maintain close communication with the preceptor throughout the experience. Formal guidelines for the responsible faculty to visit students and the preceptor at the clinical site vary with the model used by the educational program. However, faculty must communicate via telephone, email, or other mechanism on a regular basis in order to provide sufficient support to the preceptor. Faculty must also communicate frequently with the student to assess his or her perception of the clinical experience and to validate the preceptor’s evaluation of the student.

Summary

The preceptor relationship is vital to the education of nursing and health professions students and must be nurtured by faculty in order to ensure successful outcomes. Clinicians who are suited for the preceptor role must be thoughtfully selected. They must then be prepared formally and informally for their responsibilities, and the faculty member must provide continuous support throughout the experience. If those components are in place, the preceptor experience will support an excellent outcome for students, faculty, and preceptors.

References

- Bott, G., Mohide, E. A. & Laslor, V. (2011) A clinical teaching technique for nursing preceptors: The five step model. *Journal of Professional Nursing*. 27. 35-42.
- Eley, S. (2012) The Power of Preceptorship. *RN Journal*. http://www.rnjournal.com/journal_of_nursing/the_power_of_preceptorship.htm. Last accessed, December, 2012.
- Happell, B. (2009) A model of preceptorship in nursing: Reflecting the complex functions of the role. *Nursing Education Perspectives*. 30(7). 372-376.
- Nuher, J., Gordan, K., Meyer, B. & Stevens, S. (1992) A five-step “microskills” model of clinical teaching. *Journal of American Board of Faculty Practice*. 5. 419-424.
- Smedley, A. & Penney, D. (2009) A partnership applied to the preparation of preceptors. *Nursing Education Perspectives*. 30. 31-36.
- Stokes, L. G. & Kost, G. C. (2012) Teaching in the Clinical Setting. In Billings, D. & Halstead, J. (Eds.) *Teaching in Nursing: A Guide for Faculty*, Fourth Edition. Elsevier.

**Bibliography
Preceptorship**

- Bott, G., Mohide, E. A. & Laslor, V. (2011) A clinical teaching technique for nursing preceptors: The five step model. *Journal of Professional Nursing*. 27. 35-42.
- Cangelosi, P., Crocker, S. & Sorell, J. (2009) Expert to novice: Clinical learning roles as clinical nurse educators. *Nursing Education Perspective*. 30(6). 367-71.
- Eley, S. (2012) The Power of Preceptorship. *RN Journal*. http://www.rnjournal.com/journal_of_nursing/the_power_of_preceptorship.htm. Last accessed, December, 2012.
- Happell, B. (2009) A model of preceptorship in nursing: Reflecting the complex functions of the role. *Nursing Education Perspectives*. 30(7). 372-376.
- Nuher, J., Gordan, K., Meyer, B. & Stevens, S. (1992) A five-step “microskills” model of clinical teaching. *Journal of American Board of Faculty Practice*. 5. 419-424.
- Phillips, J. & Viten, S. (2010) Why clinical nurse educators adopt innovative teaching strategies: A pilot study. *Nursing Education Perspective*. 31(4). 226-229.
- Raines, D. (2012) Nursing preceptors’ view of precepting undergraduate students. *Nursing Education Perspectives*. 3(2). 6-9.
- Smedley, A. & Penney, D. (2009) A partnership applied to the preparation of preceptors. *Nursing Education Perspectives*. 30. 31-36.
- Stokes, L. G. & Kost, G. C. (2012) Teaching in the Clinical Setting. In Billings, D. & Halstead, J. (Eds.) *Teaching in Nursing: A Guide for Faculty*, Fourth Edition. Elsevier.

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