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School of Nursing

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RN-BS Nursing Program Preceptor-Guided Practicum Orientation Manual

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Welcome to NURS 488: Practicum in Clinical and Management Decision-Making! This *Preceptor-Guided Practicum Orientation Manual* © includes course orientation information and other resources intended to assist *faculty, students, and preceptors* to successfully and safely achieve course objectives. Please take time to carefully review the contents. If you have questions or feedback, please don't hesitate to contact me at johnsonsc4@vcu.edu or 828-3340.

Sincerely yours,

Sue Johnson PhD, RN
RN-BS Program Coordinator
Virginia Commonwealth University School of Nursing



**VCU School of Nursing
RN-BS Nursing Program
Preceptor-Guided Practicum Orientation Manual ©**

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PART ONE – NURS 488 Course Information

Introduction to the Course

Course Description:

Designed as the culminating or capstone experience for the RN-BS completion program, this preceptor-supervised practicum provides opportunities to evaluate outcomes of baccalaureate education in clinical practice, apply management principles and change theories to clinical and management decision-making, and use the quality improvement process in the health care setting.

Course Objectives

Students will:

- 1. Recognize and discuss transitions into professional practice as a consequence of baccalaureate nursing education.**
- 2. Demonstrate critical thinking as a basis for clinical and management decision-making.**
- 3. Analyze leadership and management issues using organizational theories.**
- 4. Apply selected change theories to effectively plan for evidence-based change in a healthcare setting.**
- 5. Collaborate with relevant interdisciplinary stakeholders to plan, propose, and present a quality improvement project.**

The Preceptor-Guided Practicum: An Overview



A preceptor-guided practicum is an experiential approach to clinical education. A reciprocal professional relationship is established among an undergraduate student, an RN-BS preceptor (with whom the student is partnered), and a faculty member (Bott, Mohide, & Lawlor, 2011). The student works directly with the preceptor for a pre-established time limit to attain clearly defined educational objectives in the clinical setting; the faculty member provides the vital link between the clinical experience and the academic program (Blevins, 2016; Bott et al., 2011; Omer, Suliman, & Moola, 2016; Shpritz & O'Mara, 2006).

When this educational model is adopted by a nursing program, RN-BS student nurses are offered an opportunity to work directly with competent and highly-trained registered nurses who are actively engaged in leadership and/or directing care in a particular area of expertise. The model is designed to facilitate professional transition from student to baccalaureate-prepared nurse leader, and it is widely considered to be an effective and innovative contemporary nursing education strategy (Hickey, 2010; IOM, 2011; Riley-Doucet, 2008; Yonge, Myrick, & Ferguson, 2011).

Numerous benefits for the student have been reported when the preceptor model is employed (Shpritz & O'Mara, 2006). For instance, RN-BS students are exposed to the reality of organizational structure and processes and they are exposed to healthcare standards from a quality and leadership perspective. Moreover, they have the opportunity to markedly increase their knowledge and skills in collaboration, critical thinking, problem solving, prioritization, and application of leadership theory to practice in the actual healthcare setting. Greater confidence and level of independent functioning is realized when an experience in an engaging and quality-oriented environment is supported. Nurse leaders within the organization also have the opportunity to benefit when serving as a preceptor for RN-BS student nurses. Participation with a RN-BS student offers an option for professional growth and development and provides motivation to keep leadership knowledge and skills sharpened (Shpritz & O'Mara, 2006). Because of these and other benefits associated with the preceptor-guided practicum, VCU School of Nursing has adopted this instructional model for the NURS 488: Practicum in Clinical and Management Decision-Making course.

Board of Nursing: Regulations for Preceptor-Guided Clinical Practicum Experiences (2015)

Preceptors often find it helpful to review the regulations delineated by the Commonwealth of Virginia, Board of Nursing (2015) regarding preceptor-guided clinical experiences. Adherence to these regulations is one essential key to a successful practicum experience. The guidelines that govern (1) Preceptorships (2) Clinical Practice of Students have been delineated by the Board of Nursing and they are outlined below:

18VAC90-20-95. Preceptorships

- A. Clinical preceptors may be used to augment the faculty and enhance the clinical learning experience. The clinical preceptor shall be licensed at or above the level for which the student is preparing.
- B. When giving direct care to patients, students shall be supervised by faculty or preceptors as designated by faculty. In utilizing preceptors to supervise students, the ratio shall not exceed two students to one preceptor at any given time.
- C. Faculty shall be responsible for the designation of a preceptor for each student and shall communicate such assignment with the preceptor. A preceptor may not further delegate the duties of the preceptorship.

D. Preceptorships shall include:

1. Written objectives, methodology, and evaluation procedures for a specified period of time;
2. An orientation program for faculty, preceptors, and students;
3. The performance of skills for which the student has had faculty-supervised clinical and didactic preparation; and
4. The overall coordination by faculty who assume ultimate responsibility for implementation, periodic monitoring, and evaluation.

18VAC90-20-96. Clinical practice of students.

- A. In accordance with §54.1-3001 of the Code of Virginia, a nursing student, while enrolled in an approved nursing program, may perform tasks that would constitute the practice of nursing. The student shall be responsible and accountable for the safe performance of those direct patient care tasks to which he has been assigned.
- B. Faculty members or preceptors providing supervision in the clinical care of patients shall be responsible and accountable for the assignment of patients and tasks based on their assessment and evaluation of the student's clinical knowledge and skills. Supervisors shall also monitor clinical performance and intervene if necessary for the safety and protection of the patients.

The RN-BS practicum experience is NOT a clinical experience and students will not engage in patient care activities. However, based on the regulations delineated above, the preceptor is responsible and accountable for guiding the RN-BS student during this leadership experience. The student (not the preceptor) is accountable for safe and professional behavior at all times.



Roles and Responsibilities: Students, Preceptors, Faculty

The RN-BS students' learning and professional development are the primary goals of the preceptor-guided experience. Accomplishing these goals involves active engagement by three individuals – the student, the preceptor, and the faculty member (Shpritz & O'Mara, 2006). A clear understanding of the specific roles and responsibilities of each of these individuals is another critical key to successful achievement of the overarching goals of the NURS 488 Practicum in Clinical and Management Decision-Making course.



Student Responsibilities

NURS 488: Practicum in Clinical and Management Decision-Making is designed to be a capstone experience which prepares the RN-BS student for his or her role as a future nurse leader. Students are expected to collaborate with the preceptor to identify specific and measureable learning objectives and to implement long-term and daily plans to achieve identified goals. Identified goals and action plans during the practicum must be consistent with overall course objectives and the student is required to complete a minimum of 90 practicum hours to meet these objectives (50 hours must be spent directly shadowing the preceptor). Additional NURS 488 RN-BS student nurse responsibilities and performance expectations include:

- Schedule a meeting with the preceptor to discuss course objectives and other relevant details within the Syllabus prior to initiating the experience;
- Provide a copy of course evaluation forms for use by the preceptor at the initial meeting;

- Submit completed preceptor forms (Information Sheet, Preceptor Agreement) via Blackboard prior to initiating the first practicum shift;
- Participate in a unit/facility orientation, as necessary and appropriate;
- Participate with the preceptor in the identification of learning needs and development of a plan to address these needs;
- Schedule practicum shifts to coincide with the preceptor's schedule;
- Arrive promptly for all scheduled experiences;
- Provide appropriate notice to preceptor (no less than 2 hours prior to shift) for unplanned absenteeism or unexpected tardiness in reporting for the practicum experience;
- Comply with the VCU School of Nursing uniform policy and/or facility dress code;
- Establish daily objectives for the practicum experience in collaboration with the preceptor;
- Ensure that all practicum assignments are reviewed with preceptor; maintain regular communication with preceptor regarding assignments;
- Demonstrate self-direction by actively seeking learning experiences and being prepared to accomplish the learning objectives for the experience;
- Act in accordance with facility/unit policies and in accordance with the direction provided by the preceptor;
- Review competency achievements on a regular basis with the preceptor;
- Meet with course faculty in person or by phone if requested/scheduled to review progress;
- Complete a self-evaluation in collaboration with the preceptor upon completion of the practicum; submit for faculty review.
- Report all incidents or variances which involve the student to the faculty; ensure that the assigned preceptor signs all such variance reports;
- In the event of student injury while on duty at VCUHS (for example, occupational exposure/injury): call or come to Student Health during daytime hours, 828-9220. If an occupational exposure occurs during the evening, weekend or holidays, the student should call the PEP Team (*60, pager 4508) for evaluation and care. If assigned to a unit within an affiliating agency, follow the delineated procedures for employees within the affiliating facility for initial care and treatment and call Student Health for follow-up on the next business day. A variance report should be completed and the course faculty should be notified promptly.
- In the event of preceptor illness or absence, an alternative experience (observation) which meets learning objectives may be arranged if a preceptor-designee is appointed. Otherwise, the scheduled experience must be cancelled.

The NURS 488 practicum experience does NOT include direct patient care. However, students are expected to practice in a manner consistent with professional behaviors outlined in *Nursing: Scope and Standards of Practice (ANA, 2015)*.



Preceptor Responsibilities

Shpritz & O'Mara (2006) contended that the role of the preceptor is to bridge the gap between the academic environment and the reality of nursing in the workplace. The preceptor serves as the on-site role model, mentor, guide, coordinator, and supervisor for diverse experiences intended to support RN-BS student goal achievement. Participation in the practicum will necessitate the following responsibilities when assuming the role of preceptor for NURS 488:

- Complete an agreement to supervise and guide the student for period of time during the semester;

- Complete a brief preceptor information form indicating place of work, contact information, and highest level of educational preparation in Nursing and relevant certification(s).
- Provide an orientation for the student to the facility, as appropriate to the experience;
- Facilitate the student's professional socialization into the facility/department;
- Facilitate assignments that will assist the student to meet practicum goals;
- Provide an environment of support, feedback, and inquiry;
- Provide verbal and written feedback to the student regarding his or her performance during the practicum;
- Review and verify student hours (student practicum log) during the practicum;
- Complete the student evaluation. Evaluation should be based on objectives of the course;
- Consult with the clinical faculty as necessary;
- Participate in ongoing evaluation of the program.



NURS 488 Faculty Responsibilities

The overall coordination of the NURS 488 Practicum is the responsibility of the VCU School of Nursing faculty. All preceptors are provided the faculty member's name and faculty contact information for any student he or she may be assigned to precept. Faculty members are responsible for presenting course content and for guiding the RN-BS student as course objectives are implemented throughout the semester. Although practicum experiences are planned by the preceptor-student, NURS 488 faculty members are responsible for collaborating with preceptors (based on individual student need) to support preceptor-student goals and to assure periodic monitoring of student progress. While assigned preceptors provide feedback regarding student performance to the student and faculty throughout the semester, the final course evaluation/grade will be determined by NURS 488 course faculty. Specific responsibilities of the faculty include the following:

- Coordinate practicum experience and assure that preceptor meets necessary VCU School of Nursing requirements;
- Assure that orientation is completed by preceptor and student;
- Be available for questions, problem identification and resolution;
- Make a site visit/conference call during the practicum (as necessary and if negotiated with the preceptor);
- Monitor student's completion of expected practicum hours
- Seek feedback from the student and the facility/preceptor on progress and developments during the practicum, as needed;
- Evaluate and grade the student's written assignments during the practicum;
- In collaboration with student and preceptor, develop/approve student remediation plans when course expectations are not satisfactorily met;
- Inform students who have unsatisfactory course performance as soon as such unsatisfactory performance is noted;
- Review and approve student-preceptor evaluation for the course.

In addition to individual roles and responsibilities outlined above, members of the faculty-preceptor team are accountable to adhere to guidelines of the Family Educational Rights and Privacy Act (FERPA). FERPA affords students certain rights with respect to the confidentiality of their educational records. Information and a brief tutorial on FERPA are available via the VCU School of Nursing website or by using the following web address:
<http://www.enrollment.vcu.edu/rar/registration/ferpa.html>



PART TWO – The Preceptor-Guided Leadership Practicum: Useful Information and References

Evidence suggests that preparation is one essential key to the success of the preceptor-guided leadership practicum (Bott et al., 2011; Broadbent, et al., 2016; Luhanga, Dickieson & Mossey, 2010; Yonge, Myrick, & Ferguson, 2011). The following section of this manual contains succinct but helpful information and/or guidelines for the RN-BS leadership experience. Knowledge of this information will enhance the leadership experience for both preceptor and student (Riley-Doucet, 2008; Yonge, Myrick, & Ferguson, 2011). References and other complete resources for the selected topics may be found in the Reference section of this manual.



Nursing: Scope and Standards of Practice (ANA, 2015)

The ANA (2015) publication entitled *Nursing: Scope and Standards of Practice* describes professional nursing standards that form a critical basis for evaluation of the student's success during Senior Synthesis. This section of the manual provides an outline of these important professional standards. For additional information and/or to review specific competencies associated with each of the standards listed herein, the preceptor and student are encouraged to collaboratively review the third edition of the ANA (2015) publication. The ANA (2015, p.7) provides the following definition of professional nursing:

Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations.

According to the ANA (2015), this contemporary definition serves as a foundation for the document entitled *Nursing: Scope and Standards of Practice, Third Edition* which, in turn, delineates the expectations of the professional registered nurse.

Standards of Professional Nursing Practice (ANA, 2015, pp. 53-66)

Standard 1 – Assessment

The registered nurse collects comprehensive data pertinent to the healthcare consumer's health and/or situation.

Standard 2 – Diagnosis

The registered nurse analyzes the assessment data to determine actual or potential diagnoses, problems, and issues.

Standard 3 – Outcomes Identification

The registered nurse identifies expected outcomes for a plan individualized to the healthcare consumer or situation.

Standard 4 – Planning

The registered nurse develops a plan that prescribes strategies to attain expected, measurable outcomes.

Standard 5 – Implementation

The registered nurse implements the identified plan.

Standard 5A – The registered nurse coordinates care delivery; Standard 5B – The registered nurse employs strategies to promote health and a safe environment.

Standard 6 – Evaluation

The registered nurse evaluates progress toward attainment of goals and outcomes.

Standards of Professional Performance (ANA, 2015, pp. 67-84)

Standard 7 – Ethics

The registered nurse practices ethically.

Standard 8 – Culturally Congruent Practice

The registered nurse practices in a manner that is congruent with cultural diversity and inclusion principles.

Standard 9 – Communication

The registered nurse communicates effectively in all areas of practice.

Standard 10 – Collaboration

The registered nurse collaborates with healthcare consumer, family, and others in the conduct of nursing.

Standard 11 – Leadership

The registered nurse leads within the professional practice setting and the profession.

Standard 12 – Education

The registered nurse seeks knowledge and competence that reflects current nursing practice and promotes futuristic thinking.

Standard 13 – Evidence-Based Practice and Research

The registered nurse integrates evidence and research findings into practice.

Standard 14 – Quality of Practice

The registered nurse contributes to quality nursing practice.

Standard 15 – Professional Practice Evaluation

The registered nurse evaluates her or his own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.

Standard 16 – Resource Utilization

The registered nurse utilizes appropriate resources to plan, provide and sustain evidence-based nursing services that are safe, effective, and fiscally responsible.

Standard 17 – Environmental Health

The registered nurse practices in an environmentally safe and healthy manner.



VCU School of Nursing Program Outcomes and Graduate Competencies (2016)

Consistent with its commitment to excellence in nursing education, VCU School of Nursing has identified specific program outcomes and graduate competencies for the baccalaureate nursing program (2016). The faculty of the school considered the core curriculum guidelines published by American Association of Colleges of Nursing (AACN, 2008) and the National League for Nursing (NLN, 2010), among other significant contemporary publications, such as *Quality and Safety Education for Nurses (QSEN, 2007)* and more recently, *The Future of Nursing: Leading Change, Advancing Health (IOM, 2011)* when formulating these critical outcomes and competencies for the baccalaureate nursing program. It is highly recommended that these outcomes and competencies be considered by the student and preceptor when student-specific practicum goals are being developed.

VCU School of Nursing Baccalaureate Nursing Program Outcome Goals (2016)

VCU School of Nursing baccalaureate graduates will achieve nursing competence by demonstrating:

- Effective therapeutic nursing practice.
- Nursing Judgment
- A Spirit of Inquiry
- Professional Identity

The graduate is a professional nurse who will demonstrate:

1. Integration of theories and concepts from liberal education into nursing practice.
2. Knowledge, skills, and attitudes in leadership, quality improvement, and patient safety to provide high quality health care.
3. Professional nursing practice grounded in the translation of current evidence.
4. Knowledge of skills in information literacy, management, and patient care technology.
5. Knowledge of healthcare, financial, and regulatory policies that influence the nature and functioning of the healthcare system.
6. Effective communication and collaboration skills with the interprofessional team to deliver high quality and safe patient care.
7. Health promotion and disease prevention at the individual and population level necessary to improve population health.
8. Professionalism that reflects the inherent values of altruism, autonomy, human dignity, integrity, and social justice fundamental to nursing.
9. Competence to practice with patients, including individuals, families, groups, communities, and populations across the lifespan and across the continuum of healthcare environments that respects the variations of care, the increased complexity, and the use of healthcare resources inherent in caring for patients.



Phases of the Preceptor-Student Working Relationship

Evidence suggests that the development of a professional working relationship between the preceptor and student is a vital aspect of the preceptor-guided practicum experience (Haitana & Bland, 2011). A sound professional relationship enables the preceptor to better assess the student's performance and promote the student's achievement of practicum goals. Phases and characteristics of the professional relationship as well as recommended tasks are described in the section below.

Establishing the Relationship

Establishing trust is one of the most crucial steps in the preceptor-student relationship and provides the foundation upon which the learning experience will develop. The student may experience some anxiety in a new learning situation and can benefit from structure provided by the preceptor in the form of carefully scheduled meetings and conferences. The preceptor's availability is crucial in planning a meaningful student experience.

During the initial experience, the focus of the relationship is to clarify roles, discuss course objectives, review the student's background, career goals and individual learning objectives, and to discuss agency policies. Orientation of the student to the practicum setting is essential to a successful experience. Orientation is important for patient safety, it promotes entry of the student into the system, and it communicates respect and acceptance. Preceptor-student conferences are also important for success during the practicum. Frequent conferences to discuss aspects of the leadership role are recommended. Additionally, the preceptor should review his or her work schedule with the student. This allows the student opportunity to establish a reasonable practicum schedule that is consistent with the availability of the preceptor yet facilitates achievement of course goals.

The Working Phase

The implementation of an educational plan is the main focus of the working phase. Reviewing the student's experience, exploring feelings regarding the practicum and identifying the meeting of learning objectives are all appropriate areas that can be discussed. Feedback from the preceptor on a regular basis assists the student in maximizing his/her strengths and systematically addressing problems that may interfere with the transition to the RN-BS nursing role.

During the working phase, the preceptor serves as role model, resource person and consultant to the student. By demonstrating his/her own skills as an expert clinician and nurse leader, the preceptor assists the student in role development, application of theory and science, problem solving and decision making. An effective strategy is to encourage the student to observe and analyze the preceptor's role as s/he works with patients and families and interacts with colleagues and staff members within the organization. Mutually sharing observations and discussing strategies for leadership practice enables the student to enrich his/her own understanding of how the role is enacted and how problems are solved. Furthermore, by applying the principles of adult education, the preceptor can foster the student's self-direction and autonomy. Over time, utilization of the preceptor changes: the preceptor becomes less directive and the student becomes more independent and self-reliant. A loss may be felt by the student and preceptor as the relationship changes.

Evaluation is an ongoing process to assess how the learner is achieving his/her goals. A minimum of daily verbal feedback from the preceptor regarding performance is helpful. Conferences should include a review of

student progress toward goal attainment. Students should track their own progress and accomplishments and document these via approved clinical logs and competency checklists. Formal, written evaluation is scheduled at the end of the experience, using the course evaluation forms provided. *The observations and feedback of the preceptor are necessary and invaluable to determine satisfactory progress during the practicum. Nevertheless, the final responsibility for the grade belongs to the faculty member.* Even if the student does not agree with the evaluation received, all parties involved should sign the evaluation form. The student has the opportunity to write a response.

Ending the Relationship

Similar to other professional relationships, the preceptor-student relationship is time-limited. Central issues involved in ending a professional relationship include emotionality and review (Stein-Parbury, 2009). These central issues also apply to the preceptor-student relationship. For instance, during the disengagement process, emotions such as feelings of happiness or satisfaction with the experience may alternate with other feelings such as sadness or frustration. However, ending a professional relationship is most satisfying when there is a mutual review of what happened during the experience (Stein-Parbury, 2009). It is recommended that this review be accomplished by means of a mutual dialogue that is conducted during the evaluation phase of the practicum.



The Art of Adult Learner-Centered Teaching Strategies

During the NURS 488 practicum, the preceptor, who is selected for his or her knowledge and experience in clinical and management decision-making, guides the RN-BS nursing student in the acquisition of similar knowledge and experience and in the transition to the nurse leader. The body of knowledge related to adult education provides helpful guidelines to preceptors who are working with NURS 488 RN-BS nurses. Nesbitt (2006) has considered the research and publications over the past 20 years and contended that principles of adult learning (known as androgogy) and research on transformational learning are particularly relevant for nursing. Based on these works, Nesbitt (2006) developed eight guidelines which can be used by nurse preceptors to create a valuable experience for nurses who are actively transitioning to a role as nurse leader (p 19-26). These guidelines have been adapted to the NURS 488 practicum:

Guideline 1 – The preceptor selected must be well-prepared in the substantive content area of the nursing specialty and understand the characteristics of adult learners.

Guideline 2 – The preceptor and the student nurse “apprentice” must work together to develop the objectives and learning outcomes for the experience.

Several important questions arise to guide the preceptor when initiating the discussion regarding learning outcome goals with the student: What does the student hope to gain from the experience? What are the student’s major concerns? What assumptions does the student bring to the experience? Goals and objectives should be written and progress should be reviewed often during the practicum.

Guideline 3 – The learning environment should be respectful to both the preceptor and the student apprentice.

Orientation to the unit and review of the rules of conduct within the unit are essential components of this guideline. Additionally, ongoing discussion and dialogue between the preceptor and student facilitates a trusting and respectful relationship.

Guideline 4 – Learning should move along a continuum from preceptor-directed at the beginning of the practicum to student nurse-directed by the time of closure of the practicum.

As the student progresses through the practicum and learning goals are met, the student should take more responsibility for decision-making and patient care outcome.

Guideline 5 – Learning should progress from application of beginning concepts and skills to advanced concepts and skills.

The level of difficulty of the practicum can be regulated by the preceptor by providing “easier” or more straightforward assignments at the beginning and by modeling expert care. The preceptor can add more difficult or complex assignments as the student gains proficiency.

Guideline 6 – Feedback should be regular, constructive, and effective.

Feedback is one of the most powerful tools a preceptor may use to create a positive outcome. Effective feedback includes sufficient information and is specific, constructive, timely, and frequent. Additionally it is important for the preceptor to emphasize the positive performance as well as performance in need of improvement.

Guideline 7 – Learning activities should be relevant to the course and to the practicum goals. Learning activities should be safe and offer the nurse apprentice the opportunity for success.

Guideline 8 – Learning assessments completed by the preceptor should be fair, valid, and clear.

Assessment is an essential component of the learning experience. It is important that the evaluation tool be reviewed by both preceptor and student so that both parties understand the critical elements of the evaluation. Learners who understand how they are to be evaluated generally will be motivated to take more accountability and responsibility for their learning experiences.



Feedback Strategies – “The Five-Minute Preceptor”

Preceptors need skills for effective clinical teaching and leadership mentoring. Bott et al. (2011) developed a promising clinical teaching technique adapted from the original works of Neher and Stevens (2003). This education strategy, known as the “five-minute preceptor”, is well-suited to students in the clinical setting and can be used with a variety of relevant topics. The preceptor uses five reflective questions to assist with guiding a student in knowledge synthesis and integration:

- ✓ Get the student to take a stand (“Tell me what is happening”)
- ✓ Probe for supporting EVIDENCE (“Tell me why you have made this decision”)
- ✓ Teach general rules (“The most important initial action...” OR “the highest priority...”)
- ✓ Reinforce the positives (“You have shown good understanding about...”)
- ✓ Correct errors and mis-interpretations (“However, based on my experience...”)

Adopting and refining this strategy may be useful for preceptors so that frequent, high quality feedback may be offered to students on a regular basis.



Conflict and Conflict Resolution

Stein-Parbury (2009) asserted that conflict is natural to interpersonal and social dynamics. Furthermore, interpersonal conflicts in the workplace are not unique to the nursing profession; they are commonplace in all professions. Whenever professionals, such as nurses, work closely and there is a high degree of interdependence, differences of opinion and perspectives are often inevitable (Stein-Parbury, 2009). This situation may not be uncommon in the relationship that forms between the preceptor and RN-BS student. Some causes of conflict in the preceptor-guided experience may include differences in perspectives related to patients-patient care, lack of or ineffective communication, unclear expectations, lack of sufficient structure, or ongoing workload stress. Successful resolution of conflict can promote mutual satisfaction and growth; whereas unresolved conflict can create additional tension and stress for all parties in the conflict. The adoption of unhealthy communication styles, such as denial, withdrawal, suppression, dominance or power-over is discouraged. Rather, the preceptor and RN-BS student are encouraged to adopt an assertive communication style while maintaining a positive, patient-centered, and goal-directed relationship. When an assertive style is adopted, each person expresses his or her own thoughts, feelings, and needs to one another related to the practicum and recognizes the importance for each person to be heard and treated with respect (Stein-Parbury, 2009). In the rare event that a preceptor has difficulty with a student OR if a conflict between a preceptor and student cannot successfully be resolved, the course faculty should be promptly notified. It may be necessary for the faculty to intervene or even change the assignment if this is required (Schaubhut & Gentry, 2010).

Summary

The NURS 488 course faculty will provide contact information and will maintain communication with preceptors, as necessary, and with RN-BS students throughout the semester. However, preceptors should feel free to collaborate with faculty members regarding student progress at any time.

We hope the information in this manual will be helpful to you. A reference section has been provided in this manual. For your convenience, additional guidelines, links to important information, and a listing of journal articles and other references can be accessed via the School of Nursing website (<http://www.nursing.vcu.edu/>). Thank you for your important contribution to the successful transition of our RN-BS student to the baccalaureate nurse leader role.

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The VCU School of Nursing undergraduate program is indebted to Elizabeth Crooks MS, RN, who developed the first School of Nursing Undergraduate Program Preceptor Manual.



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**VCU****School of Nursing**

School of Nursing Building
P.O. Box 980567
Richmond, Virginia 23298-0567

804 828-0724 • Fax: 804 828-7743
TDD: 1-800-828-1120
www.nursing.vcu.edu

VCU School of Nursing - Faculty Administrative/Leadership Team**Dean, VCU School of Nursing**

Jean Giddens, PhD, RN, FAAN

jgiddens@vcu.edu

Associate Dean of Academic Affairs

Debra Barksdale, Ph.D., FNP-BC, CNE, FAANP, FAAN

djbarksdale@vcu.edu

Department Chair, Adult Health Systems Department

Beth Rogers, PhD, RN, FAAN

brodgers2@vcu.edu

Department Chair (Interim), Family and Community Health Nursing

Tamara Zurakowski, Ph.D., GNP-BC

tzurakowski@vcu.edu

Undergraduate Programs Director

Jeanne M. Walter, PhD, RN, FAAMA

jmwalter@vcu.edu

RN-BS Program Coordinator

Susan C. Johnson, PhD, RN

johnsonsc4@vcu.edu

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