



1



Learner Outcomes

- **Teaching and Learning Principles**
 - Apply knowledge of the domains of learning, learning styles, novice to expert continuum to precepting activities.
 - Integrate critical thinking into the learning environment.
- **Assessing, Setting and Evaluating Goals**
 - Establish, integrate and evaluate goals into preceptor plan.
 - Apply effective communication strategies when providing feedback and navigating conflict.
 - Evaluate competence through orientation paperwork.
- **Professional Identity**
 - Incorporate professional identity into practice.

2



Promoting Critical Thinking: Teaching and Learning Principles and Critical Reasoning

3



Domains of Learning

Domains represent the different types of skills and knowledge involved in learning:

- **Cognitive: Mental skills and knowledge**
 - Learning occurs by verbal discussion/direction
- **Psychomotor: Physical skills**
 - Learning occurs during demonstration/practice
- **Affective: Feeling/emotion and attitude**
 - Learning occurs during role play

4



VARK: Sensory Based Preferences for Learning



Visual



Auditory



Read/write



Kinesthetic

Ask preceptee how they like to learn upon hire!

5



Adult Learning Principles

- **Key concept: learner-centered approach**
 - Problem oriented
 - Life/task centered
 - Self-directed/responsible for own learning
 - Needs to know why they need to learn it
 - Internally motivated
- **Novice to Expert Continuum**
 - Lifelong learning
 - Each stage encompasses more growth and knowledge



6



Critical Thinking Characteristics

- Critical thinking requires years of practice to perform at higher levels of competency...but it can be taught!
- Critical Thinking Competencies
 - Problem Recognition: Assess and identify problem
 - Clinical Decision Making: Set outcomes and plan
 - Clinical Implementation: Intervene
 - Reflection: Evaluation



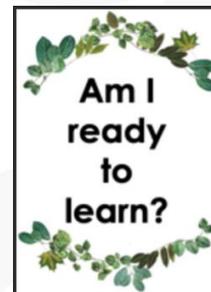
7



Assessing Critical Thinking

Look for behaviors that demonstrate the preceptee has the knowledge, skills attitude and judgement required for critical thinking.

- Curiosity
- Inquisitiveness
- Open-mindedness
- Flexibility
- Contextual perspective
- Perseverance and intellectual integrity
- Insight and tuition
- Reflection



8



The Art of Anticipation and Reflection

- **Help them to think ahead:**
 - Which patient should we assess first? Why?
 - What supplies do we need today?
 - Who can help you with this task?
- **Help them to think in action:**
 - Do you have all the supplies you need?
 - What steps will you take to begin the procedure?
- **Help them to think back:**
 - What were you considering during patient teaching?
 - How did you address the most difficult problem today?

9



Promote Clinical Reasoning

Clinical reasoning leads to critical thinking!

Assess for accuracy:

- Ask how can we find out if something is true

Assess for clarity and precision:

- Ask for examples and more details

Assess for relevance:

- Ask them to tell you why information is relevant to the situation

Assess for depth and breadth:

- Ask how a solution address the cause of the problem and what other options or solutions could be considered

Assess for logic:

- Ask if something makes sense



10

 Putting it all together!



11



Assessing, Developing and Evaluating Goals and Competence

12



Assessing the Preceptee

Consider a preceptee's past experiences, competencies/skills they are expected to master, learning needs and learning style.

Questions to ask:

- What experiences have they had in healthcare?
- Are they new to the profession?
- Do they have any cultural influences to be considered?
- Have they dealt with difficult situations in previous roles?
- How do they learn best?
- What experiences worked with previous preceptors? What didn't?
- Share your past experiences and ask the preceptee about theirs

Perform initial observations early in the preceptorship to have a solid baseline to measure development.

13



Assessing and Developing Goals

- Perform a gap analysis to assess their knowledge, skills, attitudes and judgment to identify growth opportunities.
- Set expectations and goals for the overall preceptor experience and for each shift.
 - Develop SMART goals:
 - specific, measurable, achievable, relevant, time-oriented
 - Use smaller goals that build on each other

It is important to include the preceptee in developing goals!

14



Evaluating Goals

- #1 priority: Protect the Patient!
 - Identify unsafe practices & adjust orientation to address them
- Debrief regularly:
 - What is working well and what needs adjusted?
 - Consider different teaching methods/strategies to slow down:
 - Limit preceptee's independence
 - Role-playing
 - Review policies
 - Involve SDN and manager when needed
- Feedback should ALWAYS be constructive
- Celebrate achievements often!

15



SMART Goal #1

Which SMART component is this?

Goal: By the end of today's shift, the orientee will accurately document vital signs on 4 out of 5 patients in the electronic medical record, following unit policy.

16



SMART Goal #2

Which SMART component is this?

Goal: During this shift, the orientee will independently perform bedside handoff report on two assigned patients, with the preceptor available for guidance if needed.

17



SMART Goal #3

Which SMART component is this?

Goal: By the end of the shift, the orientee will correctly use the environmental safety checklist during care of a suicide patient to support safe and consistent care on the unit.

18



SMART Goal #4

Which SMART component is this?

Goal: By the end of the shift, the orientee will document intake and output for all assigned patient in the electronic medical record according to unit standards.

19



SMART Goal #5

Which SMART component is this?

Goal: Over the next three scheduled shifts, the orientee will progressively increase independence and will fully complete morning patient care tasks for assigned patients by the end of the third shift.

20



Putting it all together!



21



**Feedback, Communication and
Conflict Management**

22



Providing Effective Feedback

How your preceptee responds to feedback and how you provide it matters!

Characteristics of effective feedback:

- Factual and objective information
- Directed toward specific behaviors or events
- Helpful toward achieving goals or competencies
- Clear and concise
- Show concern and appreciation
- Timely to the nature of behavior that requires refinement or reinforcement (debriefing might be needed before feedback!)

23



Effective Feedback Approaches

- **Praise:** be direct so the preceptee is not confused by contradictory statements
- **Body language:** reflect a positive, accepting manner
- **Voice:** Respectful tone and words
- **Explanation:** why is the topic a concern
- **Avoid generalizing language:** ("You always/you never")
 - Puts blames the preceptee
 - Instead: "We are expected to" or "Our policy states"
- **Avoid critiques based on individual performance:**
 - Use evidence-based practice as the basis for feedback

24



Delivering Feedback

The FEELING Approach

- **F**ocus on behavior
- **E**mpathize
- **E**motions in check
- **L**ook at solutions, not problems
- **I**n a private place
- **N**ow, or as soon as possible
- **G**et facts straight first

25



Constructing the Feedback Message

Taking into consideration the components of the FEELING approach, structure a feedback message by following these steps:

- **Timeframe:** When was the behavior observed?
- **Observation Statement:** What was seen/heard/felt?
- **Preceptee's Perspective:** What are the preceptee's thoughts and judgments about the event?
- **Judgment of Worth Statement:** Is this effective or ineffective behavior?
- **Specified Desired Behavior:** What should the preceptee do in the future?
- **Pause for Response:** After giving your feedback, allow the preceptee time to think about what was said and respond.

26



Effective Communication Strategies

- Restatement: restate or rephrase the message
- Empathy: feel or imagine other person's perspective
- Active Listening: focus on understanding what the sender is trying to convey
- Reflection: identify emotional themes and reflect them back to the sender
 - It seems you are disappointed
- Questions: open ended vs closed ended

27



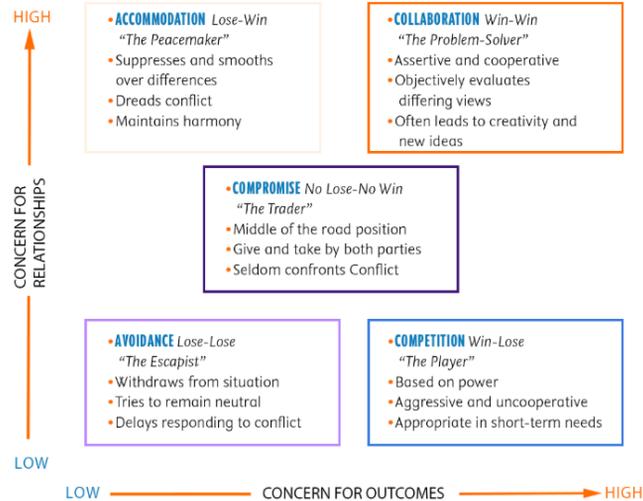
Barriers to Communication

- False reassurance
 - Contributes to clinical judgement uncertainty
- Giving advice and making decisions
 - Does not promote learning/independence
- Probing
 - Avoid tone of accusation or blame when coaching
- Stereotyping:
 - Are all students or new grads really the same?

28



Thomas- Kilmann Conflict Mode



Model for Conflict Resolution
Source: Zerwekh & Zerwekh, 2020; Thomas & Kilmann, 2015.

29



Negative Strategies to Navigate Conflict

- Focus on person instead of the issue
- Attaching labels to the other person
- Withdrawing from or avoiding the situation
- Keeping as far away from others as possible
- Changing the subject to avoid conflict
- Giving in to others
- Competing until someone wins or loses

Adopting negative strategies may result in negative outcomes.

30



Positive Strategies to Navigate Conflict

Your response to conflict must pursue and foster collaboration!

- View conflict as a misunderstanding
- Consider the other person's goals and objectives
- Ask yourself if the other person has same standards for expectations and behavior and try to see the other person's needs from this
- Remember that everyone is different
- Ask yourself "What do I want & why do I want it?"

31



Putting it all together!



32



(New Graduate RN) Overconfidence vs Safety

Scenario: Preceptor joins preceptee outside patient room for medication administration. Preceptee is an overconfident new grad nurse who already passed their morning meds. Preceptor and preceptee were told about a patient's low blood sugars during bedside report. Preceptee failed to check orders in the am prior to administration. MD had decreased long-acting insulin dosage at 6am due to low blood sugars overnight.

***How do you provide feedback that maintains confidence while also reinforcing patient safety?

33



(New Graduate RN) Time Management Struggles

Scenario: The new graduate RN is falling behind on their patient care, skipping breaks, and looking overwhelmed. They snap at a CNA who asked for help.

***How do you step in, provide feedback, and guide them in prioritization without making them feel incompetent?

34



PART 1 Scenario: A student nurse gives report to another nurse, but their handoff is incomplete and disorganized. The receiving nurse becomes visibly frustrated and stops the report and states, “I’ll just look it up myself” and walks away.

***As the preceptor, how do you debrief with the student constructively?

35



Conflict with a colleague

PART 2 Scenario: Your student nurse gives report to another nurse, but their handoff is incomplete and disorganized. The receiving nurse becomes visibly frustrated and stops the report and states, “I’ll just look it up myself” and walks away.

***After debriefing with your student, as the preceptor, how do you address the behavior of your co-worker and navigate conflict professionally?

36



(Experienced RN) Resistance to Feedback

Scenario: A nurse with 18 years of experience, but new to the health system, gets defensive when you correct them on your hospital's Blood Transfusion protocol, saying, "I've done this for years without a problem."

***How do you handle the pushback and ensure safe practice while also considering the age gap and generational differences?

37



(New Graduate L&D RN) Time Management Struggles

Scenario: You are now 1hr 45 min into recovery after a long labor with difficult heart tones and the patient pushed for 3 hours. The preceptee is falling behind on tasks, documentation, and looks overwhelmed. The preceptee snaps at the Core when they ask when the patient will be ready to transfer.

***How do you step in, provide feedback, and guide them in prioritization without making them feel incompetent?

38



(New Graduate MB RN) Time Management Struggles

Scenario: The preceptee is falling behind on their patient care, documentation, skipped their break and looks overwhelmed. The preceptee snaps at the Core when she informs them they will be getting a section in 1 hour.

***How do you step in, provide feedback, and guide them in prioritization without making them feel incompetent?

39



(First time NA) Time Management Struggles

Scenario: A newly hired Nursing Assistant is on their second week of orientation on an acute care unit. They are responsible for obtaining vital signs, assisting with patient ambulation, and providing hygiene care for multiple patients. The unit is busy, with several patients requiring frequent assistance.

The NA is falling behind on scheduled vital signs, has not taken a break, and appears overwhelmed and flustered. While assisting one patient with hygiene, an RN asks the NA if they have completed vitals on another patient. The NA responds abruptly, saying, *“I’m doing the best I can—I can’t be everywhere at once.”* The tone comes across as frustrated and defensive.

***How do you step in, provide feedback, and guide them in prioritization without making them feel incompetent?

40



(First time NA) Feedback on Communication

Scenario: A newly hired Nursing Assistant is working on an acute care unit and is responsible for obtaining routine vital signs, monitoring intake and output, and assisting with hygiene and ambulation.

During the shift, the NA documents a patient's vital signs showing:

- Blood pressure: **86/52**
- Heart rate: **118**
- No urine output documented for the entire shift

The NA completes documentation in the chart but **does not verbally notify the RN**. Later, the RN reviews the chart, notices the abnormal vital signs and lack of urine output, and becomes visibly frustrated. The RN says, "*Why wasn't I told about this?*" and abruptly walks away to assess the patient.

*****As the preceptor, how do you debrief with the nursing assistant constructively about expectations while maintaining confidence?**

41



Developing Professional Identity

42



Professional Identity

How you see yourself and how you are perceived by others in your professional role...To think, act and feel like a member of your profession.

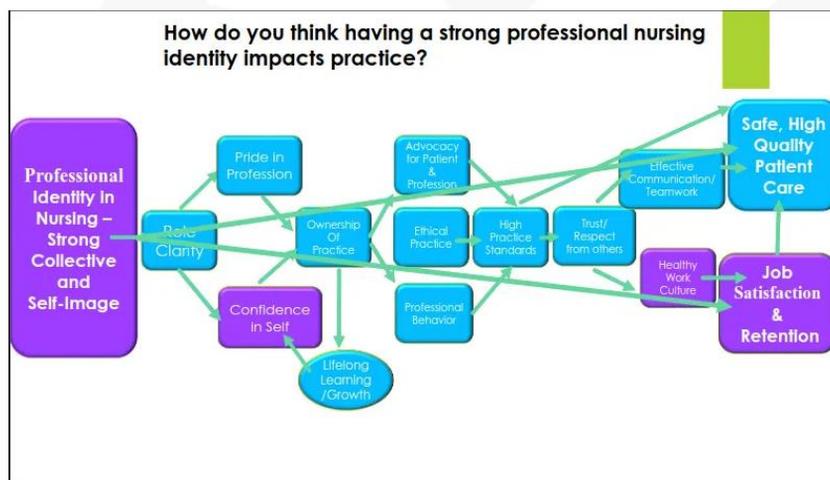
- Four domains of professional identity:
 - Values and Ethics
 - Knowledge
 - Profession Leader
 - Professional Comportment

Clinicians with a strong professional identity to their profession have a higher impact than those who do not!

43



Professional Identity Impact on Practice



44



Failures Impact on Practice



45



Creating a Tree of Impact

- **Soil/Roots= things that require nurturing**
 - reliability, honesty, accountability, knowledge, integrity, emotional intelligence
- **Trunk/branches= growth**
 - EBP, UBC, innovation, safety, quality, patient centered, collaboration
- **“Pruners and Gardners”= supportive environment**
 - healthy workplace, education

46



Orientation Paperwork

Review:

- Orientation competency tool paperwork
- Competency tool resource guide
- Discuss with SDN what to do with paperwork upon employee completing orientation

47



References

- Mosby's Preceptor 3.0 Module; accessed September 2025
- Ulrich, Beth (Ed). (2023). Mastering Precepting (3rd ed.). Sigma Theta Tau International.

48



Putting it all together!

