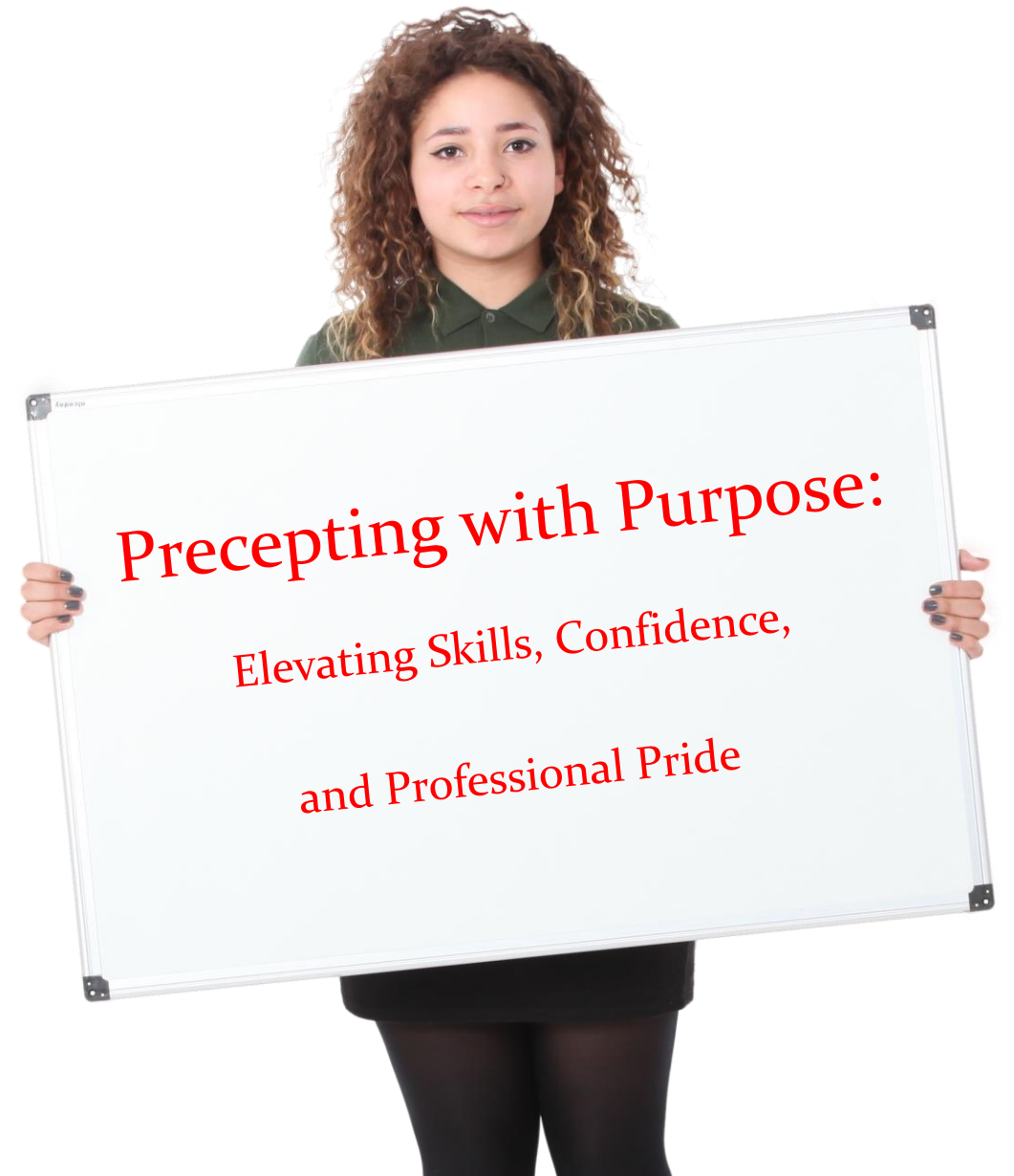

*When: April 20th and 22nd
& September 22nd and 24th 2026*

Class duration: 2 hours

Purpose:

- Provide education on best practices in precepting*
- Opportunity for storytelling and problem solving among healthcare preceptors.*



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1) Foster Professional Identity

- Articulate strategies for ongoing personal professional growth.
- Apply methods to support novice nurses in developing a strong professional identity.

2) Define and Describe Preceptor Roles

- Accurately describe the roles and responsibilities of a nurse preceptor
- Incorporate Benner's *Novice to Expert* theory

3) Apply Adult Learning Principles and Communication Skills

- Integrate adult learning theory into preceptorship
- Demonstrate effective listening skills.

4) Provide Constructive Feedback and Address Conflict

- Utilize structured feedback models.
- Apply conflict resolution techniques while maintaining a supportive learning environment.

5) Use Preceptor Tools and Set Learning Goals

- Complete and utilize preceptor forms to document progress.
- Collaboratively create SMART goals with the preceptee.

Professional Identity

- Personal professional identity
- Preceptor role in aiding the novice RN to develop a strong professional identity
- Activity: Personal and Group Tree of Impact – post it note
 - Roots
 - Trunk and branches
 - Leaves
 - Supportive environment

Your Tree of Impact



- We have a MFH Preceptor Tree of Impact on the wall. Take a moment and think, then write your responses on your personal tree of impact:
- Roots (Yellow): write what nourishes you
- Trunk and branches (Green): write what creates growth for you
- Leaves (Pink): write the outcomes you produce when you precept
- People (Purple): write what makes a supportive environment

WHAT IS YOUR WHY?

Why did you choose nursing?

How do you identify as a professional nurse?

"Professional identity in nursing is a sense of oneself, and in relationship with others, that is influenced by characteristics, norms, and values of the nursing discipline, resulting in an individual thinking, acting, and feeling like a nurse."

Hite, Phillips, & Godfrey (2020).



ANA Standards of Professional Nursing Performance

These standards describe a competent level of behavior in the professional role that is equal to the education and position level.

Ethics

Advocacy

Respectful and Equitable Practice

Communication

Collaboration

Leadership

Education

Scholarly Inquiry

Quality of Practice

Professional Practice Evaluation

Resource Stewardship

Environmental Health

Preceptor Development Plan: Preceptor Roles Activity

Mastering Precepting
Preceptor Development Plan: Preceptor Roles

Think about each of the roles of a preceptor. What are your strengths in each role? In which areas do you need to increase your knowledge and expertise? What is your plan for expanding your knowledge and expertise? What resources are available? Who can help you?

Name: _____
Date: _____

| Role: Teacher/Coach | Needs | Plan | Resources |
|---------------------------|-------|------|-----------|
| Strengths | | | |
| | | | |
| Role: Leader/Influencer | Needs | Plan | Resources |
| Strengths | | | |
| | | | |
| Role: Socialization Agent | Needs | Plan | Resources |
| Strengths | | | |
| | | | |
| Role: Protector | Needs | Plan | Resources |
| Strengths | | | |
| | | | |
| Role: Role Model | Needs | Plan | Resources |
| Strengths | | | |
| | | | |

| Role: Socialization Agent | Needs | Plan | Resources |
|---------------------------|-------|------|-----------|
| Strengths | | | |
| | | | |
| Role: Protector | Needs | Plan | Resources |
| Strengths | | | |
| | | | |
| Role: Role Model | Needs | Plan | Resources |
| Strengths | | | |
| | | | |

The many roles of the preceptor

Teacher/Coach

Leader/Influencer

Facilitator

Evaluator

Socialization Agent

Protector

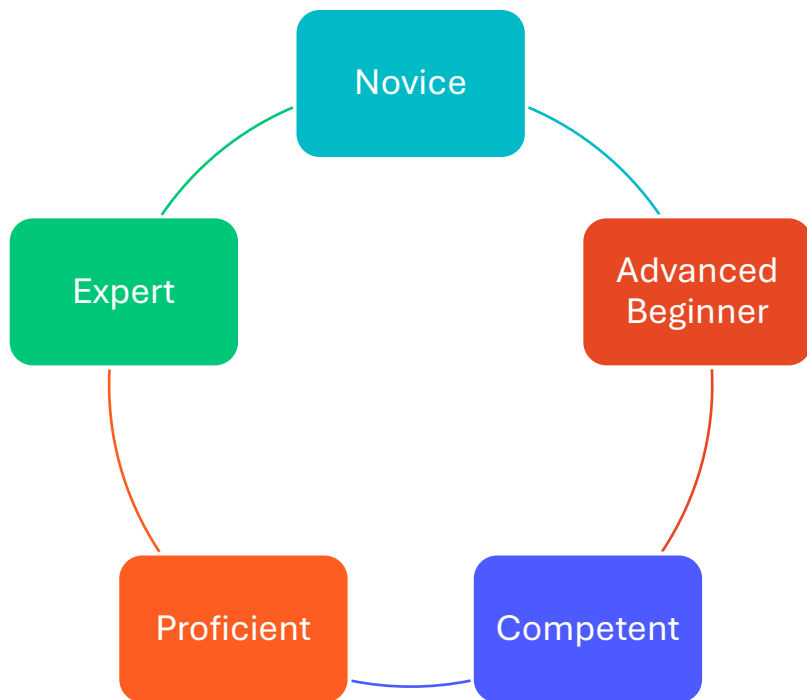
Role Model

Learning Theories

**Overview of Benner's
Novice to Expert**

**Overview of the
Kolb's Experiential**

Benner's Novice to Expert Theory



Understanding Benner's theory helps you as a preceptor to:

Set REALISTIC expectations

Tailor your teaching strategies

Support nurses at different levels

Promote safe, confident, and competent practice

Growth happens through experience & reflection

Progression is nonlinear – nurses may move back and forth across the levels depending on situation

Novice

Little to no clinical experience

Needs step-by-step instruction and close supervision

Focus is on rules and task, not the whole patient picture

Preceptor tip: Give structure, demonstrate, and provide frequent feedback

Advanced Beginner

Some experience, beginning to recognize recurring situations

Still heavily relies on rules and preceptor guidance

Still needs support

Beginning to connect theory to practice

Preceptor Tip: Encourage reflection, point out patterns, build confidence

Competent

Generally, occurs after 2-3 years in the same clinical area

Can plan and prioritize care, but may lack speed and flexibility

Thinks more long term, but still needs reassurance

Preceptor Tip: Encourage independence, coach prioritization, give constructive feedback

Proficient

Sees situations holistically, not just as tasks

Recognizes subtle changes and anticipates patient needs

Developing strong intuition and Critical Thinking Skills

Preceptor tip: Act as a coach, discuss critical thinking, support deeper reasoning

Expert

Deep intuitive grasp of situations

Responds fluidly and efficiently

Anticipates patient needs seamlessly

Preceptor Tip: Model expert thinking, share reasoning out loud, mentor others

How do you apply Benner's Theory?



Meet the learner where they are



Adapt your teaching: directive – coaching – mentoring



Encourage reflections and critical thinking



Provide safe learning opportunities



Reinforce that growth takes time and experience



Everyone progresses along a development journey and not everyone progresses at the same way or speed



Preceptors play a critical role in shaping growth

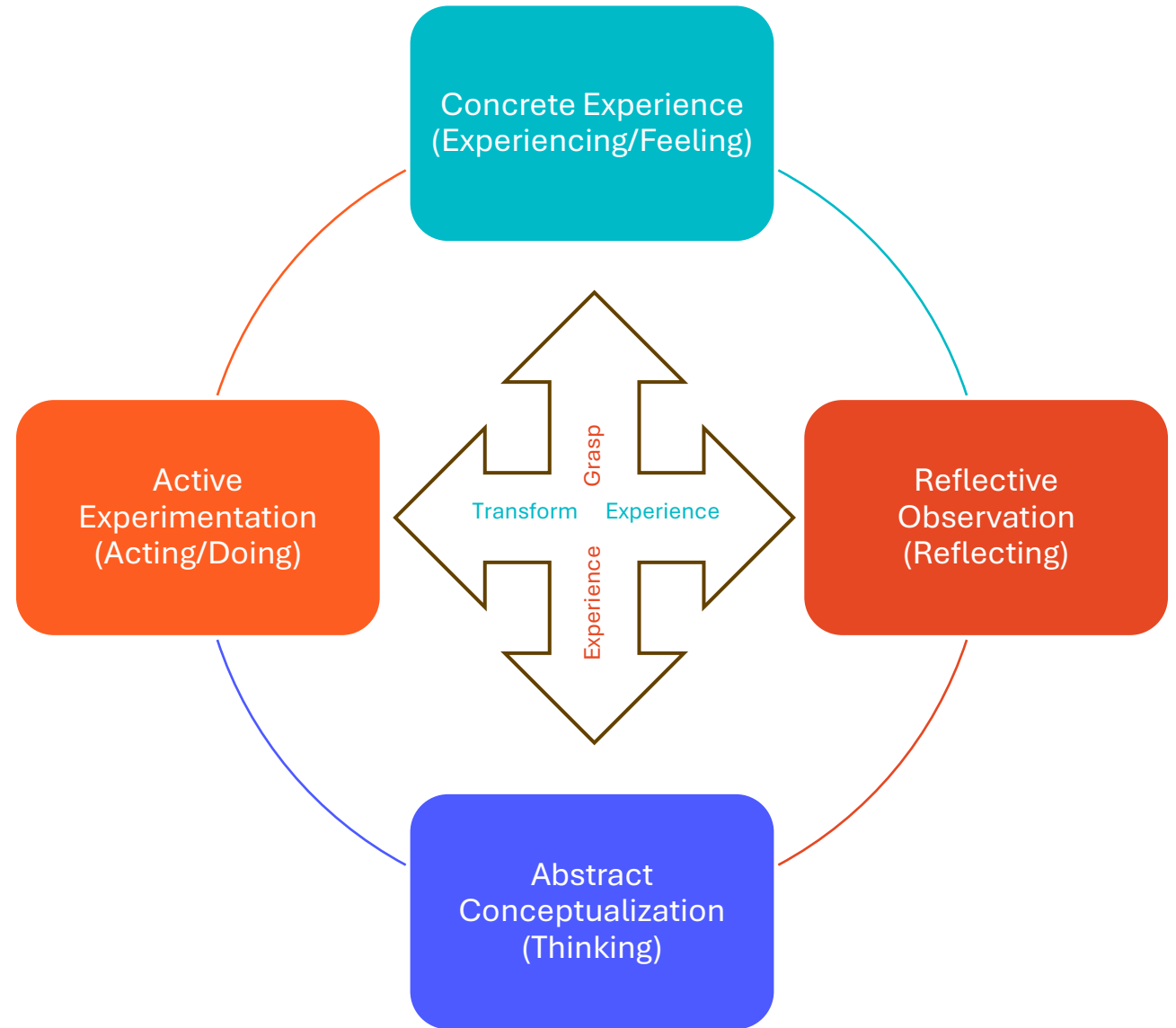


Your goal is to build confidence, safe practice and professional judgement

Experiential Learning Theory

Why it matters:

- Nursing is hands-on, real-world practice
- Helps understand why using bedside experiences plus guided reflection creates deeper learning
- Move beyond “show and tell” to coaching, questioning, and feedback



How do you apply Experiential Learning Theory?

Concrete Experience (Doing)

- Preceptee **performs a skill or cares for a patient**
- Example: Passing meds
- **Preceptor role:** Provide opportunities for real practice, create safe learning experiences.



Reflective Observation (Reviewing)

- After the activity, the orientee **thinks back**
- What went well?
What would you change?
How does this align with what you know?



Abstract Conceptualization (Concluding)

- The orientee **connects the dots**: linking experience with evidence-based practice, policies, or clinical reasoning.
- **Preceptor role:** Help relate the experience to **standards of care, best practice, and critical thinking frameworks.**



Active Experimentation (Applying)

- The orientee **tries again** using what they've learned, refining their approach.
- Builds confidence and skill mastery.
- **Preceptor role:** Encourage **application in the next patient care opportunity**, promote autonomy, and provide feedback.

Key things to remember

Every clinical shift offers experiential learning moments — maximize them

Avoid just “fixing” mistakes — instead, guide reflection so orientees can learn from them

Ask guided reflection questions:

What did you notice?

What went well?

What would you change?

How does this align with what you know?

Balance support and challenge — give room to try, provide a safety net

Remember: Nurses don't learn only by watching or being told — they learn by doing + reflecting + applying

Children vs. Adult Learning



Adult Learning Styles

Malcolm Knowles recognized that adults learn differently than children

Pedagogy- the art and science used to teach children

Teacher instills education to child

Andragogy – methods used to teach adults

Learner focused education based on the needs and experiences of the learner

Communication

INTENT

LISTENING

ADVOCACY

INQUIRY

SILENCE

Communication

INTENT

Sets the stage for people to connect in healthy ways.

Intent involves creating a safe place that invites participation and authenticity

Preceptor and Preceptee Relationship

Preceptor responsibility to state their intent

Preceptee to share their intent

Example: Preceptor to preceptee = What is the most important things you would like to get out of this experience?

Communication

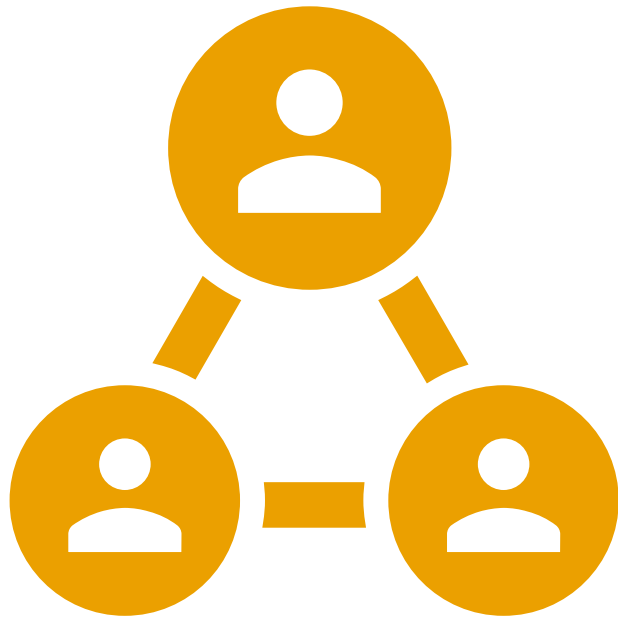


LISTENING

5 strategies to becoming a better listener

- ❖ Be fully present
- ❖ Ask open ended, clarifying questions
- ❖ Embrace silence
- ❖ Enter every conversation with the assumption that you will learn something
- ❖ Avoid being an advice monster

ADVOCACY



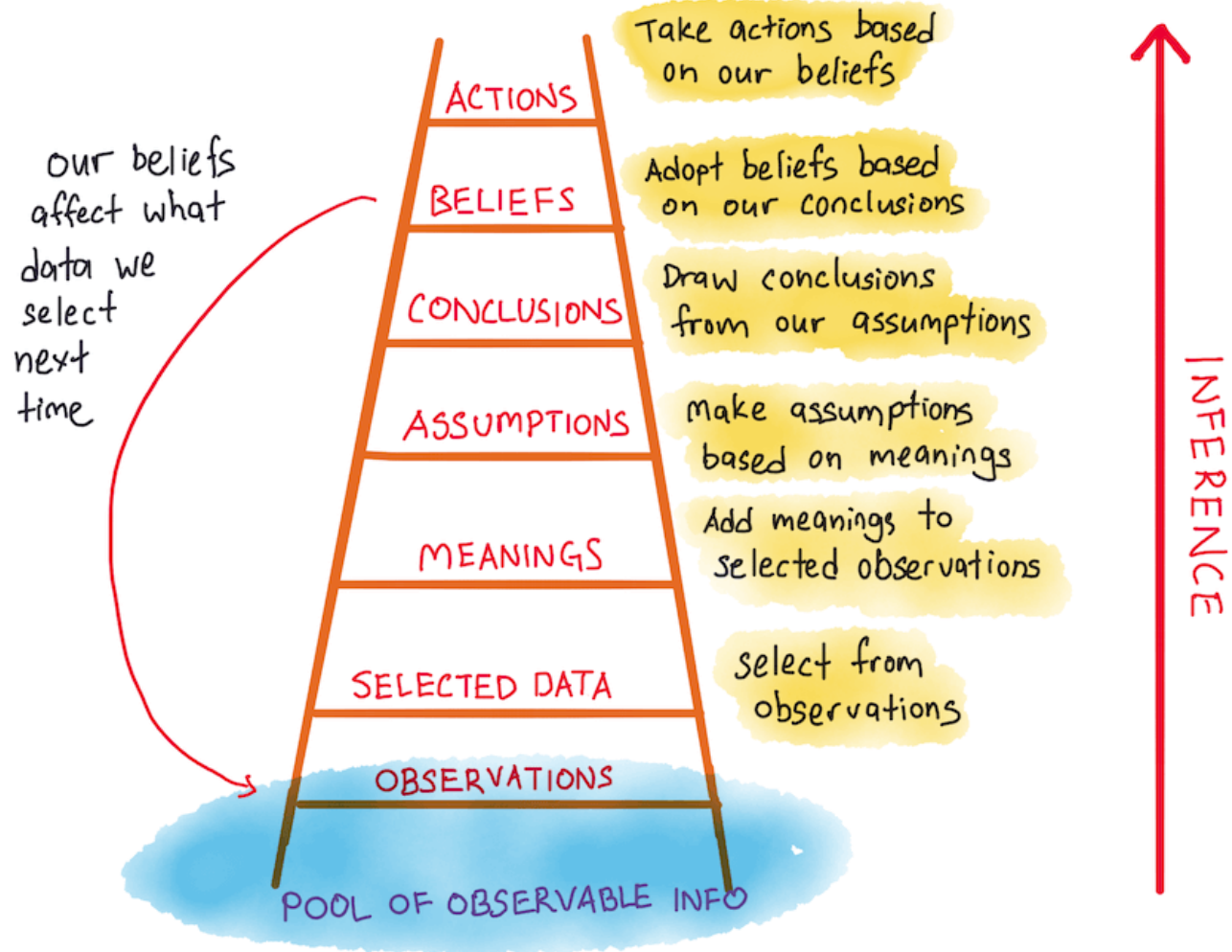
Imagine you sent an urgent project proposal to a colleague, Jim, on Wednesday.

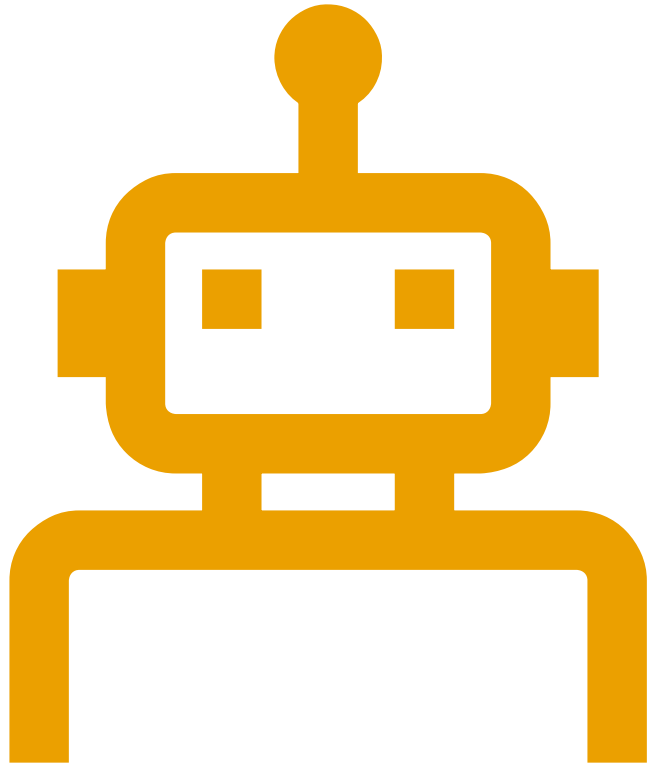
- **Observable Data:** It is Friday afternoon, and you have not received a reply or acknowledgment from Jim.
- **Selected Data:** You focus on the fact that he didn't reply, ignoring that it was a busy, short week.
- **Added Meaning:** You interpret his silence as him ignoring you or not valuing your work.
- **Assumptions:** You assume Jim is lazy, unorganized, or actively trying to undermine your project.
- **Conclusions:** You conclude that you cannot trust Jim and that he is a poor team player.
- **Beliefs:** You develop a firm belief that "Jim is a liability to the team".
- **Actions:** You complain to your manager about Jim's poor performance and decide to stop collaborating with him, causing friction.
- **What Actually Happened (The Truth):** Jim was dealing with a family emergency on Wednesday and Thursday and did not have access to his work email.

COMMUNICATION

ADVOCACY

- The willingness to share personal thinking and what is behind the thinking with the intention of exposing it, not defending it.
- It requires the courage to speak your truth and check assumptions to avoid making judgement.





INQUIRY

Preceptor will need to ASK questions to see what the Preceptee knows and Understands. These are Traditional Inquiries.

Examples:

Could you give me an example?

Could you say more about that?

What do you mean by _____?

INQUIRY

Appreciative Inquiry

The skill of using a positive appreciative approach to questioning.

What does that look like?

Asking questions on a deeper level to find the further Why behind doing the action. Working from what is going well.

Example:

How can we be more supportive of you?

What do you like about your experience so far?





SILENCE

SILENCE



THE WILLINGNESS TO EXPERIENCE AND LEARN BY REFLECTING AND DISCOVERING THE LESSONS FROM PERSONAL AWARENESS, WORDS UNSPOKEN OR THE QUIET OF THE SOUL.

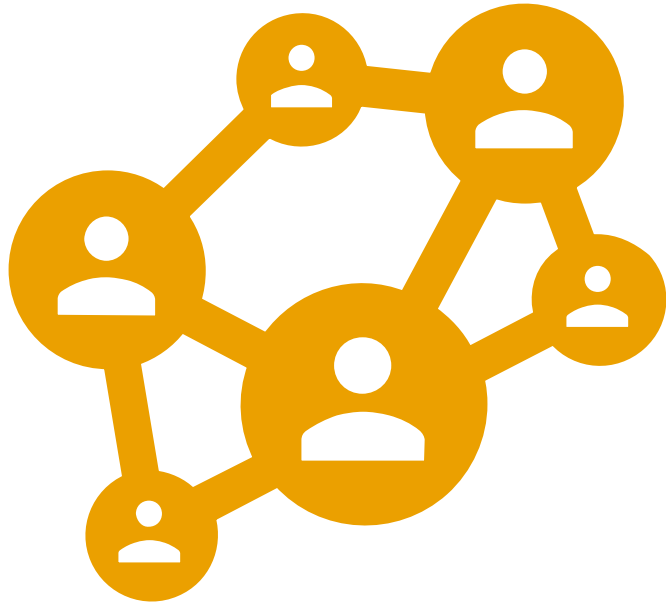


STEP AWAY FROM A PATIENT SITUATION FOR A FEW MINUTES TO GAIN CALM PERSPECTIVE.



SILENCE CAN ARISE WHEN YOU ARE SITTING WITH A PRECEPTEE WHO IS CONVEYING A HEART MOVING STORY ABOUT A PATIENT EXPERIENCE.

MANAGING DIFFICULT CONVERSATIONS



Practicing Just Culture

Fostering a non-punitive environment that balances safety, trust, and accountability, focusing on system improvements rather than individual blame.

Replace punitive language with inquiry-based language.

Instead of:

- “Why didn’t you follow policy?”
- “You should have known better.”

Use:

- “Walk me through what you were thinking at the time.”
- “What factors were influencing your decision?”
- “Help me understand how the situation unfolded.”

This reduces defensiveness and increases insight

Providing Feedback

Preceptee should have confidence in the preceptor.

Feedback should be given in the moment and in private. Information should be factual and specific.

After feedback is provided, the preceptor should include a timeline for follow-up

Types of Feedback:

Informal

- Example: usually verbal in the moment teaching ("That was great sterile technique")

Formal

- Example: usually written, part of a structured assessment ("Preceptee will review Elsevier skill on Foley catheter insertion by next week")

Formative

- Example: progress during a new competency, such as a learning progression log (Preceptor keeping a record of how preceptee is progressing in their orientation)

Summative

- Example: measures performance ("Preceptee is proficient in Foley Catheter insertions, able to practice independently")
-

When and Where?



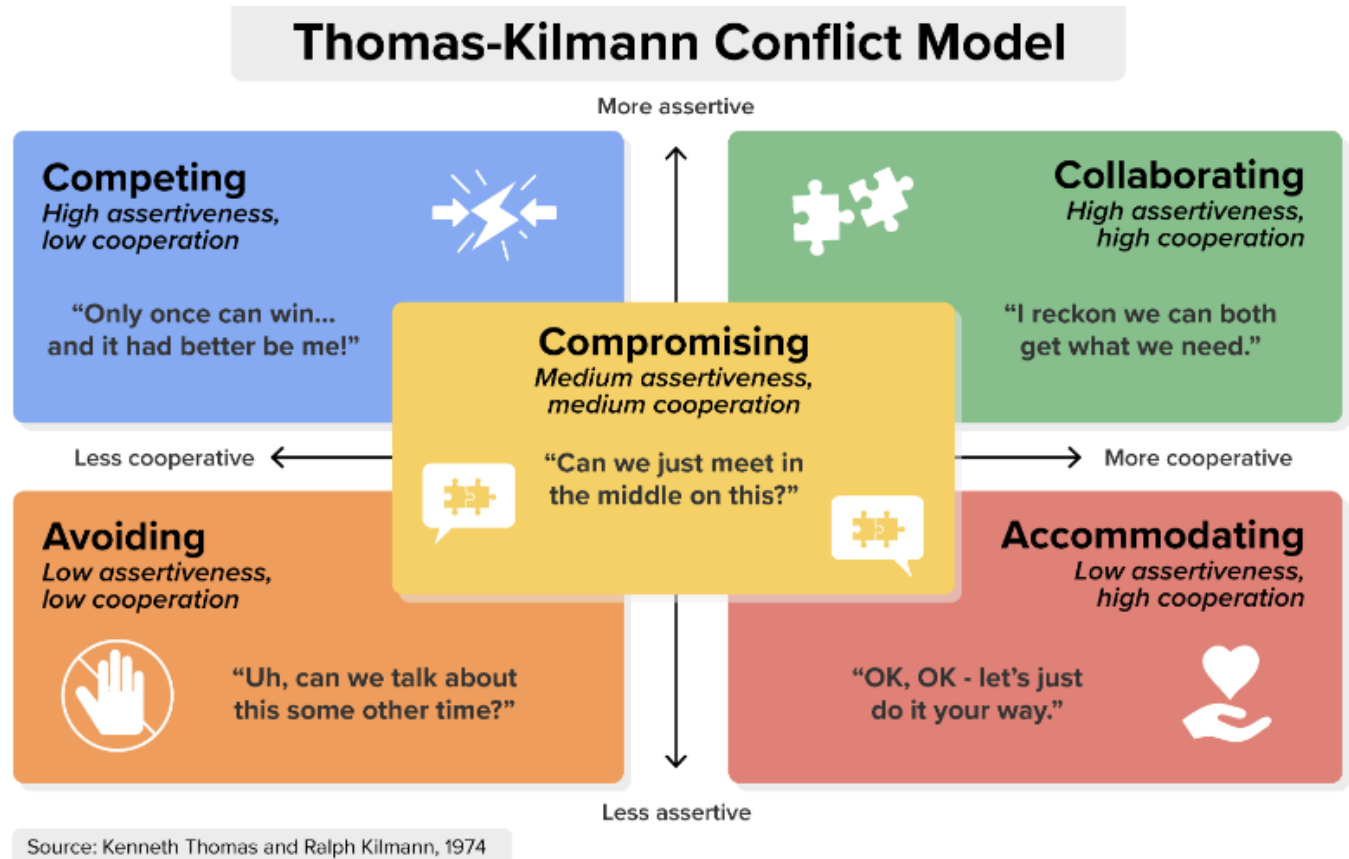
Feedback should be given in private



Feedback should only be given in the moment if that patient or nurse's safety is in question.

Conflict Resolution

Thomas-Kilmann Conflict Style questionnaire



Setting Goals with the Preceptee

SMART Goals



SPECIFIC



MEASURABLE



ACHIEVABLE,
ATTAINABLE



REALISTIC,
RESULTS-
ORIENTED



TIMELY, TIME-
BOUND

Preceptor Forms and Tools



What would be helpful for you as a preceptor?



What tools do you need as a preceptor?



Feedback

Preceptor Competency Tool

| | |
|--|---|
| <p>8. Administration of Blood and blood products</p> <ul style="list-style-type: none">• Packed Red Blood Cells• Platelets• Fresh Frozen Plasma• Policy of blood vital signs• Transfusion reaction protocol• Blood Bridge/Documentation | <p>Review Policy: Blood and Blood Components: checkout, administration and transfusion</p> <p>Elsevier Skills:</p> <p>Review:</p> <p>Consenting for a blood product</p> <p>Blood administration supplies</p> <p>Locations/methods of blood disposal</p> <p>Add Krames Education "Blood Transfusion for Adult, Discharge <u>Instructions</u>"</p> |
|--|---|

Competency: Having the knowledge of resources, judgment, and the ability to perform the skill safely.

Key:

O: Observed new employee; Competency met

V: Policy, Procedure, and Resources reviewed with new employee; Competency met

N: Competency not met; Action Plan needed for new employee on competencies not met (CC/SL to develop)

Self-Reflection / Well-Being

- Preceptors teach self-care best by consistently practicing it themselves.
- Activity: Self-care cards that outline how you will care for yourself in daily practice so that the preceptee can start to build their own well-being plan of care.
 - With Realistic expectations
 - Where is your threshold?
 - Could be before and after your shift, not always at work

Sample

Self Care

1. Physical Practices:
 - Taking a walk, exercise, eating healthy, making sure to take a break
2. Mental/Emotional/Spiritual Practices:
 - Deep breathing, Meditation, Prayer
3. Relationships:
 - Family, friends, coworkers
4. Accountability partner :
 - Preceptor with check ins
 - Friend at work



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