Overview

Preceptors primarily develop their teaching skills on the job. But sometimes it can be challenging for preceptors to apply certain critical skills—either because the skills are new or hard to master.

This tool includes three cheat sheets for critical preceptor skills: Delivering actionable feedback, developing clinical judgment in preceptees, and handing off a preceptee to a new preceptor. You can give these cheat sheets directly to preceptors to support them in-the-moment, and to help them hone these skills over time.

How to use this tool

1. **Review and tailor the cheat sheets**

   Read the cheat sheets on the following pages. Then, tailor the information to reflect your organization’s approach to these skills. Download the editable versions of the cheat sheets from advisory.com/nec/preceptortoolkit.

2. **Print your materials.**

   Print your customized preceptor cheat sheets. You will need one copy per preceptor.

3. **Distribute and introduce cheat sheets.**

   Give preceptors printed copies of the cheat sheets. We recommend distributing the cheat sheets during a preceptor training session. Alternatively, you can place one copy of each cheat sheet directly on each unit for easy reference when preceptors need them. When introducing the cheat sheets, explain their purpose and briefly describe each one.
Preceptor cheat sheets

This tool is designed for preceptors. We highly recommend downloading the editable version from advisory.com/nec/preceptortoolkit. After you tailor the information, hand the entire packet directly to preceptors.

Inside this packet you’ll find three cheat sheets to help preceptors with three skills: effectively delivering actionable feedback, developing clinical judgment in preceptees, and preparing another preceptor to teach your preceptee.

The table below describes each cheat sheet and provides suggestions on when to use them.

<table>
<thead>
<tr>
<th>Cheat sheet 1: Guide to delivering actionable feedback</th>
<th>DESCRIPTION</th>
<th>WHEN TO USE IT</th>
</tr>
</thead>
</table>
| A roadmap for delivering feedback that pinpoints specific improvement opportunities and bolsters your preceptee’s confidence as a clinician | + As a refresher when you take on a new preceptee  
+ Before delivering difficult feedback to your preceptee  
+ Before progress check-ins with your preceptee |

<table>
<thead>
<tr>
<th>Cheat sheet 2: Guide to clinical questioning</th>
<th>DESCRIPTION</th>
<th>WHEN TO USE IT</th>
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</table>
| Sample questions to help your preceptee’s reflect on their own performance and build clinical judgment | + Periodically throughout each preceptee shift  
+ Before debriefing with your preceptee about a specific patient or their shift |

<table>
<thead>
<tr>
<th>Cheat sheet 3: Guide to preceptor-to-preceptor handoff</th>
<th>DESCRIPTION</th>
<th>WHEN TO USE IT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Five questions to answer before handing off your preceptee to a new preceptor</td>
<td>+ Before transitioning a preceptee to a new preceptor</td>
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</tbody>
</table>
Early-career nurses want regular and frequent feedback they can use to improve their skills and become competent clinicians. But if the feedback new nurses receive is too general, they may not know how to act on it. If the feedback they receive is too critical, they may feel overwhelmed, frustrated, and lose their confidence.

Use the four-step process below to deliver feedback to your preceptee in a way that pinpoints specific improvement opportunities while also bolstering their confidence as new clinicians.

### Guide to delivering actionable feedback

<table>
<thead>
<tr>
<th>THINK ABOUT</th>
<th>EXAMPLE</th>
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</table>
| **1** Reinforce strengths | What did the nurse do well?  
Share specific examples of what the nurse did well to build confidence and reinforce good practices. | You clearly explained the steps of the urinary catheter insertion procedure to the patient before you began. I noticed that your teaching style really put the patient at ease. |
| **2** Pinpoint improvement opportunity | What skill or behavior can the nurse improve?  
Share specific examples of what you have observed. | When you inserted the catheter, you seemed nervous and a little flustered. I noticed that you accidentally bumped your hand and broke the sterile field. I stopped you in the moment so that you could begin the insertion process over again. |
| **3** Highlight the impact | How can improvement in this area have an impact on patient care?  
Describe how improving this skill or behavior can have a positive impact on safety or patient care. | Catheter-associated urinary tract infections (CAUTIs) are preventable. By following every step of the urinary catheter insertion protocol every time, we can prevent CAUTIs on our unit, improve patient outcomes, and help increase reliability at our organization. |
| **4** Provide clear guidance | How can this nurse change the behavior to improve?  
Explain the steps the nurse should take to improve. Include your own tips and tricks | Be sure to follow every step of the urinary catheter insertion protocol, including washing your hands, cleansing the area fully, and keeping the sterile field intact. If you accidentally contaminate your hand, do not continue with the procedure. You should start over with a new catheter. And you can always ask for help if you need it. |

On the next page are common reactions to feedback and tips to keep the conversation on track.
Individuals respond to critical feedback in different ways. This table lists common reactions to constructive feedback and the approaches you can take to ensure the conversation stays on track.

<table>
<thead>
<tr>
<th>If the preceptee becomes a(n)...</th>
<th>The preceptee says...</th>
<th>You can help by becoming a(n)...</th>
<th>You say...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Apologizer</strong></td>
<td>Jumps to confession before hearing the message</td>
<td>I’m so sorry I made a mistake—I know I can do better!</td>
<td>Clarifier Verify the nurse understands exactly where they went wrong and is committed to improving</td>
</tr>
<tr>
<td><strong>Denier</strong></td>
<td>Argues with the importance of the feedback</td>
<td>Some steps of the protocol seem unnecessary.</td>
<td>Investigator Provide well-researched account of events</td>
</tr>
<tr>
<td><strong>Tear-jerker</strong></td>
<td>Responds emotionally and struggles to articulate thoughts</td>
<td>I try so hard—I don’t know what happened—I’m just so upset.</td>
<td>Calmer Show empathy and responsiveness to the emotions, and calmly keep to your message</td>
</tr>
<tr>
<td><strong>Blame-shifter</strong></td>
<td>Points finger to avoid accountability</td>
<td>It’s his fault.</td>
<td>Reflector Force individual accountability for his or her role</td>
</tr>
<tr>
<td><strong>Avoider</strong></td>
<td>Shuts down and avoids eye contact</td>
<td>Oh... I see... sure...</td>
<td>Engager Pause your comments and ask neutrally phrased questions to encourage engagement</td>
</tr>
<tr>
<td><strong>Subject-changer</strong></td>
<td>Distracts with a different topic of discussion</td>
<td>So, how’s your family?</td>
<td>Driver Refuse to engage in a tangent</td>
</tr>
<tr>
<td><strong>Rationalizer</strong></td>
<td>Offers excuses to justify the behavior</td>
<td>I don’t have time to follow every step of the protocol. The next patient needs me to come quickly.</td>
<td>Juror Uphold correct behavior in spite of rationale</td>
</tr>
<tr>
<td><strong>Score-keeper</strong></td>
<td>Keeps a running list of peers’ practices</td>
<td>Everyone else skips steps, so why can’t I?</td>
<td>Score-settler Shift focus back to his or her behavior</td>
</tr>
</tbody>
</table>
As a preceptor, it’s important to help new graduates build clinical judgment. The most effective way to develop this skill is to help new graduates come to their own conclusions, rather than providing a direct answer. You can do this by using a technique called clinical questioning.

There are four types of clinical questions: noticing, interpreting, responding, and reflecting. Use the example questions below when you’re precepting a new graduate.

<table>
<thead>
<tr>
<th>TYPE OF QUESTION</th>
<th>WHEN TO USE IT</th>
<th>EXAMPLE</th>
</tr>
</thead>
</table>
| **Noticing**     | + To guide a new graduate through a patient assessment | + Tell me about your patient(s).  
+ To determine additional information they need to know (or find out) about a new patient |
| **Interpreting** | + To follow up on “noticing” questions listed above | + What do you need to know more about before we get started?  
+ What’s most important to do? What can wait?  
+ What response will you expect from your patient after [intervention]? What could it mean if you didn’t see the reaction you were expecting?  
+ Which of your patients do you need to see first? Last? |
| **Responding**   | + To follow up on “noticing and interpreting” questions listed above | + Talk me through the steps we are about to do.  
+ What supplies will you need for this activity?  
+ What interventions do you need help with?  
+ What skills do you need to practice so you can perform the steps safely? |
| **Reflecting**   | + To debrief on tasks, particularly in follow-up to any important events during their shifts (e.g., rapid responses, near misses, adverse events) | + What went well?  
+ What would you do differently?  
+ How did the patient respond to your intervention(s)?  
+ Did that surprise you? If yes, how would you change your plan?  
+ What difference would it make to your plan if your patient also had [recent surgery, allergy to latex, diabetes]? |
CHEAT SHEET 03

Guide to preceptor-to-preceptor handoff

Use this cheat sheet to identify and communicate the information a new preceptor needs to know about your preceptee. You can either fill out this worksheet and give it to the new preceptor, or use the questions here as a conversation guide.

<table>
<thead>
<tr>
<th>Orientee name:</th>
<th>Current preceptor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weeks of training completed:</td>
<td>New preceptor:</td>
</tr>
</tbody>
</table>

In the table below, write the competencies or skills you would like your preceptee to focus on with their new preceptor. You might suggest a competency or skill for various reasons. For example, your preceptee may be struggling with a specific skill or your preceptee may be on a roll with it and needs a few more repetitions to cement it.

Then, use the following scale to rate the preceptee’s ability to perform each of the skills independently.

1. Unable to perform the competency or skill
2. Requires significant assistance from preceptor
3. Requires minimal assistance from preceptor
4. Performs competency or skill independently
N/O. Preceptor has not observed preceptee perform the competency or skill

<table>
<thead>
<tr>
<th>Competency or skill</th>
<th>Degree of independent practice</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1    2    3    4    N/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1    2    3    4    N/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1    2    3    4    N/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1    2    3    4    N/O</td>
<td></td>
</tr>
</tbody>
</table>
Complete the questions below about your preceptee. Alternatively, use the questions here as a conversation guide.

What are the preceptee's areas of strength?

What are the preceptee's areas of development?

Examples: Near misses, adverse events, rapid responses, violence against them or other clinicians on their unit, or any other event that may affect their practice in the future.

What are the preceptee's areas of development?

Examples: How they respond to feedback; their current level of engagement; their previous nursing experience, if applicable; any notable interactions with medical or other staff; their current level of independence and confidence.
Available resources

In recent years, the Nursing Executive Center has developed many resources on engaging and retaining new-graduate nurses. Select resources are described below. All resources are available in unlimited quantities through the Nursing Executive Center on advisory.com/nec.

The Experience-Complexity Gap
Best practices for delivering high-quality care with a more novice workforce
+ Fiercely scope weeks 1–12 of new graduate transition
+ Ensure preceptors teach new nurses the right way every time
+ Redistribute nurse experience to where it’s needed most across the organization
+ Differentiate practice for competent, proficient, and expert nurses

First Year Nurse Retention Toolkit
Three strategies to fast-track professional growth and loyalty
+ Help new nurses gain confidence and a sense of accomplishment
+ Provide emotional and social support to help new nurses cope with the demands of the job
+ Tap into the ambition, energy, and creativity of first-year nurses and help them envision a career path at your organization

Bridging the Preparation-Practice Gap, Volumes I and II
Quantify new-graduate nurse improvement needs and accelerate practice readiness

Volume 1
+ Comparison of nursing school training and new-graduate performance

Volume 2
+ Targeted clinical rotations
+ Expert clinical instruction
+ Exceptional student experiences

The Critical Thinking Toolkit
Sixteen tools to enhance bedside nursing performance by building critical thinking
16 targeted exercises to enhance bedside nurse performance on five core components of critical thinking.
+ Problem recognition
+ Clinical decision-making
+ Prioritization
+ Clinical implementation
+ Reflection
About the Nursing Executive Center

Nurse executives lead their organization in shaping new strategies, transforming the clinical workforce, improving patient outcomes, delivering cost savings, and managing countless regulatory requirements—all while navigating a host of new challenges like new customer demands, competitors, evaporating margins, high turnover, unprecedented stress, and workplace violence.

Our member CNOs tell us one of their biggest difficulties in overcoming these challenges is bridging the gap between strategy and execution. On one side, some try to just go it alone—and struggle to pick the right solutions for their organization. On the other, cost-prohibitive consulting results in disenfranchised staff, unsustainable results, and low ROI. We fill the need in between by providing multiple levels of support backed by 40 years of best practice research trusted by 1,800 health care organizations. Find out how we help CNOs and nurse leaders drive strategy and get quicker results through customizable, vetted solutions.

Learn more about membership at advisory.com/nec

Want to speak with one our experts about how to more effectively support and develop your preceptors? Contact us at programinquiries@advisory.com
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Program leadership
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Katherine Virkstis, ND

Designer
Stefanie Kuchta

Sources
Page 5: Tanner CA, “Thinking Like a Nurse: A Research-Based Model of Clinical Judgment in Nursing,” Journal of Nursing Education, 15, 45, no. 6 (2006): 204-211; Indiana University Health Methodist and University Hospitals, Indianapolis, IN, USA.
Page 6 + 7: Indiana University Health Methodist and University Hospitals, Indianapolis, IN, USA.
Nursing Executive Center research and analysis.

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