

# Enhancing the Preceptor Experience: Building and Supporting Our Bedside Leaders

## Post-Webinar Q&A

### **How do you prevent preceptor burnout?**

- We try to provide the most accurate information and a vast amount of resources. We also try to really value our preceptors and make them feel appreciated.

### **For Raleigh, how do you balance preceptors being able to attend your various classes with staffing needs? Were there any challenges getting leader buy in and if so, how do you overcome them?**

- We ask the preceptors to attend classes when they are not on shifts. They are 3-hour classes, so it does not put our 36-hour employees into overtime. We also offer the introductory course as a virtual option to be easier for our staff.

### **If organizations could only do one thing for preceptor programs, what should that be?**

- Recognition and appreciation.

### **How is preceptor engagement? Are the programs and initiatives you mentioned all mandatory? How is time allocated for this?**

- Our program is not mandatory. The classes and the additional learning tools are all optional, but they do not qualify for the differential without remaining up to date on their class. We require the class every two years.

### **Raleigh, having the preceptor categories do they ever get “offended” by the category they’re put in based on skills or is it truly based on months/years of experience?**

- I do not think it is seen as “offensive.” The categories are mostly based on years of experience, not necessarily “skill base.” It's based off of the novice to expert model, our newer preceptors are “advanced beginners” and while they are not strong in the sense of teaching big picture, critical thinking they are strong at teaching the basics. My motto is you don't need to be an expert to be a great preceptor.

### **CHOC — do you have examples of what questions are asked during the “pulse checks” and on preceptor evaluations?**

- “How is precepting going?”
- “How would you rate your precepting experience?”
- “Do you feel adequately supported as a preceptor?”
- “Are there any additional resources you need to be a more effected preceptor?”

**Do these preceptor programs extend to your outpatient services like primary care and urgent care clinics?**

- At this time, we do not cover outpatient and primary care, but they are all welcome to the classes and resources. I just do not oversee them.

**Regarding preceptor differential, is that available to clinical preceptors (those with direct patient care responsibilities) or nonclinical roles as well?**

- We have a vast amount of job codes that qualify for the differential. It can be RNs, respiratory therapists, nursing assistants, unit secretaries, techs etc.

**Do you have any sort of system in place to match preceptor teaching styles with learning styles or personality matching etc.?**

- We match preceptors based on experience with the novice to expert model. The newer preceptors pair in the beginning of residency. Then the experienced preceptors pair at the end of residency.

**What kind of matching tools do you use?**

- We use the preceptor rainbow. [Attached.]

**Do you have a clinical ladder that nurses climb that gives differentials in addition to the preceptor diffs?**

- We do use a clinical ladder, the clinical ladder qualifiers utilizes preceptors quite a bit. There are many things that can be used, for example precepting students counts as one, precepting new hires, or being a super user for residency classes. Precepting can be used multiple times as points.

<b>Red Nurses (Student Nurses/TIPP Students only)</b> -6 mon- 2 Years Experience - Preferred 1-2 Years Experience	<b>Yellow Nurses (RNRs weeks 1-7)</b> -2-3 Years Experience Competent nurse with strong foundation, safe practices, and sees the bigger picture -Approval from unit leadership -Taken the preceptor class	<b>Green Nurses (RNRs weeks 8-11 )</b> -Preferably 3-5 Years Experience -Proficient nurse with the skills to: evaluate efficiently, initiate autonomy, and promote critical thinking -Approval from unit leadership	<b>Blue Nurses (RNRs weeks 12-17)</b> -Preferably 5+ Years Experience -Expert nurse with clinical expertise, global perspective of patient care and the organization, and role models leadership -Approval from unit leadership
Days	Days	Days	Days
Nights	Nights	Nights	Nights