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Preceptor Guide for Ambulatory Care Nursing

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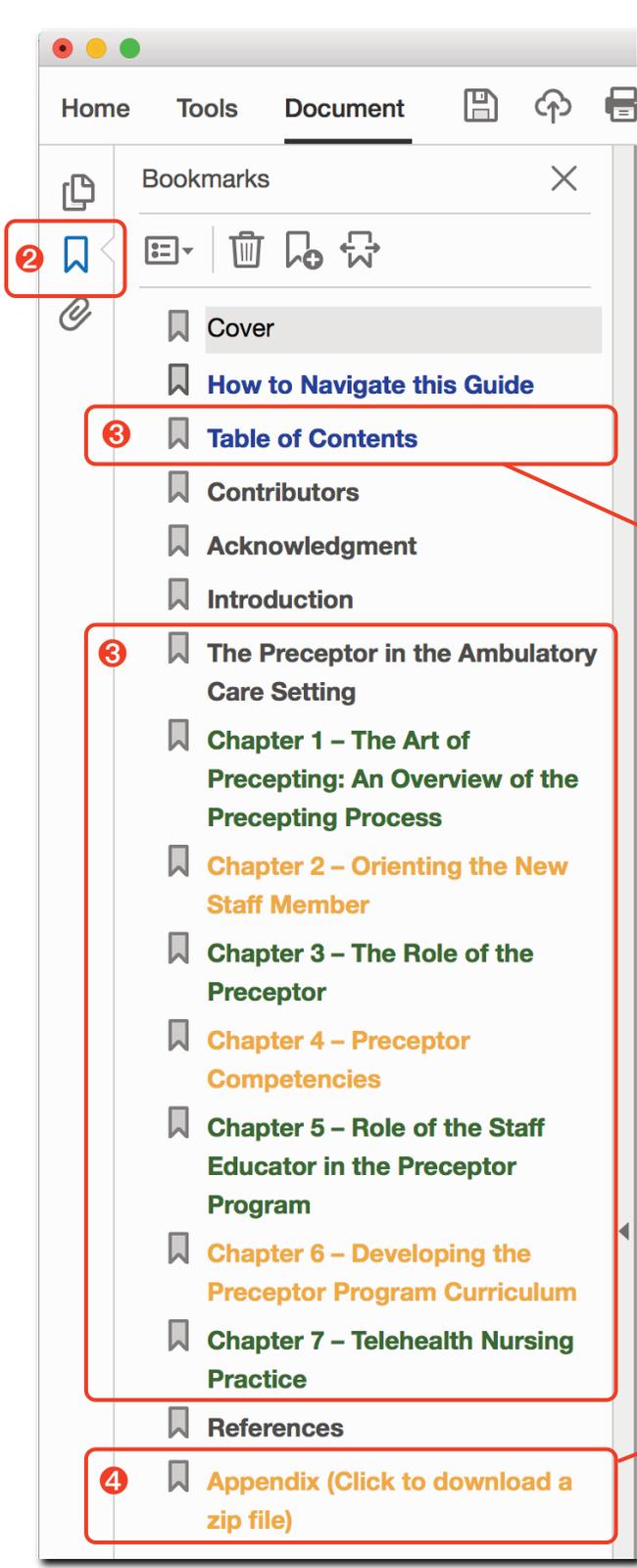
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The AAACN Staff Education Special Interest Group wanted to build a tool that would assist ambulatory care nurses in translating the *Ambulatory Care Nursing Orientation and Competency Assessment Guide* into practice. They also identified that there were not many written guides for developing an Ambulatory Care Preceptor Program. From these two ideas came the *Preceptor Guide for Ambulatory Care Nursing.*

Many expert nurses contributed to the project. Wanda Mayo chaired the project and recruited chapter authors and reviewers. It is important to note each nurse author volunteered her spare time to the development of each chapter's content.

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Introduction

Teaching is challenging regardless of the setting. The health care continuum is complex, dynamic in nature and multilayered. "Ambulatory health care systems and resources continue to evolve over time to meet the challenging medical environment and demands placed upon it. The ambulatory care educator requires an ongoing and progressive shift in thinking, practice, and competence. Initiating, leading and responding to health care challenges through the acquisition of knowledge and development of systems, processes, and skill sets are fundamental nursing attributes consistently demonstrated throughout its history" (American Academy of Ambulatory Care Nursing [AAACN], 2017a, p. 109). This 21st century health care arena requires nurses to stay engaged and up to date on advances, trends, legislative changes and standards of care that affects nursing practice. "The role of the professional nurse in ambulatory care arena is unique in its care, approach, and setting. Therefore, when orienting a nurse to the ambulatory care setting, it is important to stress the distinctive qualities of the role the ambulatory care nurse performs" (AAACN, 2017b, p. 5). Preceptors are experienced nurses who have made a commitment to facilitate the on-boarding of new employees. The Preceptor is part of the educational triad: Educator, Preceptor, and Learner. The Preceptor's value is priceless. Each Preceptor provides a link for the student, Orientee, and experienced staff member to the organization, policies and procedures, standards of care and to the patient.

Every organization has different terms for the roles involved in the Preceptor process. The following are those used within this document:

Definitions:
- Preceptor: Member of the health care team who translates knowledge into pathways or mechanisms which the new Learner can understand and apply in the clinical setting (Ulrich, 2012; xxv).
- Orientee: New employee to an organization and work unit who may also be an experienced staff member beginning their role within a new work unit or environment. He or she may also be a student. For the purposes of this document, Orientee and preceptee are interchangeable.
- Educator: Nurse leader who facilitates the process of learning by assessing learning, identifying methods that can adapt to individuals to provide feedback and reinforcement of learning as well as evaluating the program of learning (Bastable, 2014).

The Preceptor in the Ambulatory Care Setting

Ambulatory care represents diversity; it encompasses all patient care settings outside of an inpatient environment. The ambulatory care umbrella includes a multitude of unique, specialized care settings identified to provide care that meets patient care needs (see Table 1). Ambulatory care nursing is challenging, highly specialized, and captures the beauty of nursing as it helps patients learn to live with complex issues within the community. There are different venues to showcase the uniqueness of this specialty.

Ambulatory care is characterized by short encounters, within a focused setting. The encounters can include face to face, telephonic or remote engagements. The ambulatory care Preceptor works closely with the ambulatory care Educator to provide input into the learning process. The Preceptor shares the uniqueness of their setting with the Educator and organizational management team. This sharing of knowledge builds a learning environment that is conducive to meeting the needs of the Learner. The Preceptor is the nurse who educates students, novice nurses, experienced nurses, peers, co-professionals and non-licensed staff. In a teachable moment the individual Preceptor must exemplify flexibility and creativity. The techniques the Preceptor uses to engage the Learner directly influences the Learner's receptivity.

To create the right experience using the right educational tools the Preceptor must have a clear understanding of the clinical, legal and organizational environment in which they function to deliver the right outcome. Preceptors represent the essential link between what nurses are taught and what they do, and between what nurses know and what they need to know (Ulrich, 2012).

This guide is designed to assist in the development of a Preceptor program and provides information and tools that can be quickly accessed within the work environment as well as insight into the role of the Preceptor.

Table 1.
Ambulatory Care Nurse Settings

Schools	Physician Offices
Infusion Centers	Community Health Centers
Occupational Health	Home Health Agencies
Correctional Facility	Hospital-based Outpatient Clinics
Specialty Labs	Free-standing Clinics
Dialysis Centers	Urgent Care Centers
Hospice	Call Centers
Managed Care Organizations	Surgical Centers

Chapter 1.
The Art of Precepting: An Overview of the Precepting Process

This chapter introduces the ambulatory care Preceptor role in relation to the precepting process; the importance of maintaining competence for both the Preceptor and the Learner; the influence of organizational support and the benefits of being a Preceptor.

Objectives
1. Define precepting process.
2. Discuss the role of the Preceptor in ambulatory care.
3. Explain the role of organizational support for the Preceptor.

The Precepting Process

The precepting process is time intensive and involves the transference of knowledge from one individual to another. The Preceptor translates knowledge into pathways or mechanisms which the Orientee can understand and apply in the clinical setting. The Preceptor and the Learner relationship is usually a one-to-one relationship.

The Preceptor's role is so complex and essential that it is important to know that every nurse who assumes this role should be trained appropriately. Experience alone does not make a good Preceptor. Due to longevity in a role and experience it becomes an expectation the experienced nurse assumes the role of precepting. This presumption can lead to nurses assuming a role for which they may not be compatible or have the needed competency. Creating a relationship between Learners with a nurse who does not desire to teach can lead to disastrous outcomes for the Learner, the Preceptor, the organization as well as the patient. For this reason, it is beneficial to all parties involved that the Preceptor is provided with a structured educational program that explains the Preceptor's role. The Preceptor's role is so diverse and pivotal in the educational learning plan that it is crucial that there is adequate preparation for the Preceptor role and support as they fulfill the role (Zahner, Tipple, Rather, & Schendzielos, 2009). Organizational support is instrumental in developing the experienced nurse as a Preceptor. Due to the inherent differences in the ambulatory and inpatient care setting these differences should be well explored to help the Preceptor appreciate the uniqueness of the environment in which they work. This education will help them assist the new employee, student, or transferring nurse in learning what they can expect when they enter the new ambulatory care arena.

The Preceptor is an individual who should be well versed in the tools used to assess the adult Learner; be knowledgeable of the learning domains, have strong listening skills and be a good communicator. According to Delfino, Williams, Wegener, and Home (2014), the effective Preceptor is "one who embraces the role of socializer, protector, Educator, and evaluator of the nurse who is making the transition into a new work environment" (p. 122). Preceptors help to connect the dots. They live at the intersections of education and practice. Preceptors tie the past into the present and they help to prepare you for the future. They practice at the point where theoretical learning meets reality and where the

gap between current and needed knowledge and expertise are filled (Ulrich, 2012). The Preceptor's role is multifaceted and highly complex. It is a primary role of the Preceptor to teach clinical skills and assess critical thinking. The Preceptor is instrumental in guiding clinical learning to meet course objectives, expectations and role requirements. The Preceptor is an individual who interpret policies and procedures, and nursing standards of care within the learning opportunity. The Preceptor works closely with the clinical Educator and manager to help ensure a successful outcome for the Orientee. A working relationship between the clinical Educator and experienced nurse is essential in ensuring the Preceptor is properly equipped to assume the precepting role.

Preceptor Competency

Due to the diverse and complex nature of the Preceptor role, it is critical the clinician continues to increase personal knowledge base and seek out opportunities that will expand the knowledge of the clinician and expertise as a teacher. The competence level of the Preceptor can significantly impact the Orientee viewpoint of the organization, the nursing profession and their level of readiness to meet the position's requirements. For this reason it is necessary that the Preceptor be well prepared to meet the challenges embedded within the role.

Nurses who take on the role as Preceptor must demonstrate themselves as being a leader and competent nurse. This competence is expressed through the demonstration of strong critical thinking and clinical skills. The Preceptor should be resourceful and knowledgeable of the influences that affect nursing practice and patient care outcomes. It is helpful if the Preceptor can adapt in a variety of settings. The Preceptor should possess good teaching skills that reflect good teaching-learning strategies. The Preceptor is responsible for maintaining competence as the role evolves. Standards of care, policies and procedures, and accreditation guidelines impact the professional nurse. The Preceptor should have a mechanism in place to stay up to date on changes to policies and practice standards.

The depth and scope of professional responsibility placed on Nurse Preceptors for orientation of new members of the nursing staff and for assisting in the development of nursing students from a variety of nursing education programs are considerable. There are many instances where nurses are put into the position of precepting for which they are ill prepared. The nurse may have little or no support. The Preceptor requires training to be effective and ongoing education to remain a positive influence.

Resources such as time to effectively interface with the Orientee, continuing nurse education opportunities, and personal recognition can create an environment that promotes the collegiality needed for a successful Preceptor Orientee relationship. Financial remuneration for the Preceptor is a nice benefit, if available, but personal satisfaction of building professional relationships and mentoring new staff or students can be rewarding.

Working as a Preceptor is not something the nurse can walk into immediately, without training, and perform the duties successfully. It takes heart, commitment, knowledge, and a willingness to share.

Organizational Support

Preceptors are invaluable to an organization. The hiring process is designed to employ the most qualified individual to fulfill a position within the organization. This process can be lengthy as human resource representatives interview potential employees prior to submitting their names to the manager. The candidates are interviewed by the manager, peers, and other key employees who will interact with the employee, as deemed appropriate by the organization. Hiring the right candidate is the first step in filling a position and building a strong clinical team. Staff time invested in the hiring process translates into an expense for the organization before the nurse begins working on a unit. Once the nurse is hired it is important the new employee is trained adequately to meet the demands of the position.

The role of the Preceptor adds value within the organization and has a direct effect on retention and job satisfaction (Bowen, Fox, & Burridge, 2012). The more complete the orientation program is the more likely the employee or student will have a satisfactory experience. The Learner is able to grasp principles and to apply them effectively to ensure patient safety and provide quality care which leads to improved patient care outcomes. The Preceptor willingly commits time, talent, and experience to guide and support new or less experienced nurses. The Preceptor contributes to the facility's recruitment and retention efforts. When leadership supports the Preceptor program; they are investing in the future of the organization.

To maintain nurses in the role of Preceptor, it is necessary for support, acknowledgment, and guidance to keep this role viable (Paton, 2010). If Preceptors do not receive feedback from their supervisor or management they become disengaged with the process. By having regular contact with Preceptors coaching, positive feedback, and problem solving can be continually addressed.

Benefits of Precepting

There are inherent benefits incorporated into the role of the Preceptor such as peers and leadership acknowledgment of clinical expertise, skills, teaching abilities, and professionalism. The Preceptor can influence the quality of nursing practice. Preceptors are more likely to continue and commit to the role when they believe that the rewards are personally meaningful or professionally beneficial (Sandau & Halm, 2011). Some of the highest ranked rewards amongst Preceptors are continuing education opportunities and an appreciation day. As part of the educational triad, the Educators provide critical support to the Preceptors.

Chapter 2.
Orienting the New Staff Member

Orientation is the organization's primary tool for effectively building competent staff that understands the goals of the organization and their role in helping to achieve those goals. The new employee should have an organizational overview during general orientation.

An organization provides a general orientation program that is not only necessary but worthwhile for effective on-boarding and retention of staff. The American Academy of Ambulatory Care Nurses (AAACN, 2017) *Ambulatory Care Nursing Orientation and Competency Assessment Guide* provides an in-depth resource for development of an effective orientation program. This chapter will provide an overview as it applies to the precepting of the new employee.

Objectives
1. Define key components of an orientation program.
2. Identify how the Preceptor develops a plan specific to the Orientee.
3. Describe resources used to manage issues.

General Orientation
- Mission, Vision, and Values
- Organizational policies and procedures
- Job descriptions
- Evaluation and feedback expectations
- Professional expectations
- Compliance requirements
- Safety and environment of care issues
- Specific skill training such as computer for electronic medical records

Departmental Orientation
- Assessment of core skills required for competent care in the department
- Essential job duties
- Policies/guidelines related to patient care,
- Infection control, emergency response, point of care testing
- Team organizational chart/introductions
- Quality Improvement initiatives
- Resources

Competency Assessment

An assessment of competency starts during the hiring process when the candidate's education and experience are matched to the job description. Preceptors need to be familiar with the job description of the position they are orienting and must make sure that the Learner understands their new role fully. Patients expect to receive competent care from health care professionals. Regulatory agencies play a role in assuring the public that this will occur. Through knowledge of regulatory requirements, sensitivity to cost-efficient methods, use of evidence-based practice and awareness of the nursing skills needed in their ambulatory care setting, clinical Educators and Preceptors play a significant role in facilitating the competent care that patients expect and deserve.

The orientation process includes direct observation, skill demonstration labs, and testing to assure the staff is competent in their ability to care for patients. Competency assessment is a tool that measures if clinical staff is able function in a safe, effective and efficient manner that delivers quality care. Competency assessment encompasses critical thinking, technical skills and interpersonal skills. Competency assessment for practice in the Learner's specific area may take different forms. Many organizations use a skills checklist to cover the basics that are needed for safe patient care. These checklists often include a section on "self-assessment" where the Learner can indicate their familiarity with certain concepts or skills. While the Preceptor remains accountable for verifying this knowledge, it can be helpful in expediting learning for experienced new staff. In addition to this skills checklist, organizations often have specific competencies that are pertinent only in certain specialty practices or to certain groups of nurses.

All staff or personnel that provide care to a patient should demonstrate they are capable of providing care for patients according to established standards, guidelines, and policies.

The Educator and Preceptor will look at the employees self-reported knowledge level and assess the ability to perform procedures and work to remediate any deficits that are identified. Competency evaluation utilizes a variety of tools:

- Case studies
- Exemplars
- Return demonstrations
- Simulations
- Participation in mock events
- Preparing and giving a presentation on topic (e.g., in-service, poster, or how-to-guide)

In her book "The Ultimate Guide to Competency Assessment," Donna Wright (2005) recommends three key elements in meaningful competency assessment:

1. Identify competencies collaboratively with leadership, Educators, and staff.
2. Keep employees at the center of the competency process. They are accountable for their own competency evaluation.
3. Leaders create an environment for success by supporting staff in their decisions about competency assessment.

However, this has not been the traditional approach to competency assessment, and many facilities will use a more top-down approach where competencies are created by Educators and leaders.

A competency assessment plan is developed and determined by the needs and expectations for the position in the organization. Competencies and evaluations are often developed by an Educator using cognitive theory and adult learning principles with research of required procedures or instructions on new equipment. Best practices and evidence based care should be explored and included as appropriate. Competencies can be shared among different areas of health care with minor adjustments to relate to areas of specialty in ambulatory care settings. For an Educator or Preceptor to be able to perform an evaluation of a competency on others, they are required to learn and perform the task or be proficient in the use of the new equipment. An alternative is to utilize a qualified Preceptor or staff member to complete and document the competency.

While the department determines the competencies that are needed to be effective in the position; the Preceptor must begin by identifying what skills the new employee is to perform that are not already present. Many skills transition to the ambulatory care setting, however there are many with which the nurse may not be familiar.

Ambulatory care specific examples:

- Telephone encounter management
- Scope of practice issues when workload is distributed among the team of registered nurse (RN), licensed practical nurse (LPN), and unlicensed assistive personnel (UAP)
- Organizational chart for the clinic and where to take concerns
- Physician/provider schedules dictate clinic routines and workflow.
- Patient care treatment plans are patient managed with nurse input through implementation of physician /provider order and/or care coordination.

Training Plan Development

With specific competencies identified, the Educator and /or Preceptor can begin to develop a training plan collaboratively with the Orientee. That plan may include:

- Identify skill set needed for clinical practice and form a list.
- Obtain a baseline self-assessment of competence from the Orientee.
- Identify the Orientee's learning style (visual, verbal, kinesthetic, auditory).
- Provide education.
- Validate, through observed demonstration, those skills nurse has defined as competent.
- Develop training plan to address knowledge deficits.
- Remediate as needed.
- Reassess at identified intervals.

Tools You Can Use: Orientation Checklist (see Appendix 1)

Chapter 3.
The Role of the Preceptor

Alspach (2000) suggests there are three major roles of the Preceptor: Role model, Socializer, and Educator. Preceptors are most often comfortable being role models, demonstrating the high level of care they provide and showing by example how they effectively communicate with others. Socializer may be a bit more challenging role for some who don't view themselves as outgoing or social leaders in their work setting. Many references in current literature point out, however, that it is essential for the new nurse to feel a part of the culture of the clinical setting, to have friends at work, to feel included and to feel trusted. One study found that 30-50% of new nurses leave their position within the first year (Hillman & Foster, 2011) and another found that reasons for leaving included feeling incompetent, unable to set priorities, feeling intimidated, not welcomed and not respected (Casey, Fink, Krugman, & Propst, 2004). The Educator role can also be challenging for the Preceptor in evaluating the best way to present information to the Learner, how to maintain patient safety and provide a correct knowledge base for the Learner, and how to provide feedback in a constructive and supportive manner.

Objectives
1. Describe the roles of the Preceptor.
2. Define how each role is integral to effective precepting.
3. Discuss selection of the Preceptor candidate.
4. Explain the training and support needs of the Preceptor including:
   a. Use of inquiry
   b. Evidence-based practice (EBP) research
   c. Work-life balance
   d. Lateral violence

Preceptor Role
The role of the Preceptor includes a wide variety of skills and techniques. In the beginning, the teacher role is dominant; this should evolve into a coach or facilitator role. The Preceptor is always a role model and evaluator providing feedback on performance in a collaborative manner while continually demonstrating professionalism in practice. As a socializing agent, the Preceptor assists the Orientee to feel acceptance and becomes a part of the team. Excellent communication skills are needed to effect the transition from novice to competent and expert. The Preceptor should act as a change agent, assessing evidence based practices information, exploring best practices, and leading clinical process improvement initiatives (see Table 2).

<div align="center">
Table 2.
Preceptor's Role
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Teacher	Socialization Agent	Leadership
Facilitator	Coach	Staff Development
Evaluator	Change Agent	Process Improvement
Role Model	Communicator	Champion for EBP
Conflict Mediator	Regulatory Compliance	

Source: Ulrich, 2012

Communicator Role

Communication is the core of all we do in health care and it is critical that the Preceptor use and role model appropriate communication techniques with patients, families, and all types of colleagues from housekeeping staff to medical assistants and schedulers to senior attending physicians. Role modeling is the perfect method for teaching communication. The Preceptor can start with self-reflection, thinking back on his or her role models when it came to effective communication. Think about the reasons that person is such a successful communicator. This is an excellent topic for discussion at a learning workshop for Preceptors. These skills are what make communication an art.

Clearly communicating the message is crucial in any health care setting, yet it is full of barriers and pitfalls. Lack of time, resistance to change, intimidation or mistrust, making assumptions or lack of knowledge can all lead to communication errors which can be disastrous for safe patient care. These barriers may be removed by utilizing the following skills (Ulrich, 2012):

- Intention: The Preceptor will need to communicate authentically, acting with the clear intention of contributing to the Orientee success.
- Trust: Creating a trusting environment by listening carefully to the Orientee and their rationale and concerns. Keeping judgment out of the conversation and seeking to understand from the other's perspective.
- Advocacy: Seeking to support the Orientee, convincing others there needs to be an open dialogue.
- Inquiry: Using open questioning format to understand thinking and rationale, not jumping to conclusions.
- Silence: Reflecting on the experience without giving interpretation. This provokes the Orientee to voice his or her thoughts and actions.

Clinical Process Improvement Role

Orientees need to be aware of process improvement projects that are in place on the clinic. They can observe and learn the process. Part of the professional nurse's responsibility is to continuously re-evaluate his or her practice and participate in making changes to practice that improve patient care outcomes. Process improvement follows the same principles as the nursing process but uses a slightly different format. Process improvement is defined as systematic analysis of the structure, processes and outcomes within systems for the purpose of improving the delivery of care (AAACN, 2013).

Steps in Process Improvement:
1. Set aims – define the problem.
2. Establish measures – determine that the change is a needed improvement through benchmark with similar institutions.
3. Select changes – identify actions that will bring about desired improvements.
4. Utilize Plan, Do, Study, Act cycle for testing the change.
5. Implement – pilot the new change.
6. Spread the change – share the new process wherever it is needed.

Coaching Role

Coaching is moving the Orientee from the doing/telling phase of practice to a more collaborative relationship. The Orientee is independently "doing" and Preceptor is providing coaching through questioning and prompting. As the nurse develops confidence and independence the Preceptor moves into a coaching role. Coaches are a trusted and supportive colleague who can ask the questions that would help the developing nurse to reflect on their practice and identify needed solutions to problems. This method of continuing staff development can increase collegiality (Nelson et al., 2004).

Tools You Can Use: Questions for Reflective Practice (see Appendix 2)

Principled Provider: Ethics Role

"Nursing is a profession that has its own code of conduct, its own philosophic views, and its own place in the health care team. Nurses work under their own license. Nurses are completely responsible for their work" (Katz, 2007, p. 105). Preceptors are to role-model ethical behavior that demonstrates the values of nursing practice within the organization. Resources that support ethical practice include state Nurse Practice Acts and national and specialty standards which include but not limited to:
- American Nurses Association (ANA) Code of Ethics
- ANA Nursing's Social Policy Statement
- ANA Bill of Rights for RNs
- ANA Scope and Standards of Practice
- ANA Principles of Delegation
- ANA Principles of Documentation

- ANA Utilization Guide for the Principles of Nurse Staffing
- AAACN Scope and Standards of Practice for Professional Ambulatory Care
- AAACN Scope and Standards of Practice for Professional Telehealth Nursing.

Tools You Can Use: Ethical Principles (see Appendices 3a-d)

Leadership Role

Part of the role of the Preceptor is to model and teach leadership behaviors. This starts with recognition of the stage of development of the Learner. According to Benner's Novice to Expert model (Benner, 1984) the nurse goes through five levels of proficiency as they develop in their career. While many of our ambulatory care nurses come with some experience, they are often making the challenging transition from inpatient care to ambulatory care, which in effect, is somewhat like beginning at the Advanced Beginner stage again, even if they were at the Expert level in their inpatient role. It is important that the Preceptor be respectful of the knowledge and skills the new nurse brings while still offering support and guidance in new ambulatory care roles. Swan (2007) proposed there are several key areas in ambulatory care that may require additional preparation and practice to become proficient or expert. Some examples include:

- Organization of care: Patient encounters are brief and may occur in person or over the phone.
- Screening and referral processes: New knowledge will be required regarding community resources for needed services.
- Triage, assessment, and disposition: Often the most difficult art and skill for a new ambulatory care nurse to learn is triage. Assessing a patient over the phone and determining the correct disposition for that patient can be very stressful. It requires excellent critical thinking skills and clinical judgment.
- Decision making and priority setting: Importance of family involvement in decision-making and knowledge of the patient's home environment and resources is magnified in ambulatory care.
- Advocacy and health system management: Many ambulatory care settings have limited access to social work resources and nurses need to learn to coordinate the interprofessional team and manage resources more independently than they may have done before.

Tools You Can Use: From Novice to Expert (see Appendix 4)

Use of Inquiry, Research, and Evidence-Based Practice

According to Gawlinski and Miller (2011), "research is one of the most powerful tools for advancing the science of nursing and improving the quality of patient care" (p.190). Evidence-based practice (EBP) is the "integration of the best research evidence with clinical expertise and patient values to facilitate clinical decision making" (Roe & Whyte-Marshall, 2012, p.177). EBP should be the basis for all clinical practice standards including policies, practice guidelines, protocols, decisions algorithms, and orientation checklists. Preceptors are not only responsible for assuring that the nursing practice they teach is based on scientific research and the best available evidence (Dearholt, White, Newhouse, Pugh, & Poe, 2008), they are responsible to encourage active inquiry and engagement in those they mentor. This is accomplished through activities that assist the Learner in thinking critically about their clinical practice and by encouraging them to continually ask if their practice is based in current literature and research. A meta-analysis of 84 nursing research studies concluded that patients who received research based nursing care could expect better outcomes than patients in the comparison groups who received standard nursing care. Yet studies by other groups found that only a small number of providers are utilizing researching findings in practice (Roe & Whyte-Marshall, 2012). Barriers include lack of knowledge and skills needed to use the process effectively. Identifying a model that works within your organization framework is often a first step in successful implementation of a program. One example is the Iowa Model of Evidence Based Practice to Promote Quality Care (see Appendix 5). This model can be used by practitioners from novice to expert and helps walk through the steps of the action plan from preparation through implementation and evaluation. It is also helpful in teaching decision making strategies regarding nursing practice that impact the outcome of patient care (Titler et al., 2001).

Championing Workplace Regulatory Compliance

Today's health care environment is governed by many regulatory agencies, and compliance with standards is essential for providing a safe and supportive environment for patients, families and staff members. The key role of the Preceptor in regulatory compliance is to assist the new nurse in understanding organizational policies, understanding which regulatory agencies their facility is governed by, and understanding what their individual responsibility is in maintaining compliance. This might include a discussion of what their facilities action plans are in meeting National Patient Safety Goals if they are accredited by The Joint Commission. It might be participating in environmental rounds of their clinic to assure compliance with Occupational Safety and Health Administration (OSHA, n.d.) standards. Or it could include auditing patient records for compliance, performing audits and compiling data about staff hand hygiene compliance, or documenting Universal Protocol prior to a procedure. It is overwhelming for new staff to review all these policies and understand requirements unless they are directly connected to their daily work. The Preceptor can assist in making these connections and can also foster acceptance by displaying a positive attitude towards regulatory requirements. Understanding that compliance with requirements is necessary for hospitals

and clinics to continue to provide care to patients is fundamental to accepting and accomplishing the work that goes along with meeting these requirements.

Another important discussion the Preceptor must have is regarding risk management. The new nurse needs to know how to complete an incident report for the facility and who to contact if a situation occurs that may require legal consultation. Patient confidentiality and HIPAA are a big part of this, as well as appropriate delegation according to the state's Nurse Practice Act.

Tools You Can Use: Environmental Checklist (see Appendix 6)

Staff Development Role

Encouraging the new ambulatory care nurse to set goals for personal and professional development is another part of the Preceptor's role. The Preceptor can act as a mentor by discussing their own goals with the new nurse. This will benefit the new nurse and the Preceptor if both hold each other accountable for meeting goals. It helps to foster that respect and collegiality that is so important in retaining nurses.

Goals might include short term orientation items, such as completing checklists and competencies or longer term goals like working on a quality improvement project, contributing through poster or presentation at nursing conferences, or writing a portfolio for clinical advancement. Professional development goals might be to advance their formal education, obtain a specialty certification, or join or become more active in a professional organization. The new nurse may want to join a clinic council or system-wide committee. Preceptors can expose new staff to the variety of opportunities that exist for their professional development and introduce them to staff that can encourage them in these endeavors. Networking, learning who to call and enhancing their list of contacts will be valuable in their future development.

The Preceptor can also guide the new nurse in looking for opportunities for continuous learning, whether through classes or in-services at their facility, or outside seminars or conferences. Starting a journal club with others who are interested in reading relevant research or evidence-based practices models and encourages the spirit of inquiry. The Preceptor can model and encourage that spirit of inquiry.

Inclusion of Self-Care and Life Balance

To provide safe, consistent patient care and serve as an effective Preceptor, nurses must recognize the importance of and engage in self-care practices. Factors inherent in the nursing role that put nurses at risk include:
- Shift work, which not only disrupts circadian rhythm, but can isolate nurses from family and friends not working these same schedules
- Inadequate staffing
- Complexity and acuity of patient care

Emotional stress of working with critically ill patients and families. Additionally, professional nurses at all levels face increasing demands to improve quality while reducing costs. Personal factors such as family responsibilities (children, spouse, and parents), finances, and continuing education play a role as well (Simmons, 2012).

Effective self-care practices require active engagement on the part of the nurse and recognize that it is not self-indulgence. It requires active choices, commitment, and includes the domains of physical, mental, emotional, spiritual, and relationships, and choice (Dossey & Keegan, 2013). Strategies that provide for wellness promotion and disease prevention include diet, exercise, yoga, meditation, mindfulness, behavioral modification, and relaxation, abstaining from substance abuse, and pursuing creative outlets (Richards, 2013). In addition to the personal benefits (improved fitness, mood, relationships, and energy level), nurses who engage in self-care practices bring benefit to the workplace that include positive energy and vitality and reduction in errors.

The practice of self-care is an essential part of the professional role of nursing. As a mentor and role model, it's important to be sure that the rewards of serving as a Preceptor are balanced with the demands. Periodically re-evaluate yourself to be sure that you know your own goals and you still find this satisfying and fulfilling. This is an essential part of achieving balance.

Conflict Resolution

It is important, especially in ambulatory care settings, to know the chain of command for resolving conflicts with physicians, supervisors, managers, peers, or other departmental staff. Following proper channels can facilitate resolution. The Preceptor should provide guidance on how to best navigate within the organization. People respond to conflict in various ways. Avoidance is the most common technique. It does not address the issues and leads to dissatisfaction and anger. Competition is used but leads to silo behaviors that are self-serving and ignores the needs of others. Accommodation results in meeting the needs of one side of the conflict but takes its toll on those who continually sacrifices his or her ideas or contribution. It is frequently employed when one side has greater power than other. It can be appropriate when resolving the issue causing the conflict is more important than continuing the conflict.

Compromise combines good communication and cooperative collaboration. Compromise can lead to an expedient answer when both sides remain open to the point of view and concerns of each other. Compromise can result in a resolution with a positive outcome that both sides can accept if each feels they have a voice in the decision. A collaborative resolution is most desirable.

Conflict will happen with the varying educational backgrounds, diverse value systems, cultures, and generations found in ambulatory care setting staff. Poor communication or lack of information can lead to inappropriate behaviors and conflict. An important tool used by a Preceptor to managing inappropriate behaviors is coaching one-on-one. The Preceptor may need to facilitate resolution of conflict; conflict with the Orientee, peers, management, physicians, or the Educator. This skill can be learned. Protect each person's self-respect. Focus on the issues not the persons involved. Use open-ended questions to fact find and identify the key issues in conflict. Gain clarification by hearing both sides and do not assume you know how any of the issues are in conflict.

Lateral Violence

The Joint Commission identified teamwork as a critical element for achievement of positive patient outcomes. Conversely, the Joint Commission (2008) has acknowledged that "intimidating and disruptive behaviors can foster medical errors, contribute to poor patient satisfaction and preventable adverse outcomes, increase the cost of care, and cause qualified clinicians to seek new positions. Horizontal violence has implications for the individual nurse, the unit, and ultimately the profession.

Exposure during a period when students and new graduate nurses are especially vulnerable may prevent them from reaching their full potential or may result in their leaving the profession completely. Although the reported incidence of bullying varies widely, recent studies report that 39% of graduates witness bullying in their first year of practice (Laschinger, 2011) and 31% experience bullying (Laschinger & Grau, 2012). Preceptors are responsible to role model professional behaviors that provide guidance and support to nurses at risk. They are also responsible for adopting a zero tolerance within their work unit and being knowledgeable about techniques to reduce or eliminate horizontal violence among staff. The *American Nurses Association's Code of Ethics for Nurses* (ANA, 2015) and *Bullying in the Workplace: Reversing a Culture* (Longo, 2012) are two excellent resources.

Fulfilling the Role of the Preceptor

There are many tools to support the role of the Preceptor. Each person has a different learning style and each is at a different place in the journey to excellence. Begin by identifying what tools you are most comfortable utilizing and prepare a variety of ways to deliver information to the Orientee. What works for one nurse may not engage the next (see Table 3).

Table 3.
Preceptor's Tools

Lectures	Direct Observation
PowerPoint Presentations	Presentations to Peers
Webinars	Discussion Groups
Simulations	Return Demonstrations
Case Scenarios	Exemplars
Competency Tools	Tests and Exams
Portfolio	Self-assessment
Computer-based Programs	Quality Improvement Monitoring Data

Chapter 4.
Preceptor Competencies

The Preceptor may not be the expert in all things or the most competent nurse in the department/unit but it is imperative the Preceptor have the necessary competencies to facilitate the new staff, student or new nurse into a competent member of the team.

Preceptors are faced with the challenge of training clinical staff and students who are multigenerational and are culturally diverse. The diversity of the population is reflected in the working environment as well. "Health care personnel provide care to people of diverse cultures in long term care facilities, acute care facilities, clinics, communities, client's homes. Culturally competent staff and organizations are essential ingredients in increasing clients' satisfaction with health care and reducing multifactor reasons for gender, racial, and ethnic disparities and complications in health care" (Purnell & Paulanka, 2008, p. 1).

"The nursing profession must be prepared to pursue this relatively new paradigm for creating and managing diversity within its workforce as well as within the health care market place consisting of consumers and staff from multicultural backgrounds. Diversity has the potential to positively affect our profession by increasing organizational effectiveness, creating greater access to care, lifting morale of clients and staff, and enhancing productivity in the workforce" (Bastable, 2014, p. 354). Developing Preceptors to the point of readiness to engage this explosive and dynamic arena means empowering them through knowledge, and arming them with tools that are timely, focused and appropriate. Taking this into consideration it is important to teach how to be good and effective Educators through simulations, workshops, coaching and mentoring (Bastable, 2008).

Nursing has evolved into a profession that has a distinct body of knowledge, a social contract, and a code of ethics. Nursing standards of practice describe a competent level of nursing care and standards of professional performance describe a competent level of behavior in the professional role. The ANA Code of Ethics for Nurses (2015) provides a succinct statement of the ethical obligations and duties of every nurse. This code is the profession's nonnegotiable ethical standard and is an expression of nursing's own understanding of its commitment to society. Preceptors need to be grounded in these standards (Ulrich, 2013).

Objectives
1. Identify key traits of a good Preceptor candidate.
2. Identify tools that promote and build competence of the Preceptor.
3. Discuss the Preceptor competencies.
4. Discuss Preceptor's role in relation to validation of Orientee competence.

Table 4.
Preceptor Competencies

Preceptor and the Orientee	• Demonstrates the ability to assess the learner level student, novice and experienced. • Utilizes teaching and learning strategies to meet the need of the learner throughout the learning process. • Assists the learner in identifying tools that would assess their learning needs. • Maintains an ongoing assessment of the learner needs in accordance with professional and organizational standards and guidelines. • Provides feedback to the learner on a continual basis throughout the learning process. • Demonstrates various approaches to promoting critical thinking. • Ensures that there are resources available in the clinical setting to meet the learner needs. • Assists the learner in developing a plan of action which addresses their identified learning needs. • Helps the learner integrate as a professional into the clinical setting and organization. • Shares with the learner their own strategies used to maintain and update their practice. • Works proactively with learner to address areas of conflict for successful conflict resolution.
Preceptor and the Educator	• Works interactively with the clinical educator to meet the needs of the learner and the organization. • Works actively as a member of the clinical triad with the clinical educator and faculty to support the professional nursing student. • Accepts and provides feedback with clinical educator and management to improve self-growth.
Preceptor Professional Development	• Demonstrates advancement in their specific role through continued education opportunities, professional organization membership and/or organizational advancement.
Preceptor and the Organization	• Demonstrates leadership qualities within the organization and clinical setting. • Provides feedback to management and leadership on the orientee, the learning environment and resources required to meet the learner needs. • Provides feedback to the manager on the progress of the learner throughout the orientation process. • Partners with the manager to address areas of conflict. • Models the essence of professionalism within the organization.

Selecting the Preceptor Candidate

Many organizations appoint staff nurses who are high performers on the unit to act as Preceptors. This may not be the most effective way to identify candidates. The Preceptor candidate should have strong technical skills and knowledge. To partner with this skill set, the Preceptor candidate should have an intimate knowledge of the organization in which they work. Other desired skills include (Swihart, 2007; Ulrich, 2012).

1. Skilled in practice, recognizing the rationale for nursing interventions
2. Flexible/adaptable
3. Positive coach
4. Open and clear communicator
5. Makes learning fun
6. Recognizes adults learning concepts
7. Appreciates differences in learning
8. Practices Learner assessment
9. Fosters the development of competence, critical reasoning and judgment, and confidence
10. Develops learning goals, and outcomes with supportive steps to achieve goals
11. Creates a comfortable pathway to transition new members into the culture of the organization
12. Recognizes opportunities to work across diverse populations of Learners: new graduates, entry level staff, multiple generations, cultural differences
13. Assesses and addresses Orientee behavior and motivation
14. Manages critique and criticism
15. Role models organization, prioritization and time management

Selecting the most appropriate candidate to fulfill the Preceptor role is critical to the success of a preceptorship program. The Preceptor impacts the Learner's perception of nursing, the level of customer satisfaction and thereby affects patient care outcomes. Maintaining competency is not only important for the Orientee but for the Preceptor as well. While Preceptors are sometimes chosen because of their schedule matching the new employee or their availability to teach, most often Preceptors are chosen because they are a nurse who exceeds the minimum performance standards, provide compassionate care and works collaboratively with patients and others on the care team. They have a vested interest in bringing new nurses to the highest standard of professional development.

Having an advanced or skilled clinician is a good place to start; however, take the time to explore how the candidate communicates with others. Positive, friendly, engaging body language and tone of voice used to provide instruction is the success of orientation. The Preceptor demonstrates and role models professional behavior. The Preceptor role requires the clinician to be an active listener; and a good observer in identifying body language or gestures. They exemplify the professional nurse role; how they carry

themselves reflects not only them as an individual, it also reflects on the organization and health care as a whole.

The Preceptor communicates and guides the orientation while also working with the Educator, manager, leadership, and faculty member to decrease gaps in the learning. The Preceptor is responsible to help the Learner understand the work environment: organizational mission, vision, and polices. The Preceptor assists the Orientee in identifying how they fit into the structure of the organization and support the mission, vision, and values. The Preceptor communicates through role modeling, facilitation, coaching and timely feedback.

As a leader, the Preceptor takes accountability for providing skillful orientation and communicating with the leadership team. The Preceptor provides information on the progress, barriers and individual Orientee needs that may need support or intervention by the nurse leader. The Preceptor works with the Educator and managerial team to ensure that learning opportunities are timely and appropriate to meet the needs of the Learner to prepare them for successful transition into their assigned role. Evaluation and follow-up are essential to assist the Learner in meeting the established competencies.

The Preceptor requires training in the documentation of Orientee progress through orientation. Tools and training provide principles of communication and feedback that assist the Preceptor in managing interpersonal conflicts, and Learner undesirable actions. Understanding the reporting structure and when to raise concerns to leadership are important for the Preceptor to learn. The Preceptor ensures the Orientee is knowledgeable of any changes in policies and procedures. The Preceptor will also take any Orientee concerns to leadership while at the same time demonstrating the proper mechanism to share concerns/ideas.

Effective coaching is valued by the new employee. The new employee wants to succeed. To be successful the employee requires timely, effective and direct communication. The best partnership in the learning triad is collaboration. Two-way communication embraces mutual respect and dialogue. Expecting professional communication and action builds confidence, allows for flexibility to explore new opportunities, and lays the foundation for employee longevity and inspires professional growth. The Preceptor is also the team cheerleader to motivate, to encourage and lead in the learning process.

Identifying Learning Styles

To be effective, the Preceptor needs to understand the knowledge readiness of the Learner. "Knowledge readiness encompasses the Learner's present knowledge base, the learning level of capability and the preferred learning style" (Bastable, 2008, p. 113). To communicate effectively with a new employee, transitioning experienced nurse or student one must understand the Learner's processes knowledge and experiences. There are several theories related to how we prefer to learn and two of the most common include the process of learning and sensory modalities such as Kolb's learning style inventory (Bruce, 2013). This tool assesses the method that works best for learning for the individual

based on concrete experiences, reflective observation, abstract conceptualization and active experimentation. Another popular method of discussion learning preferences is related to the sensory modalities: preferences to see something done, to listen to the training, to read or review to learn or to do the activity, interacting with the concept to be learned. Variations in personal beliefs and behaviors make it impossible to create a one-size fits all program. Flexibility and adaptability must be readily incorporated into orientation. If the Preceptor understands his or her own learning style, and the Orientee's, the Preceptor can make adjustments to accommodate the learning needs of the Orientee.

Needs Assessment

Learning needs represent gaps in knowledge. To affectively bridge the gap between what the Orientee knows and where they need to be is the objective of the preceptor program. The Preceptor should be comfortable in identifying learning goals and competencies of the Orientee. Preceptors will need to become knowledgeable in learning style assessment, identifying, designing and implementing the learning plan and evaluations of Orientee competence to perform the skills required. Methods to determine where to begin with Preceptor training may include:

- Start with the essential duties and job description defined in the competencies.
- Use a personal inventory style assessment tool to identify Orientee's current competence level
- Validate the competent skills. Then develop the educational plan to provide instruction for the remaining skills.

Careful analysis and assessment is performed by direct observation. The Preceptor may have to depend on other staff providing the observation. Another mechanism for assessment of learning may be to review case studies, discuss options, consider critical thinking scenarios, and implement simulation activities. Non-Preceptor staff may need some training in to observe, evaluate and provide feedback. This should only occur for skills they are competent to perform. Having a standardized tool to assess competency keeps the learning process clean and reduces subjective responses.

Evaluation

Evaluation is a key component of the Preceptor skill set. How does evaluation differ from assessment? "An assessment gathers, summarizes, and interprets information to decide on a direction for action. On the other hand, an evaluation gathers, summarizes, and interprets information to determine the extent to which an action was successful" (Bastable, 2008, pp. 559-560). The evaluation provides valuable information in determining if the program is meeting organizational objectives. Preceptors provide valuable feedback to the orientation program and identify what works well and what areas need improvement for future Orientees.

Ambulatory care settings are fast paced with many patients coming and going in rapid succession. There is intense pressure for efficient use of time. Providing medications or

treatments, answering telephones, responding to codes and the schedules on time creates a challenge for the Preceptor and Orientee. The Preceptor must assure the patient's needs are met while taking into account the learning needs of the Orientee. Even though this pace is a challenge, it is important to assure that there is time to reflect and educate the new Learner.

Adult Learning

The adult Learner is motivated to learn. By providing clear objectives the Learner knows where he or she is going and what to expect. Since adults are often more self-directed Learners, emphasize problem solving as a tool, provide discussion opportunities for application of theory. Keep the Orientee involved and feeling valued for the skill and knowledge they bring. Be supportive of the Orientee as a person and contributor to the team. Humor and enthusiasm provide a refreshing environment under stress and allow diffusion of emotion. Consider the perspective of the Orientee who is new to the setting, outside of their comfort zone, and may be experiencing anxiety regarding their ability to be successful and fit in as part of the team. Adding humor and keeping a positive enthusiastic attitude helps to build rapport, to ease tenseness, and to invite the Orientee to share in the learning process.

Professional Development

Ambulatory care nurses should participate in ongoing, diverse educational activities related to ambulatory care nursing and health care knowledge, skills, and competency, health system effectiveness, and professional standards (AAACN 2017b). Professional development and engagement in lifelong learning is key to professional practice.

The Preceptor needs to assess their own learning needs and seek opportunities for learning and professional development. The Preceptor should set professional goals, determine resources, select and execute strategies, and evaluate the effectiveness of their education. Preceptors should be recognized, as teachers, who demonstrate a "strong love for learning, good understanding of themselves, dedication to their job, high teaching competence, ability to reflect and apply knowledge, and fast professional growth" (Chen, Hsu, & Hsieh, 2012, p. 144).

Competency Assessment

An assessment of competency starts during the hiring process when the candidate's education and experience are matched to the job description. Preceptors need to be familiar with the job description of the position they are orienting and must make sure that the Learner understands his or her new role fully.

Competency assessment for practice in the Learner's specific area may take different forms. Many organizations use a skills checklist to cover the basics that are needed for safe patient care. These checklists often include a section on "self-assessment" where the Learner can indicate their familiarity with certain concepts or skills. While the Preceptor remains accountable for verifying this knowledge, it can be helpful in expediting learning

for experienced new staff. In addition to this skills checklist, organizations often have specific competencies that are pertinent only in certain specialty practices or to certain groups of nurses.

Tools You Can Use: Professional Nurse Competency (see Appendix 7)

Validation of the Competence of the Orientee

A key component of the Preceptor's role is to validate competence of the Orientee. The Preceptor combines the knowledge of adult learning styles, role specialty, standards and guidelines, organizational policies and procedures to create and develop learning opportunities for the Orientee. The educational strategies used to engage the Learner can include any or all the following (AAACN, 2017a):

1. Classroom activities
2. Computer-based training
3. Online training
4. Job shadowing
5. Simulation
6. Skill training
7. Discussions
8. Mentoring and coaching in the clinical setting

The Preceptor engages the Orientee in the orientation program, the intricacies of the job and how to navigate the organizational environment. The goal is to prepare the nurse to care for patients providing quality care to impact patient outcomes. The Preceptor works collaboratively with the Orientee, providing an opportunity for the Orientee to engage in the learning process.

The adult Learner is ultimately responsible for their own learning. The Learner should also be made aware of the expectations at the start of the orientation program. To allow for open sharing and learning the Learner is provided with ample opportunity to ask questions and to provide return demonstrations. This is the time when the Preceptor can provide timely reviews; provide positive feedback to assist the Orientee to grow in knowledge, skill, and attitudes. The manager should be part of the evaluation process, kept informed of the Orientee's progress and identifying support that may be used. The Preceptor is instrumental in providing access to tools and resources to help the Learner gain the competency that is required to fulfill the job requirements. At the end of the training or orientation period the Orientee will have specific skill tests or simulations to complete to demonstrate competency. The Learner should be given clear instructions for the testing environment.

The Orientee should have the opportunity to review and evaluate progress, seeking to identify gaps in knowledge. The Preceptor should identify and document areas or patterns of practice that are concerning, how the Preceptor intervened and the results of remediation. Encourage the Orientee continuously, even with the experienced nurse this

is still a new system, a new environment. Coaching and mentoring will carry the Learner a long way in the organization. It builds pathways to strengthen ongoing growth and lays the foundation for the Orientee to teach and mentor others.

Communication Tips

As a leader, the Preceptor may consider discussing these tips for effective communication with the Learner, taken in part from ANA/American Organization of Nurse Executives (2015) Principles for Collaborative Relationships between Clinical Nurses and Nurse Managers.

- Engage in active listening to fully understand and contemplate what is being relayed.
- Know the intent of a message.
- Foster an open, safe environment for communication.
- Be sure information is accurate, whether giving or receiving.
- Note the speaker's body language and your own.
- Avoid interrupting; listen first, then respond.
- Ask questions to confirm understanding of the message.
- Use "I" statements rather than "you" statements to help avoid defensiveness.
- Continually works to improve teaching skills.

Ensuring Learner Success

Consistent and timely feedback is the best way to ensure Learner success. Remember to praise in public and correct in private (unless patient safety is at stake). Preceptor experiences are most often positive for all involved, however problems sometimes occur. Addressing these problems as soon as possible and making a plan to correct the problem will help the Learner be successful. Focus on the problem behavior rather than the character traits of the Learner. Gain agreement on what happened and plan with the Learner for the action to be taken to correct the behavior. Set up goals or a time frame to check back on the problem. Be fair, patient, and monitor tone of voice and body language when providing feedback. Even if no problem behaviors are noted, it is important to plan time for regular feedback sessions. Whether feedback times are at the end of each day to review and plan for the next days' activities, or weekly sessions involving the manager, and/ or nurse education supports the Learner's development of confidence and feeling of belonging. In the unlikely event that the Learner does not succeed in a specific setting, Preceptor communication, feedback and documentation will be valuable in assisting the manager to help the new staff person plan for their future.

Tools You Can Use: Performance Improvement Plan (see Appendix 8)

Strategies for Teaching Ethical Principles

The best strategy to teach ethical principles is through case studies or discussion/debriefing of ethical decisions with which the Preceptor and colleagues have been faced. Through discussion of a case study, the Learner is encouraged to identify the ethical issue, learn the facts, identify the stakeholders, determine the goals and expectations of the stakeholders, and identify the ethical principle(s) involved. The Learner then discusses the rights and actions of the stakeholders and brainstorms a list of all the possible consequences of action or non-action related to the issue. Alternative solutions may be generated during this process, keeping ethical principles in mind. After comparing alternatives, the Learner would defend their best solution. Once the outcome of the ethical issue is known, the Learner can reflect on their decision-making process and determine if they would make any changes.

Tools You Can Use: Ethical Principles (see Appendices 3a-d)

Documentation of Orientation Progress

The Preceptor has a critical role in documentation of progress of the new staff person. Regulatory agencies identify key elements that must be provided during orientation as well as evidence of skill acquisition through documentation.

Chapter 5.
Role of the Nurse Educator in the Preceptor Program

Collaboration with Nurse Educators is key to a successful preceptor program as they are the experts in applying educational process to create a preceptor program. The Educator identifies educational needs, creates plans, instructs, and evaluates learning and the program. The Nurse Educator provides support to the Preceptor who is on the frontline observing the Orientee and may identify knowledge deficits but may be unsure of how to proceed. Working collaboratively with the Educator allows connection from the theory of education and teaching to the practice of providing to the Orientee. The Orientee gains needed expertise and the Preceptor gains confidence in teaching skills. Without this support the Preceptor may become frustrated and disengaged in the process leaving the new team member to find their own way.

Objectives
1. Describe relevant roles of the Nurse Educator in the preceptor program.
2. Explain the importance of a collaborative relationship between the Preceptor and Nurse Educator.
3. Discuss the role of continual support of the Preceptor in building and maintaining a strong program.

Practice and Learning Environment

The Nurse Educator assists to create an environment of learning (ANA/National Nursing Staff Development Organization [NNSDO], 2010). They support nursing staff in developing and a maintaining knowledge and competence to provide quality patient care. Avillion (2005) defines staff development as "the process of providing continuing education and training for people working in organizations that specialize in healthcare products and services" (p. 1). Nursing Professional Development: Scope and Standards of Practice identify continuing education as "systematic professional learning experiences designed to augment the knowledge, skills and attitudes of nurses" (ANA/NNSDO, 2010, p. 43). The roles of the Nurse Educator utilized in working with Preceptors include being an Educator, consultant, leader, communicator, and advisor/mentor.

Educator

Nurse Educators facilitate learning by assessing learning needs, developing education, teaching nurses, and evaluating the outcomes of the education. The organization's mission, vision and values support the practice arena and are used to guide enculturation of the employee into the organization. Orientation programs provide that focus on policies, procedures, standards of care, guidelines, and changes within the health care environment. Education is provided through integration of educational theories such as adult learning theory, learning style inventories, personality type assessments, and

processing style assessments (Ulrich, 2012). The Nurse Educator shares this knowledge with the Preceptor to enhance the Orientee assessment of learning.

Assessment of learning also occurs through the assessment of competence. The Nurse Educator prepares the Preceptor to identify when the new employee has obtained the knowledge, skills, and abilities to carry out their new role. Identification of successful completion of elements of a competency or skill acquisition is a role of the Preceptor. The Nurse Educator assists in creating skills assessment tools, identifying interpretive guides, and directing verification processes. The Preceptor utilizes both critical thinking and problem solving expertise to assess new employee progress.

In addition, the Nurse Educator assists to define and evaluate the competence of the Preceptor, providing feedback and support to continually develop the Preceptor level of competency and expertise.

The Nurse Educator assists to identify learning needs of the Preceptor via a needs assessment. This can be a formal part of the preceptor program or curriculum or an informal review of the expectations of the Preceptor contrasted with the current knowledge of the Preceptor. Identification of the role of the Preceptor in the orientation process is important to align with the preceptor program. Preceptors will need to learn how to assess their learning styles, communicate with the Orientee, and how to facilitate education based on that assessment. Additional knowledge required by the Preceptor is to identify how they will teach critical thinking skills, organization skills, as well as developing goals for each day/week, coaching and mentoring, and evaluating the new employee on their progress.

Preceptor preparation is vital to the successful orientation of new staff. Research indicates that many nurses leave their job in the first year due to poor orientation (Bullock, Paris, & Terhaar, 2011) This can contribute to high turnover which be very costly to a health care institution. Bullock and colleagues (2011) describe a five-phase orientation with phase three incorporating the time spent with the Preceptor. During this phase, one day each week is spent with the unit based Educator on how to address issues. The implementation of time set aside, resulted in a significant decrease in turnover rates and vacancy rates. Though the cost of orientation increased per new graduate, the effects of retention decreased the overall cost of orientation. Smedley and Penney (2009) indicate that Preceptorships are beneficial to both the new hire and the Preceptor. The Preceptor gains professionally and personally through "increased knowledge, skills and self-esteem. (Smedley & Penney, 2009, pp. 31-36).

Nurse Educators function as facilitators of education in instances where they are not the subject matter expert. It is important to identify an expert to assist with training and present topics or to assist in the verification of staff competency. Whether the Nurse Educator is providing continuing education, overseeing orientation of new staff members or developing a process to verify competency, the focus is on ensuring the staff nurse is successful within the role. By confirming the nurse is competent and successful, patient outcomes are improved and organizational goals are met.

Advisor/Mentor

There are numerous definitions and descriptions of the mentoring role and relationship. Most definitions include terms like *guided relationship, trusted, collaboration,* and *learning.* The mentoring relationship is between a more experienced nurse (mentor) and a new or less experienced nurse (mentee or protégé) to assist with development both professionally and personally (Academy of Medical-Surgical Nurses [AMSN], 2012; Wagner & Seymour, 2007; Woodfine, 2011). The Nurse Educator serves as an advisor/mentor, role modeling this relationship for the Preceptor, who in turn assists the Orientee. This relationship can ease transitions into new roles and can help prevent burnout.

Mentoring is different from precepting. The AMSN Mentoring Program (2012) defines mentoring as "a reciprocal and collaborative relationship between two, sometimes more, individuals with mutual goals and shared accountability for the outcomes and success of the relationship" (p. 6). Unlike a Preceptor/Orientee relation, mentoring is generally not time limited. The Educator and Preceptor may develop a mentorship. Mentoring of the Preceptor may be a key component of the preceptor program. If left unsupported the Orientee may disengage from training that was provided. When the Educator provides ongoing personal contact with the Preceptor, questions and issues are dealt with in real time. Developing a system of peer collaboration among Preceptors from different departments or locations can also build a support structure that leads to a successful program. The mentorship between the Preceptor and Nurse Educator enables the Preceptor to grow professionally and improves future precepting. It also allows for verification of the continued competence of the Preceptor.

Leadership

As a leader, the Nurse Educator influences the support given to Nurse Preceptors, identifying how the organizational values for education need to support Preceptors. Learning outcomes, departmental goals, revenue, and overall well-being of the organization is directly linked to the educational growth of its employees. The leadership qualities of the Educator inspire and encourage others to engage in the learning process. The Educator is key in designing and creating the education plan for the clinical setting.

The Nurse Educator defines the direction of the educational plan and supports Preceptors in the orientation process of new staff. This influence challenges the Nurse Preceptor to utilize all resources in a prudent manner, whether the resources are supplies, equipment, financial, or human. Since the Educator is present to check on the Preceptor and Orientee, there is often an opportunity for the Preceptor to seek guidance from the Nurse Educator as a leader. The Nurse Educator is approachable and accessible in practical and emotional terms (Perry, 2009). They are in the position to support empowerment, shared governance, professional growth and succession planning of the nursing staff. As a leader, the Educator is a role model. They influence staff, students, and colleagues either positively or negatively.

Tools You Can Use: What Type of Leader Are You? (see Appendix 9)

Collaborative /Communication

Collaboration and communication across many disciplines is required to have appositive outcome for patients. Strong written and verbal communication skills are needed. In health care interprofessional practice includes physicians, advanced practice professionals, nurses, unlicensed assistive personnel and business partners. Depending on the size of the practice, the team may be in one building or spread over multiple regions. Collaboration occurs when distinct individuals work together, making decisions with shared ownership and accountability (McCaffery et al., 2011). Collaboration fosters team work and job satisfaction for all team members. Patient safety improves with professional communication as the team works toward a common goal. The collaboration of team members augments the expertise of each group improving outcomes, preventing errors and reducing cost (Institute of Medicine, 2011). The Nurse Educator has access to a wide variety of resources that can be shared with the health care team.

A component of collaboration is the ability to have effective communications within and across members of the health care team (Cronenwett et al., 2007). Valuing diversity creates an environment of open dialogue that may be demonstrated by the Educator and developed in the Preceptor. Clear communication identifies goals and accountability while setting boundaries and providing clarity for the team, patient and family to gain consensus through discussion. The ability of the Nurse Educator to demonstrate collaboration and communication teach both the Preceptor and new employee the value of open dialogue and conversation.

Consultant

The Nurse Educator may serve as a consultant within their role in education or their expertise as a leader, a practice expert, or a researcher to name a few areas. Consultation usually occurs by request (Hutchins, 2013). The consultation takes place over a specific time frame with specific objectives or goals to attain. Consultation may be direct or indirect. In the case of supporting the Preceptor, the Nurse Educator may consult during a timeframe of difficulty with the new employee in learning, or in instances where the Preceptor may be having difficulty with an area of practice. Another reason to consult would be to support leadership in identifying ongoing learning needs or to seek support to objectify performance issues.

Table 5.
Education Plan for Orientation in the Ambulatory Care Clinical Setting

Nursing Process	Purpose	Activities
Assessment	• Assess situation • Systematic approach to assess situation • Obtain subjective and objective data • Verify and organize data • Triage and prioritize data	• Performs review patient history: physical, medications, allergies, etc. • Uses a systematic approach for the assessment. Able to perform a focused assessment. • Identifies subjective and objective data obtained from the patient. • Data are organized and retrievable. • Data are accurate documented. • Triage is accurate. • Priorities are identified correctly.

Diagnosis	• Analyzes data
	• Defines the problem
	• Diagnosis provides clinical directions
		• Reviews data and analyzes actions required.
		• Identifies patient problem.
		  o Confirms the problem with the patient.
		• Collaborates with health care team when clinical direction is determined.
		• Completes required actions to clarify diagnosis:
		  o Process for testing
		  o Role in specimen collection

Planning	• Defines specific action for achieving goals and desired outcomes that guide the implementation process • Establishes realistic goals that are objective, realistic, and measurable	• Based on information above, begins to plan nursing activities and actions. • Creates goals that are objective, realistic, measureable, and in collaboration with the patient/family.

Implementation	• Individualized priority actions performed to achieve specified goal	• Completes interventions based on best evidence:
		  o Follows guidelines for care.
		  o Initiates protocols.
		  o Follows order sets/orders.
		• Provides care based on priority needs.
		• Identifies and complete patient education and teach back.
		• Documents care provided.

Education	• Assessment of response and degree of response to plan of care • Reassessment or replanning	• Identifies role of the patient/caregiver in ongoing treatment. • Identifies ability of patient/family to carry out the ongoing care. • Identifies when/if reassessment is required.

Source: Adapted from AAACN (2017b).

Program Development and Delivery

The Nurse Educator assists the Preceptor in developing specific action plan for each Orientee. There will be some commonality but it is important to remember each person comes with a different work background and skill set in their "toolbox." The process begins with a needs assessment of the Preceptor. Identify what skills are present and at what level of competency. A plan is developed on collaboration with the Preceptor, Educator and Orientee. The Educator has the ability to successfully integrate and maximize available resources in the ambulatory care setting to achieve the identified goals. Learning activities and ongoing progress review assist the Orientee to recognize progress. The nursing process may be one method of organizing the plan for the new employee (see Table 5).

Evaluation

Evaluation is an ongoing process that begins with the initial meeting between Preceptor and the Orientee. Using evidenced based resources, the Educator identifies the standards that need to be met for each job expectation for competency to be demonstrated. Key stakeholders should be included in the process. This is may be in the format of a skills check list. The starting level of the Orientee is established with the Preceptor or the Nurse Educator or both. A self-assessment by the Orientee is encouraged. By clearly defining the starting point, the Preceptor knows where to focus the learning requirements. Employees with experience may only need guidance on those processes that are unique to the clinic or work area. A novice or advanced beginner needs to be in partnership with the Preceptor to identify areas of expertise and those that require additional skill development, including problem solving and setting priorities.

Once precepting has started, there should be ongoing evaluation by both the Preceptor and the Educator. The timing and intervals can be determined by the Preceptor or can be set as part of the program. It is important that the Orientee is provided honest and deliberate feedback throughout orientation. The final evaluation includes the Preceptor, Orientee, Educator and manager who can determine if orientation is complete or needs extension. The completion of orientation is not the end of learning. Orientation for a new nurse is thought to continue throughout the first year.

Evaluation beyond the official orientation stage, may be incorporated into the ongoing performance evaluation process. The Orientee should have the opportunity to evaluate both the Preceptor and the orientation process. It is important that the orientation and preceptor programs, processes and learning activities are continually evaluated and reviewed for improvements. Preceptors should also receive feedback on their ability to train the new employee. Feedback on communication, teaching styles, conflict resolution, and practice expertise should be provided to assist the Preceptor in ongoing development. The Orientee is a great resource to identify needed changes in the educational process; what was effective, what worked well, and what improvements should be made for future orientations.

Summary

Nurse Educators fulfill multiple roles in ambulatory care. The ability to communicate with members of the team, the Preceptor and Orientee, lay the foundation for ongoing relationships within the work environment. Leadership in educational processes and theory provide a solid preceptor program they may consult on areas of concern for the leadership, Preceptor or health care team. They also serve as an advisor/mentor to Preceptors, Orientees or others on the health care team. They are an essential role to support that ambulatory care patients receive safe, high quality, evidence based care focused on the individual needs of the patient, family and community.

Chapter 6.
Developing the Preceptor Program Curriculum

A curriculum is the foundation in a preceptor educational program. The relationship between the Preceptor and Orientee is the focus in the development of a quality program. Preceptors need knowledge and skill to become the teachers/facilitators for new employees. If a quality preceptor program is developed, there is a return on the resource investment as new employees a better prepared for their role. Other benefits of a quality preceptor program are the development and sustainment of a competent workforce and healthier work environments.

Sandau and Halm (2011) demonstrated Orientees are able to identify the difference between a Preceptor who has received adequate preparation and those who lacked formalized preparation. A curriculum needs to include tools and resources for managing the delivery of education to nurses with a variety of learning styles, different experience levels, and coming from different care settings.

Objectives
1. Discuss the key components of an ambulatory care Preceptor curriculum.
2. Identify ways to individualize the learning experience for the new nurse or student to best meet their learning needs.
3. Explore available resources and how to best access and utilize them.

Creation of a Preceptor educational curriculum requires identification of the program goals, which are broad, general statements of what the program aims to accomplish. Furthermore, goals should provide a framework for developing the more specific educational objectives and the content of the preceptor educational program, and should align with organizational mission, vision, and values. An example of a curriculum goal is to provide a learning experience for the beginning Preceptor and for advancing the knowledge skills and abilities of the experienced Preceptor to aid in the preparation of new employees to provide safe and effective care of patients.

A Preceptor curriculum needs to prepare the Preceptor to perform as teacher, leader, and evaluator. The educational curriculum should be infused with the organizational cultural practices as it prepares the Preceptor to serve as an emotional/psychological supporter for the new employee. These skills must be in the skill set of an effective Preceptor.

Needs Assessment
A needs assessment provides information about the Learner and the required components of the program. Nurse Educators should develop a needs assessment based on the core elements of the Preceptor education curriculum. A new Preceptor may not be aware of the responsibilities of this role. Experienced Preceptors who have already

acquired knowledge and skills may be able to customize their learning. By completing a needs assessment, the experienced Preceptor reflects about their knowledge and expectations of the role and discerns the gaps. Foy, Carlson, and White (2013) assessed learning needs for Preceptors. They compiled a list of the topics that the Preceptors ranked as the most important to address in a preceptor educational program:

- Giving feedback
- Teaching critical thinking
- Teaching prioritization
- Expectations of the Preceptor by the organization
- How to teach accountability
- Assessing Orientee competence
- Conflict management
- Dealing with difficult Learners
- How to adapt teaching to the Learner
- How to teach teamwork
- How to teach
- How to teach finding clinical resources

Since these areas have been ranked highly, they could be used to provide structure in the development of an effective program.

Flexibility to Adapt to Learner Needs

Preceptors are adult Learners and in many cases may not have the schedule availability to receive education in traditional classroom setting. Knowles, Holton, and Swanson (2011) identifies three adult learning principles. The Learner will:

- Identify their need.
- Determine how to learn.
- Identify the content as relevant to their practice is relevant.

Experienced Preceptors will be able to relate to various learning situations. They should be able to identify *what* they need to learn, *how* they want to learn it, and value the content within the curriculum

Structured Enough to Meet the Needs of the Department

Organizational and nursing leadership need to direct and approve staff educational programs. There needs to be an acknowledgement, prioritization, and ongoing support for employees who seek out professional development through the Preceptor role. Preceptor preparation often needs to align with other educational initiatives and programs. There may also be various regulations that determine educational content (e.g., Joint Commission, Meaningful Use, Centers for Medicare & Medicaid Services). Preceptors need to be well informed of the expectations for training, supporting and documenting evaluation of competence. Conveying of new learning to the Orientee also needs to meet

the regulatory requirements for orientation. In some cases, the expectation may be that the Preceptor carries out this type of training and documents this learning and competence.

Learning Styles

One of the key items Preceptors need to learn is identification of how to learn best. There are several theories about how people learn that reflect different approaches in working with the Learner. A few examples from Ulrich (2012) are:

- Curry's learning style classification system: layers of learning from the central as personal cognitive learning to the outer as interactive learning with the environment.
- Gregorc's learning styles: ordering preferences of learning. Orderly and hands on to abstract, unstructured like lectures or reading or group discussions.
- Myers-Briggs Type Indicator: This is a personality trait indicator based on the work of Carl Jung and has four dimensions/preferences: extroversion, sensing, thinking and judgment.
- Field dependence/independence: based on an individual's perception and sense of spatial awareness. The ability to learn regardless of the environment vs. those who require learning in relationship to the environment.
- Information processing styles: Sensory modes (visual, auditory, kinesthetic) align with the work of Kolb. This focus is on the way in which the Learner interacts with their environment to gain knowledge, skills and abilities. The key concept is that each individual has a default learning sense. For some, viewing or watching is a way to learn, for others, hearing and for others they need to interact or touch/move/work with the area of learning. Learners may also "cross" between the various modes, being a visual/kinesthetic or watching then doing type of Learner.

Understanding how adults learn assists to understand the best approach to take when working with them as a Preceptor.

Identify Available Resources

Financial. Creating a Preceptor curriculum requires a cost in terms of time, materials, and talent. The Nurse Educator is deeply involved in the process of creating a curriculum. The organization and nursing leadership must fully support the endeavor. There are many infrastructure concerns related to providing support to Preceptors. Staff shortages, high numbers of retirements, Preceptors feeling isolated, being under prepared all contribute to difficulties with preceptor training programs (Bowen et al., 2012).

Identification of resources costs: materials, people, time, and location need to be compared with the cost of "out of the box" programs. There are web-based programs that provide training for precepting. These should be explored and compared against the effort of creating an internal curriculum. Analyzing the amount of customized additional training also needs to be taken into consideration when comparing an internal-developed program

to an external vendor learning module. Examples of programs available include (note no preference for any of these courses):

- American Academy of Ambulatory Care Nursing: Ambulatory Care Registered Nurse Residency Program: Transition to the Specialty of Ambulatory Care: https://www.aaacn.org
- American Association in Critical Care Nurses: The Preceptor Challenge: https://store.healthstream.com/product.aspx?zpid=28667
- Michigan Center for Nursing: Preceptor Tool Kit: https://www.michigancenterfornursing.org/education/Preceptor-tool-kit
- KC Health Careers: Nurse Preceptor Academy: http://kchealthcareers.com/Preceptor-academy/nurse-Preceptor-academy/
- Elsevier: Strategies to Improve Preceptor Preparation: http://www.confidenceconnected.com/event/june15cewebinar/
- Vermont Nurses in Partnership: Intern and Preceptor Development: http://www.vnip.org/Preceptor.html

Personnel. Preceptor identification is an important step. It is important to have the "right" teacher for the new employee. In some organizations (Ulrich, 2012), there is an application process. Qualities or traits under consideration are:

- Role model excellent practice
- Support the team
- Demonstrates mutual respect
- Accountable for professional practice
- Exemplary in practice and service
- Excellent communicator
- Desire to help others learn

Time. Time should be protected in some manner to allow the Preceptor "time" to train. It does not matter if the training is face to face or online; time needs to be allotted to learn. This is very difficult in the ambulatory care setting where staffing models do not allow for additional "cushion" for learning. Creative methods to train are needed to provide time for learning. Since there is difficulty getting nursing staff away from the work area, a solution may be to garner support for four, one-hour sessions that can be completed at "lunch n learn" sessions or bringing in staff who work less than full time to cover shifts for Preceptors to learn.

Best delivery method. The delivery method needs to be based on the content and Learner. Some content is straight forward and does not require interaction, other training relies on active participation. Simulation may be a method to assist in training, flipped classrooms, web-based instruction, videos, case scenarios. There are many options when considering how to deliver education.

Experiential Learning Opportunities

Interactive discussion

- Discussion of ethically based questions help to create an interactive learning environment

Games

- Games assist in creating fun methods to work through new learning.
    - Jeopardy types of games for recall
    - Puzzles
    - "Stacking" activity to develop critical thinking/communication developed by Bright (2010)

Scenarios

- Assist to work through communication issues, critical thinking, decision making. They assist to engage the Preceptor in active discussion about relationships, feedback, how to incorporate learning in future training of new employees (Pickens & Fargostein, 2006).

Simulation

- Wilson, Acuna, Ast, and Bodas (2013) found that simulation was effective in teaching Preceptors skills in demonstration of caring, assisting with socialization, choosing teaching strategies, evaluating new employee performance and providing feedback (verbal and written).

Use skill checkoff sheets

- Use checklists to validate learning or as reminders.

Chapter 7.
Telehealth Nursing Practice

Objectives

1. Discuss the role of the professional Nurse Preceptor in telehealth.
2. Describe how to effectively teach the art and skill of telephone triage.
3. Identify the four domains of professional telehealth practice.

Introduction

The Nurse Preceptor in the ambulatory setting requires a mastery of many professional competencies and task-related skills. The Preceptor, as an instructor, must be able to transfer knowledge related to the practices and processes to new employees. Ambulatory settings have a variety of services, staffing, and structure. The venue may be primary care or specialty; it may be independent or embedded in an integrated system; or it may be in an urban or rural setting. Regardless of the type of service, size of department, or location, care delivery in ambulatory care has common features. Patient care is often provided face-to-face; the patient has an appointment with a provider or nurse and direct care is provided. However, many factors are increasing the need for patient care to be provided via telehealth technology, such as shorter hospital stays, increasing age of patients and coordination of care for multiple chronic conditions.

Nurses must be prepared with the appropriate skill set to manage clients over the telephone. The Preceptor must have knowledge of the background of telephone triage, possess the skills necessary to successfully manage clients via the telephone, exhibit excellent communication skills, and recognize that this mode of care delivery is essential in professional ambulatory care practice. This chapter discusses the practice of telephone-based care, outlines the learning needs associated with it, and provides a framework for the role of the Preceptor.

Telehealth Defined

It is important to clarify terms when discussing telehealth practice. According to the American Academy of Ambulatory Care Nursing (Espensen, 2009), the term *telehealth* encompasses all current technology used by patients and health care providers including telephone, internet, facsimile, portals, and telecommunication equipment to facilitate care. *Telephone triage* is an interactive process between a nurse and patient that occurs over the telephone and involves the incorporation of the nursing process to determine the nature and urgency of the problem presented (Espensen, 2009). Rutenberg and Greenberg (2012) add to that definition "and determining the appropriate disposition" (p. 5).

Telephone-Based Care

Although the telephone was discovered in 1875, it was over a hundred years later that telephone triage was recognized as a nursing specialty. Even today, there are nurses and other care providers across the country who assess, provide advice and instruction without training and documented competency specific to telephone triage. The process has evolved into a complex care initiative that requires the use of critical thinking, excellent interviewing skills, and ability to advocate for the patient. Training is key to the success of the nurse assessing patients via the telephone.

Before outlining the essential skills for the Preceptor related to telephone-based care, it is important to set the stage. According to the American Academy of Ambulatory Care Nursing (AAACN, 2017a), position paper on the *Role of the Registered Nurse in Ambulatory Care Nursing,* telehealth care is on the rise in ambulatory settings and nurses play a vital role in this mode of care delivery. Nurses address patient needs via the telephone on a consistent basis in ambulatory settings with the goal of directing and patients to the appropriate level of care, which leads to improved access and enhanced patient satisfaction.

Although the concept of conversing with patients over the telephone appears to be a basic skill that most individuals acquire at an early age, the provision of patient care requires a unique skill set. The Nurse Preceptor must be able to demonstrate mastery of assessing the patient in a non-face-to-face encounter, accurately determine the appropriate level of care, and utilize exemplar communication skills to relay the information to the patient or family member. The nurse must also be able to motivate the patient to follow instructions, and to accurately assess their ability and intentions to do so. The Preceptor must demonstrate all best practices in managing patients over the telephone to ensure the nurse who is new to the setting, is able to learn this sophisticated skill.

One study discussed several factors that predict how competent a Preceptor will be in teaching other nurses. Nurses, who were over 40 years of age, married, had more than 10 years of precepting experience and were not assigned to be Preceptors by their manager rated themselves higher in teaching competence. If the Preceptor is a self-directed Learner and had an internal locus of control the study found that these were significant independent predictors of teaching competence. Self-directed learning was measured by answers to questions about four dimensions: learning motivation, plan and execution, self-monitoring, and interpersonal relationships. Locus of control was measured by questions from which the user chose the one answer that best matched their understanding of self (Chen et al., 2012).

Domains of Professional Telehealth Practice

Educator and Preceptor. The Educator and Preceptor demonstrate competency and work collaboratively in the following domains (Koehne, 2017) (see Table 6):

- Technical skill
- Professional knowledge including nursing standards and scope of practice
- Communication skills
- Professional development

Table 6.
Telehealth Preceptor Competencies

Domain	Purpose	Competency
Technical Skill	The Preceptor: ✓ Utilizes equipment and technology in setting ✓ Demonstrates use of equipment and technology ✓ Assesses staff for competence in using various devices, equipment, and electronic technology	The Preceptor is competent in the use and ensuring staff competence in the use of equipment and technology.
Knowledge of *Scope and Standards of Practice for Professional Telehealth Nursing*	The Preceptor: ✓ Locates *Scope and Standards of Practice for Professional Telehealth Nursing* ✓ Describes professional practice in an ambulatory care setting ✓ Introduces *Scope and Standards of Practice for Professional Telehealth Nursing* to Orientee	The Preceptor is able to state that telehealth nursing is professional nursing practice, identifies the *Scope and Standards of Practice for Professional Telehealth Nursing,* and discusses their relevancy in practice.
Communication Skills	The Preceptor: ✓ Seeks out learning opportunities related to development of communication skills ✓ Demonstrates therapeutic dialogue to Orientee within a telephone encounter ✓ Guides Orientee during telephone triage process ✓ Coaches Orientee to enhance interpersonal dialogue	The Preceptor demonstrates exemplary interpersonal communication skills.
Professional Development	The Preceptor: ✓ Creates an environment for learning ✓ Seeks opportunities to expand knowledge base ✓ Assesses Orientee's quest for information and fosters personal and professional development	The Preceptor demonstrates self-direction in professional development by participating in educational offerings (e.g., seminars, programs, webinars, certification, school).

Source: Kathryn Koehne

Technical Skill. We are living in the information age, also known as the era of technology, in which developments are continual. It is important that the Preceptor understands the vital link between nursing practice and technology. The Educator, as a leader, can be effective in ensuring successful implementation of new technologies. Computer applications upgrades and the arrival of new equipment require widespread education, which requires didactic development. The Educator can provide curriculum development and content delivery.

As a change agent, the Educator keeps a pulse on developments within the organization and beyond. The Educator is able to provide direction in utilizing "informatics

to improve the quality of patient care and support professional practice (Androwich & Kraft, 2013).

In the practice of telehealth nursing, the Preceptor has a responsibility to stay well informed about technology advancements. The Preceptor must be able to utilize and successfully demonstrate all equipment that pertains to patient care. This could include the computer and its relevant applications, the telephone and its features, and any telemedicine equipment, which would include devices such as video cameras, digital stethoscopes, and ophthalmoscope, scales and pulse oximetry and the software programs associated with this equipment. The Preceptor must work closely with the Educator to ensure that staff is educated and understands the patient care needs for this technology. Preceptors are leaders in helping staff experience positivity with change.

Telephone triage practice often uses decision support tools which may be computer programs or algorithms the nurse needs to become proficient with. These tools, along with guidelines, facility-specific protocols or standing orders are used as guides in decision-making, along with the nurse's clinical judgment (Rutenberg & Greenberg, 2012).

Knowledge of Nursing Scope and Standards of Practice. The *Standards of Telehealth Nursing Practice* are utilized to define the responsibilities for nurses. These standards "reflect values and priorities of the profession" (Smith, 2013, p. 127). The Standards include:

Standard 1: Assessment
Standard 2: Nursing Diagnosis
Standard 3: Outcomes Identification
Standard 4: Planning
Standard 5: Implementation
       5a: Coordination of Care
       5b: Health Teaching & Promotion
       5c: Consultation
Standard 6: Evaluation
Standard 7: Ethics
Standard 8: Education
Standard 9: research and Evidence-based Practice
Standard 10: Performance Improvement
Standard 11: Communication
Standard 12: Leadership
Standard 13: Collaboration
Standard 14: professional Practice evaluation
Standard 15: Resource Utilization
Standard 16: Environment

Each of these 16 standards represents a facet of the practice of telehealth nursing. The Educator has a responsibility for bridging these standards from a concept with criteria into practice. The Preceptor identifies that the standards are a comprehensive collection

of the essentials for professional practice and recognizes that the nursing process is embedded in the list. The nursing process provides a roadmap to standardize care in various practice settings (Espensen, 2009). The Preceptor utilizes this roadmap to guide new nursing staff through telehealth workflows.

   Communication Skills. Exemplary communication skills are essential in practicing telehealth nursing. The Preceptor engages in authentic dialogue, which fosters collegial and collaborative relationships with the Learner. It is of primary importance to gain the patient's trust when doing telephone triage and when the Preceptor is providing telephone management education to a new nurse, there must be significant emphasis on effective interpersonal skills. It is necessary to provide role modeling and coaching. The Preceptor should provide opportunities for the new nurse to listen to a variety of triage conversations. As the orientation process progresses, the new nurse's conversations with patients should be monitored and coaching provided as necessary to increase efficiency and effectiveness and to encourage developing a plan of care that is acceptable for the patient and family.

Use of Resources

   The Preceptor should utilize resources to supplement their own knowledge and expertise. Resources include persons, policies, procedural manuals, care plans, guidelines and publications. Although experience should be required for the role of Preceptor, there are some issues that arise in clinical practice that present new challenges. Despite having a wealth of information, if an unfamiliar situation occurs, the Preceptor should be aware of appropriate resources and familiar with how to access information. Role modeling the critical thinking about what appropriate resources are needed and where to find them is a valuable skill that the Preceptor can provide to their Learner.

   The Educator ensures current and evidence-based resources are available so that patients receive the highest quality of care. In telehealth, decision-support tools are often used to ensure that care advice is standardized and consistent. These tools will guide the triage process and provide support for decisions, but these resources are not meant to replace or override the nurse's critical thinking skills or to replace consultation with a physician when needed. The Preceptor ensures that an inexperienced triage nurse exercises their best nursing judgment while managing patients over the telephone. Written or computer-based guidelines should be utilized to guide the process, not dictate the process. The Preceptor should demonstrate a proper blend of utilization of guidelines, knowledge, experience, resource persons and critical thinking.

   In addition to decision support tools, the Preceptor should encourage new nurses to utilize colleagues as necessary for guidance. Since telehealth is based in technology, it becomes easier to overlook interpersonal dialogue. Although the computer can provide a wealth of information with a click, interprofessional collaboration provides Educators, Preceptors, and Orientees with a different perspective or invaluable insights. There may be patient dilemmas that are not typical and patient-centered discussion can lead to better care. The Preceptor can model and facilitate these types of conversations. The Educator can utilize these situations for future case presentations.

The Educator should ensure that up-to-date policies, procedure manuals, and publications are available for nurses. Computer-based and written materials are invaluable in addressing patient care issues. Additionally, these resources can be utilized for educational purposes. The Preceptor role is to familiarize themselves and staff with the multiplicity of resources.

Self-Care

Preceptors need to be a role model for self-care. Workstation ergonomics must be addressed in the practice of telehealth. When nurses care for patients over the telephone or other technology, they may experience long periods of immobility and repetitive activities. The Occupational Health and Safety Administration (OSHA, n.d.) identified that computer technology has introduced a growing number health effects. Nurses may experience physical symptoms of visual strain, repetitive use injuries, musculoskeletal disorders, and metabolic syndrome. Preceptors need to be aware of these hazards and incorporate activities that promote wellness such as stretching, taking walking breaks, and arranging a workstation to reduce repetitive use injuries. They need to explain healthy workstation practices with the Orientee. In addition, the process of talking to patients about problems, complaints, urgent issues, social issues, and other difficult situations can be mentally challenging. After a challenging call, it is important for the Preceptor to debrief and reflect with the Orientee on what was done well, what might have been done differently and the outcome of the call.

Summary

Telehealth is an innovative and technological area of professional nursing practice in the ambulatory setting. This area of patient care is novel even for the most experienced nurses. It is essential that the Preceptor has a mastery of telehealth skills, a positive and encouraging approach, and an understanding of adult learning principles to smooth the transition into this new area of practice. If an Orientee has a supportive guide that provides a positive beginning, the stage is set for success.

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