



# The Nurse Preceptor Toolkit

A leader's guide to developing and inspiring high-performing preceptors

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# Executive summary

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Organizations rely heavily on preceptors to transition new nurses to clinical practice.

In this vital role, preceptors take on significant responsibility helping new-graduate nurses develop clinical competence, confidence, and critical thinking skills. In addition, preceptors can influence new nurse socialization, communication, and retention.

Today's demands make it increasingly difficult to be an effective preceptor.

As the number of novice nurses entering the workforce continues to grow, preceptors must spend more time on clinical education. At the same time, care delivery is growing more complex—meaning there are more competencies and skills to teach and less time to do it. Yet few organizations have updated their preceptor program to address these demands. When preceptor support falls short, it can lead to preceptor burnout and negatively impact new nurses' development.

Update your organization's preceptor program to develop effective teachers.

This toolkit is designed to help nurse leaders better develop and inspire preceptors—to help them more effectively teach the growing workforce entering practice in today's complex care environment. There are five key strategies in this toolkit:

- Evaluate your preceptor program
- Focus on new preceptor development
- Reinforce skills with ongoing preceptor support
- Maximize the impact of preceptor recognition
- Raise the bar on preceptor recruitment

How to use this toolkit:

Begin by completing the preceptor program diagnostic starting on page 7. The diagnostic will identify your preceptor program's greatest opportunities for improvement. Then, use the corresponding sections of the toolkit to revitalize your preceptor program to better develop and inspire high-performing preceptors.

▶ You can find all the tools and resources in this book online at [advisory.com/nec/preceptortoolkit](https://advisory.com/nec/preceptortoolkit)

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## Section 1

# Evaluate your preceptor program

Preceptors have long played a vital role in nursing clinical education.

Preceptors take on significant responsibility in educating new nurses, and they have a tremendous impact on new nurses' clinical competence, socialization, and engagement. Yet few organizations have revisited their preceptor program to adjust if for today's demands. There are more novice nurses entering the workforce than ever—and they're entering a highly complex care environment. As a result, it's harder than ever to be an effective preceptor.

Identify the greatest opportunities to improve your preceptor program.

When preceptor support falls short, it can lead to preceptor burnout, as well as impact new nurses' clinical development, retention, and socialization. The tool in this section will help you identify your preceptor program's greatest opportunity for improvement. Then, use the remaining sections of the toolkit to improve your prioritized areas.

Tool	Goal	User(s)	Time
<b>Tool 1: Preceptor program diagnostic</b>	Identify which parts of your preceptor program are most important to update	<ul style="list-style-type: none"><li>• Directors of professional practice</li><li>• Educators</li><li>• Other individuals who oversee the preceptor program</li></ul>	

► Access these tools: [advisory.com/nec/preceptortoolkit](https://advisory.com/nec/preceptortoolkit)

# Tool 1: Preceptor program diagnostic

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## Overview

Many hospitals and health systems are committed to supporting preceptors. Yet preceptor programs are often driven by organizational history rather than industry best practice. This tool helps you assess your organization's preceptor program compared to industry best practice and identify the greatest opportunities for improvement. After completing this diagnostic, use the remaining sections of this toolkit to help you improve the prioritized areas.

## Users

- Directors of professional practice
- Nurse educators
- Other individuals who oversee the preceptor program

## Time required

- 10 minutes to complete the diagnostic
- 5 minutes to calculate and interpret your score

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## How to use this tool

### 1. Complete the preceptor program diagnostic.

Complete the diagnostic on page 7. If you would like to write on the page, download and print a copy of the diagnostic from [advisory.com/nec/preceptortoolkit](https://advisory.com/nec/preceptortoolkit).

### 2. Calculate your score.

Add up the number of "yes" responses in each category and write the total value in the corresponding row on page 7. You can also download and print a copy of the scoring from [advisory.com/nec/preceptortoolkit](https://advisory.com/nec/preceptortoolkit).

### 3. Decide where to start.

Follow the guidance on page 8 to identify your preceptor program's greatest opportunity for improvement. Then use the recommended section of this toolkit to help make the changes to your preceptor program.



## Preceptor program diagnostic

For each of the statements below, check “yes” or “no.” If you would like a printed copy of this page to write on, download and print a copy from [advisory.com/nec/preceptortoolkit](https://www.advisory.com/nec/preceptortoolkit).

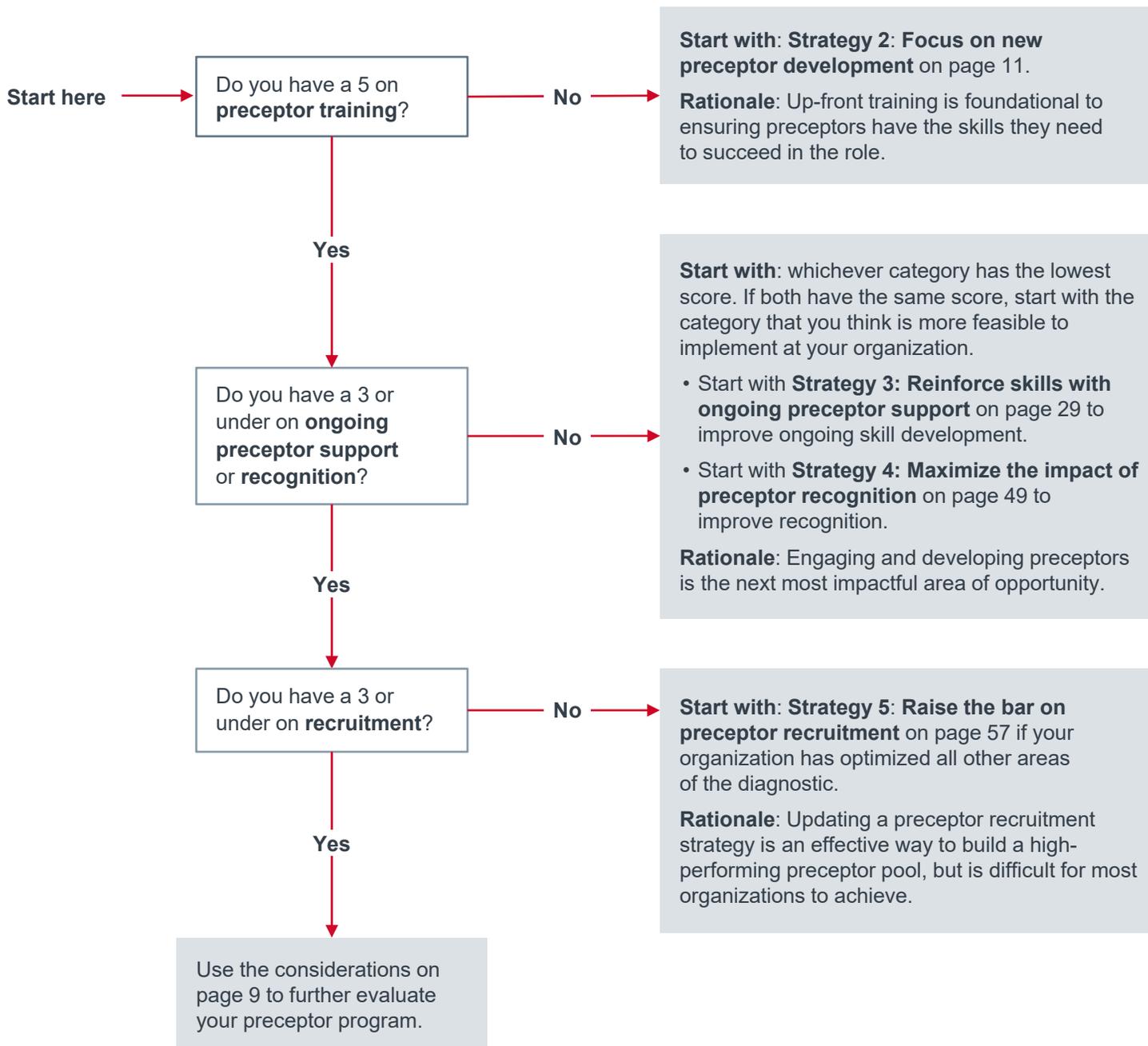
After completing the diagnostic, calculate the number of “yes” responses in each category and write that number below. Then use the decision tree on the next page to identify your preceptor program’s greatest opportunity for improvement.

Category	Statement	Yes	No	Number of “yes” responses
Preceptor training	My organization always trains new preceptors prior to taking on preceptees.			___ /5
	My organization’s preceptor training is mandatory.			
	My organization’s preceptor training covers important teaching skills, including delivering actionable feedback, how to develop critical thinking, and how to evaluate clinical competency.			
	My organization’s preceptor training uses interactive exercises, such as role-play.			
	My organization's preceptor training effectively prepares staff for the preceptor role.			
Ongoing preceptor support	My organization provides preceptors with ongoing education after an initial training.			___ /4
	My organization provides preceptors with readily available resources to help manage common challenges, such as delivering difficult feedback.			
	Preceptors regularly receive feedback on their own performance.			
	Preceptors have readily available oversight or support on the unit.			
Recognition	Preceptors at my organization feel appreciated.			___ /3
	Leaders at my organization regularly show appreciation for preceptors.			
	My organization helps managers and new graduates show appreciation for preceptors.			
Recruitment	Nurses are interested in becoming preceptors at my organization.			___ /4
	My organization has specific preceptor competencies and selection criteria.			
	My organization selects the right nurses to serve as preceptors.			
	My organization has enough preceptors.			



# Decide where to start

Use the decision tree below to determine where to start with updating your preceptor program.





## Additional considerations for an effective preceptor program

This toolkit addresses the steps most organizations can take to improve preceptor support without significant new resources, roles, or changes to daily practice. There are some additional areas that impact preceptor success, but are they harder for the typical organization to address.

If you have the ability and resources to address any of the factors below, we recommend that you do so. Use the information and discussion prompts below with senior nursing leaders to determine whether your organization can or should make any changes in these areas.



### Patient assignment

In many organizations, preceptors carry a full or nearly full patient assignment while precepting, making it hard to find time to effectively teach. Reducing the patient assignment for preceptors creates more time to focus on teaching, helps novice nurses learn more effectively, and can reduce preceptor burnout.

#### ▶ Questions to discuss with nursing leaders:

- Do preceptors carry a full patient assignment while precepting?
- Do current assignments give preceptors enough time to effectively teach?
- Is it feasible to change patient load, given our current staffing?
- Which units might preceptors and preceptees benefit most from a lower patient assignment?



### Preceptor oversight

In many organizations, preceptors have very little oversight on the unit. This means that preceptors often have limited feedback on their own performance, making it challenging to continue improving their skills.

#### ▶ Questions to discuss with nursing leaders:

- Do preceptors have direct oversight on the unit?
- Who provides preceptors with direct feedback on their performance?



### Additional education roles

Some organizations have unit-based or centralized educators that can support preceptors and teach new hires specific skills. These educators lighten the preceptor and unit manager load and help novice nurses gain new skills.

#### ▶ Questions to discuss with nursing leaders:

- Are there other roles on the unit to help with precepting?
- If yes, how can these roles better support preceptors?
- If no, what unit roles would best support preceptors?



## Section 2

# Focus on new preceptor development

New preceptors are good clinicians—but not always effective teachers.

While most organizations provide some type of preceptor training, it is often long, didactic, and includes too many topics. This means new preceptors are not always equipped with the skills they need to effectively teach new nurses.

Focus new preceptor training on foundational skills.

This section contains two tools to help you ensure your training for new preceptors focuses on the most important skills. Start with Tool 2 to create or update your organization's training for new preceptors. Then use Tool 3 to ensure the training is interactive.

Tool	Goal	User(s)	Time
<b>Tool 2: How to develop effective training for new preceptors</b>	Create or update training for new preceptors	<ul style="list-style-type: none"><li>• Directors of professional practice</li><li>• Nurse educators</li><li>• Other individuals who run preceptor training</li></ul>	 
<b>Tool 3: Guide to preceptor role-play</b>	Incorporate interactive learning into training for new preceptors	<ul style="list-style-type: none"><li>• Directors of professional practice</li><li>• Nurse educators</li><li>• Other individuals who run preceptor training</li></ul>	 

► Access these tools: [advisory.com/nec/preceptortoolkit](https://advisory.com/nec/preceptortoolkit)

# Tool 2: How to develop effective training for new preceptors

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## Overview

Many organizations train new preceptors. But these trainings are often long and cover a wide variety of topics, leaving little time for preceptors to build fundamental teaching skills. This tool helps you determine which topics are most important to prioritize when training new preceptors. You can use this tool to create training sessions or update existing training.

### Users

- Directors of professional practice
- Nurse educators
- Other individuals who run preceptor training

### Time required

- 1 hour to develop your new training agenda
- (Optional) 30 minutes to vet the agenda with nursing leaders and preceptors

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## How to use this tool

### 1. Gather your materials.

You will need a copy of the agenda from your organization's training for new preceptors and a pen and paper to take notes. If you have evaluations from a recent training, collect them and review the feedback. Write down your top two or three conclusions and keep them in mind as you continue on with the tool. If your organization does not have preceptor training, skip the steps below and start on page 19.

### 2. Assess the common pitfalls of training for new preceptors.

Review the common pitfalls that begin on the next page. Identify pitfalls that apply to your organization's training for new preceptors and follow the suggested next steps.

### 3. Develop the agenda for your new preceptor training.

Use the instructions and checklist starting on page 14 to identify the changes you want to make to strengthen training for new preceptors at your organization.

### 4. Optional: Vet the agenda with key stakeholders.

If you have time, ask a handful of experienced and new preceptors to review the new agenda and share their feedback. You can also solicit input from nurse managers to solidify buy-in.



## Asses the common pitfalls of training for new preceptors

Review the common pitfalls below and compare these to your current preceptor training agenda. Note the pitfalls that apply to your program. Then read the recommended next steps before continuing to the next page.

### Does your training for new preceptors...

...spend too much time on low-value topics?

If you answer "yes" ►

- Use the checklist starting on page 15 to determine which topics could be eliminated, shortened, or covered with reading materials.
- Create handouts that are short and easy to scan, then circulate them before the training.

...include advanced skills in an introductory course?

If you answer "yes" ►

- Use the checklist on starting on page 15 to decide which topics can be eliminated from a preceptor's initial training. Focus on critical skills all preceptors need to know prior to starting, such as how to develop clinical reasoning in new graduates.

...rely primarily on didactic teaching?

If you answer "yes" ►

- Incorporate interactive learning, such as role-play, where possible. The session will be more interesting and preceptors will get to practice skills. Use the checklist starting on page 15 for ideas on how to add role-play.
- Access the ready-to-use role-play scenarios in **Tool 3: Guide to facilitating preceptor role-play** on page 21.

...attempt to cover too much content at once?

If you answer "yes" ►

- Limit training for new preceptors to 4-5 hours. Longer trainings are counter-productive for learning.
- If you want to provide additional training beyond 5 hours, use **Tool 5: How to select the right advanced training for experienced preceptors** on page 37.



## Develop the agenda for your new preceptor training

Follow the steps below to develop or update the agenda for your new preceptor training. You will need a copy of the preceptor training topic checklist starting on the next page.

You can also download it from [advisory.com/nec/preceptortoolkit](https://advisory.com/nec/preceptortoolkit).

### Step 1. Review the topics in your preceptor training.

Compare the agenda from your current preceptor training to the topic checklist starting on the next page. Check each topic currently included in your preceptor training.

### Step 2. Update the topics in your preceptor training.

- **Add missing topics in tiers 1 and 2.** Your preceptor training should include all topics in tier 1, most of topics in tier 2, and very few or no topics in tiers 3 and 4.
- **Eliminate most topics in tiers 3 or 4.** If your training currently includes topics in tiers 3 or 4, consider removing most of those topics to make time for topics in tiers 1 and 2.

### Step 3. Evaluate how you teach each topic.

After updating the topics on your agenda, use the additional tips for success listed in the topic checklist to strengthen the impact of your preceptor training.

### Step 4. Assign approximate times for each topic.

If the training is longer than 5 hours, you can:

- Ask preceptors to evaluate the new agenda and prioritize the topics they feel are most important.
- Revisit step 2 and eliminate additional topics. Then, use **Tool 5: How to select the right advanced training for experienced preceptors** on page 37 to create supplemental training with the eliminated topics.



## Preceptor training topic checklist

This checklist ranks topics from most important to include in new preceptor training (tier 1) to least important to include in new preceptor training (tier 4). Check each topic currently included in your preceptor training.

	Topic	Simple training strategy	Additional tips for success
Tier 1	<input type="checkbox"/> <b>Introduction to feedback</b>	<ul style="list-style-type: none"> <li>• Teach preceptors a framework for providing actionable feedback. Use your organization's model or <b>Tool 4: Give preceptors teaching cheat sheets</b> on page 30.</li> <li>• Have preceptors practice providing feedback using role-play scenarios. Use <b>Tool 3: Guide to preceptor role-play</b> on page 21.</li> </ul>	<ul style="list-style-type: none"> <li>• Distribute an easy-to-reference handout with the feedback model or use <b>Tool 4: Give preceptors teaching cheat sheets</b>.</li> <li>• Spend 20% time on didactic teaching and 80% on role-play and debriefing.</li> </ul>
	<input type="checkbox"/> <b>How to develop clinical reasoning in new graduates</b>	<ul style="list-style-type: none"> <li>• Introduce the Socratic method and how it applies to nursing.</li> <li>• Have preceptors practice clinical questioning using role-play scenarios in <b>Tool 3: Guide to preceptor role-play</b> on page 21.</li> </ul>	<ul style="list-style-type: none"> <li>• Distribute an easy-to-reference handout with common clinical questions or provide <b>Tool 4: Give preceptors teaching cheat sheets</b>.</li> <li>• During role-play, discuss how the preceptor's role in developing clinical reasoning may shift when the preceptee is an experienced nurse.</li> <li>• Consider additional training for new graduates using our <i>Critical Thinking Toolkit</i> available at <a href="http://advisory.com/nec">advisory.com/nec</a>.</li> </ul>
	<input type="checkbox"/> <b>Introduction to adult learning styles</b>	<ul style="list-style-type: none"> <li>• Introduce adult learning styles. There is freely available information online.<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Optional: Have preceptors complete a self-assessment and discuss the results in small group. This will help them better understand their own style and how it may be different than their future preceptees.</li> </ul>
	<input type="checkbox"/> <b>How evaluate nurse competency</b>	<ul style="list-style-type: none"> <li>• Discuss how your organization assesses preceptees, early warning signs that a preceptee is falling behind, and what to do in those situations.</li> <li>• Consider inviting experienced preceptors to discuss how they effectively evaluate preceptees.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide copies of your organization's new nurse competency checklists and evaluations.</li> <li>• Make an evaluation cheat sheet that describes what "competent" looks like for each element on the checklist.</li> </ul>

1) Information on adult learning theory available at: <https://www.thoughtco.com/learning-styles-tests-and-inventories-31468>.



## Preceptor training topic checklist (cont.)

	Topic	Simple training strategy	Additional tips for success
Tier 2	<input type="checkbox"/> <b>Introduction and training objectives</b>	<ul style="list-style-type: none"> <li>• Introduce the goals of new preceptor training.</li> </ul>	<ul style="list-style-type: none"> <li>• Keep this to 10 minutes or less.</li> </ul>
	<input type="checkbox"/> <b>Review of preceptor roles and responsibilities</b>	<ul style="list-style-type: none"> <li>• Quickly review preceptor competencies, roles, and responsibilities.</li> <li>• Prepare at least 3-4 questions in advance to help warm up the room.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide a handout of preceptor competencies, roles, and responsibilities before the training.</li> <li>• During the training, keep this agenda item to 15 minutes or less.</li> </ul>
	<input type="checkbox"/> <b>Overview of nurse orientation and nurse residency program</b>	<ul style="list-style-type: none"> <li>• Review a typical nurse orientation to ensure preceptors know what preceptees will be experiencing.</li> </ul>	<ul style="list-style-type: none"> <li>• If your organization has a nurse residency program, include an overview of the program.</li> <li>• Provide a sample nurse orientation schedule or residency program schedule.</li> </ul>
	<input type="checkbox"/> <b>How to communicate performance to other preceptors, unit managers</b>	<ul style="list-style-type: none"> <li>• Teach preceptors when and how to communicate preceptee performance to unit leaders, such as when a preceptee may be falling behind.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide <b>Tool 4: Give preceptors teaching cheat sheets</b> on page 30, which includes a template for preceptee hand off.</li> </ul>



## Preceptor training topic checklist (cont.)

	Topic	Simple training strategy	Additional tips for success
Tier 3	<input type="checkbox"/> <b>Dealing with interpersonal conflict</b>	<ul style="list-style-type: none"> <li>• Introduce techniques for dealing with conflict.</li> <li>• Instruct preceptors to practice conflict resolution strategies in small group discussions or through role-play.</li> </ul>	<ul style="list-style-type: none"> <li>• For discussion or role-play, include how a preceptor can deal with their own conflict and how to help their preceptee deal with conflict.</li> </ul>
	<input type="checkbox"/> <b>How to teach prioritization</b>	<ul style="list-style-type: none"> <li>• Introduce techniques for prioritization and then discuss individual prioritization strategies.</li> <li>• Instruct preceptors to practice teaching prioritization strategies to each other.</li> </ul>	<ul style="list-style-type: none"> <li>• Create a list of commonly used prioritization strategies.</li> <li>• Use the prioritization section of the <i>Critical Thinking Toolkit</i> available at <a href="http://advisory.com/nec">advisory.com/nec</a>.</li> </ul>
	<input type="checkbox"/> <b>Writing final evaluations</b>	<ul style="list-style-type: none"> <li>• Review the organization's final evaluation process.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide sample blinded evaluations.</li> <li>• Ask experienced preceptors to join the session and share how they save time in writing evaluations.</li> <li>• Create a handout with tips and tricks to writing a good evaluation.</li> </ul>
	<input type="checkbox"/> <b>Introduction to communication styles</b>	<ul style="list-style-type: none"> <li>• Provide an overview of communication styles and how preceptors can determine their own and their preceptee's style.</li> </ul>	<ul style="list-style-type: none"> <li>• Include a handout with common communication styles.<sup>1</sup></li> <li>• Optional: Conduct a communication assessment and discuss as a group how that may influence a preceptor/preceptee relationship.</li> </ul>

1) Information on communication styles available at: <https://www.forbes.com/sites/markmurphy/2015/08/06/which-of-these-4-communication-styles-are-you/#74f454e33adb>.



## Preceptor training topic checklist (cont.)

	Topic	Simple training strategy	Additional tips for success
Tier 4	<input type="checkbox"/> <b>Socializing new nurses in the unit, department</b>	<ul style="list-style-type: none"> <li>• Have small group discussions about fostering socialization. Provide groups of 3-5 preceptors with prompts and then report back on the discussions.</li> </ul>	<ul style="list-style-type: none"> <li>• Discussion prompts can vary, but may include: How can you help a new nurse acclimate to the unit? What social challenges do nurses feel when new to a unit? What concrete steps will you take as a preceptor to help socialize your preceptee?</li> </ul>
	<input type="checkbox"/> <b>Overcoming common challenges in precepting</b>	<ul style="list-style-type: none"> <li>• Invite a panel of experienced preceptors to discuss common challenges.</li> <li>• Ask experienced preceptors to discuss times when they dealt with an unexpected challenge.</li> </ul>	<ul style="list-style-type: none"> <li>• Leave ample time for Q&amp;A.</li> <li>• Consider writing up tips for new preceptors after the panel and distributing it to preceptors.</li> </ul>
	<input type="checkbox"/> <b>Writing final evaluations</b>	<ul style="list-style-type: none"> <li>• Build on past preceptor experience and expand clinical teaching and coaching skills with advanced role-play scenarios.</li> </ul>	<ul style="list-style-type: none"> <li>• Invite experienced preceptors to join this session and discuss their experiences.</li> </ul>



## Starting from scratch

If your organization does not currently have new preceptor training, use the following steps to determine which topics to include in the training. Alternatively, use the sample agenda on the next page.

- 1. Develop a list of potential topics to include in training.**  
Use topic checklist starting on page 15 or consult the sample agenda on the next page to begin.
- 2. Select the topics to include in training.**  
Review your list of potential topics and decide which topics you can: (a) definitely include, (b) deprioritize, and (c) are unsure whether to prioritize. Use the “common pitfalls” list on page 13 to help.
- 3. Assign approximate times for each topic.**  
We recommend the total training time is 4-5 hours. If you want to provide additional training beyond 5 hours, use **Tool 5: How to select the right advanced training for experienced preceptors** on page 37 after you’ve implemented training for new preceptors.
- 4. Vet the agenda with nursing leaders and preceptors.**  
Review the proposed agenda with other nursing leaders. Consider asking new and experienced preceptors to weigh in before finalizing the agenda.
- 5. Solicit feedback from first round of participating preceptors.**  
After the first training, solicit participant feedback and adjust the program as needed.



## Sample agenda for a new preceptor training

Time	Topic
8:00 – 8:15	Introductions and training objectives
8:15 – 8:30	Preceptor roles and responsibilities
8:30 – 9:15	Adult learning styles
9:15 – 10:00	How to develop clinical reasoning in new graduates
10:00 – 10:15	Break
10:15 – 11:00	Introduction to feedback: guiding principles, introduction of a framework, and practice through role-play scenarios
11:00 – 11:45	Evaluating nurse competency
11:45 – 12:15	How to communicate performance to other preceptors, unit managers, or other leaders
12:15– 12:30	Additional resources for preceptors

# Tool 3: Guide to preceptor role-play

## Overview

Many organizations train preceptors on the knowledge and skills to be effective teachers. However, preceptors can struggle to translate this information into practice when trainings are primarily didactic. Role-playing exercises help preceptors practice key skills, such as delivering actionable feedback.

This guide will help you run effective role-play scenarios on the following three essential skills: delivering feedback, developing clinical reasoning in new graduate nurses, and communicating preceptee performance to nurse leaders. These role-play scenarios can be incorporated into existing training. If you already use role-play scenarios in preceptor training, consider reviewing the tips for successful facilitation on page 28 to maximize the impact of these exercises.

## Users

- Directors of professional practice
- Nurse educators
- Other individuals who run preceptor training

## Time required

- 30 minutes to review and tailor role-play materials
- 30 minutes to facilitate two scenarios on the same topic

## How to use this tool

### 1. Schedule training for all new preceptors.

If you don't have a training program for new preceptors, use **Tool 2: How to develop effective training for new preceptors** on page 12 to create one.

### 2. Decide which role-play exercises to use.

Review the exercises starting on page 22 and select those that align with the topics in your preceptor training.

### 3. Review and tailor the facilitator's guide on page 26.

Editable versions of these pages are available to download from [advisory.com/nec/preceptortoolkit](https://www.advisory.com/nec/preceptortoolkit). We suggest that you:

- Adjust the scripting notes to your own voice.
- Update the instructions to reflect how much time you'd like to spend on each discussion.
- Add discussion prompts, as needed.

### 4. Print your materials.

- Print the role-play scenarios you plan to use during preceptor training from [advisory.com/nec/preceptortoolkit](https://www.advisory.com/nec/preceptortoolkit). You will need to print one copy of the "facilitator scenarios," which include discussion prompt. Then print one copy of "participant scenarios" for each preceptor. These match the facilitator version but do not include discussion prompts.
- Print your customized facilitator's guide.

### 5. Run the role-play exercise(s).

Use the tips on page 28 to successfully facilitate the role-play exercises.



## Role-play scenarios

The following pages include role-play scenarios and discussion questions for three common topics: delivering actionable feedback, developing clinical reasoning in new graduate nurses, and communicating preceptee performance to nurse leaders.

Each topic requires two participants and includes two different scenarios. We recommend downloading and printing the participant and facilitator versions from [advisory.com/nec/preceptortoolkit](https://advisory.com/nec/preceptortoolkit).



## Delivering actionable feedback

	▶ Person 1	▶ Person 2
Scenario 1	<p>You will play a <b>preceptor</b>.</p> <p>You're on a pediatric unit with your preceptee, overseeing the administration of an IV pain medication intended for a post-surgical, eight-year-old patient. Although you observe that your preceptee follows the steps of the protocol correctly, you notice that the pain medication dosage prescribed by the physician is too high for a patient this small. Your goal in this scenario: Correct your preceptee and prevent them from administering the medication without alarming the patient and family.</p>	<p>You will play a <b>preceptee</b>.</p> <p>You're a new-graduate nurse on the pediatric unit, and it's your second week on the job. Today, you and your preceptor are caring for an eight-year-old post-surgical patient who needs pain medication. This is your first time administering an IV pain medication, and you're worried about not following the protocol correctly. You enter the room and greet the patient, her mother, and her uncle. You've reviewed the physician order, picked up the medication, scanned the medication and patient's barcodes, and logged it in the patient's record. You are about to administer the medication, when your preceptor interrupts you.</p>
Scenario 2	<p>You will play a <b>preceptee</b>.</p> <p>You're a new-graduate nurse on the med/surg unit, where you've been paired consistently with the same preceptor for three weeks. You and your preceptor connect for 15 minutes after your most recent shift to debrief on your progress so far. You are eager for feedback but have been finding the transition to full-time nursing more difficult than expected. As a result, you tend to be defensive when receiving constructive criticism.</p>	<p>You will play a <b>preceptor</b>.</p> <p>You're paired with the same preceptee consistently for three weeks. Over your time together, you have noticed that they tend to disproportionately focus their time on their highest acuity patient, occasionally to the detriment of their other patients. For example, you observed recently that they failed to answer several call lights from one of their more stable patients. Discuss time management with your preceptee and offer suggestions for how they can improve.</p>

### Discussion prompts for facilitator:

- *What did you find challenging in these scenarios?*
  - *Why?*
- *In your pairing, what did the preceptors do best?*
- *Where would you do things differently next time?*
- *Would you be confident in handling these situations with your own preceptee?*
  - *Why or why not?*
- *How did you balance delivering constructive feedback with maintaining your preceptee's confidence?*
- *What was different about sharing feedback with your preceptee in the moment versus in a private debrief?*



## Developing clinical reasoning in new graduate nurses

	▶ Person 1	▶ Person 2
Scenario 1	<p>You will play a <b>preceptor</b>.</p> <p>You and your preceptee are caring for a patient in med/surg following abdominal surgery a few hours prior. Your preceptee noticed the surgical dressing is damp and suggests immediately calling the nurse manager on duty for their opinion. You conduct a brief assessment and privately conclude that the dampness is due to a leak in the patient's IV, which was resting on the patient's abdomen. Using clinical questioning, encourage your preceptee to conduct their own assessment of the patient and decide next steps.</p>	<p>You will play a <b>preceptee</b>.</p> <p>You've been working as a nurse in med-surg for four weeks. One of your patients had abdominal surgery and has been sleeping on and off all day. You notice that the surgical dressing is damp and are concerned that they developed an infection. You call over your preceptor and suggest asking for the unit manager's opinion.</p>
Scenario 2	<p>You will play a <b>preceptee</b>.</p> <p>You've been working night shift on the renal unit for four weeks. One of your patients is an elderly man, who was admitted two days ago. The patient has been stable during his stay, and his physician plans to discharge him the next morning. In the last hour, the patient developed shortness of breath, and you're not sure if the symptoms are severe enough to wake up the attending on duty. Although you haven't worked with this attending in the past, you heard him criticize another new graduate nurse for unnecessarily calling a few days ago. You call your preceptor to ask for her opinion on next steps.</p>	<p>You will play a <b>preceptor</b>.</p> <p>You're on the night shift with your preceptee in the renal unit, who you have been working with for four weeks. They call you over to an elderly patient. The patient been stable during his two-day stay, and his physician plans to discharge him the next morning. But an hour ago, the patient developed shortness of breath. Your preceptee is concerned, but isn't sure whether it is severe enough to wake up the physician on duty. Help your preceptee think through the possible courses of action and decide next steps.</p>

### Discussion prompts for facilitator:

- *What did you find challenging in these scenarios?*
  - *Why?*
- *In your pairing, what did the preceptors do best?*
- *Where would you do things differently next time?*
- *Would you be confident in handling these situations with your own preceptee?*
  - *Why or why not?*
- *In these scenarios, imagine you were paired with a new graduate nurse with two weeks of experience, and then with a new graduate with 10 weeks of experience. Would you have handled it differently?*
  - *Why or why not?*



# Communicating preceptee performance to nurse leaders

	▶ Person 1	▶ Person 2
Scenario 1	<p>You will play a <b>former preceptor</b>.</p> <p>You have been paired with the same preceptee consistently for several weeks but are preparing another preceptor to take over for 10 days while you're on vacation. You know that your preceptee needs more practice with ambulating post-surgical patients and has struggled with blood administration in the past. You're also working on improving their time management. With your fellow preceptor, come up with a plan for the preceptee's learning experiences.</p>	<p>You will play a <b>new preceptor</b>.</p> <p>You are a newer preceptor, preparing to take over precepting duties from another nurse on your unit who is going on vacation. You are familiar with the basic skills that new-graduate nurses on your unit are required to know at this point in their tenure—blood administration, ambulation, and IV insertion, just to name a few. You don't know what skills your future preceptee has been exposed to or what their individual strengths and weaknesses are. With their current preceptor, make a teaching plan for the 10 days you will be paired with this preceptee.</p>
Scenario 2	<p>You will play the <b>unit manager</b>.</p> <p>The cohort of new-graduate nurses starting on your L&amp;D unit are nearing the end of their preceptorship. You're checking in with each preceptor to hear about their preceptee's progress. Because many of your new-graduate staff start on the night shift, you have spent very little time observing them directly. You need to decide whether each new graduate is ready to end their orientation and what their development goals will be moving forward. Discuss the development of one of your new graduates with their preceptor, and make a plan to keep the preceptee's development moving forward.</p>	<p>You will play a <b>preceptor</b>.</p> <p>It's nearing the end of your new graduate's preceptorship, and you're preparing to share feedback on their progress with the L&amp;D unit manager. While you think your preceptee is performing well, they haven't had much exposure to postpartum patients, and they still struggle to recognize subtle changes in patient status. As a result, you think they should be on orientation for a few more weeks. Discuss your preceptee's progress with your unit manager and make the case for your recommendation.</p>

**Discussion prompts for facilitator:**

- *What did you find challenging in these scenarios?*
  - *Why?*
- *In your pairing, what did the preceptors do best?*
- *Where would you do things differently next time?*
- *Would you be confident in handling these situations with your own preceptee?*
  - *Why or why not?*
- *What is most important for a preceptor to share with another preceptor or with a manager?*
  - *Why?*



# Facilitator's guide to running role-play exercises

## 1. Introduce the purpose of the exercise.

- *We're going to put our discussion about [topic] into practice by role-playing scenarios that you might encounter as a preceptor. This will solidify the skills you just learned.*
- *Each scenario outlines basic clinical details relevant to the situation. Feel free to improvise and add more detail as necessary.*

## 2. Ask participants to divide into pairs.

Give participants a minute to select a partner. Ask each pair to spread out in the room so everyone has room to speak with each other.

- *Please divide yourself into pairs. The person sitting next to you is fine. Then, spread out so you have some room to talk directly with each other.*

## 3. Introduce scenarios.

Distribute the role-play scenarios or project them on a screen.

- *I'm [passing out/projecting two scenarios] on [topic]. First, decide who will be person 1 and who will be person 2. And don't worry about it too much—we'll switch roles for the second scenario, so you'll have the opportunity to play both.*
- *If passing out hard copies of scenarios: When you decide which person to play, fold the handout in half so you see only your version of the scenario. This will help you more accurately act out the role-play exercise.*
- *When I give the official start, act out how you would respond in this scenario. I will give you seven minutes. Then, you and your partner will discuss how the role-play went.*
- *Any questions before we start?*

## 4. Run the first role-play exercise.

Using a timer, allot seven minutes for role playing. While participants are acting out each scenario, circulate to answer questions and observe interactions for later feedback. Be sure to give a one-minute warning.

- *Okay, you can get started. I will give you a one-minute warning before your time is up.*

## 5. Run second role-play.

Instruct partners to complete the second scenario. Remember to give a 1 minute warning.

- *That's time.*
- *Let's move on to the next scenario. Read and then act out the second scenario. Make sure you switch roles. Again, I'll give you 5 minutes.*



## Facilitator's guide to running role-play exercises (cont.)

### 6. Facilitate a conversation with the broader group using the facilitator discussion questions.

Use the discussion prompts associated with each role play scenario, starting on page 23.

- *That's time. Now that everyone has had the opportunity to act as a preceptor, I'd like to discuss your experiences as a group.*

### 7. Wrap it up.

Open the floor to any final thoughts from the group.

- *Does anyone have anything else that they would like to share or discuss?*



## Tips for running successful facilitation

Use the tips below to facilitate role-play scenarios and ensure preceptors get the most out of the session.



### **Address participant hesitation right away.**

If anyone appears shy about acting out scenarios, reiterate that these scenarios are learning opportunities and you are not expecting perfection. Alternatively, you can share examples from previous training about how participants have found role-play exercises helpful to developing their own skills.



### **Consider different role-play formats.**

Preceptors can act out scenarios in pairs or you can select two individuals to act out scenarios in front of the group. There are benefits and drawbacks to both approaches. For example, individual pairs allow everyone to participate, but they can take longer to facilitate in a large group setting.



### **Add more discussions if needed.**

If you have additional time, consider adding additional discussions after each role-play scenario. Then ask a few participants to share their insights with the larger group.



### **Don't be afraid to adjust the timing.**

If participants are using the time effectively, it's okay to cut the exercise down to five minutes. We do not recommend extending each role-play beyond eight or nine minutes.

## Section 3

# Reinforce skills with ongoing preceptor support

Preceptors have to learn a wide variety of skills to be effective in their role.

Few organizations provide development opportunities for preceptors beyond initial training. As a result, some preceptors find it challenging to continue developing their skills.

Help preceptors continue to grow with ongoing support.

This section contains three tools to help you provide ongoing support and development to preceptors. Each tool can be used independently. However, we recommend implementing these tools in order, starting with Tool 4, which is the simplest to implement.

Tool	Goal	User(s)	Time
<b>Tool 4: Give preceptors teaching cheat sheets</b>	Provide in-the-moment support on three critical preceptor skills	<ul style="list-style-type: none"> <li>• Directors of professional practice</li> <li>• Nurse educators</li> <li>• Preceptors</li> </ul>	
<b>Tool 5: How to select the right advanced training for experienced preceptors</b>	Create supplemental preceptor training based on their professional development needs	<ul style="list-style-type: none"> <li>• Directors of professional practice</li> <li>• Nurse educators</li> <li>• Other individuals who run preceptor trainings</li> </ul>	 
<b>Tool 6: Identify expert preceptors to provide peer support</b>	Identify expert preceptors and brainstorm how they can serve as mentors to other preceptors	<ul style="list-style-type: none"> <li>• Directors of professional practice</li> <li>• Nurse educators</li> <li>• Unit managers</li> </ul>	  

► Access these tools: [advisory.com/nec/preceptortoolkit](https://advisory.com/nec/preceptortoolkit)

# Tool 4: Give preceptors teaching cheat sheets

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## Overview

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

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

### Users

- Directors of professional practice
- Nurse educators
- Preceptors (end user)

### Time required

- 30 minutes to review and tailor cheat sheets
- 10 minutes to introduce the cheat sheets to preceptors

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## How to use this tool

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

Read the cheat sheets on the following pages. Then, tailor the information to reflect your organization's approach to these skills. Download the editable versions of the cheat sheets from [advisory.com/nec/preceptortoolkit](https://advisory.com/nec/preceptortoolkit).

### 2. Print your materials.

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

### 3. Distribute and introduce cheat sheets.

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



# Preceptor cheat sheets

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

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

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

	▶ <b>Description:</b>	▶ <b>When to use it:</b>
<b>Cheat sheet 1:</b> Guide to delivering actionable feedback	A roadmap for delivering feedback that pinpoints specific improvement opportunities and bolsters your preceptee's confidence as a clinician	<ul style="list-style-type: none"> <li>• As a refresher when you take on a new preceptee</li> <li>• Before delivering difficult feedback to your preceptee</li> <li>• Before progress check-ins with your preceptee</li> </ul>
<b>Cheat sheet 2:</b> Guide to clinical questioning	Sample questions to help your preceptee's reflect on their own performance and build clinical judgment	<ul style="list-style-type: none"> <li>• Periodically throughout each preceptee shift</li> <li>• Before debriefing with your preceptee about a specific patient or their shift</li> </ul>
<b>Cheat sheet 3:</b> Guide to preceptor-to-preceptor handoff	Five questions to answer before handing off your preceptee to a new preceptor	<ul style="list-style-type: none"> <li>• Before transitioning a preceptee to a new preceptor</li> </ul>



## Cheat sheet 1: Guide to delivering actionable feedback

Early-career nurses want regular and frequent feedback they can use to improve their skills and become competent clinicians. But if the feedback new nurses receive is too general, they may not know how to act on it. If the feedback they receive is too critical, they may feel overwhelmed, frustrated, and lose their confidence.

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

On the next page are common reactions to feedback and tips to keep the conversation on track.

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



### Cheat sheet 1: Guide to delivering actionable feedback (cont.)

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

If the preceptee becomes a(n)...	The preceptee says...	You can help by becoming a(n)...	You say...
<b>Apologizer</b> Jumps to confession before hearing the message	<i>I'm so sorry I made a mistake—I know I can do better!</i>	<b>Clarifier</b> Verify the nurse understands exactly where they went wrong and is committed to improving	<i>I appreciate that you are willing to take responsibility for your mistake; we can learn from this. Let's talk about what steps you can take to improve.</i>
<b>Denier</b> Argues with the importance of the feedback	<i>Some steps of the protocol seem unnecessary.</i>	<b>Investigator</b> Provide well-researched account of events	<i>I'd like to share a few studies from the literature showing the impact of the evidence-based protocol on CAUTI rate.</i>
<b>Tear-jerker</b> Responds emotionally and struggles to articulate thoughts	<i>I try so hard—I don't know what happened—I'm just so upset.</i>	<b>Calmer</b> Show empathy and responsiveness to the emotions, and calmly keep to your message	<i>I see this is hard to hear and it's making you upset. This is an important issue, and I'm hoping we can find a way to calmly talk about this together.</i>
<b>Blame-shifter</b> Points finger to avoid accountability	<i>It's his fault.</i>	<b>Reflector</b> Force individual accountability for his or her role	<i>Let's focus on what you can change to make a difference.</i>
<b>Avoider</b> Shuts down and avoids eye contact	<i>Oh...I see...sure...</i>	<b>Engager</b> Pause your comments and ask neutrally phrased questions to encourage engagement	<i>I'd like to stop for a moment and check in with you. I want to understand your perspective; could you tell me your thoughts?</i>
<b>Subject-changer</b> Distracts with a different topic of discussion	<i>So, how's your family?</i>	<b>Driver</b> Refuse to engage in a tangent	<i>Great, thanks. Tell me what you think about the feedback I shared.</i>
<b>Rationalizer</b> Offers excuses to justify the behavior	<i>I don't have time to follow every step of the protocol. The next patient needs me to come quickly.</i>	<b>Juror</b> Uphold correct behavior in spite of rationale	<i>Patient safety is our top priority. Let's discuss strategies for following protocols while also managing time.</i>
<b>Score-keeper</b> Keeps a running list of peers' practices	<i>Everyone else skips steps, so why can't I?</i>	<b>Score-settler</b> Shift focus back to his or her behavior	<i>That doesn't mean it's correct. Let's focus on how you can follow the right procedures.</i>

Source: HR Advancement Center, *The Manager's Guide to Accurate Evaluations*, Washington, DC: Advisory Board, 2014; Nursing Executive Center research and analysis.



## Cheat sheet 2: Guide to clinical questioning

As a preceptor, it's important to help new graduates build clinical judgment. The most effective way to develop this skill is to help new graduates come to their own conclusions, rather than providing a direct answer. You can do this by using a technique called clinical questioning.

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

Type of question	When to use it	Example questions to ask your preceptee
<p><b>Noticing</b></p> <p>Help new graduates think about what information they have about their patients and what it suggests about their plan of care</p>	<ul style="list-style-type: none"> <li>To guide a new graduate through a patient assessment</li> <li>To determine additional information they need to know (or find out) about a new patient</li> </ul>	<ul style="list-style-type: none"> <li>Tell me about your patient(s).</li> <li>What do you see?               <ul style="list-style-type: none"> <li>Have you seen this before? How is it the same? How is it different?</li> </ul> </li> <li>What do you think [symptom, test result, observation] means?</li> <li>How does it compare to what you thought you would see?</li> <li>What do you know about the patient that will alter care?</li> </ul>
<p><b>Interpreting</b></p> <p>Help new graduates make sense of the information they have about their patients, and figure out what else they need to determine a plan of care</p>	<ul style="list-style-type: none"> <li>To follow up on "noticing" questions listed above</li> </ul>	<ul style="list-style-type: none"> <li>What do you need to know more about before we get started?</li> <li>What's most important to do? What can wait?</li> <li>What response will you expect from your patient after [intervention]? What could it mean if you didn't see the reaction you were expecting?</li> <li>Which of your patients do you need to see first? Last?</li> </ul>
<p><b>Responding</b></p> <p>Help new graduates connect their clinical conclusions to concrete next steps</p>	<ul style="list-style-type: none"> <li>To follow up on "noticing and interpreting" questions listed above</li> <li>To help your preceptee plan for a new procedure or shift</li> </ul>	<ul style="list-style-type: none"> <li>Talk me through the steps we are about to do.</li> <li>What supplies will you need for this activity?</li> <li>What interventions do you need help with?</li> <li>What skills do you need to practice so you can perform the steps safely?</li> </ul>
<p><b>Reflecting</b></p> <p>Encourage new graduates to evaluate their own decisions and performance</p>	<ul style="list-style-type: none"> <li>To debrief on tasks, particularly in follow-up to any important events during their shifts (e.g., rapid responses, near misses, adverse events)</li> </ul>	<ul style="list-style-type: none"> <li>What went well?</li> <li>What would you do differently?</li> <li>How did the patient respond to your intervention(s)?               <ul style="list-style-type: none"> <li>Did that surprise you? If yes, how would you change your plan?</li> <li>What difference would it make to your plan if your patient also had [recent surgery, allergy to latex, diabetes]?</li> </ul> </li> </ul>



### Cheat sheet 3: Guide to preceptor-to-preceptor handoff

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

-----

**Orientee name:** \_\_\_\_\_ **Current preceptor:** \_\_\_\_\_

**Weeks of training completed:** \_\_\_\_\_ **New preceptor:** \_\_\_\_\_

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

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

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

Competency or skill	Degree of independent practice					Comments
	1	2	3	4	N/O	
	1	2	3	4	N/O	
	1	2	3	4	N/O	
	1	2	3	4	N/O	
	1	2	3	4	N/O	
	1	2	3	4	N/O	

Continue on the next page



### Cheat sheet 3: Guide to preceptor-to-preceptor handoff

Complete the questions below about your preceptee. Alternatively, use the questions here as a conversation guide.

---

1. What are the preceptee's areas of strength?

2. What are the preceptee's areas of development?

3. List any incidents a new preceptor should be aware of.

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

4. Describe anything else a new preceptor should know about this preceptee.

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

# Tool 5: How to select the right advanced training for experienced preceptors

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## Overview

Most organizations invest in upfront training for new preceptors. However, many organizations have limited opportunities for ongoing professional development specific to the preceptor role. As a result, preceptors do not receive guidance on how to refine their teaching skills or manage common challenges.

This tool will help you create supplemental training based on the professional development needs of your organization's preceptors. You can use this tool to create new training sessions or update existing training for experienced preceptors.

## Users

- Director of professional practice
- Nurse educators
- Other individuals who run preceptor trainings

## Time required

- 1 hour to tailor and build the preceptor survey
- 1 hour to develop your advanced preceptor training agenda

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## How to use this tool

### 1. Gather your materials.

You will need a copy of the agenda from your organization's new preceptor training. If your organization does not have a new preceptor training, use **Tool 2: How to develop effective training for new preceptors** on page 12 to create one prior to moving forward with this tool.

### 2. Determine what training your preceptors want.

Tailor the survey questions starting on page 39 to gather input from preceptors. We recommend using an online survey platform if you are gathering input from more than 10 preceptors. If you will be surveying a small group and prefer hard copies, you can download a customizable survey page from [advisory.com/nec/preceptortoolkit](https://www.advisory.com/nec/preceptortoolkit).

### 3. Develop agendas for advanced preceptor training sessions.

Review the survey results and prioritize the top topics selected by preceptors. Use the guidance on page 40 to help determine the final agenda or select one of the sample agendas starting on page 41.



## Determine what trainings preceptors want

Use the instructions below to create a preceptor survey. The responses will help you shape the agenda for your advanced preceptor training.

**1. Download a customizable version of the survey.**

Review the survey that begins on the next page or download an electronic, customizable version. The survey is available at [advisory.com/nec/preceptortoolkit](https://advisory.com/nec/preceptortoolkit).

**2. Tailor question 3 in the preceptor survey.**

Decide which topics to include in the preceptor survey by comparing question 3 to your new preceptor training agenda. You can remove topics that are already included in the training. Alternatively, you can keep duplicate topics. However, note that the training is a refresher or advanced version of the topic.

**3. Build your online survey.**

Use an online survey platform to build your customized preceptor survey.

**4. Announce the survey to preceptors.**

Advertise the survey to preceptors in multiple formats, including email and staff meeting announcements. Explain the goal: to better understand how the organization can provide more tailored training to help preceptors in their role.

**6. Collect and analyze the survey results.**

Close the survey after 7-10 days and export the results. Then use the guidance starting on page 40 to analyze the results and create an advanced preceptor training agenda.



# Preceptor training survey

We appreciate the work you do as a preceptor and want to continue to support your professional development. The goal of this survey is to learn more about which trainings would help you when precepting. This survey should only take five minutes to complete. Your responses are completely confidential and will never be individually identified. Thank you for taking the time to share your thoughts.

## 1. How long have you been a preceptor?

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- More than 10 years



**Tip:** You can add demographic questions if you want to collect additional data on preceptors (e.g., age, years at the organization, or education level). However, we recommend keeping the survey to eight questions or fewer.

## 2. Did you complete a new preceptor training?

- Yes
- No
- Can't remember

## 3. From the following list, select the top 10 training topics that would be most helpful to your work as a preceptor. Rank order them from most helpful to least helpful.

1 = More helpful; 10 = Less helpful

- |  |   |
|--|---|
| <input type="checkbox"/> Delivering difficult feedback to new graduates                                    | <input type="checkbox"/> Writing final evaluations                              |
| <input type="checkbox"/> How to develop clinical reasoning in new graduates                                | <input type="checkbox"/> Introduction to communication styles                   |
| <input type="checkbox"/> Understanding adult learning styles   | <input type="checkbox"/> Socializing new nurses within their unit               |
| <input type="checkbox"/> Working with diverse learners   | <input type="checkbox"/> Overcoming common challenges in precepting             |
| <input type="checkbox"/> How to evaluate nurse competency  | <input type="checkbox"/> Introduction to advanced teaching strategies           |
| <input type="checkbox"/> How to effectively communicate performance to other preceptors, and unit managers | <input type="checkbox"/> Helping learners reach their goals                     |
| <input type="checkbox"/> Dealing with interpersonal conflict   | <input type="checkbox"/> How to teach soft skills (e.g., patient communication) |
| <input type="checkbox"/> How to teach prioritization   | <input type="checkbox"/> Preceptor self-assessment                              |



**Tip:** Remove topics already included in your up-front preceptor training. Alternatively, keep duplicate topics but note that the training is a refresher or an advanced version of the topic.

## 5. Which other training topics or activities would help you be a more effective preceptor?

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**Tip:** Make sure you leave ample space to write in suggestions. For online surveys, ensure that the platform doesn't limit text response to fewer than 100 words.



## Develop the agenda for your advanced preceptor training

Use the guidance below to develop the agenda for one or more advanced preceptor training sessions. We recommend a total of 2-4 hours for advanced training sessions. If the training is longer, consider offering multiple, shorter sessions structured around a theme.

### Step 1. Assess the preceptor survey results.

There are several ways to analyze the results. Our top suggestions for assessing the data are:

- Review the results from question 3 and select the top 10 answers. Look for themes and write them down.
- Look for themes in question 4 and compare them to the results of question 3.
- Cross-reference question 3 with question 1. If there is a difference based on tenure, make two different topic lists.

### Step 2. Create a list of potential topics.

After assessing the preceptor survey data, select 2 or more topics to include in a new training for experienced preceptors.



**Tip:** Still unsure which topics to include? Be flexible and consider changing the topics from year to year or based on preceptor feedback.

### Step 3. Decide how many training sessions you want to offer.

Assign approximate times for each topic. We recommend a total of 2-4 hours for advanced training sessions. If the training is longer, consider offering multiple, shorter training sessions structured around a theme.

### Step 4. Finalize the agenda(s).

Decide what order and how to teach each topic. Use the sample agendas starting on page 41 for inspiration.



**Tip:** Don't be limited to traditional training activities. Consider other formats such as: a lecture series on a topic, multiple one-hour sessions, or expert preceptor-led discussions.



# Sample advanced preceptor training agendas

## Sample agenda: Delivering actionable feedback

Time	Topic
8:00 – 8:15	<b>Introductions and training objectives</b>
8:15 – 9:15	<b>Assessment of individual communication style</b> <ul style="list-style-type: none"> <li>• Participants complete individual assessments of their own communication styles</li> <li>• Group discussion about implications of learning style on precepting and delivering feedback</li> </ul>
9:15 – 10:15	<b>Delivering difficult feedback</b> <ul style="list-style-type: none"> <li>• Revisiting the feedback model introduced in new preceptor training</li> <li>• How to deal with reactions</li> <li>• Role-play exercises</li> </ul>
10:15 – 10:30	<b>Break</b>
10:30 – 11:30	<b>Overcoming common challenges in feedback</b> <ul style="list-style-type: none"> <li>• Panel discussion where experienced preceptors present common challenges in delivering feedback and how they overcame them</li> <li>• Group Q&amp;A</li> </ul>
11:30 – 11:45	<b>Wrap-up</b> <ul style="list-style-type: none"> <li>• Discussion of “light bulb” moments from the day</li> </ul>



**Tip:** Consider using the **Guide to delivering actionable feedback** on page 32.



**Tip:** Asking participants to share their “light bulb” or “aha” moments is a great way to reinforce key learning points from the day.



## Sample advanced preceptor training agendas (cont.)

### Sample agenda: Assessment and evaluation

Time	Topic
8:00 – 8:15	<b>Introductions and training objectives</b>
8:15 – 9:00	<b>How to evaluate nurse competency</b> <ul style="list-style-type: none"> <li>• Challenges in assessing the learner</li> <li>• Tools and techniques for assessment of learner’s performance</li> </ul>
9:00 – 9:45	<b>How to effectively communicate performance to other preceptors, and unit managers</b> <ul style="list-style-type: none"> <li>• When and how to share performance concerns</li> <li>• Group role-play and discussion</li> </ul>
9:45 – 10:15	<b>Writing final evaluations</b> <ul style="list-style-type: none"> <li>• Characteristics of strong final evaluations</li> <li>• Exercise: Writing evaluations for sample new-graduate RNs</li> </ul>
10:15 – 10:30	<b>Wrap-up</b> <ul style="list-style-type: none"> <li>• Discussion of “light bulb” moments from the day</li> </ul>



**Tip:** Consider using the **Guide to preceptor-to-preceptor handoff** on page 35.



## Sample advanced preceptor training agendas (cont.)

### Sample agenda: Clinical assessment

Time	Topic
8:00 – 8:15	<b>Introductions and training objectives</b>
8:15 – 9:15	<b>Assessment of individual learning style</b> <ul style="list-style-type: none"> <li>Participants complete individual assessments of their own learning styles</li> <li>Group discussion about implications of learning style on precepting and working with diverse learners</li> </ul>
9:15 – 9:45	<b>Introduction to advanced teaching strategies</b> <ul style="list-style-type: none"> <li>Three strategies to clinical teaching: experiential learning, cognitive apprenticeship, and reflective questioning</li> <li>Role-play each strategy as a group or in pairs</li> </ul>
9:45 – 10:15	<b>Helping learners reach their goals</b> <ul style="list-style-type: none"> <li>How to set goals that are specific, measurable, attainable, relevant, and time-bound (SMART)</li> </ul>
10:15 – 10:30	<b>Break</b>
10:30 – 11:00	<b>How to teach prioritization</b> <ul style="list-style-type: none"> <li>Common reasons novice nurses struggle with time management and prioritization</li> <li>Introduction to strategies to help novice nurses prioritize</li> </ul>
11:00 – 11:45	<b>Overcoming common challenges in precepting</b> <ul style="list-style-type: none"> <li>Panel discussion with experienced preceptors presenting teaching challenges and how they overcame them</li> <li>Group Q&amp;A</li> </ul>
11:45 – 12:00	<b>Wrap-up</b> <ul style="list-style-type: none"> <li>Discussion of “light bulb” moments from the day</li> </ul>



**Tip:** Consider using the **Guide to clinical questioning** on page 34.



**Tip:** Including experienced preceptors can be a great way to engage tenured staff.



Would you like our research team to review your draft agenda(s)?  
Email us at [nec@advisory.com](mailto:nec@advisory.com)

# Tool 6: Identify expert preceptors to provide peer support

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## Overview

Preceptors have minimal oversight while teaching on the unit. As a result, there isn't always someone readily available when they need additional support in the role. This tool will help you identify expert preceptors and brainstorm how they can serve as mentors to other preceptors on their unit, particularly those new in the role.

## Users

- Directors of professional practice
- Nurse educators
- Unit managers

## Time required

- 60-90 minutes to per unit to identify expert preceptors
- 90 minutes to introduce the expert role to selected preceptors and discuss how they can support peers
- Additional time to implement selected peer support

---

## How to use this tool

### 1. Select expert preceptors.

Use one or more of the strategies listed on page 45 to identify expert preceptors on each unit. We recommend selecting at least two expert preceptors per unit. If you're at a large organization with many preceptors, start with the units with the most new-graduate nurses.

### 2. Invite selected preceptors to participate in the expert role.

Introduce the expert role to selected preceptors. You can do this through email, individually in-person, or in a meeting. Regardless, make sure you communicate this as recognition of their work and a way leverage their expertise in a different way.

### 3. Decide how experts will support other preceptors.

Use the starter list on page 47 to brainstorm how to leverage expert preceptors on the unit. We recommend including the selected expert preceptors, unit managers, and other unit leaders in this discussion.



## Three ways to identify expert preceptors

The table below outlines three strategies to identify expert preceptors at your organization. Using the guidance provided, select one of the strategies. Then, work with nurse unit managers to implement the selected strategy. Depending on your unit leadership structure, you might want to include other unit-based leaders or educators in this process.

We recommend selecting at least two expert preceptors per unit. If you're at a large organization with many preceptors, prioritize the units with the most new graduate nurses.

	<b>Strategy 1: Ask nurse unit managers for recommendations</b>	<b>Strategy 2: Use a seven-question audit to help unit leaders evaluate preceptors</b>	<b>Strategy 3: Evaluate performance of all preceptors annually</b>
<b>Advantages</b>	Can be done quickly, as nurse managers often know who their best preceptors are.	Guidance helps clarify the definition of “expert” and helps ensure the right preceptors are selected for the role.	Creates opportunity to leverage all preceptors in different ways based on their experience.
<b>Drawbacks</b>	No decision criteria may make it hard to communicate why certain preceptors were selected as “experts.”	Requires more time from unit managers to identify expert preceptors.	It’s time-intensive and requires HR and leadership buy-in to alter performance reviews.
<b>Ease of implementation</b>  <i>1=easiest</i> <i>5=hardest</i>	☑	☑ ☑ ☑	☑ ☑ ☑ ☑ ☑
<b>Key next steps</b>	<ul style="list-style-type: none"> <li>• Introduce the expert preceptor role to unit managers. You can do this during a standing manager meeting or individually.</li> <li>• Ask unit managers to select expert preceptors.</li> </ul>	<ul style="list-style-type: none"> <li>• Use the expert preceptor audit on page 46.</li> <li>• Introduce the expert preceptor role to unit managers.</li> </ul>	<ul style="list-style-type: none"> <li>• Create a preceptor evaluation rubric. For inspiration, review Legacy Health’s Nursing Preceptor Rubric available at <a href="http://advisory.com/nec/preceptortoolkit">advisory.com/nec/preceptortoolkit</a>.</li> <li>• Want additional guidance? Reach out to the research team at <a href="mailto:nec@advisory.com">nec@advisory.com</a>.</li> </ul>



## Expert preceptor audit

Use the questions below to determine if a preceptor qualifies for the expert role. You can download a printable version of this audit at [advisory.com/nec/preceptortoolkit](https://advisory.com/nec/preceptortoolkit).

### Answer the following questions:

	Yes	No
▶ Is the preceptor an experienced nurse who functions as a role model in their unit?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Does the preceptor have exceptional clinical judgment and anticipation of needs in practice?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Is the preceptor able to independently establish learning plans and discern a preceptee's ability?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Is the preceptor a successful coach to preceptees?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Is the preceptor a mentor and resource for other nurses?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Is the preceptor a model for exceptional communication abilities in routine practice and in critical events?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Does the preceptor maintain a significant passion for nursing and teaching?	<input type="checkbox"/>	<input type="checkbox"/>



**Scoring:** If you answer "yes" to all questions, the preceptor is an expert.



## Decide how experts will support other preceptors

There are many ways to leverage expert preceptors. Below is a starter list of ideas. Use this to brainstorm options with the selected expert preceptors, unit managers, and other unit leaders in this discussion.

We recommend using a “dots” exercise as a great way for a group of expert preceptors and other leaders to discuss how they will support other preceptors and vote for their top preferences. As a facilitator, you will gain insight just into what options resonate with your preceptors and why. If you have never run a “dots” exercise and would like more details on how to do it, we have instructions available for download at [advisory.com/nec/preceptortoolkit](https://advisory.com/nec/preceptortoolkit).

### Starter list

- Official go-to resource on the unit for in-the-moment support for preceptors
- Back up preceptor when additional support is needed (e.g., if a preceptor is struggling to teach a specific competency or a preceptee is falling behind with select skills)
- Formalized check-ins with new preceptors focused on preceptor skill development and trouble-shooting
- Expert-led preceptor mentor group
- Shadowing new preceptors to give direct feedback
- Participating in or running new or advanced preceptor workshops (see Tools 2 and 5)



### Want to take expert preceptors to the next level?

Read case profiles from Legacy Health and Indiana University at [advisory.com/nec/preceptortoolkit](https://advisory.com/nec/preceptortoolkit) to learn how these organizations leverage their expert preceptors.



## Section 4

# Maximize the impact of preceptor recognition

Lack of recognition leads to preceptor burnout.

Preceptors play a crucial role in health care organizations. They take on the additional responsibility of developing and socializing new nurses. Yet they do not always receive the appreciation they deserve—which can contribute to burnout.

Solicit preceptor feedback for a high-impact recognition strategy.

This section contains one tool to help you create a meaningful preceptor recognition strategy that is feasible to implement at your organization. We recommend using this tool to help refine or improve your strategy, even if you already recognize preceptors.

Tool	Goal	User(s)	Time
<b>Tool 7: Select the right recognition tactics for your preceptors</b>	Build a recognition strategy that's meaningful to your preceptors	<ul style="list-style-type: none"><li>• Directors of professional practice</li><li>• CNOs</li><li>• Educators</li><li>• Unit managers</li></ul>	

► Access these tools: [advisory.com/nec/preceptortoolkit](https://advisory.com/nec/preceptortoolkit)

# Tool 7: Select the right recognition tactics for your preceptors

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## Overview

Preceptors play a critical role in teaching the growing number of novice nurses. Yet most organizations do not have significant resources to devote to recognizing or rewarding preceptors. Even when organizations have a variety of preceptor recognition tactics in place, preceptors can feel undervalued if the recognition tactics are not consistent or personally meaningful.

This two-part tool will help you maximize the impact of preceptor recognition by identifying new preceptor recognition tactics that are both feasible at your organization and meaningful to preceptors.

## Users

- Directors of professional practice
- CNOs
- Nurse educators
- Unit managers

## Time required

- 30-90 minutes to create a short list of recognition strategies
- 30 minutes to build an online preceptor survey
- 90 minutes to collect and analyze responses

---

## How to use this tool

- 1. Create a short list of feasible preceptor recognition tactics.**  
Tailor the starter list of preceptor recognition tactics on page 51 based on your organization's resources. Remove recognition tactics that are not feasible for your organization. An editable version of the starter list is available to download from [advisory.com/nec/preceptortoolkit](https://www.advisory.com/nec/preceptortoolkit). If needed, use the guidance on page 52 to help gather input from key stakeholders. We recommend that you select at least one tactic from each category. However, more tactics are better.
- 2. Use the survey on page 55 to solicit input from your preceptors on the recognition tactics.**  
Build a preceptor recognition survey using the short list of recognition tactics and the survey starting on page 55. This survey enables you to learn directly from preceptors which types of recognition tactics are most meaningful to them. An editable version of the survey is available to download from [advisory.com/nec/preceptortoolkit](https://www.advisory.com/nec/preceptortoolkit).
- 3. Use the survey results to identify which recognition tactics are most meaningful to preceptors.**  
Review the survey results and select the tactic(s) preceptors identified as most meaningful to implement. After deciding which tactics(s) to implement, notify preceptors of the change. If possible, explicitly communicate how preceptor feedback influenced the decision.



# Create a short list of feasible preceptor recognition tactics

Review the starter list of preceptor recognition tactics below. Add preceptor recognition tactics you currently use but are not listed. An editable version of the starter list is available to download from [advisory.com/nec/preceptortoolkit](https://advisory.com/nec/preceptortoolkit).

- Then, eliminate any tactics that are not feasible at your organization.
- If needed, use the guidance starting on page 52 to help gather input from key stakeholders.
- We recommend that you select at least one tactic from each category in your final list of recognition tactics for your survey. However, more tactics are better.

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## Starter list of preceptor recognition tactics

### Organizational perks

- An annual, organization-wide award to recognize outstanding preceptors
- An annual celebration exclusively for preceptors
- Exclusive training opportunities designed for preceptors
- Funding to attend conferences
- Recognition in organization-wide newsletters or events
- Preferred scheduling for precepting shifts
- Free lunches
- Preferred parking
- Other gifts, such as gift certificates for wellness-related activities (e.g., massage)
- \_\_\_\_\_
- \_\_\_\_\_

### Financial or other “compensation”

- Salary differential during precepting shifts
- Points on the clinical ladder
- Continuing education credits
- Enhanced tuition benefits
- Bonuses for preceptee retention (e.g., after preceptee’s 2-year anniversary)
- \_\_\_\_\_
- \_\_\_\_\_

### Rewards for individual performance

- Recognition from unit manager at morning huddles
- Personalized thank-you notes from unit managers and/or educators
- Personalized thank-you notes from preceptees
- Visual recognition on the unit (e.g., photo displayed on unit wall, or preceptor badge or pin)
- Discussion of precepting achievements during performance reviews
- Recognition from unit manager and/or educators at the end of orientation
- Formal recognition at the end of the preceptees’ residency program
- \_\_\_\_\_
- \_\_\_\_\_



## Gather input from stakeholders on recognition tactics

At many organizations, increasing preceptor recognition requires support from multiple senior leaders. Senior leaders might also suggest alternative recognition tactics for your consideration. We recommend reaching out to one or more of the stakeholders listed below to discuss what recognition tactics are feasible for your organization.

Then use the information on the following pages to help request and plan a meeting with the stakeholders.

### Key stakeholders to consult:

- CNO
- HR leaders
- Unit managers

### Part I: Request the meeting

When requesting the meeting, explain the importance of preceptor recognition to key stakeholders and tee up that you want their input on potential tactics. If needed, use the sample scripting below.

- *“Preceptors play a critical role for our organization—they develop and socialize all of our new nurses.”*
- *“I believe we can make some changes to how we recognize and appreciate our preceptors, without necessarily spending significant new resources.”*
- *“The end result will be preceptors who are more engaged with their work and with our organization. Effective recognition of preceptors will also have a positive ripple effect on new-graduate nurses.”*
- *“I’d like to meet to review a list of proposed recognition tactics for a survey of preceptors. My goal is to get new suggestions and to get your guidance on what is and is not feasible for our organization.”*



## Gather input from stakeholders on recognition tactics (cont.)

### Part II: Prepare for the meeting

Before the stakeholder meeting, prepare your discussion points. Use the information below to start your brainstorming. If you are going to be requesting additional resources, collect data from the list below to make your case. If you are not requesting additional resources, focus on the number of new preceptors your organization will need in the next two years.

#### Information to consider before the stakeholder meetings

- Number of new-graduate nurses hired in the last year
- Projected number of new-graduate nurses to be hired across the next 2 years
- Current number of preceptors
- If you need more preceptors, how many you would like to recruit in the next 2 years
- Feedback from preceptors about their experiences
- Feedback from new graduates about their experiences
- Estimated cost of specific tactics
- Engagement levels or turnover rates among preceptors
- Turnover rates of new graduates within their first year
- Cost of turnover (Advisory Board estimates that any staff member who leaves costs the organization 1.5 times that person's salary)<sup>1</sup>
- Information on why preceptor investment is needed at your organization. Consider pulling data or literature to support your case. You can refer to our bibliography on page 70.

1) The exact cost of turnover for an individual position varies, depending on the following factors: separation expenses (such as continued benefits, accrued vacation time), replacement labor expenses (contract, agency, or overtime hours), recruitment expenses, onboarding expenses, lost revenues (lost incremental revenues associated with vacant position—for example, bed closures or ED diversions).



## Gather input from stakeholders on recognition tactics (cont.)

### Part III: In the meeting

During the stakeholder meeting, consider asking the questions below to help determine which recognition tactics are feasible. If needed, use the information you prepared in advance to make the case for preceptor recognition.

#### Potential questions to ask stakeholders:

- *From the proposed list of recognition tactics, what would you add to this list?*
- *Which of these tactics are not feasible for our organization?*
- *Is there currently a budget for preceptor recognition?*
  - *Should I expect the budget to increase or decrease in the next year?*
  - *Can we increase the budget by [X%, OR SPECIFIC AMOUNT]?*
  - *What additional information do you need to help me make the case to increase the budget for preceptor recognition?*
- *How long would it take to implement [TACTIC]?*
- *Is it okay to announce this tactic while we work to implement it?*



## Preceptor recognition survey

Distribute the following survey to all current nurse preceptors to gather their feedback.

We appreciate the work that you do as a preceptor! The goal of this survey is to learn more about how we can better recognize your efforts. This survey should only take 5 to 10 minutes to complete. Your responses are completely confidential and will never be individually identified. Thank you for taking the time to share your thoughts.

**1. Which of the following most accurately describes the unit on which you work?**

*If you work on more than one unit, select all that apply.*

- |  |  |
|--|--|
| <input type="checkbox"/> Cardiac (non-surgical, non-ICU) | <input type="checkbox"/> Psych/behavioral health |
| <input type="checkbox"/> Critical care                   | <input type="checkbox"/> Nursery/NICU            |
| <input type="checkbox"/> Emergency department            | <input type="checkbox"/> Oncology                |
| <input type="checkbox"/> Medical, medical/surgical       | <input type="checkbox"/> OB/GYN or L&D           |
| <input type="checkbox"/> Operating room                  | <input type="checkbox"/> Stepdown                |
| <input type="checkbox"/> Outpatient                      | <input type="checkbox"/> Surgical                |
| <input type="checkbox"/> PACU                            | <input type="checkbox"/> Telemetry               |
| <input type="checkbox"/> Pediatrics                      | <input type="checkbox"/> Rehab                   |

**2. Which of the following shifts do you typically work?**

*Check all that apply*

- |                                  |                                  |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> Day     | <input type="checkbox"/> Night   |
| <input type="checkbox"/> Evening | <input type="checkbox"/> Weekend |

**3. For how many years have you been a nurse?**

- |                              |                                     |
|------------------------------|-------------------------------------|
| <input type="checkbox"/> 1-3 | <input type="checkbox"/> 10-12      |
| <input type="checkbox"/> 4-6 | <input type="checkbox"/> 13 or more |
| <input type="checkbox"/> 7-9 |                                     |

**4. For how many years have you been a preceptor?**

- |                              |                                     |
|------------------------------|-------------------------------------|
| <input type="checkbox"/> 0-2 | <input type="checkbox"/> 7-8        |
| <input type="checkbox"/> 3-4 | <input type="checkbox"/> 9-10       |
| <input type="checkbox"/> 5-6 | <input type="checkbox"/> 11 or more |

**5. How much do you agree with the statement: I feel valued as a preceptor at my organization?**

- |   |  |
|---|--|
| <input type="checkbox"/> Agree          | <input type="checkbox"/> Somewhat disagree |
| <input type="checkbox"/> Somewhat agree | <input type="checkbox"/> Disagree          |

**6. If given the choice, would you like to continue in the preceptor role for the next year?**

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Definitely | <input type="checkbox"/> Probably not   |
| <input type="checkbox"/> Maybe      | <input type="checkbox"/> Definitely not |



## Preceptor recognition survey (cont.)

**7. From the following list, select the five options that would be most meaningful to you. Rank order them with 1 = most meaningful to you.**

- An annual, organization-wide award to recognize outstanding preceptors
- An annual celebration exclusively for preceptors
- Exclusive training opportunities designed for preceptors
- Funding to attend conferences
- Recognition in organization-wide newsletters or events
- Preferred scheduling for precepting shifts
- Free lunches
- Preferred parking
- Other gifts, such as gift certificates for wellness-related activities (e.g., massage)
- Salary differential during precepting shifts
- Points on the clinical ladder
- Continuing education credits
- Enhanced tuition benefits
- Bonuses for preceptee retention (e.g., after preceptee's 2-year anniversary)
- Recognition from unit manager at morning huddles
- Personalized thank-you notes from unit managers and/or educators
- Personalized thank-you notes from preceptees
- Visual recognition on the unit (e.g., photo displayed on unit wall or preceptor badge or pin)
- Discussion of precepting achievements during performance reviews
- Recognition from unit manager and/or educators at the end of orientation
- Formal recognition at the end of the preceptees' residency program
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Section 5

# Raise the bar on preceptor recruitment

Supply of high-performing preceptors often doesn't meet demand.

With a growing number of new-graduate nurses entering the workforce, preceptors are in high demand and many organizations struggle to recruit enough staff into the role—let alone the right staff for the role.

Proactively identify and recruit high-quality preceptor candidates.

This section contains two tools to help you improve preceptor recruitment at your organization. We recommend using the tool that best fits the preceptor recruitment challenge at your organization. If you are experiencing both challenges, start with Tool 8.

- **Use Tool 8 if you don't have enough preceptors.** This tool will help unit managers and educators identify nurses with potential to be effective preceptors and successfully pitch the role to them.
- **Use Tool 9 if you don't have the right preceptors in the role.** This tool will help unit managers and educators screen interested candidates for the preceptor competencies needed to be effective in the role.

Tool	Goal	User(s)	Time
<b>Tool 8: Help unit leaders pitch the preceptor role</b>	Identify nurses with high potential to be effective preceptors and successfully pitch the role to them	<ul style="list-style-type: none"><li>• Directors of professional practice</li><li>• Nurse educators</li><li>• Unit managers</li></ul>	 
<b>Tool 9: Screen for high-quality preceptors with behavioral-based interviewing</b>	Screen interested candidates for the preceptor competencies needed to be effective in the role	<ul style="list-style-type: none"><li>• Directors of professional practice</li><li>• Nurse educators</li><li>• Unit managers</li></ul>	 

► Access these tools: [advisory.com/nec/preceptortoolkit](https://advisory.com/nec/preceptortoolkit)

# Tool 8: Help unit leaders pitch the preceptor role

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## Overview

When in need of preceptors, unit managers often recruit an experienced nurse—pitching the role as an expectation of tenured nurses. As a result, precepting can be perceived as “another thing to do” rather an opportunity for professional development.

This tool helps unit managers and educators identify nurses with high potential to be effective preceptors, and pitch them the role by communicating its value as a professional development opportunity. By using the conversation guide, unit managers and educators can get the right candidates excited about the preceptor role.

## Users

- Directors of professional practice
- Unit managers
- Unit nurse educators

## Time required

- 1 hour to customize the unit leader’s guide to recruiting effective preceptors
- 30 minutes to introduce the guide to unit managers and educators
- Optional: 30 minutes to tailor the preceptor flyer

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## How to use this tool

### 1. Tailor the unit leader’s guide to recruiting effective preceptors.

Review the guide starting on page 59, and tailor the information to your organization.

An editable version of this guide is available to download at [advisory.com/nec/preceptortoolkit](https://advisory.com/nec/preceptortoolkit).

Optional addition: Tailor the preceptor flyer to give to candidates. The customizable flyer is available online at [advisory.com/nec/preceptortoolkit](https://advisory.com/nec/preceptortoolkit).

### 2. Introduce the guide to nurse managers and educators.

Use the talking points starting on page 63 to introduce the unit leader’s guide to recruiting effective preceptors to your nurse managers and/or unit educators. You can do this during a standing meeting or schedule a separate time. Bring enough copies of the customized guide for everyone.



## Unit leader's guide to recruiting effective preceptors

This guide will help unit managers and educators identify the right candidates and pitch the role to them. There are two parts to tailor. We recommend downloading the editable version of this guide, available at [advisory.com/nec/preceptortoolkit](https://advisory.com/nec/preceptortoolkit).

**Part I.** Tailor part I to match your organization's preceptor requirements and competencies before providing the guide to unit managers and educators. If you want to create a flyer to help recruit preceptor, there is an editable flyer available at [advisory.com/nec/preceptortoolkit](https://advisory.com/nec/preceptortoolkit). Both the flyer and part I should match.

**Part II.** Tailor the talking points with your organization's information and as needed.

For additional inspiration on preceptor requirements or competencies, download our preceptor competency reference guide from [advisory.com/nec/preceptortoolkit](https://advisory.com/nec/preceptortoolkit).



# Unit leader’s guide to recruiting effective preceptors

Effective preceptors help *[ORGANIZATION NAME]* meet care quality and staff retention goals. But it can be hard to worry about the right candidates when you’re constantly looking for more preceptors to keep up with the number of new nurses.

This step-by-step guide will help you identify the right preceptor candidates and then effectively pitch the opportunity to them. By actively recruiting now, you can build a pipeline of qualified preceptors to keep up with your onboarding needs.

## Part I: Identify the right candidates for the preceptor role

### 1. Create a short list of nurses on your unit who exhibit positive preceptor candidate behaviors.

Review the positive and negative preceptor candidate behaviors below. Any nurses who exhibit the positive behaviors are good candidates for the preceptor role. Staff who exhibit the negative behaviors are not good preceptor candidates, regardless of their tenure or clinical competency.

✓ Positive preceptor candidate behaviors	✗ Negative preceptor candidate behaviors
<ul style="list-style-type: none"> <li>• Has expressed interest in stretch roles or growth opportunities</li> <li>• Has expressed interest in a career in nursing education</li> <li>• Has expressed interest in staff education or mentoring opportunities</li> <li>• Is the “go-to” resource for new staff on the unit</li> <li>• Effectively communicates with both nursing and interprofessional colleagues</li> <li>• Is particularly effective with patient education and communication</li> <li>• <i>[ADD OTHER BEHAVIORS]</i></li> </ul>	<ul style="list-style-type: none"> <li>• Frequently complains about new staff on the unit</li> <li>• Struggles to communicate with peers or patients</li> <li>• Struggles to elevate concerns appropriately to unit leaders</li> <li>• Is still developing clinical competency</li> <li>• Does not manage time or priorities well</li> <li>• <i>[ADD OTHER BEHAVIORS]</i></li> </ul>

### 2. Ensure potential candidates on your short list meet baseline requirements for preceptor role.

Compare each potential candidate on your short list to the preceptor requirements below. These requirements include:

- Preceptors must have at least *[NUMBER]* years of tenure at the organization
- Preceptors must have achieved a *[PERFORMANCE GRADE]* or higher during their last performance review
- Preceptors must be in good standing at the organization
- *[ADD OTHER ORGANIZATIONAL PRECEPTOR REQUIREMENTS]*



**TIP:** If a nurse demonstrates behaviors that would make a good preceptor but hasn’t yet met the tenure requirement, consider speaking to them about the role anyway. Use the scripting on page 61, then encourage them to apply for the position when they are eligible.



## Part II: Effectively pitch the preceptor role

Use the starter scripting below to introduce the preceptor role to candidates. Remember, the goal is to introduce this as an opportunity for professional development and not just another thing to do.

### 1. Open the conversation.

We encourage you to have these conversations when you first observe a nurse's potential to be an effective preceptor. Don't wait until you need staff to serve in this role.

- During a shift: *"Are you available to chat for a few minutes? I have some positive feedback to share."*
- During a performance review: *"Now that we've talked about your performance this year, I'd like to spend a few minutes on future opportunities and how you can continue to develop professionally by becoming a preceptor."*

### 2. Call out the behaviors and skills that you think qualify the nurse for the preceptor role.

For examples of these behaviors on page 60.

- "You've really become a go-to resource for newer staff on the unit. The entire team has really appreciated it!"
- "I've noticed how effective you are at communicating with [patients, physicians, peers]."
- "I've been really impressed with the way that you've learned to juggle all of your responsibilities."

### 3. Make the offer.

Make sure to connect this offer to the specific skills and personal development of the nurse. If the candidate doesn't yet meet the organization's requirements (such as experience level), encourage them to complete any preliminary requirements they can and then follow up when there is an opportunity to precept.

- *"I've been really impressed with your performance, and I want you to start thinking about leadership opportunities on the unit. Specifically, I think the preceptor role is a great fit for your skills."*
- *"Precepting really means training the next-generation of RNs on the unit. It's critical to our ability to deliver high-quality care. And I would love for you to be a part of that work."*
- If the candidate is not experienced enough but already showing potential: *"I think you'll make a great preceptor in [TIME]. Is that something you're interested in doing?"*

### 4. Describe rewards and recognition for preceptors.

Mention rewards and recognition that are offered to all preceptors, and how becoming a preceptor could positively benefit the RN's personal development.

- *"Precepting will mean some additional work for you. So, our organization rewards and recognizes preceptors."*
  - [ADD LIST OF REWARDS AND RECOGNITION]
- *"I also think precepting could really help you make progress on [COMPETENCY] performance goal."*



## Part II: Effectively pitch the preceptor role (cont.)

### 5. Answer questions.

Address as many concerns as you can in the moment. Consider offering to connect the nurse with an experienced preceptor to talk about the role further if they seem reluctant.

- *“I know I just shared a lot of information. What questions do you have?”*
- *“Would you be interested in taking on this role?”*
- *“Do you have any concerns about being a preceptor?”*

### 6. Close the conversation with next steps.

In follow-up, send the candidate the one-pager on the preceptor role and email *[NAME AND CONTACT INFORMATION FOR PERSON IN CHARGE OF PRECEPTORS]* with the candidate's name.

- *“Think about our conversation over the next few days. If you are interested in the role, let me know.”*
- *“[NAME OF PERSON IN CHARGE OF PRECEPTORS] will email you with the application. When you're ready to fill it out, let me know. I can help.”*
- *“If you have any concerns or questions in the future, please let me know. In the meantime, I'll send you more information about the role.”*
- *“Thanks for chatting with me. And keep up the great work!”*



## Talking points to introduce the guide to unit leaders

Use this scripting below to introduce the customized unit leader's guide to recruiting effective preceptors. Share the goal: that this guide will help make recruiting preceptors easier by rebranding it as an opportunity for professional development rather than just another thing to do.

### 1. Open the conversation.

- *“Thank you all for taking a few minutes to speak with me today. I want to discuss an issue that I know several of you have been dealing with: preceptor recruitment. More specifically, recruiting enough preceptors to support our new hires without burning out tenured staff.”*

### 2. Identify the problems with current preceptor recruitment strategies.

- *“One way that we can improve preceptor recruitment is by thinking about how we’re pitching this role to our staff.”*
- *“Traditionally, we’ve talked about the preceptor role as an obligation that our experienced staff are required to fill—especially as we need more preceptors than ever. One example of this would be telling staff that it’s their ‘turn’ to serve as a preceptor.”*
- *“What this indicates to staff is that serving as a preceptor is a chore, not a role to aspire to. And that makes it hard to convince staff to continue to serve as preceptors in the future—or at all.”*
- *“I understand that it’s difficult to recruit the preceptors you need without making the role an official or unofficial requirement for your tenured staff. But branding the preceptor role as a professional development opportunity makes a better case for how it benefits the individual nurse. And our long-term hope is that it generates excitement around performing incredibly valuable work for our organization.”*
- *Optional: “I’m also working on making the preceptor role more appealing, so staff are motivated to perform well and continue serving in the future. To give a few examples, [LIST PRECEPTOR RECOGNITION STRATEGIES]. But when we do have to recruit new preceptors, I want that process to be as easy as possible for you.”*

### 3. Introduce the customized unit leader's guide to recruiting effective preceptors.

Pass out copies of the guide and review each page together.

- *“I’ve developed a resource to help you rebrand this role to your staff. I’m going to pass it out, and then let’s review it together.”*
- *“You may notice that the first step in both identifying high-quality preceptor candidates and selling them on the role is calling out the specific skills that would make them a good preceptor. That’s intentional! We want staff to feel like we’re tapping them to be a preceptor because of their particular skills. And even if they don’t meet our organization’s baseline requirements quite yet, that’s okay. We can plant the seed with them early, which will build a pipeline of preceptors for the future.”*
- *“This is a big change. Changing the perception of precepting won’t happen overnight. But my hope is that these resources will start a broader shift in which preceptors feel that this is an opportunity to develop new skills and staff aspire to serve in this role.”*



## Talking points to introduce the guide to unit leaders (cont.)

### 4. Ask the group if they have any questions.

- *“Now, I’d like to get your feedback on this change. Do you have any questions?”*
- *“What roadblocks do you anticipate on your unit to re-branding the preceptor role in this way?”*
- *“What other scripting have you successfully used in the past?”*

### 5. Close the conversation with follow-up steps, if needed.

- *“Ideally, I’d like to start recruiting preceptors in this way as soon as possible. Please let me know if you encounter any challenges, and we can talk through solutions together.”*
- *“As always, feel free to come to me at any time with your questions or concerns.”*

# Tool 9: Screen for high-quality preceptors with behavioral-based interviewing

## Overview

Unit managers and educators typically recruit preceptors based on clinical competence or nursing experience. But clinical competence and experience don't necessarily translate into the teaching skills needed by a successful preceptor. As a result, nurses tapped to be preceptors—and their preceptees—may struggle to perform well.

This tool helps unit leaders screen for high-quality preceptor candidates using behavioral based interviewing (BBI). BBI is a method of questioning that encourages candidates to describe how they respond to past challenges. It's based on the premise that the most accurate predictor of future performance is past performance in similar situations.

## Users

- Directors of professional practice
- Nurse educators
- Unit managers

## Time required

- 15 minutes to review tool
- 1 hour to customize interview guide
- 30 minutes to explain interview guide to nurse managers and/or educators

## How to use this tool

### 1. Tailor the interview guide on beginning on page 67 to match your organization's preceptor competencies.

Review the introduction to BBI on page 66 and then tailor the preceptor interview guide on the following pages to your organization's preceptor competencies. An editable version of this guide at [advisory.com/nec/preceptortoolkit](https://advisory.com/nec/preceptortoolkit). If you don't have preceptor competencies, you can use the interview guide as is, or download our preceptor competency reference guide from [advisory.com/nec/preceptortoolkit](https://advisory.com/nec/preceptortoolkit) and develop your own.

### 2. Give the interview guide to unit leaders.

Introduce the value of behavioral-based interviewing to nurse managers, educators, and anyone else who selects preceptors. Bring printed copies of the introduction to BBI and the customized interview guide, then offer to connect with leaders personally to answer any questions they may have.

### 3. Optional: Ask your organization's HR leaders for feedback on the interview guide.

Particularly if your organization uses BBI to screen new hire candidates, ask HR for feedback on the preceptor BBI interview guide. The goal is to mirror the preceptor interview guide as closely as possible to the guide unit leaders may use to screen for other candidates.



## Introduction to behavioral based interviewing (BBI)

### What is BBI?

BBI is a method of questioning that encourages candidates to describe how they responded to past challenges. The technique is based on the premise that the most accurate predictor of future performance is past performance in similar situations. By getting nurses to discuss past experiences related to the skills required to be a preceptor, you will more accurately predict their future success.

### What should a BBI interview guide include?

#### ▶ A key

The key should include easy-to-follow guidelines that describe each level of response. These guidelines will help managers who are debating between levels.

#### ▶ Preceptor competencies

BBI is based on the competencies required for success in the role. Each competency is accompanied by an individualized set of interview questions. If your organization has too many preceptor competencies to fit in the interview, prioritize competencies that are difficult to screen for in another way. For example, if you have a competency for clinical ability, the candidate's last performance review may be a better indicator of future success than an interview question.

#### ▶ BBI questions

Each competency should have a set of interview questions that ask the candidate to describe how they performed a task associated with that competency in the past. Find more information on how to develop these questions below.

#### ▶ “Ideal responses” vs “red flags”

Each question set should be accompanied by guidelines of what makes a good or bad answer. These guidelines should track to the behaviors associated with each competency.

#### ▶ Space for taking notes

Include space for notes and scoring after every question set.

### How do you develop BBI questions?

BBI questions consist of three sequential parts:

1. Prompt candidate to **identify a past experience related to a certain job competency.**
2. Ask candidate to **outline the concrete situation.**
3. Ask candidate about their **response to that situation.**

BBI questions are always phrased in the past tense to ensure that the candidate discusses a specific occurrence in the past rather than a hypothetical example. Find examples of BBI questions in the sample interview guide starting on the next page.



## Sample BBI preceptor interviewing guide

The interview guide on the next two pages will help screen for high-quality preceptors. It is based on the suggested list of preceptor competencies available for download at [advisory.com/nec/preceptortoolkit](https://www.advisory.com/nec/preceptortoolkit). If your organization has different preceptor competencies, download and tailor the editable interview guide at [advisory.com/nec/preceptortoolkit](https://www.advisory.com/nec/preceptortoolkit).

When finished, share this interview guide with unit managers and educators.



Candidate name: \_\_\_\_\_ Interviewer name: \_\_\_\_\_

Unit: \_\_\_\_\_ Date: \_\_\_\_\_

**Evaluation key:**

- 1 Strong evidence the skill isn't present
- 2 No evidence the skill is present
- 3 Some evidence the skill is present
- 4 Strong evidence the skill is present

Critical competency	Questions	Ideal responses and red flags	Notes
Teaching skills	1. Give me an example of something complicated you had to explain to someone else. What were the results? 2. Sometimes we are misunderstood by other people. Has this ever happened to you? How did you respond and what were the results? What did you do to prevent this from happening again? 3. Describe a time when you were able to help a co-worker solve a problem or solve their performance.  Follow-up questions <ul style="list-style-type: none"> <li>• What happened?</li> <li>• What did you do?</li> <li>• What was the result?</li> </ul>	<b>Ideal responses</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Able to communicate complex ideas to team members</li> <li><input type="checkbox"/> Has good verbal skills and ability to influence listeners</li> <li><input type="checkbox"/> Uses skills such as reflection, restatement, and paraphrasing</li> <li><input type="checkbox"/> Values humor</li> </ul>	Score:
		<b>Red flags</b> <ul style="list-style-type: none"> <li>! Offers short answers with little explanation</li> <li>! Mumbles or offers incomplete answers</li> <li>! Expresses frustration with learner confusion</li> </ul>	
Project management	1. Describe a time when you faced an unexpected setback to a project you were managing. How did you overcome it? 2. Tell me about a time when you were tasked with a long-term project. How did you keep yourself on track to complete it?  Follow-up questions <ul style="list-style-type: none"> <li>• What happened?</li> <li>• What did you do?</li> <li>• What was the result?</li> </ul>	<b>Ideal responses</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Remains calm under pressure</li> <li><input type="checkbox"/> Communicates challenges appropriately to management</li> <li><input type="checkbox"/> Not afraid to ask for help</li> <li><input type="checkbox"/> Able to self-manage deadlines and project goals</li> </ul>	Score:
		<b>Red flags</b> <ul style="list-style-type: none"> <li>! Reluctant to ask others for help</li> <li>! Doesn't create and adhere to deadlines</li> <li>! Doesn't communicate obstacles to management</li> </ul>	

Source: HR Advancement Center, *The Behavioral-Based Interviewing Toolkit*, Washington, DC: Advisory Board, 2019; Nursing Executive Center research and analysis.



**Evaluation key:**

**1** Strong evidence the skill isn't present

**2** No evidence the skill is present

**3** Some evidence the skill is present

**4** Strong evidence the skill is present

Critical competency	Questions	Ideal responses and red flags	Notes
Role modeling	1. Tell me about a time when you acknowledged or celebrated the success of yourself or others.  2. Have you ever mentored a peer? Describe a situation when you worked with an employee or colleague to successfully improve his/her performance.  Follow-up questions <ul style="list-style-type: none"> <li>• What happened?</li> <li>• What did you do?</li> <li>• What was the result?</li> </ul>	<b>Ideal responses</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Able to communicate complex ideas to team members</li> <li><input type="checkbox"/> Works collaboratively with peers</li> <li><input type="checkbox"/> Has a positive and upbeat attitude</li> </ul>	Score:
		<b>Red flags</b> <ul style="list-style-type: none"> <li>! Expresses no interest in teaching</li> <li>! Speaks poorly of subordinates or colleagues</li> </ul>	
Teamwork	1. What is the main strength or "natural style" that you bring to a team? Describe a specific situation and how your work style affected the team's decision.  2. Give me an example of when you have done some things for others in the organization on your own, without being asked or told to do so.  Follow-up questions <ul style="list-style-type: none"> <li>• What happened?</li> <li>• What did you do?</li> <li>• What was the result?</li> </ul>	<b>Ideal responses</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Distinguishes between own efforts and contributions made by others</li> <li><input type="checkbox"/> Is proud of team accomplishments</li> <li><input type="checkbox"/> Maintains a positive attitude in light of disagreements</li> </ul>	Score:
		<b>Red flags</b> <ul style="list-style-type: none"> <li>! Prefers to work alone</li> <li>! Does not understand differing viewpoints</li> <li>! Unable to delegate</li> <li>! Is unable to appropriately resolve conflicts</li> <li>! Shares critical information up, down, and across the organization</li> </ul>	

**Candidate scoring guidelines:**

1. Review the scores for each skill. **Do not recommend** if the candidate has more than one category with a score of 1 or 2.
2. Average the scores across each skill. **Do not recommend** if the candidate have an average score lower than 3.

**Would you recommend this person as a preceptor?**

Yes  No

# Advisors to our work

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

## Resources



### The Experience-Complexity Gap

*Best practices for delivering high-quality care with a more novice workforce*

- Fiercely scope weeks 1-12 of new graduate transition
- Ensure preceptors teach new nurses the right way every time
- Redistribute nurse experience to where it's needed most across the organization
- Differentiate practice for competent, proficient, and expert nurses



### First Year Nurse Retention Toolkit

*Three strategies to fast-track professional growth and loyalty*

- Help new nurses gain confidence and a sense of accomplishment
- Provide emotional and social support to help new nurses cope with the demands of the job
- Tap into the ambition, energy, and creativity of first-year nurses and help them envision a career path at your organization



### Bridging the Preparation-Practice Gap, Volumes I and II

*Quantify new-graduate nurse improvement needs and accelerate practice readiness*

- Vol. I**
- Comparison of nursing school training and new-graduate performance
- Vol. II**
- Targeted clinical rotations
  - Expert clinical instruction
  - Exceptional student experiences



### The Critical Thinking Toolkit

*Sixteen tools to enhance bedside nursing performance by building critical thinking*

- 16 targeted exercises to enhance bedside nurse performance on five core components of critical thinking.
- Problem recognition
  - Clinical decision-making
  - Prioritization
  - Clinical implementation
  - Reflection

## Available Online

To access or order hard copies of these resources, please visit the Nursing Executive Center's website: [advisory.com/nec](http://advisory.com/nec)

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