JNPD Editorial Beth Ulrich, EdD, RN, FACHE, FAONL, FAAN

Role Development for Preceptors

A Key Responsibility of Nursing Professional Development Practitioners



There are moments in your career whose importance you only recognize in hind sight. One of those moments for me occurred many years ago when I was moderating a panel composed of nursing school faculty, clinicians, nursing administrators, and undergraduate and graduate students in which we were discussing clinical experiences. The undergraduate student on the panel had been quiet, yet pensive, whereas others spoke, so I asked her if she wanted to share her thoughts. I had no idea her response would influence much of my future work. She said, "For our clinical experiences, we just don't understand why you cannot assign us to nurses who like to work with students." The room went dead silent as the rest of us looked at each other stunned and thought, "Why can't we do that? Why aren't we doing that?"

In future years, I came to understand the depth and complexity of what it would take to make that happen and that it was not just student nurses who need help but every nurse who moves into a new role (new graduate to registered nurse [RN], RN to nurse practitioner, RN to manager, nursing professional development [NPD] practitioner, or academic educator) or who moves into a new specialty area (e.g., from medical-surgical nursing to critical care nursing). And it is not just about liking to work with students or with people transitioning but also about having the preparation for that role. Fast forward a few years to when my colleagues and I got to observe many preceptors in action (some great, some not so good) and

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also observe the results of their efforts (some great, some not so good), it became clear that willingness to be a preceptor was not enough (although willingness is certainly a prerequisite), but that we needed to define the role, call it out as requiring additional knowledge and expertise, be particular about who we selected for the role, and support and nurture their work. The result was the development of a model that described the roles and context of precepting and publishing a book on the knowledge needed to become a preceptor and to develop preceptors (Ulrich, 2012). At the time, there was not a lot of information available on precepting, and most of what was available was about precepting students, so I relied on the knowledge, experience, and observations of myself and my colleagues. There were two goals in writing the book — to provide the knowledge needed and, equally as important, to raise the awareness of the need to understand the complexity and necessity of the preceptor role and the investment required to develop, support, and nurture preceptors. Seven years later, with the availability of much more information and with feedback from people who had used the book, the second edition was published (Ulrich, 2019).

A NATIONAL STUDY — INITIAL RESULTS

Evidence combined with experience is far better than experience alone. In 2019, the Association for Nursing Professional Development (ANPD) committed to doing a national study to identify the roles and competencies essential to preceptor practice and to identify differences in precepted experiences based on area of practice or the population of preceptees. I was honored to be invited by Mary G. Harper, PhD, RN, NPD-BC, ANPD's Director of Nursing Professional Development, to participate in that research endeavor, along with Joan Warren, PhD, RN, NPD-BC, NEA-BC, FAAN, and Dawn Whiteside, MSN, RN, NPD-BC, CNOR, RNFA. The ANPD 2020 National Preceptor Practice Study was conducted in February and March 2020.

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JNPD Editorial

Over 3,500 preceptors responded to the survey, with 66% of the participants being direct care nurses and 16% being NPD practitioners. All of the participants had been a preceptor at least once in the previous year. They provided us information on their preparation, their experiences, and their thoughts on what knowledge and skills are required to be a preceptor.

The roles identified in the Ulrich Precepting Model (teacher/coach, role model, leader/influencer, facilitator, socialization agent, evaluator, and protector) were supported. A factor analysis supported all seven roles with Cronbach's alpha values for the roles ranging from .927 to .972 and from .839 to .949 for the domains. There was no significant difference in preceptor roles by the type of unit in which the preceptors worked; however, there were significant differences in the duration of time of the precepted experience based on the type of unit and the skill level of the individual precepted.

Overall, the study found the preceptor responsibility to be multifactorial and to require

- competence in each role delineated in the Ulrich Model of Precepting,
- ability to determine and implement each role based on situational context, and
- ability to move between the roles.

The initial results from ANPD's 2020 National Preceptor Practice Study (presented at the 2020 ANPD Annual Convention; Harper et al., 2020) are already providing information and guidance on formalizing the requirements to be a preceptor. The results of the detailed analyses of the data will provide additional evidence on the preparation and practice of preceptors.

NOW MORE THAN EVER

We need competent and engaged preceptors now, more than ever. The pandemic and its surges have caused disruptions in both patient care organizations and in schools of nursing. Many new graduate registered nurses (NGRNs) in 2020 came into the profession in the toughest of times and in times when we may not have been able to provide them with the transition-to-practice support that we know new graduates need. For students, access to in-person clinicals has been diminished since the beginning of the pandemic, and although simulation can be a comparable replacement for some clinical experiences, it cannot replace everything. We need preceptors to work with both of these groups to ensure their competence in practice and their personal ongoing success as nurses.

Now, more than ever, we need the knowledge, expertise, and leadership of NPD practitioners in the NPD responsibility of role development (Harper & Maloney, 2016). The many patient care practices that changed over the course of the pandemic will require evaluation, formalization into organizational policies and procedures, integration into education programs, and competency validation for all staff. In addition, NPD practitioners, as partners for practice transitions, will need to update NGRN residencies to meet the needs of NGRNs who spent their last year of school in the pandemic environment, update onboarding programs to reflect changes in practice, and prepare preceptors to function effectively in both. Five of the seven roles identified in the NPD Practice Model (learning facilitator, change agent, mentor, leader, partner for practice transitions) and competence in all of the standards of NPD practice (Harper & Maloney, 2016) are needed to prepare preceptors.

PRECEPTORS AND NPD PRACTITIONERS

The roles of preceptors and NPD practitioners are intertwined. Indeed, being a preceptor may be an RN's initial foray into an NPD career. NPD practitioners teach, develop, and support preceptors, who — in turn — are vital partners in the practice components of many NPD programs. Preceptors are critical to the success of nurses transitioning to new roles and specialties, and NPD practitioners are critical to the success of preceptors.

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