



**Vanderbilt University Medical Center**

***Preceptor Guide for  
New Graduates***

Questions? email [preceptortreasures@vumc.org](mailto:preceptortreasures@vumc.org) or [nurseresidency@vumc.org](mailto:nurseresidency@vumc.org)



VANDERBILT  UNIVERSITY  
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## VUMC Preceptors & New Graduate Nurse Residents

Preceptors have the unique opportunity to have a profound impact on new graduate nurse's introduction to the healthcare field and their career development. Becoming a new nurse comes with a world of uncertainty as time management, critical thinking, and clinical reasoning becomes imperative in safe and effective patient care. Being a successful preceptor requires solid patient care and strong skill sets, but also an understanding of key principles of adult learning, facilitating assessment and evaluation of the learning and giving effective feedback. Here at VUMC we strive for patient and family centered care and want preceptors to assist the new graduate nurses in developing a holistic view of the patient and understanding multiple aspects of effective care delivery.

### Preceptor Support of patient-centered care

- Strong communication skills by active listening and creating a network of trust
- Respect patients as unique and whole individuals
- Importance of interprofessional teamwork
- Set clear and concise expectations
- Follow up and re-emphasize these expectations throughout the entire orientation process
- Provide guidance for available resources

### Topics and Resources included in this guide include:

- Overview of VUMC's Nurse Residency Program
- Overview of VUMC's Preceptor Program
- Tips for various preceptor roles
  - Socializer
  - Teacher
  - Evaluator
- Building Confidence
- Critical Thinking & Clinical Reasoning
- Difficult Conversations
- Giving Feedback
- Managing Stress in Transition to Practice
- Clinical Practice Guidelines (Scope of Practice for Nurse Residents)
- Additional Preceptor Resources

By solidifying these key concepts, preceptors can make a world of difference in an intimidating and uncertain process for the new graduate nurse. The ever-changing healthcare system requires critical thinking and evaluation of practice. With strong, proactive preceptors, nurse residents can develop their full potential and excel in patient-centered care. Thank you for your support and dedication as a preceptor at VUMC!



Nursing Education and Professional Development  
[www.vanderbiltnursing.com](http://www.vanderbiltnursing.com)



## VUMC Nurse Residency Program

The [Nurse Residency Program](#) provides a solid foundation for new graduate nurses transitioning from student to professional nurse and offers support in the development of effective, competent, and committed nurses.

The 12-month program includes a centralized onboarding process and orientation, department-specific content and skill development, preceptor support and transparent leadership support. After completion of department-based orientation, nurse residents continue with regularly scheduled workshops designed to address specific transitions through the first year of practice as a novice nurse. Topics include delegation, time management, resiliency, patient engagement, diversity, cultural competency, ethical decision making, evidence-based practice, and quality initiatives.

Vanderbilt University Medical Center Nurse Residency Program is accredited with distinction as a Practice Transition Program by the American Nurses Credentialing Center's Commission on Accreditation in Practice Transition Programs.

The current sites included in this accreditation with distinction designation are:

- **Vanderbilt University Adult Hospital**
  - Acute Medicine
  - Acute Surgery
  - Cardiac Stepdown
  - Oncology
  - Critical Care
  - PACU
  - Emergency Department
  - Women's Health
  
- [Vanderbilt Behavioral Health](#)
  - Adult Inpatient Behavioral Health
  - Child & Adolescent
  - Psychiatric Assessment Services
  
- [Monroe Carell Jr. Children's Hospital at Vanderbilt](#)
  - Acute Care
  - Critical Care
  - Emergency Department
  - Perioperative Services

This accreditation with distinction validates our organizational commitment to supporting Nurse Residents as they deliver safe, effective, quality patient care. ANCC recognized the outstanding attributes of current and former VUMC Nurse Residents and provided an opportunity for us to further improve and standardize processes across VUMC. [American Nurses Credentialing Center's \(ANCC\) Practice Transition Accreditation Program \(PTAP\)](#).



## VUMC Preceptor Program

Studies show that the preceptor plays a significant role in the competency development and job satisfaction of new staff. Vanderbilt University Medical Center relies on preceptors across the organization to transition new staff into their role. Using content framed on Benner's Theory of Stages of Development and Principles of Adult Learning, the Preceptor Program at Vanderbilt teaches strategies to promote critical thinking, giving and receiving feedback, and managing conflict.



Visit the website for workshop dates, online curriculum enrollment, podcasts, tip sheets and more!

<https://www.vumc.org/preceptor-program/>



Preceptor Introduction 1: Basics & Terminology On-Demand

Preceptor Introduction 2: Roles & Responsibilities On-Demand

Preceptor Introduction 3: Learning Preferences & Assessment On-Demand

Preceptor Introduction 4: Competency & Performance Evaluation On-Demand

Preceptor Introduction 5: Reflective Practice On-Demand

Preceptor Introduction Curricula On-Demand

*Want support to become a more effective preceptor?*

*Want a chance to network and problem-solve with other preceptors?*

**VUMC Preceptor Support Committee**

Join live or via Skype quarterly for:

- Tips and tricks for preceptors
- Networking and problem-solving
- Professional development

## Roles of the Preceptor: Socializer

- Establish a non-threatening relationship with your orientee.
- Give them a "safe place" to learn and ask questions.
- Be a clinical and professional role model.
  - Avoid short-cuts, ensure you are explaining everything even if it takes longer.
  - Always follow VUMC/unit policies and procedures.
  - Share the resources for these policies with your orientee,
- Introduce orientee to other members of the healthcare team.
- Include orientee in lunch breaks, coffee breaks, other conversation.
  - Involving a new employee makes them feel more welcomed to the unit, lets them get to know you as the preceptor as well as others that will soon be their peers and team members in patient care.
  - A new employee that is well socialized is more likely to stay in their position for a longer period of time, because they have emotional ties to the other employees.



## Roles of the Preceptor: Teacher

- Assess your orientee's learning needs to develop teaching plan/goals.
- Make a plan each shift for what you will accomplish together.
- Use your unit resources to guide what skills/education your orientee will receive that day.
- Provide ongoing feedback to your orientee.
  - Identify their preference for receiving feedback and try to adhere to that preference.
  - Important to give open & honest feedback. You do a disservice to the orientee by not telling them what they need to work on/how they are falling behind.
  - Don't forget the good stuff! Compliment a job well done.
- Think out loud.
  - Talking through tasks, no matter how small, helps orientees think how to critically think and problem solve.
  - It gives them the "why" behind tasks.
- Make time to debrief after critical/stressful situations.
  - Explain what happened and why decisions were made.
  - This lets your orientee know that they will be supported if/when they have to manage critical situations without a preceptor to fall back on,

# Roles of the Preceptor: Evaluator

- As the preceptor you:
  - Observe the orientee's clinical practice to determine their level of capability to perform care independently.
  - Discuss the orientee's performance issues or concerns with them and the unit leadership.
    - Being honest with your orientee from the start allows them to correct shortcomings before they become bad habits. It also creates a culture of openness, allowing the orientee freedom to ask questions when they don't understand something.
    - Involving leadership ensures that the right people are involved that can help the orientee develop in the correct way to be able to complete their orientation.
  - Document observations of your orientee's capability or need for improvement.
    - The method of documentation varies by unit. See your unit leadership for clarification.
  - Identify concerns regarding delegation skills and accountability.

# Building Confidence

## Starting Off

- Avoid Comparison/perfectionism
  - Everyone learns at their own pace and have a different set of past experiences.
  - Don't expect them to know everything immediately. Learning is a gradual process.
  - Remember that no matter their experience level, you have more experience than they do in your unit.

## Throughout Orientation

- Avoid overloading them with assignments above their skill level. Although orientation should be challenging, most people do not learn when overloaded. Monitor progress with
- daily/weekly evaluations-This helps both the preceptor and preceptee to see their progress as well as help identify future goals.
- Set realistic goals/expectations involving the preceptee. This ensures that they understand which areas need improvement.
- Make sure you understand questions they are asking. This help to prevent confusion and mistakes.
- As orientation progresses have them answer own questions previously reviewed. Preceptees often ask question they know the answer just because they are unsure. By having them answer their own question, you boost their confidence as well as get a better picture of any knowledge gaps present. This can also elevate frustration of the preceptor.
- Go over task that are unfamiliar outside the patient's room. If they are allowed to fumble new tasks with witnesses, this not only hurts their confidence but also the family confidence in the care they are receiving.
- Talk positively to others about your orientee.
- Be aware of your body language.



# Critical Thinking & Clinical Reasoning

Critical thinking is the ability to intellectually gather, analyze and judge a situation or data. Mastering critical thinking will help increase confidence, time management and performance. Clinical reasoning can be one of the most challenging skills sets for new nurses as they enter an atmosphere of rapid change and require high attention to detail. Learning to recognize patient deterioration and proper intervention is essential and can be challenging.

## Start with a good foundation

- Think out loud & discuss clinical care
- Explain why tasks are completed in a certain order
- Explain the expected result of a task, medication, or treatment
- Teach general disease processes & constantly evaluate and assess learning

## Increase critical thinking skills

- Encourage questions, ask open-ended questions to encourage reflection
- Have preceptee layout order of task prior to starting. Explaining why things may be completed in alternate order
- Provide more in-depth teaching of disease and care process
- Encourage debriefing and self-reflection in the moment and at the end of every shift.

## As orientation progresses

- Help preceptees think through the answers to their own questions building on previous knowledge. This can help them to put things together.
- Ask them to explain to you the reason why the task, medication or treatment are ordered.
- Share past experiences of events explaining what occurred, what was done and how outcome was affected
- Give “what if” scenarios of past events and help them work through possible treatments or task as well as expected outcomes.

## Difficult Conversations

- Make it safe by providing a private place to have the conversation, establishing mutual purpose and respect and stating the intention clearly.
  - Safety is not about comfort. Make sure you are addressing the real issue without minimizing or "watering it down."
  - Content of these conversations rarely cause defensive behaviors; it is all in how you address it.
  - Think through and plan your conversation first. Be ready with specific examples and resolutions.
  - Consider practicing/role-playing this conversation with a member of unit leadership (not with a co-worker that is a peer, which will lead to gossip).
- Have realistic expectations about the outcome of this conversation.
  - You may not get a thank you from your orientee, but in having this conversation, you have done the right thing in helping them grow.
  - Try to stay on message and not get distracted despite the reaction from the orientee.
  - Do not let yourself get emotional, take a deep breath and re-focus the conversation.
- Exit the conversation by agreeing on a specific plan and thanking them for listening to your feedback.

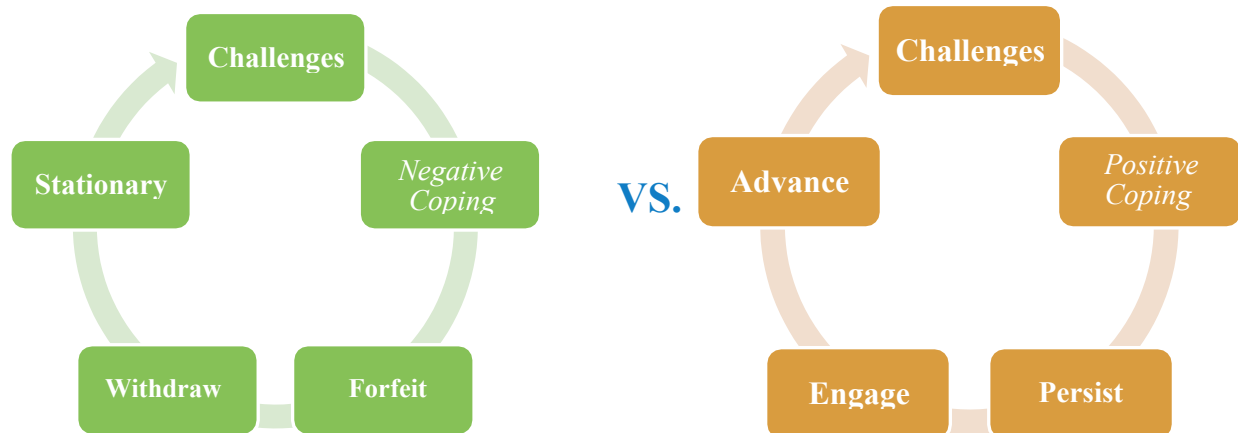


# Managing Stress in Transition to Practice



## **Occupational Coping Self-efficacy:** How Well Do You Manage Work-related Stress?

Understanding how you perceive yourself at managing occupational stress allows for overcoming of challenges by viewing difficult situations as *positive learning opportunities*.



## **Person-Job Fit:** Do Your Expectations for Your Role Match Actual Work Environment?

Assessing desired vs. tangible in these six factors allows for better *growth as a nurse*.

- **Workload:** Job demands
- **Control:** Autonomy
- **Rewards:** Financial, personal, or social recognition
- **Community:** Relationships and comradery
- **Fairness:** Perceived justice
- **Values Congruence:** Match of priorities and values of you and institution
- **Confidence:** Self-efficacy that you can take on tasks and be successful
- **Optimism:** Having a positive attitude
- **Hope:** Ability to persevere in obstacles
- **Resilience:** Ability to recover even when not successful the first time

## **Promoting Positive Outcomes:** It Starts with You!

There are many factors out of your control as you transition to a new role, however, remembering to take care of yourself will allow you to take care of others. Self-care is so vital to the nursing role; it is mandated by the American Nurses Association's Code of Ethics. Provision 5 states "the nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth"



## VUMC Nurse Resident Clinical Practice Guidelines

- It is the responsibility of the nurse resident (NR) to practice within their scope: licensed (RN), graduate nurse (GN) or non-licensed (NLNR). Practicing within the appropriate scope and licensure is the responsibility of the nurse resident.
- NRs must communicate their licensure status to their preceptor.
- NRs are always expected to wear their VUMC issued ID badge. The color of the NRs badge should be reflective of licensure status (blue - licensed & white – GN & NLNR).

	<b>Licensed Nurse Resident</b>	<b>Graduate Nurse Resident</b>	<b>Non-Licensed Nurse Resident</b>
<b>Definition</b>	Successfully passed the NCLEX and obtained a license either in TN or a multi-state compact license.	Graduated since December 2019 from an accredited school of nursing and is temporarily authorized to practice by the <a href="#">TN Board of Nursing</a> (names must be verified).	Successfully passed the NCLEX and licensed in a non-compact state, awaiting endorsement from the TN Board of Nursing OR Awaiting authorization to test/ NCLEX and <i>not listed as temporarily authorized to practice on TN BON website.</i>
<b>Credential</b>	RN (blue strip on VUMC badge)	GN* (white VUMC badge)	NLNR* (white VUMC badge)
<b>Responsibility</b>	Preceptor is a guide; Both the preceptor and nurse resident each practice under their own licenses.	Temporary authorization to practice allows nursing practice while under supervision. GN is responsible for actions. Preceptor is a guide and responsible to supervise.  Once licensed, see Licensed Nurse column.	Preceptor is a guide; the NLNR should be practicing limited scope of practice.  Once licensed, see Licensed Nurse column.
<b>Medication Administration</b>	Preceptors are available as a resource to ensure safe medication administration.	Preceptors are available as a resource to ensure safe medication administration.	Do not give any type of medications under any circumstance.
<b>Blood Administration</b>	The nurse resident may participate in all aspects of blood verification and administration with a second licensed staff member of that unit. (Cannot be another nurse resident).	The nurse resident may participate in all aspects of blood verification and administration with a second licensed staff member of that unit. (Cannot be another nurse resident).	Do not participate in the verification process or the administration of blood products under any circumstance.
<b>Assessments</b>	Preceptors are available as a resource during assessments to provide guidance, support, and validate or clarify any findings.	Preceptors are available as a resource during assessments to provide guidance, support, and validate or clarify any findings.	May not complete independent assessments. May perform physical assessments, but all findings must be verified by the preceptor.

<b>Technical Skills</b>	May operate within department scope of practice without restrictions with guidance from the preceptor. Nurse Residents are not allowed to have an independent assignment under any circumstance until deemed appropriate by department leadership.	May operate within department scope of practice without restrictions with guidance from the preceptor. Nurse Residents are not allowed to have an independent assignment under any circumstance until deemed appropriate by department leadership.  If the nurse resident completes their department orientation period and is not yet licensed, they will be paired with a licensed RN with a shared assignment (adjusted in size). GN's will not have an independent assignment until past orientation and licensed to practice in TN.	May perform the following: <ul style="list-style-type: none"> <li>• Vital Signs</li> <li>• Height and Weight</li> <li>• Basic Hygiene</li> <li>• Intake and Output, empty drainage bags</li> <li>• Simple wound care or simple dressing changes</li> <li>• May draw blood from peripheral venous sticks only.</li> <li>• Do not draw blood from peripheral or central lines.</li> <li>• May perform urinary catheterization, remove urinary catheter, and perform in and out urinary catheterizations</li> </ul>
<b>Documentation</b>	All documentation is verified by the preceptor while in orientation, signed as "RN"	All documentation is verified by the preceptor & signed as "GN"	May document actions within scope of practice. Oversight by preceptor while in orientation. Signed as "NLNR"

\*Nurse Residents will receive a badge buddy at the end of the first week that indicates their status and provides a QR code linking to this scope of practice.



Additional questions about the Scope of Practice may be directed to [nursesresidency@vumc.org](mailto:nursesresidency@vumc.org)



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