Teaching Preceptors
Using the Cognitive and Affective Domains

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Learning Outcomes

1. Discuss the necessary components of a successful Preceptor Development Program

2. Analyze various methods for teaching to the cognitive and affective learning domains

3. Perform several activities that demonstrate learning within the cognitive and affective domains.
Community Medical Centers

Clovis Community Medical Center

Community Regional Medical Center

Fresno Heart & Surgical Hospital
Background

- 2½ year lapse of preceptor training
- Organization was challenged to provide consistent practices amongst preceptors
- System leadership mandated corporate preceptor program
Framework

Transformational Learning Theory

Strategy:
• Emphasize cognitive and affective domains
• Humor, activities, videos and role playing while integrating the cognitive domain
• Increase knowledge, skills and confidence
Outline of Class Content

- Mission, Vision & Nursing Philosophy
- Definitions
- Roles, Responsibilities & Characteristics
- Personality Styles
- Learning Styles
- Building a relationship
- Communication
- Conflict Resolution
- Adult Learning
- Learning Needs
- Learning Plans
- Implementation & Teaching Modalities
- Coaching
- Critical Thinking
- Evaluation
- Competency Validation
- Feedback Methods
Learning Activities

• Preceptor “Do Not Do” list
• Communication Drawing
• Learning Style Questionnaire
• Personality Type Questionnaire
• Video Critiques
• Self-Assessment Test for Conflict Management
• Conflict Resolution Role Playing
Learning Activities

• Learning Plans
• Teaching Modalities and Tools
• Critical Thinking Statements
• Teambuilding Towers
• Dance-Off
• Shout-Out Brainstorming Activities
• B.E.E.R. Feedback Role Playing
Do’s & Do Not’s

• Use negative feedback when correcting preceptee performance.

• Embarrass the new hire in front of coworkers, other staff, or patients.

• Take over situations or do for preceptees what they can do for themselves.
Conflict Resolution
Feedback
Coaching

1. Instructions only

2. Demonstration/Return Demonstration

3. Interactive Coaching

Blind-folded Bean Bag Toss changed to Dance-Off
Dance-Off

ARM PUNCH
GRAPEVINE
CHEERLEADER
FLICK
CONFUSION
HAPPY DANCE
PONY
COWBOY
PUSH
Statistics

- 24 sessions
  3/2015 - 3/2017
- 550 participants system-wide

- 522 RNs
- 3 Surgical Technicians
- 5 Social Workers
- 6 Medical Office Administrators
- 2 Medical Assistants
- 4 Patient Care Assistants
- 3 Radiology Technicians
- 3 Dialysis Technicians
- 1 Pharmacist
- 1 Physical Therapist
Evaluation Scores

• Usability of Information = 93.6%

• Teaching Methods = 93.5%

• Effectiveness of Instructors = Average 95.7% between six instructors
Positive Comments

The course made me reflect on how I precept and gave me specific tools.

This course built my confidence as a preceptor, and made me think.

Very hands-on and interactive class made it useful and memorable.

The class was SUPER fun and I really enjoyed it.

Interactive exercises reinforced the learning process.

The interactive exercises reinforced the learning process.

Classroom involvement was dynamic!

The class had creative learning opportunities which enhanced the learning objectives.

Interactive portions of the class helped to cement the information.

I came out of this class with hope and confidence.

The class was SUPER fun and I really enjoyed it.
Constructive Comments

• Too many group activities
• Activities are repetitive or irrelevant
• Too long; make it shorter
• Condense to 4 hours
• Losing interest near the end
Lessons Learned

• Decrease theory and increase practical application

• Increase how to foster critical thinking with orientee

• Improved the explanation of the activities and connection to content
Future Plans

• Revise class for future applications:
  • EHR documentation proficiency
  • Orientation Skills List
  • Conflict Resolution
• Unit-specific specialty classes
• Create tiered classes—beginner, intermediate and advanced
Questions?

Thank you!


