Introduction: Effective leadership skills are foundational to nursing practice at all levels, this abstract focuses specifically on the preceptor role. In the current health care environment, nurse preceptors are often asked to assume frontline leadership roles without needed leadership competencies and skills to reflect the organizations’ nursing imperatives. As specialists in their areas of clinical practice, preceptors become critical in facilitating a successful transition to practice and role competency for the preceptee. The preceptor becomes the guiding force utilizing knowledge, skill, and ability in a pivotal role for addressing the education to practice gap for preceptees. The success of the preceptor role has a positive impact on successful orientation and retention of new staff. To ensure a solid foundation, there is an organizational responsibility to prepare the preceptor using preceptor specific scope and standards of practice to train for this critical role. For Nursing Professional Development Specialists to respond to this call for action, it is imperative to devote educational resources to cultivate and develop effective leadership behaviors at all levels, reinforcing a caring relationship with preceptors and preceptees to create an environment that allows the preceptee to flourish under the guidance of an effective preceptor.

Significance/Purpose: The purpose of this abstract is to demonstrate the modifications to teaching modalities incorporated into the existing Preceptor Development Workshop that support the FACC series. As preceptors, the understanding of what the preceptee is learning related to situated thinking and action during the FACC series and how to best support the new learning is integral to the success of program outcomes. The aim is to share our organizational experience integrating a humanistic learning environment model using metaphor of engaging head-hands-heart to co-create an experiential, transformational learning environment that engages preceptors in mutual dialogue, deep reflection, mindful attention and authentic presence. Effective leadership skills and behaviors related to relationship management, mindful communication, conflict resolution, team building, change management, human flourishing, and self-leadership were woven into workshop curriculum to help reinforce participants’ own abilities and how to best relate to the preceptee, nurturing their growth and experience during role transition.

Setting and participants: Not-for-profit Academic Medical Center in Northern California. Program participants include any nurse eligible for preceptor role based on competency evaluation by manager in the inpatient, outpatient, and procedural areas. Preceptors are expected to assume the responsibility for the skills training, patient population education and socialization of the preceptee into clinical practice. The learner population for the preceptors includes nursing students, travel nurses, nurse residents, newly hired experienced nurses, internal specialty role and skill training programs.

Project description/process: The foundation for this eight-hour workshop curriculum development is based on the American Academy for Preceptor Advancement (AAPA) scope and standards for preceptors (Roth & Figueroa, 2014): organizational culture and system-based practice, leadership, coaching/mentoring, preceptor knowledge/skill/ability, and preceptor as clinical educator and the American Nurses’ Association (ANA, 2015) scope and standards for preceptors. The underlying teaching modality of head-heart-hands mirrors Patricia Benner’s three apprenticeships (cognitive, practice, and ethical) as identified in the 2007 Carnegie study applying multiple ways of knowing as congruent and complimentary nursing theories, concepts and national standards into a program that strives to bridge the practice gap for preceptors (Benner, 2010). The cognitive way of knowing (Head part of the model) incorporates the organization’s professional practice model, Caring Science nursing theory, Patricia Benner’s novice to expert theory and seven domains of practice, in conjunction with the AAPA scope and standards for preceptors. The practice component (Hands part of the model) shifts the paradigm and teaching pedagogies from the traditional classroom setting to a more interactive, experiential and
meaningful learning experience where theory and evidence based practice can be applied. The clinical reasoning cycle and FACC series concepts have been woven into the Preceptor Workshop curriculum to ensure congruency among professional development programs for the preceptor and preceptee to improve situated thinking and action. The ethical component (Heart of the model) relates to learning to embody and enact notions of good intent to the practice of precepting. To ensure a transition from workshop to practice for preceptors, several teaching strategies have been implemented for use in the clinical setting.

The development of the Daily Preceptor Guide incorporates the Five-Minute preceptor model and the four domains of critical and reflective thinking to provide preceptors with guidance and support for in their own decision-making authority related to assignment requests, tools to elicit clinical reasoning and critical thinking in the preceptee and guidelines for effective feedback and debriefing as well as celebrating successes. Additionally, creation and adaptation of a Preceptor Hand-off tool has been initiated to ease the transition between primary and secondary preceptors to allow for effective hand-off and continuity of learning in the practice setting. The existing organizational preceptor role description and competency tool have also been revised to support and reflect the components of this curriculum. This humanistic learning delivery model provides an innovative departure from traditional education models, allowing room for authentic dialogue, reflection and practice integration. Clinically relevant scenarios and group activities, including gaming, create an environment for sharing of experiences in various preceptor situations among class participants.

**Project outcomes/projected outcomes:** The following are used to determine program outcomes: class evaluation; qualitative and quantitative, practice integration survey at 3 and 6 months, including number of preceptors engaged in precepting opportunities post-workshop

**Project evaluation/partial evaluation:** Class evaluation, practice integration survey

**Future direction:** Preceptor role description and competency with preceptor evaluation tool revision roll-out; to be completed at unit level as a self-evaluation, manager and each preceptee.

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**Title:**
Workshop to Workplace: Nursing Leadership in the Preceptor Role by Engaging Head-Hands-Heart

**Symposium**

**Keywords:**
Preceptor, Role clarity and Transition to practice

**References:**


Abstract Summary:
The purpose of this abstract is to describe the importance and impact of the preceptor role in the practice setting, role clarification for the preceptor, and integration of preceptors as an essential component of the FACC to promote effective transition to practice for the preceptee.

Content Outline:

1. Introduction
2. Significance/Purpose
   1. Recognize the importance of roles and responsibilities of a preceptor as coach, mentor and teacher
   2. Intent of becoming a preceptor
   3. Discuss preceptorship as it relates to Benner’s 3 apprenticeships
   4. Identify structured process for the Preceptor Development Workshop
   5. Program logistics
   6. Feedback
   7. transition to practice
3. Allowing for independence
4. Communication
5. Review teaching modalities for Experiential learning; Head-Hands-Heart
   1. Human flourishing; how to show up as a preceptor
   2. Why become a preceptor
6. Identify national core competencies and professional standards for Preceptor/Preceptee relationships
   7. A. Role Clarification and importance of a preceptor

III. Settings and Participants

1. Project description/process
   1. Theoretical concepts
   2. Scope and Standards of practice for preceptors
3. Teaching modalities
4. Bridging the practice gap

IV. Project outcomes

V. Project evaluation

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