

DEPARTMENT OF THE ARMY
HEADQUARTERS, WALTER REED ARMY MEDICAL CENTER
6900 Georgia Avenue, NW
Washington, DC 20307-5001

HR-6 Nursing Policy

23 July 2005

Preceptorship Program

1. PURPOSE: To provide guidelines for the implementation and management of the Preceptor Program.

2. SCOPE: This policy applies to all WRAMC nursing personnel.

3. REFERENCES:

a. Duff, M. & Kirsivali-Farmer, K. (1994). The Challenge: Developing a Preceptorship Program in the Midst of Organizational Change. The Journal of Continuing Education in Nursing (May-June), Vol.25 (3), 115-119.

b. Schneller, S. (1994). Preceptor development: Use a Staff Development Specialist. Journal of Nursing Staff Development, July/August, 186-194.

c. American Nurses Association, Scope and Standards of Practice, 2004.

d. Williams, J., Baker, G., Clark, B., Ehnis-Roebuck, C., Gupta, L., Jackson, J., Nix, M. & Spear-Petrillo, S. (1993). Collaborative Preceptor Training: A Creative Approach in Tough Times. The Journal of Continuing Education in Nursing, Vol 24 (4), July/August, 153-157.

e. Army Nurse Corps (ANC) Preceptorship Program, November 2003

4. PROCEDURE:

a. Definitions:

1) Preceptor: An experienced and competent staff member designated by the Head Nurse/Wardmaster to serve as a clinical role model and resource person for a newly assigned staff member.

2) Preceptee: A newly assigned staff member (military and civilian, professional and paraprofessional) who is a novice or an experienced clinician who has not worked recently in the assigned clinical area and who participates in a preceptorship program as part of the ward/unit orientation.

This publication supersedes NPOL HR-6 dated 21 July 2002.

3) Preceptorship: An organized and planned staff development program in which the preceptor facilitates the orientation and assimilation of the novice staff member into the clinical setting. It is an individualized and collaborative learning approach in which the preceptee takes responsibility for the achievement of clinical competency and actively participates in customized learning activities designed to assist him/her in achieving clinical competence. It is a formalized program that is scheduled and planned, but is conducted in an informal climate on the ward/unit. During the preceptorship, the new staff member is assigned to one preceptor and follows the work schedule of the preceptor. This one-to-one relationship provides for consistent interaction and feedback to foster the effectiveness of orientation and provide a supportive environment to optimize the new staff member's learning. The length of preceptorship varies according to the staff member's clinical background and experience. Novice nursing personnel are typically provided a six-week preceptorship on the ward/unit, although it may be shorter or longer based on the preceptee's learning needs. By the end of the preceptorship period, the preceptee will demonstrate successful completion of the ward/unit orientation and the initial competency assessment.

4) Novice personnel: A new graduate of a nursing program (RN, LPN, 91W or Nursing Assistant). This is the individual's first clinical assignment performing in that specific role.

5) Experienced personnel: Individual whose clinical nursing experience ranges from beginner to expert. This is not the individual's first clinical assignment.

b. Responsibility:

1) Deputy Commander for Nursing and Chief Clinical NCO: Maintains overall authority and responsibility to provide a mechanism for the management, implementation, and evaluation of the Preceptorship Program.

2) Chief, Nursing Administration: Oversees the implementation of the Preceptor Program.

3) Section Chief/Senior Clinical NCO: Ensures implementation and evaluation of the Preceptor Program.

4) Chief, NESD: Provides training opportunities for preceptors through the Preceptor Development Program.

5) Head Nurse/Wardmaster: Implements and evaluates the Preceptor Program at the unit level.

a) Selects a preceptor prior to arrival of the new employee.

b) Assigns a qualified preceptor to the newly assigned novice employee to function as a teacher and mentor to guide, direct, supervise and evaluate the clinical nursing competencies.

c) Ensures that preceptors have completed the Preceptor Development Course prior to assuming responsibility as a preceptor.

d) Ensures that the preceptee is assigned the same preceptor throughout the entire orientation period or as unit staffing permits.

e) Ensures the preceptor's patient care assignment load during the preceptorship is manageable to enhance learning.

f) Ensures that the ward/unit time schedule and "people sheets" are annotated with the names of the preceptor and preceptee.

g) Meets with preceptee at conclusion of preceptorship to evaluate the Preceptor Development Program and to review the initial competency assessment.

h) Reviews and discusses the completion of the initial competency assessments with the preceptee; identifies available learning resources and strategies to achieve and maintain competency.

i) Maintains documentation of initial competency assessment in preceptee's competency file.

c. Preceptor:

1) Completes the Preceptor Development Course prior to assuming responsibility as a preceptor.

2) Becomes familiar with the initial competency assessment document and clinical references; seeks clarification as needed.

3) Orients the new employee to the ward/unit.

4) Serves and facilitates the achievement of individual training needs, serving as a teacher and mentor to guide, direct, and supervise clinical nursing activities of the assigned preceptee.

5) Assesses, validates and documents the new employee's achievement of clinical competency.

6) Serves as a role model for the preceptee by adhering to nursing policies and procedures.

- 7) Assists the preceptee in organizing and prioritizing daily patient care activities.
- 8) Assists the preceptee to identify and establish appropriate learning goals and objectives.
- 9) Provides continuous feedback to the preceptee regarding progress toward completion of initial competency assessment and meeting identified goals and objectives.
- 10) Meets weekly with the Head Nurse/Wardmaster to monitor the progress of the preceptee.

d. Preceptee:

- 1) Accountable for ensuring his/her own individual competence through continuous self-assessment and identification of learning needs to meet specific training goals.
- 2) Identifies learning goals and objectives in collaboration with the preceptor.
- 3) Demonstrates the competencies listed in the initial competency assessment during the preceptorship period.
- 4) Evaluates and provides feedback to the Head Nurse/Wardmaster and preceptor about orientation and the Preceptor Program.
- 5) Participates in weekly ongoing review and evaluation with the Head Nurse/Wardmaster and preceptor.

e. Criteria for selection of preceptor:

- 1) Minimum of six months experience on the unit.
- 2) Demonstrates knowledge and expertise in providing nursing care and implementing standards.
- 3) Demonstrates strong organizational skills and ability to prioritize patient care.
- 4) Demonstrates effective written documentation and oral communication.
- 5) Demonstrates effective interpersonal skills.
- 6) Demonstrates commitment to own professional development through attendance of continuing education programs.

- 7) Demonstrates an interest in sharing knowledge with staff through role modeling and teaching.
- 8) Possesses a positive, professional attitude.
- 9) May be military or civilian.
- 10) Attends the Preceptor Development Course prior to serving as a preceptor.
- 11) Is available throughout the preceptorship, with no scheduled leave or TDY during the preceptorship.

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