

# RN Preceptor Workshop

2016

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ON THE PART OF THE SPEAKERS HERE  
TODAY**

**THERE IS NO COMMERCIAL  
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# Corporate RN Preceptor Workshop

## Today's Agenda

<b>09:00-09:15</b>	Welcome/Workshop Overview
<b>09:15-09:45</b>	Preceptor Roles & Responsibilities
<b>09:45-10:15</b>	Communication, Critical Thinking & Emotional Intelligence
<b>10:15-10:30</b>	<i>Break</i>
<b>10:30-11:45</b>	Adult Learning Principles and Strategies
<b>11:45-12:30</b>	<i>Lunch</i>
<b>12:30-13:00</b>	Evaluation of Performance & Providing Feedback
<b>13:00-13:30</b>	Difficult Situations & Managing Conflict
13:30-14:00	Practice Scenarios
<b>14:00-14:15</b>	<i>Break</i>
<b>14:15-14:30</b>	Implementing a Learning Plan
<b>14:30-14:45</b>	Preceptor to Mentor
<b>14:45-15:00</b>	Q&A/Evaluation

# Learning Objectives

- Describe the preceptor roles & responsibilities
- Define communication, critical thinking, & emotional intelligence
- Identify the steps for assessing & planning learning
- Describe how to evaluate performance & provide feedback
- Discuss some difficult precepting situations & conflict management
- Discuss how to develop a learning plan
- Discuss the transition from preceptor to mentor

# Purpose of the Preceptor Workshop

Research has shown that:

- A direct correlation exists between effective orientation and nurse retention
- The effectiveness of preceptors impacts the success of orientation



**Preceptors make a difference!!**

# Preceptor Roles and Responsibilities

# Tell me about you...

- Who has been a preceptor?
- Who is new to precepting?
- What are your workshop goals?

The capacity to watch over and guard the well-being of others is an important gift, and one that is learned with great difficulty. For it is one thing to see the situation others are in, but it is quite another to care enough about them to want to help, and yet another to know what to do.

~ Judie Bopp

# First Recorded Preceptor Experience



# Preceptor

The nurse preceptor is a competent and experienced staff nurse who serves as a role model and resource person to newly employed staff nurses, student nurses, or new graduate nurses.

# Preceptor Roles: *Wearing Many Hats*

Educator/teacher

Record keeper

Coach

Evaluator

Encourager

Advocate

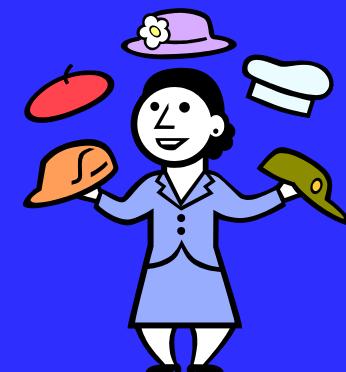
Socializer

Role model

Facilitator

Mentor

Resource



# Risks and Rewards

- Risks
  - Time and energy
  - Exposure of self
  - Mismatch in styles
  - Feeling of inferiority/  
superiority
  - Issues with co-  
workers
  - Unsuccessful
- Rewards
  - Extrinsic
    - Preceptor pay
    - Clinical ladder
  - Intrinsic
    - Personal growth
    - Contributing to profession

# What makes a good preceptor?

- Knowledge
- Skills/abilities
- Attitudes

# KNOWLEDGE

- Policies & procedures
- Practice standards
- Documentation
- Available resources
- Adult learning principles
- Methods of teaching and learning
- Teamwork

# SKILLS

- Patient care
- Communication
- Use of equipment and resources
- Interpersonal relationships
- Work organization
- Problem-solving
- Decision-making
- Prioritizing & Time Management
- Delegation

# ATTITUDES

- Mature
- Self Aware
- Respectful
- Realistic
- Patient
- Flexible
- Dependable
- Supportive/encouraging
- Positive
- Sense of humor
- Constructive

# Communication, Critical Thinking & Emotional Intelligence

# 3 Key Traits a Preceptor Must Possess

- Positive Communication Skills
- Critical Thinking Skills
- Emotional Intelligence

# Communication



# What is Communication?

- DEFINITION:

An exchange of information with others

- Information may be Facts or Feelings or Opinions/Ideas
- Communication may be Verbal or Nonverbal
- Involves a sender, the message, and the receiver



# What is the Communication Process?

- Sender
  - must send a clear message that is understood by the receiver
  - must verify that receiver understood message as intended
- Message
  - must be in language understood by the receiver
  - language should be congruent with nonverbals
  - must be concise (don't lose your listener with TMI)
- Receiver
  - must listen, seek clarification when unclear

# Other Key Components When Communicating

- Courtesy
- Respect
- Empathy
- Tact
- Self-Control

# Challenges of Communication

- Preceptee: May be anxious, intimidated
- Preceptor: Often forget what it's like to be "NEW"
- Goal: Preceptee must become comfortable, feel safe enough to begin to communicate, and feel they are able to ask questions

# Modes of Communication

- Verbal; spoken words
- Written words
- Nonverbal
  - Tone of voice, sighing, pauses, “tsk”ing
  - Eye contact
  - Facial expressions
  - Body language, gestures, posture/gait
  - Touching

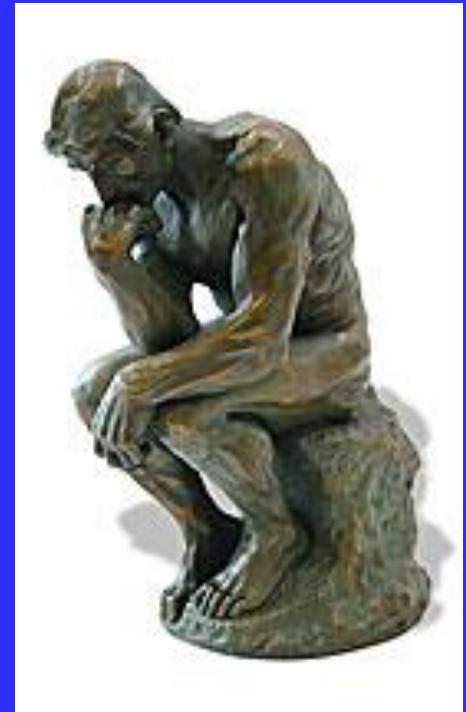
# Characteristics of Effective Communication

- Clarity: Say what is meant
- “KISS” - Keep It Short & Simple
- Credibility: requires adequate knowledge about the topic being discussed (provide accurate information, convey confidence)
- Adjust delivery of message based upon response of receiver
- Deliver information when receiver is most likely to benefit (be careful of sensory overload)
- Ask only one question at a time, allowing time for an answer
- Use “I” messages and open ended questions

# Common Causes of Ineffective Communication

- Poor listening skills; may be planning next comments, may be distracted
- Talking “over” others or interrupting others; redirects focus, original point of discussion may get lost
- Speaking in incomplete sentences; listener left to “fill in the blanks”, often incorrectly
- Use of vague language; “You Know?” “Right?”
- Overuse of pronouns; he, she, him, her, they leaving listener confused when multiple people have been mentioned
- Failure to seek clarification

# Critical Thinking



# What is Critical Thinking?

- Disciplined thinking that is clear, rational, open-minded, and supported by evidence
- An active process, sifting through data, choosing which components are relevant, and assimilating the information to make the best decision
- A conscious, outcome-oriented process that is purposeful and intentional

# Critical Thinking Characteristics

- Rationality - relies on reason/not emotion
- Self Awareness
- Honesty
- Open-Mindedness - consider all view points
- Discipline
- Clinical Judgment - draw on past clinical experiences

# The Critical Thinker is...

An inquisitive, fair-minded truth seeker with open-mindedness to the alternative solutions that might surface.

# Emotional Intelligence



# EI Emotional Intelligence Implications for the Preceptor

A good understanding of EI provides a construct for the preceptor to more effectively support the success of the orientee!

# Emotional Intelligence Overview

- Since 1990, Peter Salovey and John D. Mayer have been the leading researchers on emotional intelligence.
- In their influential article "Emotional Intelligence," they defined emotional intelligence as, "the subset of social intelligence that involves the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions"

# Emotional Reasoning Model



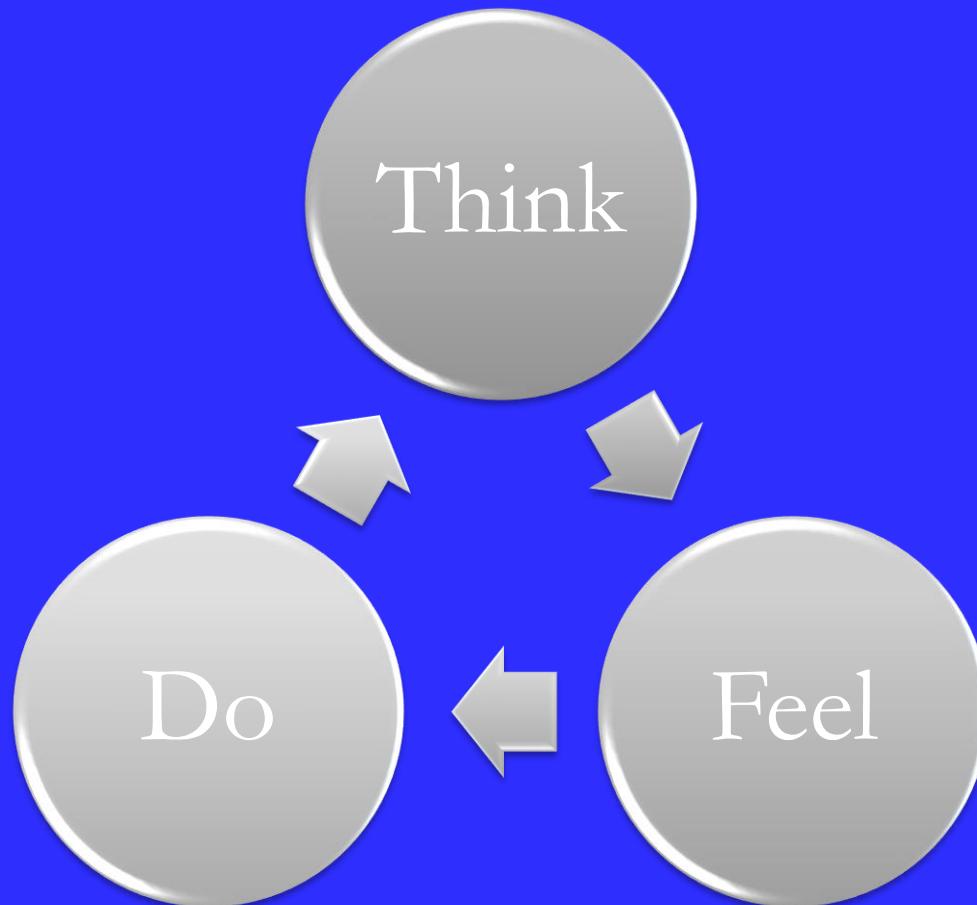
## Animated video

<http://www.youtube.com/watch?v=weuLejJdUu0>

<http://www.youtube.com/watch?v=weuLejJdUu0>



# EI integrates what we think, how we feel & what we do!



# EI vs IQ

Recent publications state that EI (emotional intelligence) is as important as IQ in successful job performance.



# In Conclusion...

The preceptor

- Must possess great communication skills, both verbal and non-verbal
- Must be able to stimulate critical thinking in the preceptee
- Must be able to demonstrate sound emotional intelligence

# Adult Learning Principles and Teaching Strategies

# Definition of Learning

To gain knowledge, understanding, or skill by study or experience.

The Merriam Webster Dictionary

# Adult Learning Assumptions

- Learners are independent and self-directed
- The learners prior experiences provide a foundation resource for his/her own learning
- Learners are motivated by need to develop skills applicable to real-life situations
- Learners are motivated by intrinsic factors such as confidence, job satisfaction, & quality of life
- Learners are Motivated by extrinsic factors such as promotion & salary

# Basic Assumptions & Strategies to Facilitate Learning

<u>Learner/Preceptee</u>		<u>Preceptor</u>
Responsible for own learning	→	Involve preceptee in identifying objectives and goals
Bring a variety of life experiences	→	Encourage use of past experiences
Acquire knowledge and skills	→	Make a connection and how info will be used
Influenced by extrinsic and intrinsic	→	Provide feedback and positive reinforcement

# Multigenerational Learners

Each generation has unique:

- Characteristics
- Career values
- Learning traits
- Teaching considerations

# Multigenerational Learners

A generation is “a group of people progressing through time together. Each generational group shares similar values, motivations, and historical life experiences.”

# Multigenerational Learners

The current workforce is composed of four specific generations:

- Veterans
- Baby Boomers
- Generation X
- Generation Y

Loyal  
Cautious  
Hard-Working

## Veteran Generation

1925-1942



Prefers  
lectures  
Single task  
learning

Respects  
authority  
Follow rules

Struggle with  
Technology  
Single focused

## Baby Boomer 1943-1960



Prefers lectures  
Self study guides

Needs positive reinforcement  
Interested in life long learning

Driven  
Dedicated  
Center of attention

Company loyalty  
Work = self worth



Optimistic Multi-task  
Enjoy structure

## Generation Y

1982-2002



Learn through IM,  
blogging, e-mail  
Prefers interactive  
learning

Accepts authority  
Supportive  
Environment  
Mentors

Extremely comfortable  
with technology  
Collaborative learning

# Internationally Educated Nurse

As a preceptor, be aware of possible:

- Cultural differences
- English is second language
- Lack of understanding of U.S. healthcare system



# How Adults Learn

- Understanding your preceptee's learning style will facilitate your ability to maximize his/her orientation experience.
- Understanding your own learning style will facilitate your ability to maximize your teaching effectiveness.



# Learning Styles

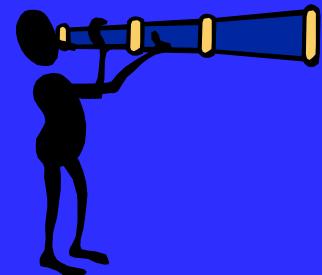
- **Kinesthetic:** Learning by moving and doing



- **Auditory:** Learning by talking and hearing



- **Visual:** Learning by observing and picturing



# Kinesthetic/Tactile Learners

*5% of the population are kinesthetic/tactile learners*

## Kinesthetic

- Learn best through movement of gross motor muscles....learn by doing
- Examples-involved in projects, role playing, simulations, & real life situations



## Tactile

- Learn best through sense of touch (hands and fingers)
- Examples-writing, drawing, take notes/make note cards/lists

# Auditory Learners

*30% of the population are auditory learners*

- Learn best through hearing
- Examples-lectures, audio books, oral presentations, music, discussions, debates, and benefits from reading out loud





# Visual Learners

*65% of population are visual learners*

- Learn best by seeing, watching
- Examples-videos, practice visualizing or picturing words & concepts, write out everything for frequent & quick visual review, diagrams, graphs



# Interesting Tip!

Making lists or writing notes, and speaking the words aloud incorporates all three learning styles and is highly effective learning strategy!



# Learning Style Characteristics

Kinesthetic	Auditory	Visual
Difficult to sit still in class	Often talkative in class; talks to self	Needs a quiet place to study
Takes frequent breaks when studying	Enjoys discussions and debates	Tends to be detail oriented; frustrated when unable to take notes
Understands concepts best when theory is combined with hands on experience	Easily follows spoken direction	Often asks verbal instructions to be repeated
Good internal compass for finding their way around	Does not readily understand graphs, diagrams, maps	Readily understands graphs, diagrams, maps
Recalls what others did in the past	Recalls what others said Remembers names easily	Recalls how others looked Does not remember names easily

# Benjamin Bloom's Domains of Learning

## Purpose:

A practical tool for educators to determine educational objectives which clearly identify the desired outcomes



# Benjamin Bloom's Domains of Learning

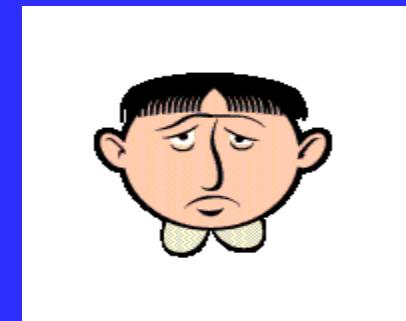
\*Commonly referred to as KSA

- Cognitive domain (Knowledge)



- Psychomotor domain (Skills)

- Affective domain (Attitude)



# Blooms Cognitive Domain

- Is knowledge-based (ways of knowing)
- Involves the acquisition of facts and knowledge and making use of that knowledge
- Incorporates various teaching methods including lectures, presentations, written materials, individualized instruction, case study and independent study

# Bloom's Taxonomy Pyramid



# Bloom's Psychomotor Domain

- Is skill-based (ways of doing)
- Involves acquiring gross and fine motor abilities and neuromuscular coordination to perform increasingly complex actions
- Incorporates teaching methods including demonstration, return demonstration and supervised clinical practice

# Bloom's Affective domain

- Is feelings-based (related to emotions)
- Involves internalization of feelings, values, beliefs, & attitudes to facilitate learning
- Incorporates teaching methods including group activities such as role play, simulation, and case studies

# Teaching Methods for Precepting

- Explanation/Discussion
- Review of literature, policies, etc.
- Modeling
- Demonstration & Repeat Demonstration
- Case Studies
- Scenarios/role play/simulations

# More Teaching Methods

## Teach Back Technique

- Originally developed for patient teaching
- Applicable in most teaching situations
- Allows the teacher to assess the learner's level of understanding
- Places the emphasis on how well the information was taught
- Minimizes embarrassment or shame if the learner did not understand
- Creates opportunity to clarify misunderstandings

Example: ***"I want to be sure that I explained this correctly. Can you explain it back to me so I know I was effective teaching you?"***

# Even More Teaching Methods!

## The Use of Questions

Asking questions is one of the most effective teaching methods in the clinical setting.

Questions:

- Help the teacher assess the learner's understanding
- Stimulate curiosity & critical thinking in the learner

See article “Becoming a Better Preceptor: The Evaluation Process Page 2

See Handout “Introduction to Precepting; Examples of Higher Level Questions that Probe Reason and Evidence”

# Remember...

- What it is like to be new!
- Observe for signs of overload; preceptee can get overwhelmed!!



# Evaluation of Performance and Providing Feedback

**“Students who receive regular feedback significantly improve their performance, develop better judgment, and learn faster than those who do not receive adequate feedback.”**



Becoming a better preceptor: The evaluation process: The Hearing Journal

# Evaluation is:

- An objective, thorough appraisal of performance, effectiveness of learning and measurement of progress toward objectives
- A dynamic process in which objectives/expectations are compared to performance



# Evaluation Elements

Establishing Expectations



Communicating Expectations



Measuring Performance & Learning



Assessing; Acceptable/Unacceptable ?



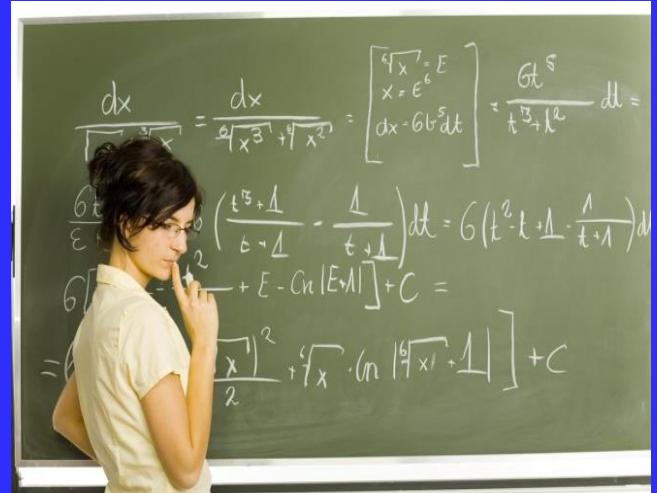
**Providing Feedback**



**Decision making**

# Establishing Expectations

- Performance standards & learning objectives
  - Should be
    - Clear
    - Behaviorally Specific
    - Appropriate
    - Measurable
    - Time Specific
  - Should be used as a guide to making teaching focused and organized



# Communicating Expectations

- KISS - Keep it Short & Sweet!
- Unit Checklist
- Identify any “pre-requisites”
- Policies and Procedures
- Incorporate into written weekly evaluation
- Review regularly



# Measuring Performance & Learning

- According to the standards of practice and policies
- According to identified learning objectives
  - Keep accurate notes
  - Observe skill demonstration(s); critique one skill at time whenever possible
- Ensure personal bias does not affect the outcome

See article “Becoming a Better Preceptor: The Evaluation Process”  
*Bias Errors on Page 3*

# Assessing

Analyze the data related to the preceptor's performance:

- Has the preceptor met the objectives?
- Is the preceptor's behavior, skill, or level of understanding
  - Acceptable?
  - Unacceptable ?

# Decision Making



If objective(s) **have** been met

- No further action needed
- Advance to next objective

If objective(s) **have not** been met

- What actions are needed to improve preceptor's performance or learning?
- Is consultation with leadership (educators/managers) needed?

# Provide Feedback

## Types of Feedback:

- Positive → reinforces existing behavior
  - “Keep up the good work!”
  - Promotes feeling of success and confidence
- Negative → stops or modifies existing behavior
  - Focuses on what NOT to do
  - Promotes feelings of failure; can be discouraging
- Constructive → encourages desired change in behavior
  - Speaks to changes needed while pointing out positives
  - Reinforces desirable behaviors while correcting undesirable ones

# Effective Feedback is ...

- Specific
- Factual
- Descriptive
- Clearly understood
- Timely
- Sensitive
- Constructive
- Directed at behavior, not personality traits



# Benefits of Effective Feedback

- Identify strengths and weaknesses
- Promotes understanding of expectations
- Allows for continual adjustments in performance
- Allows modification of teaching style to meet learner needs
- Encourages positive interaction
- Promotes a positive working environment
- Shows genuine interest in preceptor's success

# B.E.E.R. Feedback Method

Behavior-What is the preceptor doing that is unacceptable?

Effect-Why is the behavior unacceptable?

Expectation-What do you expect the preceptor to change?

Result-What will happen if the preceptor changes or if the behavior continues?

# Sandwich Feedback Method

Sandwich the constructive feedback between 2 positives !

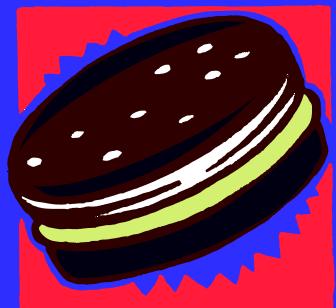
Example:

You did a great job of explaining the procedure (IV Start) to the patient.

However, you did not have all of your supplies on hand, which created some confusion and required additional time to get the missing items.

I also noticed you performed the skill well, sterile technique was well maintained and you handled the equipment with ease.

So what do you think you would do in the future?



# Ask-Tell-Ask Feedback Method

**Ask** the preceptee for their perception:

“How do you think that went?”

**Tell** the preceptee your observations, feedback:

“I agree.....I notice.....I observed...I would recommend ....."

**Ask** the preceptee about ideas for improvement,

“What do you think you would do differently next time?”

See Table 2 in article “Becoming a Better Preceptor: The Evaluation Process”

# Causes of Poor Performance

- Unclear or unrealistic expectations
- Lack of understanding
- Lack of readiness
- Poor communication
- Lack of feedback or negative

# Evaluation of the Preceptor

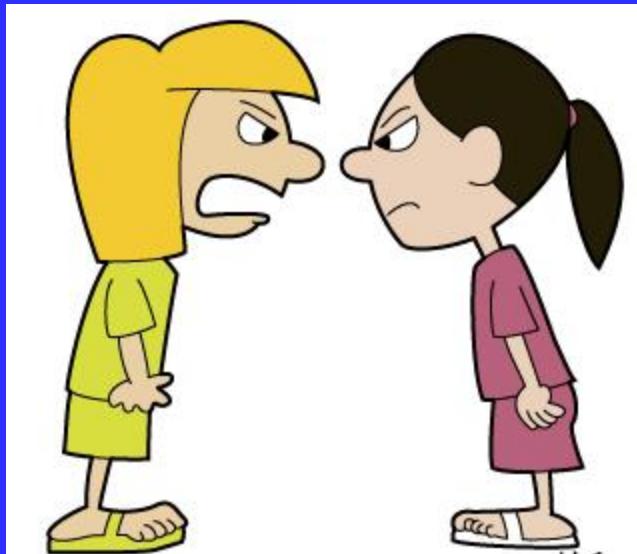
- Use the same tools you use for assessing your preceptee for yourself
- Assess your performance as a preceptor
- Learn from it
- Ask for feedback from your preceptee as well as your co-workers that have observed you as a preceptor
- Don't be afraid to be wrong, or to change something midstream that is not working

# End of Orientation

- Nothing should come as a surprise at the end of orientation
- Discuss future needs and goals
- Express confidence in the preceptor
- Ask the preceptor for feedback



# Difficult Situations & Managing Conflict



# Reasons for Conflict

- Difficult situations
- Miscommunication
- Time management
- Differences in personality
- Difficulty with direct confrontation  
(avoidance and withdrawal)

# Difficult Situations

- Occasionally difficult situations will occur in a working environment
- Usually difficult situations result from a variety of factors when interacting with different personalities

# Prevention

“It is generally much more efficient (and pleasant!) to prevent a problem than to manage the negative impact once it has occurred”

Dealing with Difficult Learning Situations  
<http://oucom.ohiou.edu/fd/monographs/difficult.htm>

## PREVENTION

**PRIMARY:** Prevent the problem before it occurs.

- Know the course expectations.
- Orient the learner well.
- Set clear expectations and goals.
- Determine the learner's goals and expectations.
- Reassess mid-course.

**SECONDARY:** Early Detection

- Pay attention to your hunches/clues.
- Don't wait.
- Initiate SOAP early.
- Give specific feedback early and monitor closely.

**TERTIARY:** Manage a problem to minimize impact.

- If it ain't workin'... SEEK HELP.
- Don't be a martyr.
- Do not give a passing grade to a learner who has not earned it.

# What is Conflict?

- “A disagreement through which the parties involved perceive a threat to their needs, interests, or concerns”
- “Workplace conflicts in the healthcare environment tend to be far more complicated because they often involve complex relationships that are based in emotion”

# Conflict Management

Despite our best intentions at preventing problems a preceptor may have to manage conflict



# Are you afraid of conflict?

- “YES” is a normal, common response
- Conflict is not always negative
- However, studies and the literature have shown that nurses tend to view conflict negatively
- Persistent or unresolved conflict has been cited as a significant contributor to nursing burnout, decreased work satisfaction and team performance, increased likelihood of errors, and increased job turnover

Effective conflict management can  
result in positive change and increase  
performance!!!



# **Effective Conflict Management is a *Learned Skill Set*, most effective when you:**

- Understand others' viewpoints
- Share your thoughts
- Collaborate - work together
- Avoid destructive responses
- Focus on positive interaction and collaboration

# Positive Responses

Which facilitate effective conflict resolution:

- Manage tone of your message
- Focus on conflict of ideas
- Focus on task, situation, solution ( $\emptyset$  complaining)
- Avoid personal attacks - do not bring up things from the past unless relevant
- Contain negative feelings

# Things to Remember

- Stay focused on positive outcomes & goals
- Use active listening - be able to hear the learner's point of view
- Use effective communication and problem solving skills

# Implementing a Learning Plan



# What is a Learning Plan?

- A method to document & manage learning activities
- A Learning Plan includes
  - Goals
  - Learning activities
  - Evidence of learning activities taking place
  - Documentation of progress

# Possibilities

## Standardized Orientation Binder



# Policies

Provide relevant policies (include policy name, number, & manual in which policy is located)

## Examples:

- Orientation
- HR
  - Dress Code
  - Attendance
  - Wages and Compensation
- Basic nursing/patient care
  - Medication Administration
  - Documentation Requirements
- Common procedures on this unit
  - Blood Transfusion
  - Chemotherapy

# Policies

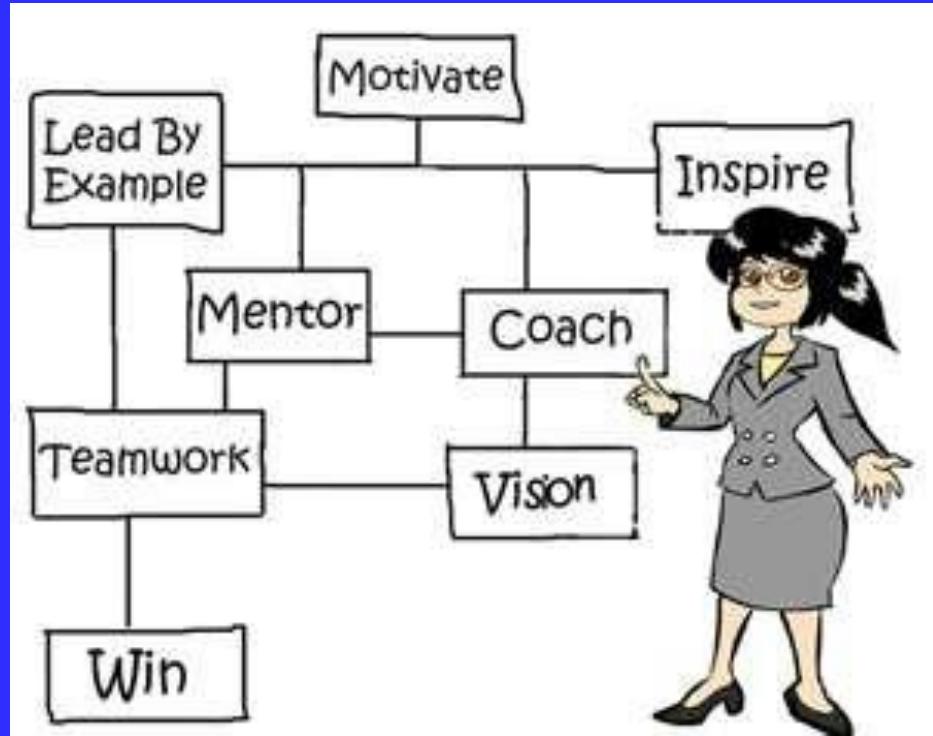
Provide relevant policies (include policy name, number, & manual in which policy is located)

# Preceptor to Mentor

*The next dimension in your  
professional relationships*

# Preceptor vs. Mentor

- Terms are not synonymous, interchangeable
- Each has a different focus
- As one professional relationship closes, another emerges



# What is a Mentor?

“ The traditional concept of mentoring involves a voluntary alliance between an experienced senior professional and a less advanced one, for the dual purpose of career development and the enhancement of the profession ”

# Formal Preceptor Relationship is characterized by:

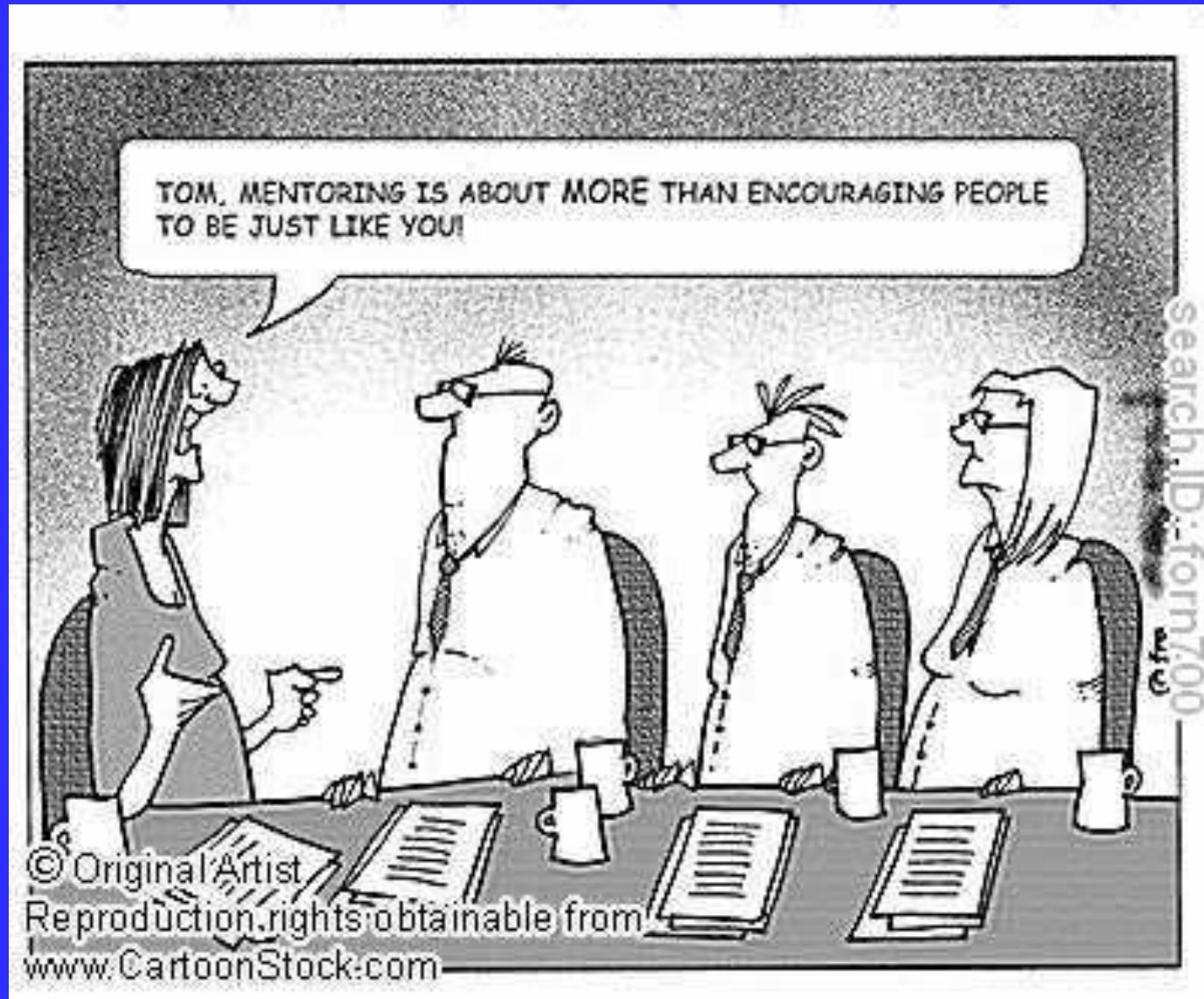
- Being structured
- Measurable goals
- Periodic review and evaluation
- Documentation
- Management oversight and support

# Informal Mentor Relationship

- Mentor selected by mentee
  - The relationship may begin with the mentee asking for mentor support or assistance
  - The relationship may begin with the mentor offering to support or assist the mentee
- Management is not involved

# Mentors

- Are role models
- Foster professional growth
- Provide advice/support on a wide variety of job related matters
- Help mentees establish & achieve goals
- Serve as teachers, guides or coaches
- Relationships are beneficial for both parties
- Foster a long-term, professional relationship based on trust, respect, communication and support



# Effective Mentoring

- Know your protégé
- Be a teacher or coach
- Respect the mentee's values & beliefs
- Give honest feedback in difficult situations
- Provide encouragement
- Share your own challenges & experience
- Use humor
- Remember, trust is essential!



# Effective Mentoring

- Professional growth is the key to successful mentoring
- Encourage the mentee to become involved with unit and hospital activities
- Avoid complaining about peers, policies
- Lead by example

# Challenges

- Time and energy
- Jealousy or discomfort with others
- Over dependence
- Mentor or mentee may withdraw from relationship before other participant is ready

# Rewards of Mentoring

- Improved Employee satisfaction
  - Helps to retain the next generation of nurses and leaders
- Improves leadership skills
- Enhances career development
- Greater self confidence
- Greater sense of empowerment
- More efficient and effective operations
- Healthier staff
- Better care for patients



# More Rewards of Mentoring!

- Provides needed support
- Fosters the development of a novice nurse to become an expert nurse
- Engages the whole person
  - Touches the spirit
  - Fires the creative imagination within the participants that captures the essence and intent of nursing



## *PARTING WORDS, A MOST QUOTABLE QUOTE...*

“I've learned that people will forget what you said,  
people will forget what you did, but people will  
never forget how you made them feel.”

~ Maya Angelou

*1928-2014; One of the most influential voices of our time;  
poet, educator, historian, best-selling author, actress  
(well known for her performances in **Roots** and **Poetic Justice**),  
playwright, civil-rights activist, producer/director in film and theater,  
served on two presidential committees being awarded the Presidential  
Medal of Arts in 2000 and the Lincoln Medal in 2008.*



# Resources

- Bopp, Judy. Sacred Tree: Reflections on Native American Spirituality 1984
- [www.valuebasedmanagement.net/methods\\_goleman\\_emotional\\_intelligence.html](http://www.valuebasedmanagement.net/methods_goleman_emotional_intelligence.html)
- Sudheimer, Erin E. RN, BSN Appreciating Both Sides of Generation Gap: Baby Boomer and Generation X Nurses Working Together
- Ricki Linkman's Reading Instruction: The Largest Reading Instruction Site Covering all 4 Learning Styles <http://www.readinginstruction.com/kinesthetic-and-tactile-learners/>
- Studying style a guide to learning styles <http://www.studyingstyle.com/auditory-learners.html>

# Resources Continued

- Horton, DePaoli, Hertach, Bower. *Enhancing the Effects of Nurse Preceptors*. Lippincott Williams & Wilkins. 2012.
- Benner, Patricia. *From Novice to Expert*. AJN, March 1982.
- Krathwohl and Bloom 1973, Taxonomy of Educational Objectives, the Classification of Educational Goals. Handbook II: Affective Domain
- <http://academics.georgiasouthern.edu/col/id/bloom.php>
- Edmunds, Marilyn W. and Scudder, Laurie E. *New Nurses, Precepting & Mentoring*. Medscape.
- Nurses WebMD, LLC <http://www.medscape.com/viewarticle/714567>

# Resources Continued

- <http://academics.georgiasouthern.edu/col/id/bloom.php>
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