

CANIBD Inflammatory Bowel Disease Fellowship – Call for Preceptors

“No one was ever able to teach who was not able to learn.”

Florence Nightingale

February 3, 2020

CALL FOR PRECEPTORS – CANIBD IBD Nurse Fellowship Program

CANIBD along with CSGNA is proud to continue to provide opportunities for new and early career IBD Nurses to participate in the IBD Nurse Fellowship program.

You are receiving this call for Preceptors because you have been identified as a strong key Nursing leader in the field of Inflammatory Bowel Disease from a national perspective. Our inaugural fellowship program started in 2016, is now seeking Preceptors who are willing to spend one to two weeks with a participant in the Preceptor's work setting. Ideal Preceptors should have at least five to ten years of direct IBD Nursing experience and be able to accommodate a Preceptee in your work setting for one-two weeks.

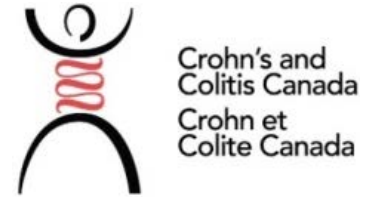
We have highlighted what is required to participate as an IBD Fellowship Preceptor and provide tips that can help facilitate a good Preceptor/ Preceptee relationship. We also discuss what other processes are required prior to the preceptorship.

Once you have reviewed the attached information and feel you would be willing to become a Preceptor, **please forward a letter of interest and your resume to the CANIBD Steering Committee by May 29, 2020** to canibd@crohnsandcolitis.ca.

In your letter of interest, please describe the reasons why you are applying to precept, and any learning objectives you hope to meet. Additionally please address the following questions: What will your organization or hospital require to facilitate the accommodation of a Preceptee? Will your organization require a preceptee to receive a TB skin test and all up-to date vaccinations? Is there a process through your divisional training program that will need to be completed? Does your Centre for Nursing or Nursing Department require a formal Preceptee application? How long does it typically take to receive institutional approval for preceptorships?

We look forward to hearing from you!

CANIBD Steering Committee



The Preceptor Role

A Preceptor is a nurse who teaches, supports, counsels, coaches, evaluates, serves as role model and aids in the socialization to a new role. The assumption is that a consistent one-on-one relationship with a Preceptor provides the most effective mechanism for learning, whether the student is at an undergraduate, staff nurse, or graduate student level. The Preceptor guides the student into the real world of specialty practice, allowing the student to try new skills while gaining confidence and validation.

Please visit the following link for more information:

http://luc.edu/media/lucedu/nursing/preceptor/hsm_chapter1.pdf.

Preceptors are leaders who facilitate learning within the context of the clinical setting (Durrant & Pietrolungo, 2004). Preceptors create and influence a positive learning culture, facilitate quality care delivery and socialize Preceptees to the team, the hospital and the profession.

Preceptors are instrumental to the role development in IBD practice. They will assist the following:

- As a Preceptee moves from one clinical background to another. For example, learning about general gastroenterology then building on this knowledge and skill to a more specialized area, such as IBD care
- As new staff moves from novice to expert levels of practice within the IBD community
- As staff transition to a new area of practice and develop new skills specific to that specialty. For example, Nurse endoscopist to ambulatory IBD nursing

Role Responsibilities:

- **Role Model:** The Preceptor will role model and inspire best practices and professional behaviors in the Preceptee, ensuring quality care and safe practice, which is based on recent evidence, hospital policies and standards of practice. Models effective interprofessional collaboration in working with all stakeholders
- **Coach, Teacher and Facilitator:** The Preceptor will identify the Preceptee's learning needs. This helps the Preceptee make connections and see the big picture, encourages the Preceptee to reflect on their practice so they can become aware of their progress and areas for development. Preceptor works in collaboration with the Preceptee to develop meaningful learning experiences based on the Preceptee's needs, skill level and objectives. Preceptor assists the Preceptee in setting realistic goals that can be achieved in the appropriate time period
- **Advocate:** Preceptor optimizes opportunities for learning by linking the Preceptee with colleagues and experts in the field, fosters a supportive learning environment within the team and assists the Preceptee in navigating complex situations
- **Safety net and Protector:** Preceptor fosters a supportive and safe learning environment, where the Preceptee is comfortable in discussing their own limitations, demonstrates openness to



different ways of thinking and being, welcomes dialogue and encourages the Preceptee to ask questions freely

- **Evaluator:** Preceptor provides ongoing feedback to the Preceptee and is responsible for their final evaluation. Preceptors are not expected to make a decision whether a Preceptee can pass or fail the clinical experience. However, Preceptors are expected to provide sufficient documented evidence regarding the Preceptee's performance. If there are concerns, Preceptors need to work closely with the faculty advisor, educator and the Preceptee
- **Socialization Agent:** Preceptors play an important role in welcoming Preceptee's into the team and socializing the Preceptee to the values of the profession and the culture of the organization (Myrick and Yonge, 2005)

Competencies for Preceptors:

The CANIBD IBD Fellowship program is unique in that we want to foster the best possible environment for the Preceptee, providing placement opportunities for novice or experienced nurses who want to focus on IBD care.

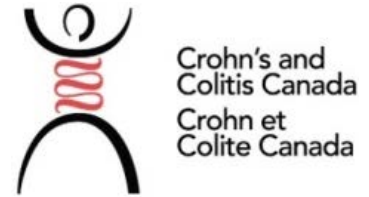
Preceptors play a key role in facilitating the integration of academic learning into the clinical setting and the socialization of novice practitioners into the organization.

The role that Preceptors have in the professional development of novice practitioners requires not only clinical expertise, but strong teaching skills and an ability to create a safe and welcoming learning environment, while role modeling holistic care, safe and ethical practice in an interprofessional care context.

This document outlines the necessary competencies of a Preceptor derived through review of literature from a variety of health disciplines, examination of the competencies developed by the Canadian Nurses Association (2004), the Canadian Interprofessional Health Collaborative (2010).

Definitions:

- **Preceptorship:** frequently referred as a formal, one-on-one relationship of a Pre-determined length, between an experienced practitioner (Preceptor) and a novice (Preceptee) designed to assist the novice in successfully adjusting to and performing a new role (CNA, 2004, p.13)
- **Preceptor:** in this document the term Preceptor refers to a healthcare professional, who provides direct supervision and clinical teaching to new staff or students and serves as their role model, instructor and a resource person
- **Competencies:** are the essential knowledge, skills, and attitudes required of a person to be effective in their role and are measured against identified standards and improved via education and professional development (Underwood, 2007; Parry, 1996). Preceptor competencies are necessary for the broad practice of education and transcend the boundaries of specific disciplines



Why do we need competencies for Preceptors?

- To increase understanding of the unique skill set required for successful enactment of the Preceptor role
- To provide direction for professional development and support of staff engaged in the Preceptor role
- To enhance the recognition of the importance of the Preceptor role within the organization
- To standardize the approach for promoting continuing competency and role development of Preceptors

Assumptions:

- Competencies are not intended to establish baseline performance levels, but rather to raise the bar on Preceptor performance. Competencies are designed to bridge the gap between performance outcomes and Preceptor development and to serve as an integral component of staff professional development
- Competencies focus on an organization's culture and values

Preceptor Competency Model:

The CANIBD Fellowship program Preceptors are required to demonstrate competencies in five areas:

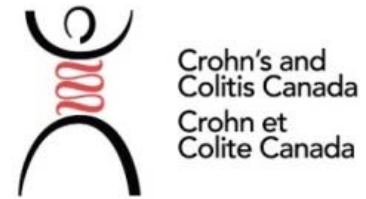
- Content Knowledge
- Facilitation of Learning
- Collaboration
- Interpersonal and Communication Skills
- Role Modeling and Professionalism

Content Knowledge:

- Preceptor has current clinical knowledge, sound clinical judgement, and demonstrates practice consistent with best practice guidelines
 - Assists the Preceptee to acquire knowledge, skills and judgement to practice in accordance with professional standards and organizational policies
 - Maintains current professional knowledge and supports Preceptee to seek out new knowledge

Facilitation of Learning:

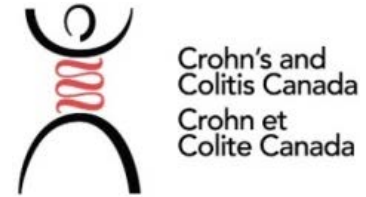
- Preceptor assists Preceptee in identifying their learning needs, optimizes learning experiences that facilitate meeting Preceptee's goals, provides ongoing feedback and objectively evaluates the Preceptor in collaboration with educator and/or faculty advisor
 - Fosters a supportive and safe learning environment
 - Explores Preceptee's past experiences, strengths, and specific learning needs through questions and direct observation
 - Assists the Preceptee to develop learning goals based on the identified competencies required by the IBD fellowship guidelines. Please refer to the CSGNA Mentorship Application form



- Communicates expectations and information in ways that stimulate and engage the Preceptee
- Tailors teaching style to facilitate learning using a range of learning opportunities (field experiences, team meetings and rounds, reflective questioning, simulated skills, etc)
- Reflects on the effectiveness of one's teaching strategies
- Provides a range of clinical experiences
- Support Preceptees as they elicit critical questions and integrate information essential for prioritization and patient care delivery
- Assists Preceptee to reflect on his/her own practice and development
- Assesses Preceptee's progress and provides ongoing constructive feedback. For example; coaching, encouragement, corrective support, reinforcement, reflection)
- Takes appropriate action if progress towards the learning outcomes is not satisfactory, consults with IBD fellowship core group (eg. CSGNA CANIBD CoP) for guidance as needed
- Supports Preceptee to problem solve in complex situation
- Adjusts the level of supervision to promote Preceptor's development and autonomous practice

Collaboration:

- Preceptor works jointly with Preceptor, alongside organizational educator and/or training division's head advisor at all stages of the Preceptorship experience to help the Preceptor grow into their professional roles
 - Communicates with the educator and/or faculty advisor regarding roles, expectations and Preceptee's progress throughout the Preceptorship experience
 - Respects Preceptee's experiences and opinions
 - Preceptor assists Preceptee in identifying their learning needs, optimizes learning experiences that facilitate meeting Preceptor's goals, provides ongoing feedback and objectively evaluates the Preceptee
 - Preceptor works jointly with Preceptor at all stages of the preceptorship experience to help the Preceptor grow into their professional roles
 - Facilitates dialogue about different approaches to clinical issues and learns from various perspectives through interprofessional opportunities
 - Assists the Preceptee to develop an understanding and appreciation of the roles and responsibilities of other healthcare professionals to enhance team collaboration
 - Models effective interprofessional collaboration in working with all stakeholders
 - Helps Preceptee understand team dynamics and processes
 - Provides opportunities for the Preceptee to interact with interprofessional team members
 - Fosters open communication, mutual respect, and shared decision making to achieve quality patient care
 - Networks with other Preceptors and provides support



Interpersonal and Communication Skills:

- Preceptor creates a welcoming environment, effectively shares information, and displays openness to other people's ideas and thoughts
 - Integrates the Preceptee into the social culture of the organization, welcomes the Preceptee into the clinical setting, and orients him/her to the unit culture
 - Introduces Preceptor to team members, their roles and responsibilities
 - Demonstrates openness to different ways of thinking and being
 - Seeks feedback regarding his/her effectiveness as a preceptor
 - Communicates effectively orally and in written form

Role Modeling and Professionalism:

- Preceptor exemplifies behaviors that promote Preceptee's professional development
 - Recognizes the impact of own behavior on the Preceptee's professional development
 - Ensures quality and safe patient care through individual performance and consideration of system changes
 - Role models and inspires best practices and professional behaviors in others
 - Assists the Preceptee to increase reflection on professional, ethical and legal standards of practice
 - Assist the Preceptee to recognize patients and family as full partners in care, demonstrating respect for their preferences, values and needs

References:

- Canadian Interprofessional Health Collaborative (2010). A national interprofessional competency framework
- Canadian Nurses Association (2004). Achieving excellence in professional practice: A guide to preceptorship and mentorship
- Parry, S. R. (1996). The Quest for Competence. Training Magazine, July, 1996, pp. 48-56.
- Underwood, J. (2007). Competencies and standards: In a public health context, what is the difference? Public Health Agency of Canada

Suggested Reading:

- Nasser, R., Morley, C., Cook, S., Coleman, J. & Berenbaum, S. (2014) Dietitians' perceptions of precepting: Knowledge, skills, attitudes, barrier, and training. Canadian Journal of Dietetic Practice and research, 75(10), 7-14.
- Srinivasan, M., Li, S., Meyers, F., Pratt, D., Collins, J., Braddock, C., Skeff, K., West, D., Henderson, M., Hales, R., Hilty, D. (2011). Teaching as a competency: Competencies for medical education. Academic Medicine. Journal of the Association of American Medical Colleges, 86 (10), 1211 – 1220.
- Ulrich, B. (2012). Mastering precepting: A nurse's handbook for success. Indianapolis, IN: Sigma Theta Tau International.
- Walker, S. & Grosjean, G. (2010). Desired skills and attributes for dietician preceptors. Canadian Journal of Dietetic Practice and Research, 71 (3), 134-138.