Preceptor Point of View

Acute Care Unit/Tele Care Area

Main topic is Struggling Preceptee

Exemplar

Introduction

As a Preceptor I had the opportunity to precept a new hire on an Acute Care Unit. “J” had approximately 2 years of nursing experience as a Nurse in a similar setting in a different hospital. “J” had been working with his Primary Preceptor for the last 2 weeks and was scheduled to be oriented to the unit for approximately 4 weeks. I was assigned to precept “J” at the beginning of week 3. I did not receive any form of report or progress on “J” from the previous preceptor. I asked the charge RN on the floor if she knew anything about his progress and she stated that all she knew was that “J” was independent and did not ask many questions.

Case Presentation

At the beginning of the shift I asked “J” how he would like us to proceed with the orientation. He stated he felt comfortable taking care of all 4 assigned patients independently. I went ahead and followed his cue and informed him that I would check in on him and made myself available to answer questions and assist with patient care. After about 2 hours into the shift I went in to one of the assigned patient’s room since a pump was alarming for a few minutes. I walked into the room and found “J” and noticed he was attempting to administer blood. He stated he had never administered blood before and was struggling with the set up. I noticed that no double checks were done; the pre-medications had yet to be administered and the blood was backing up to the saline. At this point no blood had been administered to the patient.

Management

I went ahead and guided “J” out of the room as we took the blood set up, IV pole and pump out of the room to the medication room. We went ahead and completed an incident report followed the correct policy for administering blood. After things were settled I took some time to debrief about the situation. I asked “J” what he thought about the situation. He stated he felt embarrassed with the patient and felt incompetent for not being able to figure out how to set up and administer the blood independently. I reassured him that he was not incompetent and that it was normal for someone to struggle with new equipment. I also
discussed the importance of seeking help for the safety of the patient and the nurse, especially with new procedures. He stated he would ask question from now on.

Outcome

“J” thanked me for checking in on him and helped him do the proper procedure safely. He mentioned he did not know the hospital policy and did not want to ask for help since he was accustomed to figuring things out on his own and came from a hospital where nurses worked independently. After some dialogue with “J”, the charge nurse, previous preceptor and manager a new plan was arranged for him. He would be on a total of 6 weeks of nursing orientation with a preceptor and would have every 2 hour huddles with preceptor to ensure his success as a competent nurse and patient safety. He also agreed to ask for help prior to any new procedure. “J” was able to successfully complete his orientation period and went on to be a successful RN in the unit for many years.