Reflecting on my Practice:  
Professional Development Exemplar Activity

Preceptee Point of view

Acute care unit/tele

Struggling preceptee

Exemplar

Introduction
From nursing school I had always struggled with time management. I remember crying in front of my clinical instructor due to not completing a task that she instructed me to do during her previous rounds on the unit. It’s not that I intended to be inefficient or fall behind, but despite some of my best efforts I just did. Given my predicament I marveled at my classmates that marked off clinical tasks from their paper “brains.”

When I transitioned into my role as a new Registered Nurse (RN) I continued to struggle with time management, though thankfully not as bad. I was more competent and organized, but still needed to develop my time management skills.

Case presentation
As a new nurse I was precepted by “B”. She was a new nurse, maybe in practice for about 3 years at the time. She was clinically competent, intellectually sharp, a great patient advocate, and well-respected by all members of the multidisciplinary team. I believe I was her first preceptee.

“B” gradually gave me independence. She started me off with a low patient load. I was thankful for this because at the time the unit was experiencing occasional short-staffing and nurses were liable to have 5 patients. Eventually when she progressed me to having a full assignment up to 4 patients my time management weaknesses began to show through.

When I sensed myself falling behind I would get a sense of being overwhelmed. This was both frightening and paralyzing. Counterintuitively I also became insular, not wanting to share my struggles with anyone else. Additionally, developing a sense of “putting out clinical fires,” so to speak, I would let charting go by the wayside. In the end my poor time management skills would culminate to ending my shift late.

Management
Being observant, “B” noticed my struggles. She strategically managed my patient workload to an appropriate, but challenging level. In other words, she didn’t resort to giving me a 5-patient assignment. In the course of the day, she would check in with me and offer her assistance when needed. It was easy to converse with her on a professional and casual level. She gave me constructive feedback, but also reassurance that improvement was possible. She
also shared practical tips on efficient and effective workflow strategies. Just the same, “B” was firm in her position that proper time and delegation management would lessen and perhaps prevent overtime occurrences.

**Outcomes**

Though change wasn’t immediate, through time, practice, trial and error along with continued encouraged from “B” and I made progress with my time management skills. I more so understood the importance of speaking up and seeking help when necessary, delegation and the team aspect amongst nurse colleagues, being open to the perspectives and guidance of others, and being taught practical approaches such as bringing a workstation-on-wheels (WOWs) to do real-time charting in a patient’s room, personalizing a shift worksheet or “brain” with circles for outstanding tasks and an “X” over the circles for completed tasks, asking nurse externs to assist with patient Activities of Daily Living (i.e. bed baths, incontinence care, deliver diabetic food trays, etc.), and prioritizing patient needs based on acuity. Eventually, I was able to complete the shift on time and thirteen years later I credit “B” for providing me with foundational skills and tools that have sustained me in nursing as well as spared me from being reprimanded by nurse managers for undesirable overtime!