



Council of University Teaching Hospitals

**STRATEGY PAPER**

**Models and Best Practices  
in Recognizing and Supporting Preceptors and Mentors**

STRATEGY PAPERS are produced periodically on general issues and specific topics of interest to organizations and stakeholders at the interface of education, research, and service delivery. The papers are intended as high-level summaries of issues and options in order to stimulate discussion and hopefully spur strategic activities.

The Council of University Teaching Hospitals (COUTH) is a voluntary association of organizations significantly involved in academic health sciences in BC. COUTH members include the university teaching hospitals, UBC, BCIT, and the V/RHB. COUTH works to address common issues, share information, and advance academic health sciences in the province. Extensive partnerships are maintained with many organizations in support of research, education, and health sciences.

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# Models and Best Practices in Recognizing and Supporting Preceptors and Mentors

## A. SUMMARY OF TOPIC

This Strategy Paper has been initiated through the Council of University Teaching Hospitals (COUTH) Health Sciences Committee, which has been considering a number of the issues and opportunities relating to the education of health and human services professionals. Preceptor and mentorship programs are of significant interest given the need to actively support the transition of health sciences students to professional practice. The intent of the Strategy Paper is to highlight key concepts from the literature and activities/best practices across jurisdictions, and to propose actions by health and education partners.

Preceptors and mentors represent an essential component in the health sciences educational continuum. Increasingly, organizations in BC and across Canada are identifying the importance of supporting and recognizing preceptors/mentors that work with health sciences students as well as new graduates and new staff. This paper proposes generic concepts and key strategies relevant to all health science disciplines supporting preceptors/mentors and highlights some current activities in BC. It is not intended to be an exhaustive description of issues and challenges specific to each discipline.

Although this has been initiated as a COUTH project, it has opportunity to be a broader provincial resource. In particular, the timing of the Strategy Paper is opportune given the government's Health Action Plan and emphasis on development of preceptor and mentorship models. Research has included gathering of existing resources and consulting with individuals from health and educational organizations.

## B. TERMINOLOGY

The use of terms and definitions varies to describe the bridge between classroom theory and professional practice:

- « according to the health sciences discipline;
- « depending on the philosophy; and
- « because terms are often tied to funding.

**Preceptoring:** an instructional or supervisory role whereby a health sciences professional (the preceptor), is paired for a specific time period with one of the following categories of preceptees: (1) a *student* at specific points of their education program, to help him/her learn the roles and responsibilities in a particular area of practice,

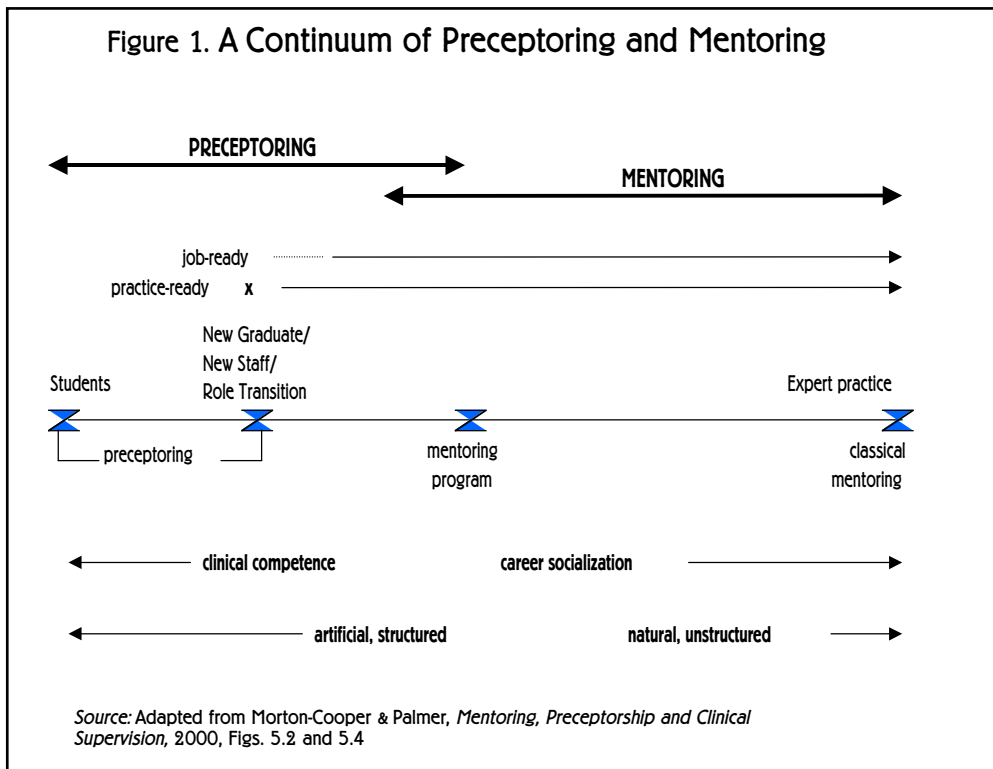
(2) a *new graduate*, to help him/her adjust to and develop roles as beginning practitioners, and (3) a *new staff* who has transferred to a different or more specialized area of practice.

For consistency throughout this paper, the term **preceptorship** is used to describe the interaction that bridges classroom theory and professional practice in all health sciences. Figure 1 describes the continuum of the preceptoring and mentoring interrelationships.

**Mentoring:** an advisory role whereby an experienced, highly regarded, empathetic person (the mentor) guides another individual (the mentee) in the development and re-examination of their own ideas, learning and personal and professional development. Mentoring can be structured or unstructured – a **mentoring program** implies that mentor/mentee pairs have been assigned to one another, usually for a specified amount of time. Unstructured mentoring, referred to as **classical mentoring**, occurs when two parties are drawn together naturally by their personal characteristics, attributes and common values.

Practice-ready and job-ready are terms used to describe the transition of health sciences students or new staff from when they enter practice to when they are integrated into the workplace.

**Practice-ready:** By the end of an educational program, students are educated to be safe, autonomous practitioners. Entry-level graduates must meet the competency standards set out by regulatory bodies.

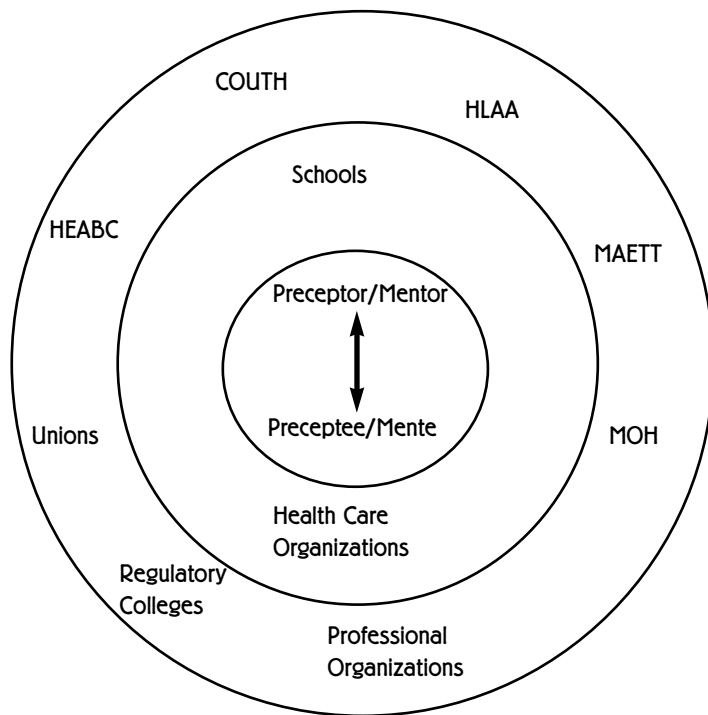


**Job-ready:** In addition to being practice-ready, job-readiness implies integration of knowledge to the clinical experience. The additional requirements and competencies for health care providers to be “job-ready” should be regularly assessed and provided for through orientation and life-long learning opportunities.

### C. PARTICIPANTS

Figure 2 illustrates that a variety of stakeholders must be linked and committed to a preceptorship/ mentorship program in order for it to be successful. Similar commitments are required to foster a mentoring culture. The four key participants are:

Figure 2. Linkages among Key Participants



Source: Adapted from Children’s & Women’s Health Centre of BC Preceptor Workshop

1. Preceptee/Mentee
2. Preceptor/Mentor
3. School - if there is an educational component, Faculty/Academic Instructor (in some health sciences this person also serves as the on-site preceptor)
4. Health Care Organization/Agency
  - includes the unit or departmental manager/professional leader, unit or departmental staff and others in the organization, and possibly an on-site educator in some health sciences
  - all aspects of the organization’s culture must be supportive

Provincial and other groups such as Ministry of Health (MOH), Ministry of Advanced Education, Training and Technology (MAETT), Health Labour Adjustment Agency (HLAA), unions and labour organizations, health professional associations and regulatory colleges contribute to the overall vision, coordination and support.

## D. WHY PRECEPTOR/MENTOR SUPPORT IS A PRIORITY

### Supply: Fewer Preceptors/Mentors

- « Health care re-engineering and staff reduction mean health sciences professionals with the ability to function as preceptors and mentors have increased responsibility, increased workload and workload acuity. Existing staff have less time to devote to precepting/mentoring.
- « The pool of health sciences professionals that are potential preceptors and mentors is shrinking (“preceptor burnout”, demographic and possibly migration trends, increased complexity involved in precepting because there are so many levels of preceptees). The Registered Nurses’ Association of British Columbia (RNABC) forecasts that by 2011, up to 14,000 of the 28,000 registered nurses currently employed in BC will be retired or in a position to retire.
- « A shortage of health sciences professionals means that many practitioners are new themselves to their environment and are not able to function as preceptors/mentors.

### Demand: More Preceptees and Professionals New to Practice

- « Recent recruitment initiatives and new education spaces have increased the number of preceptorships required.

The large numbers in nursing require particular attention, as evidenced by recent Health Action Plan funding devoted to nursing education seats (400 new seats, 50 refresher seats for 2000/1) and the preceptor/mentor role. Each one of these new seats requires a series of preceptorships to complete their program.

- « There is a need to facilitate students’ progress through health sciences programs and integrate new graduates into the environment so they can practice safely (the transition of practice-ready to job ready).
- « An increase in foreign-trained health sciences professionals may change how these individuals are integrated into the workplace. In medicine, Manitoba has launched a program for international medical graduates (IMGs). Once an IMG clears a clinical assessment process, he/she will be granted a conditional license for a one-to-five year work term in a health region, working with a practice advisor (preceptor role) who is a licensed physician.

### Health System Goals: Recruitment and Retention

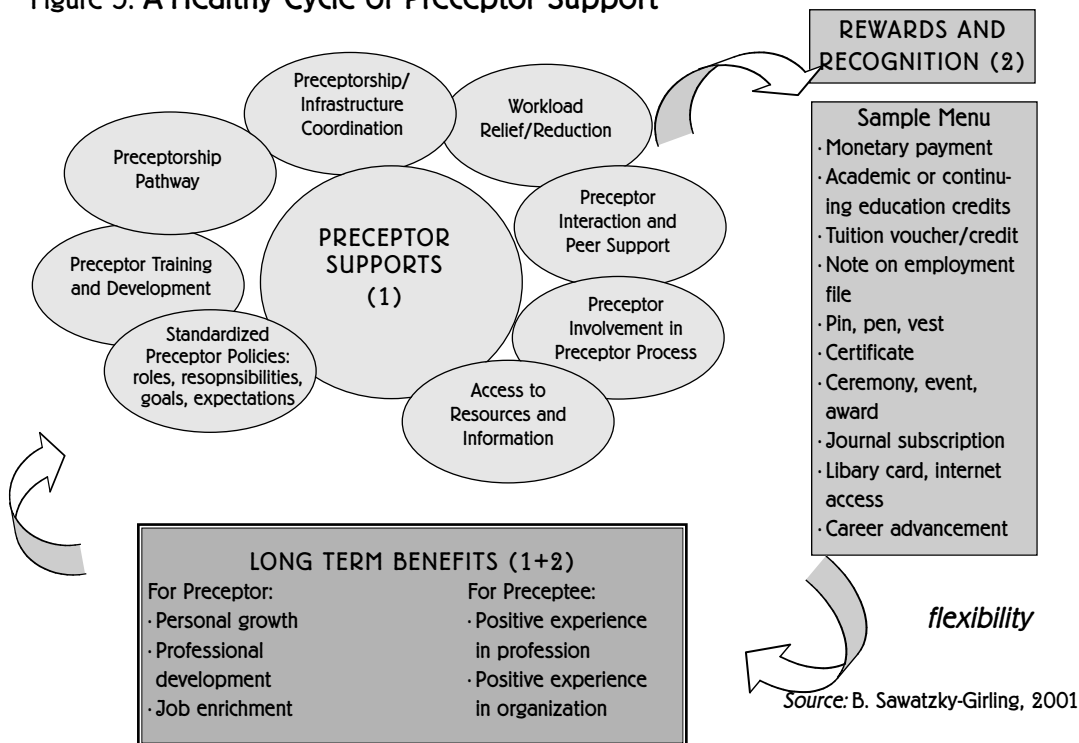
- « Given the shortage of health sciences professionals in BC, many organizations are actively involved in recruitment strategies.
- « Recruitment of new graduates by health care organizations (and retention in the profession) is linked to a positive experience at the organization where the graduate completed a preceptorship.

It is important that educators, administrators, policy makers, unions and labour organizations determine what supports, rewards and benefits are required to sustain preceptors and mentors in their role(s), whether formal or informal. The above-mentioned system pressures have forced a re-commitment to professional values. Beyond the specified preceptorship period, a culture of mentorship is thought to increase the personal and professional development of health sciences professionals so it is linked to recruitment and retention. Preceptor/mentor support is an essential component of BC's health system and encourages the passing on of experience, knowledge, skills and clinical judgment.

### E. A HEALTHY CYCLE OF PRECEPTOR SUPPORT

Figure 3 is a model that conceptualizes best practices of preceptor support (part one), common practices to reward and recognize preceptors (part two) and the long term benefits that can be realized if the preceptor perceives that supports are adequate and that the rewards (intrinsic and extrinsic) offset the additional time and energy spent serving as preceptor (part three). Many of the strategies proposed in the model also support mentors and contribute to a culture of mentorship in BC's health system.

Figure 3. A Healthy Cycle of Preceptor Support



Source: B. Sawatzky-Girling, 2001

## PART ONE

## Preceptor Supports

## 1. Standardized Preceptor Policies

Roles, responsibilities, goals, objectives and expectations of the four key participants (see Figure 2) should be clearly defined, communicated, understood and standardized, where possible. One example can be found in the University of Northern BC's School of Nursing Preceptor Manual, available at <http://quarles.unbc.ca/nursing/clinical/precept.htm>. The South Fraser Health Region will be releasing a comprehensive Preceptor Guide in spring 2001 (first to be used in nursing but intended for other health sciences in the future). Broad policy and philosophy statements (such as Vancouver Hospital & Health Sciences Centre and the University of British Columbia's *An Education Strategy Built on Partnership*) help clarify an organization's commitment to bridging health and education.

Province-wide consistency regarding resource obligations (time, finance and staff) would "even the playing field" between different organizations/agencies and educational institutions. Consistency in roles and responsibilities of preceptorships between professions, where possible, may decrease emphasis on inter-professional differences, cultivate opportunities for inter-professional learning and enhance a culture of patient-centred care.

## 2. Preceptor Training and Development

In order to increase quality of learning for preceptees and enhance role satisfaction for preceptors, preceptors must be able to pass on their experience, knowledge, skills and clinical judgment. Preceptor training should increasingly emphasize: critical thinking; problem solving; clinical skill development; evaluating progress; delivering feedback; adult learning principles; challenges faced by the new health sciences professional; and unique aspects of precepting/mentoring the foreign-trained health sciences professional.

Examples of preceptor training and development include:

- « Workshops offered in organizations/agencies to their employees (Children's & Women's Health Centre of BC, Vancouver Hospital & Health Sciences Centre, Providence Health Care, South Fraser Health Region, Capital Health Region). Often these workshops begin in the nursing profession and later include other professions. Workshops are sometimes co-sponsored by educational institutions.
- « Workshops offered by educational institutions or programs (for example nursing, pharmacy, laboratory technology, rehabilitation sciences).
- « Workshops offered by professional organizations (for example Dietitians of Canada).
- « Manuals on-site
- « Videos
- « Mandatory preceptor education (program, module, certification)

Implementing provincial standards and coordinating funding to organizations that train preceptors should be explored. For example:

- « Defined number of hours for initial preceptor training
- « Defined number of hours for annual training/updating for all preceptors
- « How preceptors are compensated for this time and if so, where the funding comes from

There may be opportunities for crossover in preceptor training and development between different professions, organizations/agencies and schools. Academic credits for participating in preceptorship/mentorship training and development sessions and preceptoring/mentoring students/new staff requires further exploration as these may be difficult to implement.

### 3. Preceptorship Pathway

A preceptorship pathway is “a tool to guide the preceptor and preceptee through a time-limited clinical experience ensuring consistency and clarity of opportunities to meet identified objectives/outcomes.”\* Children’s & Women’s Health Centre of BC is currently developing multiple preceptor pathways for nursing. This means that for each of the clinical areas, a unique pathway is developed that incorporates the different skills to be learned by its student/new staff in that area.

### 4. Coordination of Preceptorships and Infrastructure

The following are examples of initiatives WITHIN a single organization/agency that can be done to improve coordination of preceptorships and the required infrastructure:

- « Dedicated staff resources to coordinate preceptorships within organization and liaise with educational institutions. Current funded positions for nursing include: Children’s & Women’s Health Centre 0.5 FTE, Vancouver Hospital 0.6, South Fraser Health Region 1.0.
- « Coordinators should (1) be familiar with pool of available preceptors, their interests, training and development requirements and (2) have a mechanism to identify potential preceptors.
- « Despite the traditional focus on tertiary acute care, coordination of preceptorship opportunities could be expanded and improved to include more non-traditional or under-utilized settings such as primary and secondary care, home care, public health, continuing care and mental health.

Much can be done to coordinate the preceptorship process and infrastructure AMONG different organizations/agencies, academic institutions, and ministries:

- « Health sciences with large numbers and many schools often have preceptors that work at different sites and with preceptees from different schools. This applies to nursing in particular. Often each school offers their own philosophy and training workshops. Interschool Committee of the Lower Mainland (five health regions and

\* Kersbergen & Hrobsky

ten educational programs) attempts to consolidate and coordinate nursing preceptorships.

- « Working toward improved consensus on content and format of a preceptorship experience, no matter the location or school, would be a benefit from the preceptor's perspective. Pharmacy has developed "General Principles for a Structured Practical Training Program", national expectations that are the same for in-province, domestic and foreign applicants. These national expectations are the result of a project sponsored in part by Human Resources Development Canada.
- « Some health sciences have a disparity between the number of potential preceptees and the number of preceptorships available. For example, only about fifty per cent of dietetics students obtain a preceptorship placement which is a requirement to be a registered dietitian/nutritionist.
- « A provincial framework for nursing preceptorships is being developed in 2001. This initiative is sponsored by the Ministry of Health and the Ministry of Advanced Training and Technology and is being coordinated through COUTH.
- « Existing preceptor/mentor resources and training and development tools should be coordinated and made available to others. Many preceptor/mentor-related initiatives are underway to provide preceptor/mentor resources. Rather than continue the practice of each profession in each organization developing their own resource material, a comprehensive inventory of resources may facilitate agreement of best practices in preceptor/mentor resources, allow identification of gaps in resource inventory and provide an incentive for government to coordinate funding for development of necessary resources to be shared across the province.

## 5. Workload Relief and Reduction

The reasons for workload relief and reduction are to make it possible for a preceptor/mentor to discuss goals, expectations, roles and responsibilities, develop a rapport with the preceptee/mentee, take on appropriate patient assignments for learning and avoid preceptor "burnout." Providing workload relief/reduction is valued most when the time is flexible and the preceptor/mentor can determine how to allocate it.

Workload relief and reduction varies according to profession and location but often no relief is provided. Where workload relief/reduction does exist it is typically tied to funding. For example in BC's Health Action Plan grants for nursing, hours of work relief vary based on submissions (Children's & Women's Health Centre of BC now has up to 24 hours, St. Paul's Hospital 8 hours). An alternative strategy to calculate appropriate workload relief may be to use a standard defined percentage, such as 20 per cent per preceptorship.

Even if workload relief/reduction is allocated and planned for it may be difficult or impossible to fill the shifts with qualified staff due to staff shortages. As with any initiative tied to funding grants, the question of sustainability arises.

## 6. Preceptor Interaction and Peer Support

Interaction between preceptors allows preceptors to share experiences, support each other and develop best practices relating to preceptorship. Processes that facilitate such a network may be particularly valuable for potential or newer preceptors but may also be rewarding for more experienced preceptors. The interaction can be inter-professional or multi-agency.

- « Children's & Women's Health Centre of BC is developing a moderated intranet website for nurse preceptor discussion and offers popular "Lunch and Learn" networking sessions.

## 7. Preceptor Involvement in the Preceptorship Process

Preceptor involvement in the preceptorship process is one way to validate that preceptoring is an essential role as a professional. Ways preceptors can be involved in the process are:

- « Autonomy over how preceptorship hours are spent.
- « Feedback regarding satisfaction of preceptorship by key participants, recruitment and retention of preceptees.
- « Input into curriculum development for profession.

## 8. Access to Resources and Information

Preceptors must understand the range of available supports, resources, information, rewards and how to access and use these.

- « Paperwork and documentation procedures should be user-friendly and easy to understand.
- « Access to resources and supports should be readily available - e.g. telephone/pager to faculty and/or contact within organization/agency, telephone tutoring, online Preceptor Development Program such as <http://www.mtn.ncahec.org/pdp/>.

## PART TWO

### Rewards and Recognition

Regardless of profession, research indicates that what motivates a preceptor or mentor is similar. There is a clear commitment to the formal preceptor role or the often less-formal mentor role when participants perceive there to be both material and non-material benefits, with the latter considered to be of greater relative importance.

Despite this emphasis on altruistic and professional development goals, it is essential that preceptors feel their contribution to the preceptee, the organization/agency and their profession is validated, as opposed to mandated or taken for granted.

Rewarding and recognizing preceptors/mentors is another area where setting provincial standards within and among professions and increased collaboration may have long term positive effects for all stakeholders. More research is required on what material and non-material incentives are appropriate and meaningful to health sci-

ences professionals and acceptable to all stakeholders. The key appears to be providing a *range* of incentives or a flexible “rewards program” to preceptors/mentors. A range is recommended in the literature and is being discussed in BC because individuals (even within the same discipline or specialty) rate incentives differently. There is little consistency in how health sciences preceptors are currently rewarded and recognized. The following are examples of rewards/recognition provided by health care organizations, educational institutions and professional associations:

- « Monetary payment (set amount per preceptorship or an increase in hourly wage)
- « Academic credits (particularly attractive to diploma RNs working toward BSN)
- « Continuing education credits (particularly in disciplines that require a certain number of credits per period to maintain status)
- « Cross appointment to educational institution (e.g. clinical faculty appointments across professions could have similar criteria and standards)
- « Voucher for academic courses/tuition waiver/credit bank for professional development
- « Commendation note on employment file
- « Pin, pen, vest
- « Certificate
- « Ceremony, event (luncheon, dinner, networking session attended by senior staff)
- « Preceptor award (local, provincial, national)
- « Journal subscription
- « Library card, internet access
- « Career opportunities and advancement

### PART THREE

#### Long Term Benefits of Supporting Preceptors (Part One) and Providing Adequate Rewards and Recognition (Part Two)

Part three of *A Healthy Cycle of Preceptor Support* summarizes the positive outcome possible from appropriate preceptor support and reward/recognition strategies. If preceptors are perceived to be supported, rewarded for their time and energy and recognized for their contribution, long term benefits include personal growth, professional development and job enrichment. Therefore, the rewards and recognition strategies listed above (part two) are a necessary but not sufficient requirement to retain and attract preceptors – they are only capable of providing a short term benefit. Without the proper supports (part one) health science professionals will be less likely to voluntarily take on preceptorship duties.

## F. CONCLUSION

*A Healthy Cycle of Preceptor Support* may be used whole or in part as an evaluation tool by participants (or by a system as a whole) that have a stake in the preceptorship/mentorship process in order to assess how their current strategies for supporting and rewarding preceptors/mentors (a) demonstrate that they truly value these contributions, and (b) complement other stakeholders' goals and strategies to increase the quality and quantity of preceptoring/mentoring.

As a result of such evaluations, gaps in current preceptor/mentor strategies employed by participants may be identified. The generic concepts proposed within *A Healthy Cycle of Preceptor Support* along with a sampling of initiatives underway in BC provide the wide range of participants in the preceptorship/mentorship process a framework from which to develop specific but interactive strategies appropriate to their role in the process. Preceptor/mentor programs should be revised on an ongoing basis based on evaluative feedback from all participants, developments in other jurisdictions and needs in the health care system.

The benefits of successful preceptorship and mentorship programs within a supportive mentoring culture complement recruitment and retention goals of health sciences professionals and BC's health system. Strategies that support and reward/recognize preceptors and mentors should remain in place even when the human resources shortage is less acute and recruitment and retention initiatives subside.

## G. KEY REFERENCES

- Clinical/Fieldwork Placement – Issues and Opportunities*. Working Paper. Council of University Teaching Hospitals (COUTH). April 2000 (in particular Appendix 8.2 System Changes/Pressures and Appendix 8.3 Review of Literature).
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