The Importance of Preceptor Program for New Hires in the Field of Radiography

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Clinical Educator
Topics of discussion:

• The Role of the Preceptor
• Orientation and Verifying Competency Process
• Facts About Adult Learning
• Importance of Providing Proper Feedback
• Transitioning to a Real Role
The Preceptor

- Experienced and competent
- Has knowledge of the organization and the department
- Is dedicated in helping other technologists advance their career
- Completed official preceptor training offered by the department
The Role of the Preceptor

• Assesses the orientee’s learning style - 1A

• Identifies and discusses issues with the orientee - 4A

• Provides both formal and informal evaluation - 1D

• Demonstrates strength in clinical, communication, customer service and technology skills - 2D

• Introduces the orientee to key colleagues - 3D
Paperwork related to the preceptorship

- 10 Day Department Orientation
### 10 Day Orientation Objectives Review

**MEDICAL IMAGING - Imaging Specialist CT**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Employee #:</th>
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<tbody>
<tr>
<td>Orientation Start date:</td>
<td>Projected End Date:</td>
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<table>
<thead>
<tr>
<th>Objective</th>
<th>DAY 3</th>
<th>Date</th>
<th>Validated by</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates critical thinking and ability to work independently</td>
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</table>
- Know when to call Radiologists for concerns (pathology, artifacts) A14
- Ability to work in all areas not just assigned area on schedule
- Ability to keep control of exam with parents in the room (ventricles, non-sedates)
| Can use distraction techniques | | | | |
- Understands what radiologist expect you to know
- Ability to locate shut off valves
- Understands Safety Event Reporting System "SERIS"
| Locates key areas specific to department | | | | |
- Aware of the O2 suction
- Ensures that safety equipment is in place at start and end of shift.
- Locate supply closets

### INITIAL ASSESSMENT OF OPERATIONAL EXPECTATIONS

**MEDICAL IMAGING - CT - IMAGING SPECIALIST**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Employee #:</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td>Assessment Start Date:</td>
<td>Assessment End Date:</td>
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</table>

<table>
<thead>
<tr>
<th>Competency Statement</th>
<th>Date</th>
<th>Validated by</th>
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</thead>
<tbody>
<tr>
<td>Demonstrates critical thinking and ability to work independently</td>
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<tr>
<td>Recognizes problems and acts accordingly</td>
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<td>Anticipates potential complications</td>
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<td>Organizes and manages time effectively</td>
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<tr>
<td>Demonstrates leadership</td>
<td>Date</td>
<td>Validated by</td>
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<tr>
<td>Takes ownership of problems</td>
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<td></td>
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<tr>
<td>Can cover relief charge</td>
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<td></td>
</tr>
<tr>
<td>Attends department meetings and inservices</td>
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<td></td>
</tr>
<tr>
<td>Locates key areas of facility</td>
<td>Date</td>
<td>Validated by</td>
</tr>
<tr>
<td>Emergency Department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR Suites</td>
<td></td>
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<tr>
<td>NICU</td>
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</table>
# Initial Assessment of Clinical Competency

**Medical Imaging CT-Imaging Specialist**

**Exam Evaluation**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Employee #:</th>
</tr>
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</table>

**Assessment Start Date:**

**Assessment End Date:**

**Codes:**
- P=Patient Experience - requires accession number of performed procedure to be recorded in the appropriate Age-Specific category box.
- S=Simulation - requires date of observed or simulated procedure to be recorded in the appropriate Age-Specific category box.

## Competency Statement

<table>
<thead>
<tr>
<th>Competency Statement</th>
<th>Method of Validation</th>
<th>Age-Specific</th>
<th>Validator’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proficiently performs the following studies demonstrating knowledge of anatomy and physiology as it relates to studies performed</td>
<td>Pt. Experience or Simulation</td>
<td>Neonate - 0-1m</td>
<td>Toddler - 1m-4y</td>
</tr>
</tbody>
</table>

### Body Imaging

- Chest
- Chest CTA
- Chest for ILD
- Other
Facts About Adult Learning

• Relevancy

• Self-Directed

• Active Learning

• Life Experience

• Progress to Goals

• Respect and Communication
Different types of Learning Styles

- Auditory
- Visual
- Kinesthetic
- Multi-Modal
Feedback

• Purpose of feedback

• Types of feedback
  • Positive
  • Negative
  • Constructive
Positive Feedback

• Affords feelings of success.
• Enhances motivation for learning.
• Reinforces desired performance.

“Great! You explained the imaging procedure to the parents accurately and with confidence.”
Tips For Positive Feedback

• Give the feedback as close to the event as possible.

• It is okay to provide positive feedback in public as long as it is okay with the person receiving it.

• Be clear and mean it!
Negative Feedback

• Tends to discourage or demoralize.
• Limits or reduces motivation for learning.
• Tends to focus on what not to do.

• “You set up the exam room totally wrong. Now we will have to re-do it.”
Constructive Feedback

- Enables the orientee to experience at least partial success.
- Maintains motivation for learning.
- Reinforces desired performance and corrects unsatisfactory performance.

“I reviewed your documentation and found that almost everything was completed. I was surprised to find that you had not entered the patient’s weight and allergies. Can you tell me why this was not done?”
Tips For Constructive Feedback

• Use descriptive terms
• Be specific
• Focus on the behavior
• Feedback should be well timed
• Focus on sharing information rather than giving advice
• Give your orientee enough time to accept the feedback prior to making a plan that will involve a change in behavior
• Provide feedback for improvement in private
• Allow the orientee to be a participant in the process.
Feedback

- It is critical to provide an ongoing evaluation of the orientee.
- Provide feedback on things the orientee is doing well, areas in which additional work is needed and progress towards orientation goals.
A Model for Feedback

B (Behavior)
Describe the behavior.

E (Effect)
Outline the implications of the behavior.

E (Expectation)
Suggest an alternative behavior.

R (Result)
What will happen if the behavior changes (positive) or continues (negative)?

“I noticed that you did not label the contrast before giving it to the patient...

not labeling the contrast can lead to errors prior to administration. This has the potential to cause patient harm...

I expect you to label every type of contrast media you give...

If you do this, you will avoid errors. If you do not do this you have the potential to cause patient harm.”
Orientation Meetings

- 15 days
- 30 days
- 45 days
- 60 days
- 75 days
- 90 days
Transitioning to a Real Role