Warning: Not all New Graduate Nurses are Alike

Newly licensed nurses come to their new jobs with a range of differences that require consideration from their preceptor. They have been prepared for their careers in different ways, and not all are ‘practice ready.’ Because there is no standardized nursing education, students have had different clinical experiences, different faculty, different clinical hour requirements, and different classroom and lab curriculums. In addition, they bring their own backgrounds, personalities, values, strengths and weaknesses. These differences translate to variations in the new graduate’s skills and abilities, and it requires preceptors to assess what the new nurse knows and how they know it. Much of orientation centers on validation of competency in the areas of knowledge, skills and attitudes. Preceptors are further challenged to identify unsafe practices.

What Does Unsafe Practice Look Like?

Discovery of unsafe practices or the potential of unsafe practices can be alarming. An unsafe practice has been defined as any act that is harmful or potentially detrimental to the patient, self or others. Much of the literature on unsafe practice has been conducted with nursing students as the subject; however, the descriptions of unsafe practice are generalizable to new graduate nurses, as well. Preceptors described unsafe practices as the following: failing to perform clinical assessments, providing unsafe nursing care, not reporting critical events, unethical or unprofessional conduct, lack of accountability, poor cognitive and motor skills, medication errors, lack of insight into strengths or weaknesses, lack of independence from preceptor or extreme distance from preceptor, and avoiding contact with patients. Syntheses of hallmark behaviors, as well as red flags, are described in the left-hand column.

Assessment is a Good Place to Start

Preceptors are charged with the observation and validation of new graduate nurse competencies. When the preceptee does not demonstrate or meet expected behaviors, preceptors must take action. Recognizing unsafe practice is the first step. Next, preceptors can try to understand how behaviors relate to broader categories, such as knowledge, skill, attitude or professionalism. Deciding what deficits can and cannot be remediated follows. What resources do you have to help you remediate knowledge and skill deficits? Who can help? Problems with attitude and professionalism are more complicated and often require some in-depth consideration. Role modeling and communicating expectations is essential. Pay attention to red flags, patterns and inconsistencies. Discuss your concerns with the preceptee. Communicate your expectations clearly. Bring continued concerns to the nurse educators and nurse managers. Precepting the unsafe preceptee is the most difficult challenge of your role. Do not go alone. Document your concerns, and seek help as needed.

References: