

The Hospital Clinical Preceptor: Essential Preparation for Success

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ABSTRACT

Hospitals have a responsibility to provide preceptors with the knowledge and skills required to provide bedside instruction to and evaluation of orientees. Formal preceptor preparation programs that provide practical information for immediate application are necessary for successful transition of orientees into patient care environments.

Essential content includes the importance of socialization, skill building techniques, critical thinking facilitation, and assignment management. Preceptor preparation courses need to be based on adult learning principles and incorporate interactive and creative teaching strategies.

Hospitals across the nation are hiring increasing numbers of nurses with little or no clinical experience who are new graduates from schools of nursing, former employees of less acute care settings such as long-term-care facilities, or nurses who have prior experience but have been out of the workforce for a period of years. Today's workplace challenges the less experienced and newly graduated nurse to perform competently and proficiently in the short period of time provided in orientation. The stresses of these expectations contribute to a high attrition rate for new graduate nurses during the first year of employment. Nursing units are affected financially by staff attrition and staff vacancies negatively affect the morale of senior staff who work longer hours and with less support. Furthermore, staff may be asked repeatedly to orient novice nurses, which can contribute to "burnout" (Greene & Puetzer, 2002).

Preceptors are accountable for providing bedside instruction to and competency evaluation of new nurses on a daily basis. Hospitals have the responsibility to provide preceptors with the knowledge and skills required to meet the orientees' multifaceted needs. Selection, development, and coaching of preceptors are critical (Connelly & Hoffart, 1998). The

ideal preceptor preparation program provides aspiring and experienced preceptors with practical information that can be immediately applied to their next precepting experience. Vital components of preceptor preparation include (a) socialization, (b) skill building techniques, (c) critical thinking facilitation, and (d) assignment management. Assignment management encompasses organization, prioritization, delegation, and confidence building. Additionally, preceptors should also receive information on preceptor roles and characteristics, preceptor-orientee matching, and orientation resources. Preceptor education should be interactive and based on adult learning principles. It should employ creative teaching strategies.

PRECEPTOR PREPARATION PROGRAM

A formal preceptor preparation program is essential to any orientation process and is designed to prepare qualified staff nurses as preceptors who will ensure the development of competent and safe practitioners. One of the obstacles to effective preparation is the amount of information preceptors have to digest and assimilate in a relatively short period of time. Educators must evaluate the essential content domains that follow to ensure they are presenting what is needed for a successful orientation process rather than the extraneous material that is "nice to know" (Connelly & Hoffart, 1998). Content must be practical as opposed to theoretical and able to be applied to future orientation opportunities.

The Importance of Socialization

The most common reason for employees to leave jobs within a year is because they do not feel that they

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Preceptors' primary roles include role modeling, socializing, and educating.

"fit in." Therefore, the opening session of a preceptor preparation course should focus on the importance of welcoming and socializing new staff into the institution and work area. Preceptors need to be educated about the value of getting to know their orientees before working together in the clinical setting. Getting to know orientees allows them to succeed (Fawcett, 2002). Preceptors and orientees should exchange information about their personal and professional backgrounds, teaching-learning and communication styles, and common reactions to stress. By asking questions, preceptors may learn about particular circumstances that could potentially affect learning, such as the fact that orientees have never worked the night shift or that they are the parents of young triplets. Social invitations from preceptors to orientees are also welcoming gestures.

In the patient care setting, orientees need to be introduced to the unit's staff, culture, norms, physical layout, and daily operations. Preceptors should assume primary responsibility for introducing orientees to all members of the healthcare team and for sharing details about how a unit functions in terms of staffing, scheduling, payroll, dress code, chain of command, and resources such as supplies and support staff. Orientees are then able to progress to the more advanced concepts inherent in direct patient care delivery.

Preceptor Roles. Preceptors' primary roles include role modeling, socializing, and educating. As role models, preceptors lead by example, demonstrating and personifying competent nurses. They also help orientees to integrate clinical and professional practice. Preceptors act as socializers when actively integrating orientees into the social culture of the unit and the facility. Helping orientees to feel welcomed by peers and coworkers, and assisting them in establishing relationships and becoming familiar with the written and unwritten norms of the unit are further examples of socialization. Educator roles require assessing orientation needs, planning learning experiences, and facilitating assignment selection to achieve identified learning needs and goals. Preceptors implement a teaching plan and evaluate and document progress based on mutually agreed upon orientation goals on an ongoing basis.

Preceptor Characteristics. Preceptors are role models whom others strive to emulate. Memorable pre-

ceptors have patience, enthusiasm, knowledge, a sense of humor, and the respect of peers. They must be competent and have a willingness to learn and change. They must be advocates, teachers, and confidants. They must be nonthreatening, nonjudgmental, and cognizant of personal weaknesses (Fawcett, 2002). Preceptors who possess these qualities foster healthy learning environments.

Before placing staff members into preceptor roles, consider their emotional intelligence. Emotional intelligence, a popular concept in corporate America, is based on a long history of research and theory in personality, social, and industrial and organizational psychology (Cherniss, 2000). Current research shows that an employee's emotional intelligence is twice as important to professional success as technical skills and cognitive abilities (Hand, 2002). Candidates with positive emotional intelligence possess five key personality characteristics:

1. Self-awareness or the ability to recognize and understand their own moods, emotions, and drives, as well as their impact on others.
2. Self-regulation or the ability to control or redirect disruptive impulses and moods.
3. Motivation or a passion to work for reasons that go beyond money or status and a propensity to pursue goals with energy and persistence.
4. Empathy or the ability to understand the emotional makeup of other people and the skill to treat people according to their emotional reactions.
5. Social skills or proficiency in managing relationships and building networks and the ability to find common ground and build rapport (Hand, 2002).

Preceptor-Orientee Pairing. Pairing orientees with preceptors is often a random choice based on who happens to be working and their willingness and ability to serve as preceptor. This type of system often results in multiple preceptors for one orientee and a general lack of continuity. Furthermore, assigning staff who do not want to precept leaves orientees with mixed messages and feelings of inconsistency and frustration (Anderson, 1998). Unwillingly, preceptors perceive the added responsibility as work overload, which translates to decreased job satisfaction and retention, which in turn results in a suboptimal learning environment for orientees.

Matching on the basis of learning style and personality characteristics can enhance satisfaction and productivity of the preceptor-orientee relationship

(Anderson, 1998; Carroll, 1992; Hardy & Smith, 2001). When styles are mismatched, learning time increases and retention decreases. Matching preceptors and orientees based on learning styles allows learners to progress at a comfortable pace and preceptors to teach in a comfortable method. Examples of tools to assess learning style are the Multi-modal Paired Associates Learning Test, the Perceptual Modality Preference Survey, the Edmonds Learning Style Identification Exercise, the Gregorc Style Delineator, and the Visual-Aural Digit Span Test.

In addition to learning styles, personality styles also can influence the learning environment created by preceptor-orientee dyads. Understanding the personality types of others and ourselves helps to gain insight into how and why people think the way they do and determines what information is noticed and recalled, the way decisions are made, and how much structure and control is preferred. Examples of tools to assess personality style are the Myers-Briggs Type Indicator, the Hartman Personality Profile, and the DiSC Personal Profile System®. Preceptor preparation programs should include learning style and personality style assessment. Preceptors who are aware of their styles are better able to be matched with orientees with similar characteristics.

Orientation Resources. Preceptors need to be educated about resources available to assist them with the process of orienting new staff. Common orientation resources include nurse managers and their assistants, nurse educators, clinical nurse specialists, and charge nurses. Because each of these has a responsibility to track the progress of orientees, regular communication among all relevant parties is essential. Nurse managers and their assistants are helpful when performance issues arise and when clarification of job roles and responsibilities is necessary. They can also coach preceptors on delivering appropriate feedback.

Nurse educators and clinical nurse specialists, who often coordinate area or department orientation programs, can be especially helpful in arranging special learning experiences (e.g., arranging for clinical time in an outpatient surgery unit for the purpose of practicing venipuncture skills). They are excellent resources if questions or issues related to the overall orientation program structure or framework arise. And, they often have the necessary time and educational skills to review or reinforce skills that preceptors with direct care responsibilities may be unable to cover thoroughly. Charge nurses can be helpful in identifying and facilitating learning experiences on a

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shift-to-shift basis, as well as ensuring preceptor-orientee dyads do not receive an assignment unrealistic to the orientees' current level of performance.

Skill Building

Psychomotor skill development is a vital component of orientation. Preceptors need to be introduced to the multiple ways to teach psychomotor skills. They also need to know how to modify their teaching techniques to match orientees' learning styles. Preceptors need to place the primary responsibility for skill development on orientees and expect them to take an active role in identifying areas of competency and inability. Preceptors should allow for practice, repetition, and self-correction. Preceptors should allow orientees to focus on the steps of a skill and not be distracted with other duties during performance.

Adult Learning Principles. Preceptor preparation programs and the instruction provided by preceptors need to be based on adult learning principles:

1. Content should be based on perceived needs of the learner.
2. Content should be repeated and sequenced in a logical fashion.
3. Active learning methods should be used to facilitate retention.
4. Care should be given to provide a safe and supportive learning environment for participants (Clay, Lilley, Borre, & Harris, 1999).

Knowledge and skill retention are optimized when instruction is based on adult learning principles, when expectations are based on experience level, and when consistent competency evaluation and constructive feedback are provided.

Learning for adults is needs based. Adults have little patience with educational materials that they perceive to be theoretical or esoteric. Education that covers content meaningful to the participants is preferred and best retained by adult learners (Clay et al., 1999). Preceptor programs must address the learning needs of the staff. These programs must provide practical information that can be applied immediately to the next precepting experience. Likewise, instruction provided by preceptors should be competency based, with little time and effort spent on skills that have been mastered.

Second, busy adults have little tolerance for disorganization, especially with content presented for them to learn. Adult learners need to become familiar with the overall learning objectives of educational programs, the sequencing of content to be presented, and how content areas interrelate (Cafferella, 1994). Preceptor preparation programs should provide participants with handouts that detail the program's overall goals, specific learning objectives, schedule, and evaluation.

Third, adults must be active learners. Adult learners would rather discuss a topic than hear a lecture. Adults learn best when previous knowledge and experience can be related to the new information. Content that enables the learner to draw on past experiences is easier to remember and use (Clay et al., 1999). Effective preceptor preparation programs and instruction capitalize on the participants' prior experiences and use them as best/worst practice discussion platforms. Learning situations that use past experiences signal respect for the learners and their achievements.

Finally, a supportive and nonthreatening environment maximizes adults' abilities to learn effectively (Clay et al., 1999). An environment conducive to learning is one with sensitivity to physical needs such as frequent breaks, temperature moderation, and room size appropriate to the number of participants. Psychological needs are met in an effective learning environment that creates a community of learners where ground rules and norms forbid embarrassment, intimidation, or promotion of feelings of inadequacy. Class instructors and preceptors should be thought of as facilitators of learning who help participants and orientees assimilate new information into their daily practice rather than simply as presenters of information. Integration of these four adult learning principles into preceptor preparation and orientation programs is essential to their success.

Evaluation. Preceptors are responsible for ongoing evaluation of orientees' progress toward role expectations. Evaluation requires an understanding of the differences between experienced nurses and novices. Patricia Benner (1982) applied the Dreyfus Model of Skill Acquisition to nurses as they passed through the five levels of proficiency: novice, advanced beginner, competent, proficient, and expert. Benner's application of this model offers guidelines for professional, knowledge, and skill development. The levels reflect changes in two general aspects of skilled performance. The first change is the shift from the dependence on abstract principles to the use of past, concrete experiences as paradigms. The second change is

in perceptions and understanding of complex situations. Complex situations are seen more as a whole picture rather than a collection of parts. Elements of these situations are analyzed for relevance and not automatically considered as such (Benner, 1982). As orientees progress from one level to the next, preceptors must adjust their focus, emphasis, and expectations. Table 1 provides a description of orientee characteristics and preceptor implications for each level (Benner, 1982).

Competency Validation. Competency validation is an important preceptor responsibility. Skills requiring validation should be performed under preceptor supervision. Preceptors must validate skills only when they are performed safely and effectively. Prior to performing skills, preceptors need to insist orientees review relevant policies and procedures. Experienced orientees should review policies and procedures to identify differences in practice from past experiences.

Providing Feedback. Providing constructive feedback can be challenging for preceptors yet vital to orientees' professional development. Preceptors need to inform orientees that they will receive feedback from preceptors about both strengths and areas for improvement. Feedback should be given in a private place and be objective in nature. Preceptors should use "I" statements (e.g., "I noticed. . .") and avoid judgmental statements (e.g., "You should have known better."). Self-evaluation (e.g., "How do you think you did?") can be a powerful method of evaluation and can initiate performance evaluation in a nonthreatening manner. Likewise, preceptors should welcome ongoing feedback from orientees regarding the orientation process.

Critical Thinking

Nurses are frequently involved in complex situations that demand high level problem solving and decision making. Because optimal patient outcomes depend on clear and focused thinking, nurses must view themselves as thinkers and not simply doers (Alfaro-LeFevre, 1999). "Critical thinking is the key to resolving problems. Nurses who don't think critically become part of the problem" (Alfaro-LeFevre, 1999, p. 4). Stimulating and fostering orientees' critical thinking is an important preceptor responsibility that requires familiarity with the concept of critical thinking, good habits of inquiry, and opportunities for promotion of critical thinking.

Critical thinking entails purposeful, informed, results-oriented thinking that requires careful identifi-

TABLE 1
ORIENTEE CHARACTERISTICS AND PRECEPTOR IMPLICATIONS

Stage	Orientee Characteristics	Preceptor Implications
Novice	<ul style="list-style-type: none"> • No experience with situations in which they are asked to perform tasks • Inability to use discretionary judgment • Use of context-free rules to guide actions • No rule about which tasks are most relevant in a real-world situation or when an exception to rules is necessary 	<ul style="list-style-type: none"> • Teach rules to guide actions that can be recognized without situational experience • Must be backed up by a competent nurse
Advanced Beginner	<ul style="list-style-type: none"> • Demonstrates marginally acceptable performance • Is gaining experience with real situations to note meaningful patterns and attributes (or have them pointed out by preceptor) • Can formulate guidelines for actions in terms of patterns and attributes • Difficulty identifying important aspects; treats all attributes as equally important 	<ul style="list-style-type: none"> • Shift from teaching rules to guidelines • Help to recognize patterns and their meanings • Assist in prioritizing • Must be backed up by a competent nurse
Competent	<ul style="list-style-type: none"> • Begins to see his or her actions in terms of long-term goals or overall plan • Begins to distinguish between relevant and irrelevant attributes • Feels the ability to cope and manage the unforeseen events • Lacks the speed and flexibility of a proficient nurse 	<ul style="list-style-type: none"> • Focus on improving decision-making skills and ways to improve coordination of multiple, complicated care needs of patient assignments • A good preceptor for a novice nurse
Proficient	<ul style="list-style-type: none"> • Can discern situations as wholes rather than single pieces • Uses past experiences rather than rules to guide practice • Can recognize when the expected normal picture is absent • Considers fewer options and hones in on accurate elements of problems 	<ul style="list-style-type: none"> • Use complex case studies to facilitate learning • A good preceptor for a competent nurse
Expert	<ul style="list-style-type: none"> • Practices holistic rather than fractionated • Grasps situation intuitively and correctly identifies solutions without wasting time • Extraordinary management of clinical problems • Considered an expert by others 	<ul style="list-style-type: none"> • Often not possible to recapture mental processes • Encourage exemplars and descriptions of excellent practice • A good preceptor for a competent nurse

Data from Benner, P. (1982). From novice to expert. *American Journal of Nursing*, 82, 402-407.

cation of problems, issues, and involved risks. It is based on principles of the nursing process and scientific method and is driven by patient, family, and community needs. Critical thinking uses both logic and intuition; is based on knowledge, skills, and experience; and is supported by professional standards and ethics. Preceptors and orientees think critically when constantly reevaluating, self-correcting, and striving to improve (Alfaro-LeFevre, 1999).

To assist orientees to think critically, preceptors must also possess good habits of inquiry including habits that help search for the truth, such as having an open mind, verifying information, and taking

enough time to fully understand a situation. Preceptors must also look for flaws or false assumptions in their own thinking. By asking themselves or their colleagues "What am I missing?" or "How can I make this better?" they can evaluate their own thought processes and make improvements (Alfaro-LeFevre, 1999). In turn, they are better able to assess the thought processes and decision making of orientees.

Preceptors can facilitate critical thinking in many ways, especially by communication. Preceptors should use strategies to gain accurate and comprehensive information from orientees and not make

Preceptors must help orientees accept the fact that they cannot do everything themselves, become comfortable with seeking assistance from other colleagues, and learn when the assistance of other disciplines is necessary.

false assumptions. They can do this by asking open-ended questions using exploratory statements such as "Tell me more about. . ." or "Help me to understand. . ." They need to avoid leading questions or those that lead others to a desired answer. Body language should be put into words (e.g., "You seemed a little upset. . .") to validate orientees' nonverbal communication (Alfaro-LeFevre, 1999).

Preceptors have many opportunities to stimulate critical thinking. Errors on the part of orientees can be turned into learning opportunities. Preceptors should allow orientees to make mistakes or "near" mistakes as long as they do not put the patient at risk for harm. One tends not to forget lessons learned or knowledge gained from one's own mistakes. Similarly, preceptors can facilitate critical thinking by not answering all questions directly and allowing orientees to problem solve on their own.

Certain types of questions can encourage critical thinking. Preceptors need to ask "What else. . .?" and "What if. . .?" questions. Asking what-else questions encourages thoroughness, whereas what-if questions promote creative and proactive thinking. Orientees benefit when they are helped to anticipate what question they may get from others, particularly during shift report or when communicating with physicians (Alfaro-LeFevre, 1999). Shift report can be used as an excellent tool to stimulate critical thinking in that its purpose is to summarize key patient care issues, events, goals, and outcomes in a succinct manner.

Managing the Assignment

Management of the assignment is the final topic addressed in the program and involves some of the final skills mastered by orientees: organization, prioritization, and delegation.

Although orientees become increasingly independent with their cognitive and psychomotor skills, preceptors need to continue to act as advocates and resources for orientees while giving them the freedom

to manage an assignment in a way that works for them. Preceptors need to help orientees to expect the unexpected, cope with obstacles and multiple demands, request needed assistance, and build confidence.

Organization. Preceptors play a major role in assisting orientees to develop an organized approach to patient care assignments. Preceptors must insist orientees formulate a daily routine and plan. These dyads must also devise a system for following up on pertinent patient care issues and patient responses to interventions. Orientees should be encouraged to observe other coworkers' methods of organization and then formulate their own. When orientees use different organization methods than preceptors, the key is to determine if it is merely different or if it is ineffective. Solid organizational skills will help orientees cope with the many unexpected occurrences and competing responsibilities inherent in daily clinical practice.

Prioritization. Preceptors need to be taught how to help orientees juggle multiple responsibilities for multiple patients. Without the ability to prioritize, orientees tend to handle whatever issues arise in the order that they arise. This can result in delayed interventions on urgent patient care matters. Preceptors can help orientees to categorize duties based on their urgency, the level of skill required to complete tasks, and the consequences of delay or inaction.

Delegation. Once orientees no longer have preceptors to assist them, they will need to delegate to other staff members to meet the demands of most patient care assignments. Preceptors must help orientees accept the fact that they cannot do everything themselves, become comfortable with seeking assistance from other colleagues, and learn when the assistance of other disciplines is necessary. Just as there are "5 Rights" of medication administration—right medication, patient, route, time, and dose (Karch, 2003)—preceptors should reinforce the "5 Rights" of delegation. These are right task, person, situation, communication, and feedback (M. Cahill, RN, BSN, personal communication, February 13, 2003). Communication and feedback related to delegation should be clear, complete, and courteous (J. Kruitoff, RN, MSN, personal communication, January 28, 2002). Effective delegation will ensure that orientees meet the multiple demands of patient care assignments during orientation and beyond.

Confidence Building. In addition to the ability to think, organize, and delegate, orientees need to develop self-confidence to truly be successful. Preceptors who act as resources and encouragers can help orien-

tees to develop confidence and self-assurance. Confidence is built slowly over time as skills are successfully performed and appropriate decisions are made. It can be easily damaged by unsolicited advice, inappropriately challenging learning experiences, and hypervigilance.

As orientees develop their individual practice habits and manner of organizing and accomplishing their work, guidance and advice can become increasingly unwelcome. Preceptors need to remember that their way is not the only way and to be accepting of other methods as long as they meet safety and practice standards. Preceptors need to acknowledge and appreciate the orientees' needs for independence and skill to function independently. Another pitfall for preceptors is assigning learning experiences that are beyond the skill level of orientees. Orientee assignments should gradually increase in complexity with highly challenging patients reserved until the latter part of orientation.

Finally, preceptors need to refrain from hypervigilance and the tendency to take control of problems and issues as they arise. Except for situations where patients' safety is in jeopardy, preceptors are not helping the orientees by rescuing them from difficult decisions or situations. Rather, preceptors need to coach orientees through the decision-making process by stimulating the orientees' thinking and problem-solving skills. Orientees will not develop independent problem-solving skills if they are continually "saved" by preceptors.

Throughout orientation, preceptors need to monitor orientees' progress and success. Check-point questions, such as "What do you like about what you did today?," "If you could do it over, what would you do differently?," and "What would you like to work on next shift?," facilitate self-evaluation on the part of the orientee. Orientees' self-evaluations can illuminate issues relating to overconfidence or underconfidence, assist in identifying additional learning needs, and help to formulate a plan for future shifts.

Successful orientees can confidently organize, prioritize, and delegate role responsibilities. Preceptors can help or hinder orientees' abilities to develop these skills and confidence in their abilities to perform their role.

TEACHING STRATEGIES

Learning and retention are enhanced when material is presented through a variety of interactive teaching methods (Clay et al., 1999). Interactive teaching methods engage the learner and do not allow learners to be passive. Interactive strategies are based on adult learning principles and encourage participants to take

TABLE 2
TEACHING STRATEGIES FOR
PREPARING PRECEPTORS

- Name tents
- Voicing and documenting learning needs of participants
- Video role playing
- Brain storming
- Skill instruction exercises
- Group discussion and sharing

an active role in their learning. A variety of interactive teaching strategies can be employed in preceptor preparation programs, including name tents, voicing and documenting learning needs of participants, video role playing, brain storming, skill instruction exercises, and group discussion and sharing (Table 2).

Name tents are an effective way for course participants to share their name and other information with other course participants. A name tent is created by folding card stock paper in half. Name tents can include more than just names. Participants can be asked to draw a picture depicting their motivation for attending the preceptor preparation class. Some participants may draw a dollar sign to indicate their interest in a preceptor pay differential, whereas others may draw an apple or school books to connote their interest in teaching. This exercise helps to illustrate the various motivating factors for wanting to become a preceptor.

A valuable technique to ensure that learning needs of participants are being met is to ask the group to voice any concerns they have related to precepting new staff. Such questions or issues should be documented and posted for the group to see. Throughout the course, all questions and issues should be addressed and checked off the list. This exercise ensures that participants receive practical information they can apply to their next precepting experience.

Another creative teaching strategy is video-taped role playing. Video role playing can be used to illustrate both positive and negative behaviors visually and sometimes add an element of humor. For example, faculty can play the roles of preceptors and orientees and participants can analyze their interaction and identify the positive aspects and what could have been done or said differently.

Role playing can also be an effective strategy for instruction on how to give feedback. Communicating negative feedback to orientees can be challenging and uncomfortable. A role playing exercise can provide a

safe environment in which to practice this skill. Participants can be divided into groups of three where they assume the roles of preceptor, orientee, and observer. Each group is given a scenario involving delivery of feedback and then role play the interaction between the preceptor and orientee as the observer critiques. This activity can also be video-taped to allow participants to observe their verbal and nonverbal communication.

A fourth active teaching method is brain storming. Brain storming is a problem-solving technique that involves the spontaneous contribution of ideas from all members of the group. Brain storming is a useful exercise to engage class participants in describing preceptor or critical-thinking characteristics. The technique requires participants to analyze past experiences as both orientees and preceptors and identify behaviors and characteristics to be emulated and those that should be eliminated or improved.

Psychomotor skills can be taught in a variety of ways. Prior to performing new skills, orientees may be asked to read a policy and procedure, review a nursing text or skill checklist, watch preceptors perform the skill, or be talked through the skill step-by-step. An effective method of illustrating the many ways to teach skills is to do just that—give the group a new skill to learn (e.g., folding a napkin into a swan) and teach them in a variety of ways. For instance, the skill can be taught by participants through written instructions, by watching a demonstration, by being talked through the skill step-by-step, or by a combination of methods. This interactive exercise illustrates the various ways in which a skill can be taught and gives participants valuable insight into their own learning style and teaching preferences.

One of the simplest interactive learning techniques is group discussion and sharing. Although some participants may have little or no preceptoring experience, they will have been orientees at some point and have likely had both positive and negative experiences as such. By sharing experiences with peers, participants take on the role of “instructor” and learn from one another while validating past experiences. Group discussions and sharing of best and worst practices and “war stories” also promote camaraderie and the formation of a supportive network. Group

discussion can be stimulated by issues brought forth by participants, by case scenarios, or by past or current real life events.

CONCLUSION

Hospitals have a responsibility to provide preceptors with the knowledge and skills required to provide instruction to and evaluation of orientees. Formal preceptor programs that provide practical information for immediate application are essential for successful transition of orientees into patient care environments. Essential program content includes the importance of socialization, skill building techniques, critical thinking facilitation, and assignment management. Preparation courses need to be based on adult learning principles and incorporate interactive and creative teaching strategies.

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