



# **Module One:**

## Preceptor Role

## Module 1 – Preceptor Role

**Goal Statement – The goal of this module is to introduce the participant to the roles and responsibilities of the preceptor and preceptee.**

**Behavioral Objectives – At the completion of this area of content, the participant will be able to:**

1. Orient the class participants to the overall program.
2. Define the terms and job functions of preceptor and preceptee.
3. Identify the knowledge, attitudes, and skills needed to be an effective preceptor.
4. Identify the rights and responsibilities of a preceptor and preceptee within an organization.
5. Discuss ways of managing the emotion aspects of both the preceptor and preceptee roles.

### 2003 Resources:

Alspach, J. (2000) *From Staff Nurse to Preceptor: A Preceptor Development Program*. 2<sup>nd</sup> edition. American Association of Critical-Care Nurses.

Board of Registered Nursing. (1999) *Components of a prelicensure preceptorship*. Consumer Affairs, State of California.

Everson, S., Panoc, K., Pratt, P. (1981) "Precepting as an entry method for newly hired staff." *Journal of Continuing Education in Nursing*. 12:5, 22-26.

Flynn, J.P. (1997) *The role of the preceptor: A guide for nurse educator and clinicians*. Springer Publishing Company.

Haggard, A. (1984) *A Hospital Orientation Handbook*. Aspen

Kramer, M. (1974) *Reality Shock: Why Nurses Leave Nursing*. CV Mosby.

Kroehnert, G. (1991) *100 Training Games*. McGraw-Hill.

La Roche L. "Laughing at Stress with Loretta La Roche" produced by The Humor Potential, Inc. and AudioVision (1997) VHS To order: 1-800-367-1604

Piemme, J. Tack, B. and Kramer, W. (1986) "Developing the nurse preceptor." *Journal of Continuing Education in Nursing*.

Regional Health Occupations Resource Center, Saddleback College (2001) *DACUM Competency Profile for the Preceptor*. Mission Viejo, CA

Rodriguez, L. (et al) (1996) *Manual of Staff Development*. MosbyYear Book

Stone, C. & Rowles, C. (2002). "What rewards do clinical preceptors in nursing think are important?" *Journal of Nurses in Staff Development*. 18:3, May/June, 2002.

Strader, M. and Decker, P. (1995) *Role Transition to Patient Care Management*. Appleton and Lange.

Stuart-Siddall, S. and Haberlin, J.M. (1983) *Preceptorships in Nursing Education*. Aspen.

St. Joseph Hospital, Clinical Education Department (2001) "Preceptorship: A creative approach to quality performance (Preceptor Handbook)." March, 2001. Orange, California.

Zwoski, K. (1982) "Preceptors for Critical Care Areas. *Focus on Critical Care*. 9:5, 7-11.

PowerPoint presentation preceptor program

## 2015 Updated Resources

### Nursing

Admi H (1997) Nursing students' stress during the initial clinical experience. *Journal of Nursing Education* 36, 232–327.

Brennan G & McSherry R (2007) Exploring the transition and professional socialisation from health care assistant to student nurse. *Nurse Education in Practice* 7, 206–214.

D'ambra, A. M., & Andrews, D. R. (2013). Incivility, retention and new graduate nurses: An integrated review of the literature. *Journal of nursing management*.

Henderson A, Cooke M, Creedy D & Walker R (2012) Nursing students' perceptions of learning in practice environments: a review. *Nurse Education Today* 32, 299–302.

Houghton C, Casey D, Shaw D & Murphy K (2013) Students' experiences of implementing clinical skills in the real world of practice. *Journal of Clinical Nursing* 22, 1961–1969.

Kaviani N & Stillwell Y (2000) An evaluative study of clinical preceptorship. *Nurse Education Today* 20, 218–226.

Kovner, C. T., Brewer, C. S., Fatehi, F., & Jun, J. (2014). What Does Nurse Turnover Rate Mean and What Is the Rate?. *Policy, Politics, & Nursing Practice*, 1527154414547953.

Pearcey P & Draper P (2008) Exploring clinical nursing experiences: listening to student nurses. *Nurse Education Today* 28, 595–601.

Pittman, P., Herrera, C., Bass, E., & Thompson, P. (2013). Residency programs for new nurse graduates: how widespread are they and what are the primary obstacles to further adoption?. *Journal of Nursing Administration*, 43(11), 597-602.

Raines, D. A. (2012). Nurse preceptors' views of precepting undergraduate nursing students. *Nursing education perspectives*, 33(2), 76-79.

Salary, A. (2014). Factors Influencing Job Satisfaction of New Graduate Nurses Participating in Nurse Residency Programs: A Systematic Review. *The Journal of Continuing Education in Nursing*, 45(10).

Spiva, L., Hart, P. L., Pruner, L., Johnson, D., Martin, K., Brakovich, B., & Mendoza, S. G. (2013). Original Research: Hearing the Voices of Newly Licensed RNs: The Transition to Practice. *AJN The American Journal of Nursing*, 113(11), 24-32.

Zilembo M & Monterosso L (2008) Nursing students' perceptions of desirable leadership qualities in nurse preceptors: a descriptive survey. *Contemporary Nurse* 27, 194–206.

### **Allied Health**

Aljasser, T. (2012). A Survey of Preceptor Training in Clinical Education of Respiratory Care Departments in Selected Hospitals in Metropolitan Atlanta.

Dunlevy, C., & Sergakis, G.(2013) Inter-rater Reliability of a Respiratory Therapy Preceptor Training Program. *Respiratory Care Education Annual Volume 22*, Fall 2013, 10-13

Healey WE (2008) Physical therapist student approaches to learning during clinical education experiences. *Journal of Physical Therapy Education* 22, 49–58.

Mulholland, S., & Derdall, M. (2007). An early fieldwork experience: student and preceptor perspectives. *Canadian Journal of Occupational Therapy*, 74(3), 161-171.

Rye, K. J. B., & Boone, E. L. (2009). Respiratory care clinical education: A needs assessment for preceptor training. *Respiratory care*, 54(7), 868-877.

### **Other**

Stress Vulnerability Test [http://www.unmc.edu/media/stucouns/docs/stress\\_vulnerability\\_test.pdf](http://www.unmc.edu/media/stucouns/docs/stress_vulnerability_test.pdf)

Exercise 1.1

**Icebreaker Introduction/Favorite Thing**

Introduce yourself with name, Employer, Specialty, and Preceptor Experience. Your instructor will also ask you to include your favorite food, animal, or another category.

Exercise 1.2

**Icebreaker True/False**

**Part 1:** On this sheet, please list four facts about yourself. Three of them should be true. One of them should be false.

- 1.
- 2.
- 3.
- 4.

**Part 2:** Now, as a group, do the following steps, in order, one at a time.

1. List, in the spaces provided below, the name of each person in your group.
2. Have each person read his/her statements out loud.
3. As each person reads the four statements, list next to his or her name the number of the statement you think is false and why.
4. Once each person has completed sharing the statements, take one person at a time and have each of the people in the group tell which statement is false and why. Then the person who has shared his/her own four statements can reveal which one was really false.
5. Do this for each of the people in your group:

1. Name \_\_\_\_\_ Statement # \_\_\_\_\_ is false because:  
\_\_\_\_\_.

2. Name \_\_\_\_\_ Statement # \_\_\_\_\_ is false because:  
\_\_\_\_\_.

3. Name \_\_\_\_\_ Statement # \_\_\_\_\_ is false because:  
\_\_\_\_\_.

4. Name \_\_\_\_\_ Statement # \_\_\_\_\_ is false because:  
\_\_\_\_\_.

5. Name \_\_\_\_\_ Statement # \_\_\_\_\_ is false because:  
\_\_\_\_\_.

**Personal Objectives**

Exercise  
1 2

**Identify your personal objectives for this program** (be sure that they are measurable and written in an active format):

**As a result of attending this program, I will be able to:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## Definitions

### **Preceptor:**

- For the person who is a novice to the area (newly hired/transferred) or a student, a preceptor serves as a one-to one role model, educator, facilitator and evaluator with:
  - Competence
  - Experience
- The novice to the area is guided by the preceptor in skills, roles and responsibilities, as well as:
  - formal and informal rules
  - customs
  - culture
  - workplace norms

### **Preceptee:**

- The preceptee, who may also be called the “orientee”, is new to a facility, department, and/or unit and participates in a planned orientation program.

### **Preceptorship:**

- The planned orientation program that helps to introduce and integrate the preceptee into the work setting.

### **Orientation:**

- This is a method used by an employing agency to introduce a new employee to an organization's:
  - Philosophy
  - Role expectations
  - Physical facilities.

### **Competence:**

- Is determined by the measurement of a person's knowledge, attitude and skill in a specific role. In the context of orientation or the student role, the expectation is that the person achieves safe practice. The levels of competency will be discussed in Module 3.

**What is DACUM?**

The term DACUM is taken from three words:

## Develop A CurriculUM

- It is a relatively new and innovative approach to occupational analysis (copyrighted in 1990 by the Center for Education and Training for Employment at The Ohio State University in Columbus Ohio). It has proven to be a very effective method of quickly determining, at relatively low cost, the competencies or tasks that must be performed by persons employed in a given job or occupational area. It is a process for analysis of:
  - A job
  - An occupation
  - A process
  - A function
  
- **Philosophy of DACUM:**
  - Expert workers can describe and define their job more accurately than anyone else.
  - An effective way to define a job is to precisely identify the tasks that expert workers perform.
  - In order to perform tasks, certain knowledge, skills, tools and worker behaviors are required.
  
- **Task:**
  - Smallest unit of work with a useful outcome
  - Outcome is a product, service, or decision
  - An assignable unit of work
  - Has a definite beginning and ending point
  - Can be observed and measured
  - Can be performed independent of other task
  - Consists of two or more steps
  - Usually 6 – 20 tasks per duty
  
- **Duty:**
  - Describes a large area of work in performance terms
  - Serves as a title for a cluster of related tasks
  - Is a generally, not specific, statement of work that is performed
  - Is a meaningful, stand-alone statement without reference to a job
  - Usually 6 – 12 duties per job
  
- **An Example:**
  - **Job:** Homeowner
  - **Duty:** Maintain the yard
  - **Task:** Mow the lawn
  - **Step:** Start the mower

### The DACUM Competency Profile for the Preceptor

The Preceptor is one who demonstrates a high level of knowledge, clinical proficiency, professionalism and serves as a clinical instructor to a new employee and students in a clinical setting. Assists with the transition into the clinical environment in order to insure quality patient services, maintains organizational standards and continuity of patient care in a cost-effective manner.

(Developed on March 7, 2001 by the Regional Health Occupations Resource Center, Saddleback College; used with permission.)

Duties		Tasks					
<b>A:</b> Serve as a role model	<b>A-1:</b> Maintain current practice	<b>A-2:</b> Serve as a resource person	<b>A-3:</b> Participate in developing performance standards	<b>A-4:</b> Assist in defining the role of the Preceptor/ Preceptee			
<b>B:</b> Provide education	<b>B-1:</b> Assess learning needs	<b>B-2:</b> Assess personal/ professional needs	<b>B-3:</b> Establish performance objectives/ evaluation criteria	<b>B-4:</b> Orient learner to organizational documentation	<b>B-5:</b> Teach how to locate resources	<b>B-6:</b> Review procedures/ policies for standard of care	<b>B-7:</b> Plan educational experiences
	<b>B-8:</b> Review theory and the procedure steps	<b>B-9:</b> Demonstrate clinical skills	<b>B-10:</b> Oversee return demonstration	<b>B-11:</b> Provide emotional support and coaching			
<b>C:</b> Serve as a facilitator*	<b>C-1:</b> Orient to physical environment	<b>C-2:</b> Arrange clinical experiences	<b>C-3:</b> Introduce employees/ students to corporate culture <ul style="list-style-type: none"> <li>• Unwritten rules*</li> <li>• Social norms**</li> </ul>	<b>C-4:</b> Integrate employee/ students to staff	<b>C-5:</b> Introduce to organizational resources	<b>C-6:</b> Communicate mutual objectives with dissimilar organizations/ departments	<b>C-7:</b> Facilitate communication with other departments
<b>D:</b> Perform preceptor evaluation	<b>D-1:</b> Communicate progress to student	<b>D-2:</b> Provide constructive feedback	<b>D-3:</b> Communicate progress to management/ instructor	<b>D-4:</b> Document evaluation	<b>D-5:</b> Perform competency-based evaluation.		
* Facilitator role term substituted for the original "liaison."							
** Added to this section.							
<b>Tools, Equipment, Supplies and Materials</b>		<ul style="list-style-type: none"> <li>• Reference resources</li> <li>• Access to continuing education</li> <li>• Student curriculum/teaching manual</li> <li>• Calendar for planning</li> <li>• Patient bill of rights</li> <li>• Peer reporting mechanism</li> <li>• Check off list</li> <li>• Rotation list</li> <li>• Policy/procedure manual</li> <li>• Medical equipment</li> <li>• Evaluation tools</li> </ul>					

<b>Traits and Behaviors</b>	<ul style="list-style-type: none"> <li>• Ability to establish rapport</li> <li>• Initiative</li> <li>• Punctual</li> <li>• Communication – good skills</li> <li>• Dependable</li> <li>• Efficient</li> <li>• Loyal</li> </ul>	<ul style="list-style-type: none"> <li>• Enthusiastic</li> <li>• Professional</li> <li>• Common sense</li> <li>• Intrinsically motivated</li> <li>• Level headed</li> <li>• Logical</li> <li>• Thorough</li> </ul>	<ul style="list-style-type: none"> <li>• Patience</li> <li>• Calm</li> <li>• Intuitive</li> <li>• Tact</li> <li>• Team player</li> <li>• Flexible</li> </ul>	<ul style="list-style-type: none"> <li>• Advocate</li> <li>• Interpersonal skills</li> <li>• Responsible</li> <li>• Sense of humor</li> <li>• Dependable</li> <li>• Empathic</li> <li>• Motivated</li> </ul>
<b>Knowledge and Skills</b>	<ul style="list-style-type: none"> <li>• Possess academic and licensure/certification requirements</li> <li>• Serve as a resource to colleagues</li> <li>• Organizational skills</li> <li>• Excellent needs assessment skills</li> <li>• Knowledge of learning styles</li> <li>• Cultural diversity</li> <li>• Excellent communication skills, verbal and written</li> <li>• Time management skills</li> </ul>		<ul style="list-style-type: none"> <li>• Job experience in field</li> <li>• Demonstrate excellence in field</li> <li>• Desire to teach</li> <li>• Ability to develop learning objectives</li> <li>• Growth and development</li> <li>• Objective evaluation skills</li> <li>• People skills/customer relations</li> <li>• Listener and leadership skills</li> </ul>	

Handout 1.4

## Role Transition

How are the roles of the Staff Person and Preceptor different?

Role of Staff

Role of Preceptor

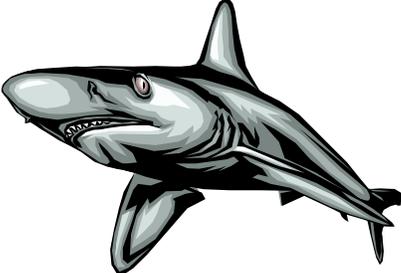
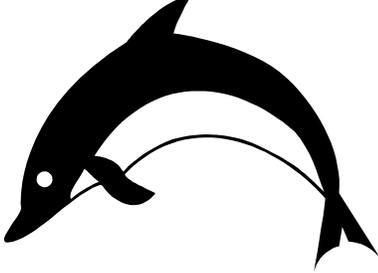
Differences in responsibilities

Ways to make a smooth transition

**Sharks & Dolphins**

**Exercise 1.4**

Take a few minutes and list the positive (dolphin) and negative (shark) experiences you have had with preceptor(s):

<b>Sharks</b>	<b>Dolphins</b>
	

*Preceptor Program Curriculum*


**Qualities of an Effective Preceptor**

<b>Qualities of an Effective Preceptor</b>		
<b>Knowledge</b>	<b>Attitudes</b>	<b>Skills</b>

## **Preceptor's Expectations**

In addition the responsibilities that the preceptor carries, the preceptor also has expectations or “rights” that need to be supported by the preceptor’s employer and manager. When these rights are supported, problems and pitfalls are avoided and the experience is one, which is rewarding to both the preceptor and preceptee.

### **Preceptors must have:**

1. A job description that includes the role of the preceptor.  
*Question for the preceptor: Do you have a written job description that defines the nature and scope of your responsibilities?*
2. A structured program to prepare the preceptor for the role.  
*Question: Were you a willing participant in this process or were you “assigned” to be a preceptor?*
3. An understanding of expected outcomes for the orientation program.  
*Question: Are you and your preceptee clear on the goals to be attained?*
4. Access to preceptee evaluation tools that are valid and reliable.  
*Question: What tools are you using? Has their validity and reliability been established? By what body?*
5. A measurement of the preceptor’s performance expectations.  
*Question for the preceptor: How are you going to receive feedback on your performance?*
6. A description of the preceptor’s responsibilities in relation to others who are involved in the orientation program.  
*Question: Are you responsible for your preceptee’s potential inability meet established performance criteria? Or are they professionals who are responsible for their own performance?*
7. A description of the preceptor’s responsibilities in relation to others who are involved in the orientation program.  
*Question: Has it been established that you are the only preceptor or are others involved in this process? Is there a written plan?*
8. Resources to help in the enactment of the role of preceptor.  
*Question: What resources are available to assist you in achieving your responsibilities, e.g. administrative and material support, time, teaching aides, access to patient experiences and work situations?*
9. A facility support system that helps the preceptor to enact the role.  
*Question: To whom can you turn for help?*

### **Responsibilities of the Preceptee**

- Identifies his/her own learning needs.
- Is an active participant in the learning process.
- Participates in regularly scheduled progress meetings.
- Identifies daily and weekly goals and objectives.
- Utilizes resources, library and department resources.
- Readily asks questions regarding any job related or department issues.
- Reads and follows policy and procedure manuals.
- Completes all competencies by the end of the program.
- Reports concerns to preceptor or manager as appropriate.
- Evaluates the preceptorship program, preceptor and self.

### **Preceptee Expectations (Questions to ask )**

1. Do you have a copy of your job description?
2. Do you know what you are to achieve in your specific work assignment?
3. What is it that your preceptor expects of you?
4. How will you acquaint yourself with the staff of the unit, department, and institution?
5. Who is responsible for each aspect of your orientation?
6. Do you know what is expected at the end of the orientation program?
7. How is the preceptor going to measure that you have achieved your goals and objectives?
8. What measurement tools are to be used? Are they current, clear, and accurately developed?
9. Are there adequate reference materials?

10. Are there enough hands-on experiences? Do you know who to go to in your unit, department and institution for help (support systems)?

Handout 1.7

**Stress**

**Internal Stress**

**Emotional Responses:**

Fear	Self-doubt, insecurity	Isolation
Anxiety, nervousness	Excitement	Loneliness
Guilt over mistakes	Need to prove self	Competitiveness
Peer's expectations of tough, non-emotional response to stress	Emotional crisis	

**Physical Responses:**

Fatigue, exhaustion	Working when ill	Sore muscles
Lack of sleep	Working against circadian rhythm	Working through breaks, mealtime
Body not accustomed to heavy workload or fast pace		

**Mental Responses:**

Worry about performance	Inadequate education	Criticism of performance
Unclear priorities	Forgetting information used in school	Expecting perfection in self
Lack of clear job description	Lack of knowledge about organizational policies and procedures	

**External Stress**

**Environmental Sources:**

High noise level	Unattractive or disorganized work site	Interruptions
Exposure to pain, suffering or death	Unpleasant odors	Inability to find supplies or information
Hot/cold working area	Accents interfering with communication	

**Interpersonal Sources:**

Loss of patient	Patients' knowledge level	Working overtime
Inflicting pain on patients	Working holidays	Patients' manifestation of stress
Staff conflicts	Large number of assignments	Being evaluated
Expectations of manager	Level of responsibility	New peer group – lack of trust
New leadership role	Lack of performance feedback	Work short staffed
Problems with physicians	Pressure to document	Academic standards vs "real life"

Missing old friendships	Interdepartmental conflicts	Lack of support or help from peers
Intimidation by co-workers from a previous work experience		Handout 1.8

### Reality Shock

In her work on reality shock in nursing, Marlene Kramer describes two concepts that are useful to preceptors who work with new graduates: reality shock and biculturalism. These can be applied to all new workers in any field.

**Reality Shock** is the shock-like reaction of new graduates when they find that the work situation for which they have prepared does not operate with the values and ideals they had anticipated. This reaction is caused by a discrepancy between the culture the nurse was educated for and the one that actually exists in the work setting.

**Biculturalism** is the desired form of resolution to differences between the value systems of students and staff wherein the new employer retains the best values and practices of both the school and work cultures.

There are four distinct phases to reality shock:

1. **Honeymoon**

This phase is characterized by a euphoric feeling. The new employee is eager to master new skills. Tasks are concrete and results are easily seen. Everything is great.

2. **Shock**

Suddenly the job isn't so great, the managers are difficult and cynical, and the patients are demanding and ungrateful. If an employee remains at this phase, it can prove fatal. This phase includes;

- Outrage = you should have done...
- Hypocrisy = people saying one thing and doing the other
- Rejection = loss of interest in work related issues
- Fatigue = feeling of negativity

3. **Recovery**

Characterized by a general feeling of accepting things because they will not change.

4. **Resolution**

The world does not seem so bleak, a sense of well being.

**Strategies for coping with Reality Shock:**

Phases of Reality Shock	Characteristics of Phase	Strategies to Lessen Reality Shock
1. Honeymoon	<ul style="list-style-type: none"> <li>• Everything is wonderful</li> <li>• Excited</li> <li>• Looking at the world through rose-colored glasses</li> <li>• Enthusiastic</li> <li>• High energy level</li> <li>• Co-workers “helpful”</li> <li>• Pleased with being in a “real” job</li> <li>• Focus is on learning routines and perfecting skills</li> <li>• Wants to learn everything at once.</li> </ul>	<ul style="list-style-type: none"> <li>• Take an interest in the preceptee</li> <li>• Help to set realistic expectations</li> <li>• Encourage to ask questions about the history of the organization</li> <li>• Assist to focus on developing a reputation for competence in skills and interpersonal relationships</li> </ul>
2. Shock	<ul style="list-style-type: none"> <li>• Anger, moral outrage</li> <li>• Frustration, rejection</li> <li>• Confusion</li> <li>• Disappointment</li> <li>• Disillusionment</li> <li>• Realizing that the values are not the same</li> <li>• Discouraged because they are not grasping all the information as fast as they thought they would</li> <li>• S/S: Excessive fatigue, superficial criticisms and a tendency to have a negative view of all things</li> </ul>	<ul style="list-style-type: none"> <li>• Be a good listener</li> <li>• Encourage preceptee to look at things they have learned so far and tasks they are able to do independently</li> <li>• Focus on the good things that have happened during the shift rather than on the frustrating events</li> <li>• Create a climate for learning where less than perfect behavior at new skills is acceptable</li> <li>• Communicate to preceptee that it is all right to be learners and that they are not expected to be proficient at performing every clinical skill</li> <li>• Prevent preceptee from feeling abandoned</li> <li>• Encourage the preceptee to write down things they think should be changed. These ideas can be used later in their career when the preceptee has earned the respect of their colleagues.</li> </ul>
3. Recovery	<ul style="list-style-type: none"> <li>• Stress is reduced</li> </ul>	<ul style="list-style-type: none"> <li>• Nurture the ability to see humor in a</li> </ul>

Phases of Reality Shock	Characteristics of Phase	Strategies to Lessen Reality Shock
	<ul style="list-style-type: none"> <li>• Able to grasp the role</li> <li>• Realized the truth and more than one perspective exists</li> <li>• Sense of humor begins to return</li> </ul>	<p>situation</p> <ul style="list-style-type: none"> <li>• Give positive feedback about progress and share stories about the preceptor's own first work experiences</li> <li>• Assist to turn disappointments and unpleasant situations into learning experiences</li> </ul>
<p>4. Resolution and Bicultural Adaptation</p>	<ul style="list-style-type: none"> <li>• Adjustment begins by job-hopping, fleeing work by returning to school, quitting or withdrawing from the healthcare workplace, burnout (the result of unresolved conflict; characterized by chronic complaining)</li> <li>• Bicultural Adaptation, the only constructive type of resolution</li> <li>• Biculturalism is the integration of two conflicting value systems, e.g. school vs. work, balancing between the academic ideals with work realities.</li> </ul>	<ul style="list-style-type: none"> <li>• Assist to evaluate work situation objectively and effectively predict the actions and reactions of other staff</li> <li>• Help identify appropriate and obtainable goals</li> <li>• Discuss constructive problem-solving, including how to go about positive change</li> </ul>
<p><b>Other strategies that a preceptee can adopt to reduce reality shock include:</b></p> <ul style="list-style-type: none"> <li>• Being flexible</li> <li>• Getting organized</li> <li>• Asking questions</li> <li>• Staying healthy</li> <li>• Finding a mentor</li> <li>• Having some fun</li> <li>• Knowing what is expected</li> <li>• Being aware of self and job</li> <li>• Knowing the job description and expectations</li> <li>• Knowing what is expected</li> <li>• Time management and keeping a time log</li> <li>• Talking to other recent graduates, sharing feelings and experiences</li> <li>• Peer teaching; reflecting on one's nursing practice</li> <li>• Having adequate knowledge to provide safe care</li> <li>• Knowing own strengths and weaknesses</li> <li>• Seeking feedback constantly</li> </ul>		

Implementing a Preceptor Program					
Manager	Assistant Manager/Lead	Clinical Instructor	Staff Development	Preceptor	Preceptee (Orientee)
Interviews and hires applicant	Functions as a preceptor to new preceptors	Identifies candidate for preceptor selection	Conducts centralized orientation	Meets selection criteria	Attends centralized orientation program
Participates in preceptor selection	Participates in preceptor selection	Develops role performance criteria	Monitors orientee's progress and provides feedback to orientee and clinical instructor	Attends preceptor program	Identifies learning needs and seeks appropriate resources
Supports preceptor attendance at educational activities on work time by "covering assignment"	Assists in development of role performance criteria	Assigns preceptor to new orientee	Collaborates with clinical instructor to identify preceptor candidates	Completes preceptor program	Participates in mutual goal setting
Reminds staff at weekly meetings of the need for flexibility and patience during orientation of new staff	Completes time schedule to facilitate preceptor/orientee relationship	Communicates orientation outcomes to new nurse	Conducts preceptor development program and communicates results to the nurse in charge	Completes preceptor practicum	Completes unit-based specialty orientation programs
Assists in development of preceptor role and performance criteria		Conducts feedback sessions with preceptor and orientee to further identify learning needs and assess orientation progress	Assesses preceptor learning needs annually	Assesses orientee learning needs and provides appropriate educational opportunities	Evaluates orientation program
Collaborates with clinical instructor and preceptor to discuss orientee's progress		Serves as a consultant to the preceptor for problem solving	Presents preceptor courses	Plans and monitors individual orientation in conjunction with clinical instructor and charge/head nurse	Evaluates preceptor
Rewards preceptors for performance via attendance at educational conferences time off, office time, monetary		Facilitates preceptor development via preceptor forums	Provides for clinical instructor development by conducting educational programs	Provides feedback to the new nurse via conferences	
Evaluates preceptors		Evaluates preceptor	Updates charge/ head nurses on socialization issues related to orientation	Documents progress via anecdotal notes and orientation progress records	
		Evaluates orientee		Attends educational offerings	
				Facilitates orientee's socialization to the workplace	
				Serves as a role model and clinical resource to orientee and other staff members	
		Contributes to the orientees' day evaluations			
			Evaluates decentralized orientation curriculum and assists in revision annually		